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Running Head: Emotional Regulation through the use of Breath in a CBAT facility

The Development of an Expressive Arts Method to Promote Emotional
Regulation through the use of Breath in a CBAT facility, ages 4 - 17
Capstone Thesis
Lesley University

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Specialization: Expressive Arts Therapy
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Abstract

Arts-based practices can support individuals in groups to stay centered, aligned, present, and alert in the moment. Expressive Arts Therapies serve as an opportunity to create a therapeutic attunement or alliance. This thesis explores the development of an expressive arts-based method that promotes emotional regulation through the use of breath for ages 4-17 in a Community Based Acute Treatment (CBAT) facility. The techniques in this thesis reflect the lens of theory and practice through play, attunement, mindfulness, meditation, all centering around the importance of breathing to promote emotional regulation in a CBAT population age 4 – 17. As anticipated, the focus and implementation of breath work in the therapeutic alliance increased engagement and participation in therapeutic groups.

Keywords: attunement, breath, emotional regulation, expressive arts, meditation, mindfulness, play, therapeutic attunement

Introduction

I have never quite been at the place in my life where I realized the importance of breath and the relevance of healthy breathing in our overall healthy functioning. I experienced a vocal injury and burst blood vessel on my vocal cord that severely impacted me for about seven weeks. During that time, several doctors ordered that I speak minimally, breathe through my nose only, and reduce stress. Minimal talking initially seemed to be an impossible task! How could I be in my last and final year of graduate school, with an internship at a CBAT and working full-time as a teacher for income, writing my thesis, and not be stressed? Also, how would the clients react to me suddenly not being able to talk as much or with as much volume in group sessions? How would they respond to a therapist that could not continually impart words of hope and resilience in their struggle? What would I do? The answer was to breathe.

I chose this subject to further the examination of methods utilized in a Community Based Acute Treatment (CBAT) facility. My purpose: to foster the discovery of expressive arts-based therapies that assist with emotional regulation through the use of breath with children and adolescents ages 4 – 17. It is relevant to note that this process began because of my self-reflection as a future therapist. I am a passionate teacher, actor, manager of the arts, yoga practitioner, arts advocate, and theatre educator. I was interested in becoming the most effective version of myself with children and adolescents in an acute setting that I could be at my second-year internship. During my process, I made a few discoveries that led to my newfound self-awareness in the importance of self-care. To properly support my clients' needs, I needed to learn how to breathe again.

Breath is important, but also for clients and staff in creating successful outcomes with behavior, self-soothing, and self-regulation. The need for structure, consistency, boundaries, and

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expectations amongst the clients at CBAT is vital for success on the unit. I noticed that the transition of incoming and discharging clients destabilized and dysregulated the group. The staff, as the constant in the unit, needed to come together as a team to effectively engage the kids with tools and rituals that are appropriate for developmental stages within ages 4 – 17. Also, I wanted to get a better look at how I could engage with the clients and facilitate while paying close attention to their individual needs as well as their skill development.

Before a therapeutic alliance, a therapist must become centered and aligned within him or herself (Robbins, 1997). As Robbins stated, "As the process unfolds, I try to listen to my center. It is the most authentic place that I can engage with others. It is the essence of myself and the source of my energy" (p. 32). In the process of being intentional about the use of breath and Expressive Arts Therapy to promote emotional regulation, I learned a lot about myself, my process, and reflected on some of the areas I felt I needed to alter to be successful in this CBAT unit. To be successful, I believed that I needed to learn right along with my clients how to breathe while imparting the therapeutic implementation of Expressive Art Therapies. Through the support of my supervisors, my clients, professors, and friends, my thesis would now take an unexpected turn to include how the utilization of expressive arts therapies and the power of the breath could promote emotional regulation at my internship site, a CBAT facility. Inadvertently, this process would help benefit me as a therapist in giving me the tools needed for my own personal and professional development.

In the Community Based Acute Treatment (CBAT) facility that was utilized in this project, I worked to create and develop an Expressive Arts Therapy approach to promote emotional regulation through the use of breath. This CBAT facility is a nine-bed, single room unit that provides intensive short-term care to children and adolescents, aged 4-17. The facility is

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inclusive of all genders and provides a structured and secure treatment setting for children and adolescents experiencing a behavioral and emotional crisis. The CBAT facility is a 24-hour therapeutic living environment with moderate levels of supervision and intensity of service. It is used as a diversionary placement to inpatient hospitalization or as a bridge from an inpatient stay to home.

Once admitted to the CBAT, the clinicians work with families and guardians to create an individualized treatment plan that identifies the goals and needs of the client to help stabilize their emotional and behavioral crisis for safe return to the community. In their course of treatment, clients receive individual therapy, group therapy, family therapy, and psychiatric assessment. Also, clients receive schooling five days a week to allow them to maintain their educational needs. The goal of CBAT is to work with both the client and family to achieve stabilization and work towards successful reintegration back into the home, school, and the community. CBAT uses community resources for treatment, safety planning, and referrals upon discharge. The average length of stay at the CBAT is 10 -14 days, but can vary due to progress, successful completion of treatment goals, and discharge planning.

Whether spiritually, metaphorically or physically speaking, the breath is something that we are collectively connected to. In the opinion of Galen, the Greek physician, *pneuma*, air or breath in the veins was in charge of all aspects of bodily health, impacting the regulated organs and circulation through what he referred to as spirits; his way of thinking persisted for thousands of years (Thorpe, 2016). John Updick contributed that through space, art offers a type of breathing room for one's spirit (Dcourier, 2015).

Tan (2012) stated,

By becoming more aware of the breath, we effectively put the consciousness in neutral allowing our physical selves to support the most appropriate emotional response. Conscious breathwork can center the mind and positively help you deal with the challenges that life throws your way (p.3).

Literature Review

According to current research, the consistent principle amongst several sources is that the key to effective and efficient breathing is awareness. Having an awareness of breath, movement sensation, and emotions can be linked to “psychological states of being” (Kossak, 2015, p. 37). The Vietnamese Buddhist monk Thich Nhat Hanh stated that “Breath is the bridge which connects life to consciousness, which unites your body to your thoughts” (Lenda, 2019, p.1). From the Bible in Job 33:4, "The Spirit of God hath made me, and the breath of the Almighty hath given me life." In the Bible, Genesis 2:7 stated, "And the LORD God formed man [of] the dust of the ground, and breathed into his nostrils the breath of life, and man became a living soul." Breathing is the “link between the conscious and unconscious mind” and is “the doorway to control of the autonomic nervous system” (Tan, 2012, p.1). Tan (2012) stated, “Breathing is a master key to self-healing” (p.1). For centuries yogis have used breath control, or pranayama, to promote concentration and improve vitality (Alderman, 2016). “Breath as the doorway to control of the autonomic nervous system” (Tan, 2012, p.2). Breathing and breath are at the foundation of our very existence.

The Importance of Breath

I had realized during my graduate study that breath was vital to grounding and emotional regulation for all people including children and adolescents.

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Allen (2017) stated:

When we use the breath skillfully, we can support the sympathetic and parasympathetic systems, ensuring healthy physiological responses. Different breath practices can ignite different states—either elevating energy or relaxing the body. We can control our emotional states and activate the parasympathetic or sympathetic systems, depending on what we need and how we're feeling. Anxiety, poor sleep, and stress are significant factors in chronic health conditions—all of which could be improved by disciplined attentiveness to the breath (p.6).

I saw the potential for leading groups that focused on breath and saw the impact that it could have a CBAT. I also anticipated resistance from the CBAT population and staff. Britt's (2019) statement: "It's at this intersection of consciousness where controlled breathing techniques can get one autonomic system under control and in turn affect others"(p.3), we began to utilize breath as an opening to every group intervention.

The human body automatically responds to daily stressors, pain, and strong emotions with an increase in breathing activity (Britt, 2019). Whether caused by a legitimate fear of an impending threat or perceived dangers, extreme stress activates many autonomic reactions denoted as the flight-or-fight response (Cherry, 2019). Controlled breathing can alter the reaction of the body's autonomic nervous system, which regulates unconscious body systems such as heart rate and digestion in addition to the body's stress response (Alderman, 2016). According to Cherry (2019), some of these symptoms involved a rapid heartbeat, quickened breathing, muscle tension, and sudden sweating. The fight-or-flight response was first described in the 1920's by American physiologist Walter Cannon, when he realized that a chain of rapidly occurring reactions inside the body helped to mobilize the body's resources to deal with threatening

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circumstances (Cherry, 2019). These symptoms are the body's way of indicating the need to prepare for battle or run from a situation that is producing stress (Cherry, 2019).

Starzec and Wisner (2016) stated that mindfulness-based approaches can help to transform thoughts, behaviors and emotions into positive relationships with peers, family, and the school environment. Since many mental health issues such as anxiety and depression are often aggravated or triggered by stress, there is a need for people to be transformed by adopting regular breathing practices (Alderman, 2016).

Britt (2019) stated:

It's at this intersection of consciousness where controlled breathing techniques can get one autonomic system under control and, in turn, affect others (like a heartbeat), alleviate momentary anxiety and longer-term emotional stress, and perhaps even improve physical and cognitive health outcomes (p.4).

When utilizing controlled breathing, a signal sent to the parasympathetic branch of the nervous system promotes regulation as evidenced by slower heart rate and digestion. The usage of controlled breathing combats the effects of released stress hormones, such as cortisol, and promotes calmness (Alderman, 2016).

Emotional Regulation with the Breath

Jerath, Crawford, Barnes, & Harden (2015) stated, "Though the source of human emotions is the brain and specific structures within the brain such as the amygdala, the experience of emotions causes widespread responses throughout the entire body" (p.107). One's beliefs about themselves, including emotions, memories, and habits, and the world around them all influence one's mental and physical health (Weinberg, 2019). The mind-body connection happens based on what is going on in your mind and heart and occurs on both a physical and

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chemical level (Weinberg, 2019). Jerath et al. (2015) proposed that “negative mood states such as stress, anxiety, and depression cause sympathetic activation that is due to widespread depolarization throughout the brain and body” (p.107). What we can infer from Jerath et al. (2015) and (Weinberg, 2019) is that the thoughts, emotions and feelings that we have about ourselves matter on both a physical and chemical level that has both the power to help or hurt our overall health.

Jerath et al. (2015) offered that “slow, deep breathing and meditation lead to parasympathetic activation due to widespread inhibition and hyperpolarization” (p. 107). Jerath et al. (2015) asserted that relaxation treatments such as meditation focus on the mind and body as a whole. During anxiety and stress states, widespread excitatory activity is present throughout the body and brain (Jerath et al., 2015). When someone experiences stress and anxiety activity, excitatory activity is increased in the amygdala. In addition to anxiety and chronic stress causing release of excitatory neurotransmitters and hormones, increased heart rate, respiration rate, blood pressure and muscle tension, enhanced amygdala activity is associated with stress and depression.

Additionally, Jerath et al. (2015) connected studies that saw decreased activity in the amygdala during mindfulness meditation and the time following meditation. Doll, Hölzel, Bratec, Boucard, Xie, Wohlschläger, and Sorg asserted that maintaining mindful attention to breath regulates emotions through increased amygdala-prefrontal cortex connectivity. “As the frequency of respiration increases, due to anxiety, this leads to positive waves that increase membrane potentials and depolarize limbic areas of the brain” (Jerath et al., 2015, p. 109). With breathing, Jerath et al. (2015) discussed that there is research which has shown outcomes that are positive when breathing exercises are used as a treatment for anxiety or stress-related disorders.

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In addition, Jareth et al. (2015) discussed a July 2013 study in which mindfulness meditation was as effective as medication in treatment for major depression. Two promising treatments of emotion-related disorders are Sudarshan Kriya yogi (SKY) and pranayama breathing (Jareth et al., 2015). Jareth et al. (2015) asserted that evidence has permitted an improved understanding of characteristics of the underlying physiology of controlled breathing and meditation.

Weinberg (2019) asserted that emotional experiences have a major effect in the way one behaves and the physiology that comprises one's body. Weinberg (2019) maintained that over time, chronic psychological stress can lead a change in the way that the body functions at a hormonal and immunologic level and contribute to emotional experiences that affect the way people behave and the physiology within their bodies. Jareth et al. (2015) maintained that breathing and meditation exercises reduce stress, anxiety, depression, and other negative emotional states. Jareth et al. (2015) concluded that "understanding the interrelationship between respiration and emotions is essential to better understand how to treat anxiety, stress, depression, and emotional disorders" (p. 112). Jareth et al. (2015) offered that although breathing and meditation techniques and exercise are accessible, attainable, and low cost, they are not widely used as treatments.

Therapeutic Attunement

In the therapeutic encounter it is the ability to stay centered, aligned, present, and alert to the moment that helps to create a therapeutic connection (Kossak, 2009). Kossak referred to Csikszentmihalyi's concept of flow, Robbins notion of therapeutic presence and Winnicott's idea of play as the moments between therapist and client where connection and alignment, "therapeutic attunement" occur. According to Kossak (2009), art making can be an opportunity

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that supports therapeutic attunement as well as the creation of a therapeutic alliance. Healing traditions from the East are also utilized in theory and practice, such as attunement and mindfulness (Kossak, 2015). It is this kind of mutual resonance experienced as connectivity, unity, understanding, support, empathy, and acceptance that can contribute significantly to creating a sense of psychological healing. Kossak (2015) noted that “what also distinguishes arts therapy from the single modal art therapies is that the imagination is considered the main focus in the sense that it can be employed in a multisensory and multi-dimensional way toward the goal of health and well-being” (p. 4). Kossak (2015) noted that when art is utilized for creative purposes it “awakens dormant creative impulses through an opening to a spontaneous flow of inner impulses and energies” (p.6). Therapeutic attunement is vital for forging empathic alliances while focusing on a moment to moment relationship between client and therapist while repairing, growing and resulting in positive treatment outcomes (Kossak, 2015).

When the expressive arts are utilized for health and wellness, it is Kossak’s (2015) strong belief that shifts of awareness occur when there are shifts to “internal images and to an embodied shift” (p.9). Kossak (2015) believed that art can provide internal change in thought, attitude and feeling when someone is directly and consciously engaged in the body-based process. Kossak (2015) asserted that “the arts in their very nature are an embodied process that potentially can attune an individual to the movement” (p.10). Kossak (2015) that by envisioning oneself being in a place, achieving something or creating something new can begin to be stimulated on a sensory level. Kossak (2015) stated that slowing down and breathing into the image can attune someone into being able to create a “deep internal embodied shift” (pg. 10) that can affect a person’s symptoms. In knowing the importance of therapeutic attunement, Kossak (2015) discussed the importance of being attuned to one’s inner world so that they are able to be attuned to others.

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Kossak (2015) discussed the importance of controlled breath in a project completed in Cambridge, Massachusetts. The project, entitled “Opening Doors for People with Autism Through the Arts: A Research Project” operated from 2001 to 2004 at Lesley University. Kossak (2015) emphasized the importance of the group warm-up and its purpose in promoting a sense of well-being, of being attended to and of building trust and safety. Kossak (2015) asserted the importance in creating connectivity, building group continuity and, mirroring others’ reality through arts and creativity.

Carl Jung stated,

We are all creative. We have been immersed in creativity from the moment of birth. Creativity nurtured us when we took our first step and spoke our first words. Creativity permeates the cosmos. It is the driving force that sustains the elementary particles, the stars and galaxies and even time itself. Creativity is the stuff of our bones. It surges through the body with each beat of the heart. (Kossak, 2015, p.25)

Kossak (2015) discussed the importance of having a warm-up that gets the group acquainted and ready for a group Expressive Arts Therapy intervention. Kossak (2015) conveyed that we all have creativity within us, not only that we were born with, but that lives within us.

Expressive Therapies May Improve Health

The Artists at Shands Healthcare said, “the artistic processes restore a sense of identity and agency that hospitalization takes away” (Sethi, 2009, pg. 29). The arts play a vital role in medicine. Scientists have found evidence that such feelings of control and mastery trigger an increase in the production of disease-fighting cells (Sethi, 2009). A 2006 study tested the saliva of college-aged singers before and after rehearsals. The study reflected that singers who were

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pleased with their performances had lower levels of cortisol, a hormone that is a marker for stress, in their saliva (Sethi, 2009).

Why might the arts provide such benefits? Artists at Shands Healthcare in Florida have some ideas. The arts can play a role in medicine in more basic ways. Similarly, Mackenzie (2013) offers that the aims of therapy groups are “to encourage creative expression, express and explore their emotions through the creative therapies, develop self-awareness and self-confidence, and build relationships within the group therapy context” (p.135). In discussing the benefits of art Graham-Pole powerfully states, "It doesn't cure a particular disease, but benefits whatever ails you” (Sethi, 2009, p.29).

In the article, Haederle (2012) discusses The Shamatha Project, which he refers to as "one of the most ambitious studies of the psychological, physical, and behavioral effects of meditation ever being undertaken" (p.52). The testing in The Shamatha Project seemed to be quite thorough, mentioning brain wave testing, blood testing, cell testing along with heart rate, blood pressure, and muscle activity. The study divided 60 adult participants into two groups: one that would be experiencing a meditation retreat and then a control group that would experience a retreat at a later date. The test measured inflammation, stress hormones, 15 computer-based measurements of attentional and emotional response, mood and experience questionnaires, interviews, and daily logs. The outcome of the study showed that "the first group had telomerase levels that were 30 percent higher than those in the control group" (Haederle, 2012, p.53). According to Haederle (2012), the neuroscientist Clifford Saron that led the study and the research team for The Shamatha Project, showed success in the measurement of improved impulse control, which led to people's overall sense of well-being (pg.53). Haederle (2012) also reported that retreat participants came away with a "sharper sense of visual perception" (pg. 53).

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Haederle (2012) reported that Safron cautioned that his findings might be over-interpreted. Some of the limitations he brought up were the middle age, yoga demographics of the participants, and the lack of data regarding the reasons for improvement amongst the retreat group. Safron discussed several ways in which certain variables could be driving the change that the participants experienced. Haederle (2012) went on to include information about illnesses being strongly connected to chronic stress. Haederle (2012) stated that "when we perceive threats, the body's "fight or flight" system is activated, releasing bursts of cortisol and adrenaline that speed up the heart and breathing, constrict blood vessels and trigger a cascade of other reactions" (p. 54).

Haederle (2012) added that if the stress response perpetuates, it can lead to heightened inflammation and potentially damage tissues in the body (p. 54). This article reminded me of the importance of establishing a meditation practice and the correlation that CBAT, ages 4 – 17 population have to stress. Haederle's (2012) report reminded me of the importance of teaching coping skills and breathing to children and adolescents to better deal with stress, teaching them those skills before reaching adulthood. Haederle's (2012) article concludes with several examples and success stories from various respected leaders in the field of meditation, however; he returns to his own experience and success with meditation, and summarizes that "in the end, the experience validates itself" (p. 54).

The allowance of space for play, expression of personal narratives, and mindfulness can be contributions for students to explore turn-taking, increase autonomy, practice conflict resolutions, emotion regulation, and other cognitive demands that are needed in skills with peers (Culatta & Westby, 2016). Franklin (2010) identified that "with careful attunement, art therapists can develop unique, aesthetic forms of empathic resonance that will help clients feel deeply seen

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and develop empathy for themselves and compassion for others" (p.160). It is vitally important that children have role models in their lives that model empathic resonance so that they will develop these feelings for themselves and in their relationships with others. While adversity in childhood can alter the ability to regulate emotions (Coholic & Eyes, 2016), the research also points to impairments in working memory, inhibitory control, social skills, language development, and academic struggles. The research with children around regulating emotions and reducing these impairments is continuing to grow (Coholic, 2011).

Method

I chose to design a method of integrating the importance of breath into the Expressive Arts Therapy activities that I did in the groups at my internship site. Each day at my internship, I decided to choose an experiential that I would test out in both morning and afternoon groups. During my sessions, the focus would be on the creative mediums that were available within the therapy space to explore and play together while establishing a sense of safety, ritual, and familiarity within the therapeutic space. The aims of the therapy were to encourage creative expression, express and explore their emotions through the creative therapies while developing awareness and mindfulness around the utilization of the breath. The intention in groups was to create a welcoming environment that encouraged self-awareness and self-confidence while also building relationships within the group therapy context. In my development of a method, I tested out experientials to witness Expressive Arts Therapies meaningful connection to breath to promote emotional regulation with ages 4-17 years of age in a CBAT facility.

To practice my method, I met with individuals and groups in a series of sessions and utilized different ways of incorporating breath work into expressive arts therapy interventions in a CBAT. The purpose of doing this method was to promote the emotional regulation of the 4-17-

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year-old clients in the CBAT unit of my internship. During this process I kept a journal, explored different creative arts directives and interventions, and notated the processes that I utilized in the making and the implementation that I used in each session. I recorded my findings during the 8-week session, of facilitating two expressive arts groups on both Mondays and Thursdays at 10 am, and 3 pm and group on Saturdays at 10 am. During this time, I was also given time to meet with each client, on most weeks to better assess their current needs in addition to completing a Mental Status Examination Assessment. In this thesis, I notate what I explored, experienced, and learned throughout my study and pursuit of my method. I used a method of trial and error during individual and group sessions with the premise of finding how the use of breath incorporated within the use of expressive arts therapy can serve as a method of grounding and healing in both individual and group sessions.

Breathing Techniques Utilized

Britt (2019) offered, “to develop a rhythm, count to yourself during each step. If you count “one, two, three” seconds on the inhale, “one, two” on the pause, “one, two, three” on the exhale, and “one, two” on the pause, you’ve completed a 10-second breath, a pace of six per minute”. Britt (2019) continued that, “while there is no scientifically proven sweet spot regarding pace, a review of studies published in the journal *Breathe* found that aiming for six to ten of these deep breaths per minute has “vast and complex” physiological effects.” The counting encouraged focus and sets clients up to measure progress toward even longer breaths (Britt, 2019). Many sources offered information regarding the four-count inhale through the nose, the four count hold as well as the four-count exhale.

The emphasis should be on exhalation. Tan (2012) urged that people should concentrate on breathing out through exhalation rather than taking air in through inhalation. Tan

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(2012) proposed that exhalation has much more control, because the muscles are more powerful that control exhalation and that mastering deep and slower through exhalation holds benefits.

Tan (2012) offered that if people work to compress the air out of their lungs, the in-breath will be able to happen naturally and with little effort. Tan (2012) asserted that the timing of engaging in breathing exercises is important as well and advises that the best hours to practice breathing are between 5am and 7 am, ideally after waking up and before breakfast. Although practicing any time of the day will yield positive results, Tan (2012) stressed that regularity is paramount to receiving consistent benefits. Tan (2012) suggested that practicing in the morning refreshes the system with the psychological benefits of completing the daily exercise regime and preparing one for the day ahead.

“Being the Balloon.” Daniel Goleman stated, “Breathing exercises optimize children’s brain development to improve their concentration and reduce the effects of stress.” In the blog *Coping Skills for Kids*. (2013) Goldman also stated that “breathing exercises for children is as useful as they are beneficial” and that [breathing] “helps children to control their emotions better, but they also improve their attention span and focus.” In Maza’s (2017) article, he suggested asking clients to close their eyes and pretend that they are balloons. Maza (2017) suggested asking clients to envision themselves filling with air, inhaling deeply. After doing this, I asked clients to let out the air slowly, as if they were like a second balloon. Following this exercise, Maza (2017) suggested asking child clients to disclose a time they were in a situation when they “felt like balloons”. Asking, “were there times when you could not stand or tolerate something?”

“The Seed Game” and “The Snake Game.” Maza (2017) offered a relaxing breathing exercise called “The seed game,” that utilized relaxing background music and dim lighting where the child clients have the opportunity to symbolize the growth of a tree. Children start on their

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knees, on the ground, with their head bent downwards. From there, children are instructed to extend forward as a seed and to breathe. To the beat of the music, the children start growing and becoming trees, rising to their feet, with beautiful branches swaying in the wind (Maza, 2017).

Another simple and effective exercise is referred to as “The snake game,” which required children to sit in chairs in which their backs are straight (Hollaran, 2015). Next, the clinician told them to put their hands on their abdomen and focus on the instruction they’re going to hear.

Then, they need to breathe in deeply through the nose for four seconds, while being led by the clinician, paying special attention to “belly breathing” (Halloran, 2015). Following children are instructed to let the air out by making the sound of a snake, a loud hiss that should last as long as they can (Halloran, 2015).

Count of Six and “Rock and Roll Breathing.” Another breathing technique I chose to utilize at my site was coherent breathing in which the goal is to breathe at a rate of five breaths per minute, which ended up amounting into inhaling and exhaling to the count of six (Alderman, 2016). Coherent breathing can be practiced either upright or lying down, placing one’s hands on their abdomens (Alderman, 2016). The technique involved slowly breathing in, expanding your diaphragm to the count of five, pausing, and then slowly breathing out to the count of six, eventually to about 10 – 20 minutes a day (Alderman, 2016). Alderman (2016) utilized a technique for stress relief that is called, “Rock and Roll Breathing”. During this technique, clients were asked to sit up straight on the floor or edge of a chair, placing their hands on their abdomens (Alderman, 2016). Next, clients are instructed to inhale while leaning forward to expand their diaphragms (Alderman, 2016). Next, clients are instructed to exhale, squeezing the breath out and curling forward while leaning backward, exhaling until they are completely empty of breath for about twenty times (Alderman, 2016).

“Breathing like Elephants” and “Leopard Breathing.” In Halloran’s (2015) article, the “breathing like elephants” exercise clients should be on their feet with their legs slightly apart. Next, clients are instructed that they are going to become elephants and breathe like them. The clinician models that the clients need to breathe in deeply through the nose and lift up their arms as if they were the elephant’s trunk, trying to expand their diaphragms at the same time (Halloran, 2015). Finally, clients are instructed to exhale, breathing loudly through the mouth, bringing their arms down as they bend a little, bringing the “elephant trunk” down.

Another exercise for breathing with the 4-17 population is “leopard breathing” where clients are instructed to get down on the floor on all fours as if they were a leopard (Halloran, 2018). Next, clients are instructed that they need to breathe in through the nose, noticing how their diaphragm expands, and their spinal column goes down. The next directive is that clients should breathe out of the mouth, observing how their diaphragm muscle empties and their back rises up a bit. During these exercises, the clinician should be modeling slowly, so the clients notice these processes in their body and can relate them to this kind of breathing. These are just some of several controlled breathing techniques shown to have health benefits.

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Procedure

Weeks 1 – 8: Morning and Afternoon Groups During these eight weeks at CBAT, I focused on modeling and educating the clients about awareness around their five senses to help remind them to stay in the present. These directives were used as a calming technique in a 45-minute group with nine clients, ages 4-17. It is important to recognize that these sessions happened at 10 am and occurred after the clients' outside recreational time. Early on at my internship, I knew that I needed to set the holding space and model an environment that was grounded in breath. During the first session, the focus was on the creative mediums that were available in the therapy space. The clients and I worked on exploring, playing together and establishing a sense of safety, ritual, and familiarity within the therapeutic space.

The first exercise I used to support clients in finding coping skills that work for them was the “LOOK, FEEL, LISTEN, SMELL, and TASTE” sensory activity. First, I would have clients begin by sitting in their chairs, which were three chairs to a table, and three tables. I asked all clients to align their chairs so that they were facing me. Ideally, I imagined this exercise being done in a circle; however, the circle would not work in this multipurpose room due to the inability to remove excess furniture pieces. I instructed the clients to "Take a deep belly breath." I would tell the clients to number - 5: **LOOK:** "Look around for five things that you can see and say them out loud." For example, I stated, "I see a television," "I see the pencil," "I see the blanket." Next, I would instruct them to number - 4 - **FEEL:** instructing the clients to pay attention to their bodies and to think of four things that they could feel and asked them to say them out loud. I stated, "I feel the shoes on my feet, I feel the material that my sweater is made from on my arms and trunk, and I feel the blanket that I have on my lap." I would then pause.

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Next, I instructed them to number - 3 - **LISTEN:** I instructed the clients to listen for three sounds. I stated, "the sounds could be the telephone in the facility, the sound of typing from the computer keyboard, or maybe the sound of your stomach growling." I instructed the clients to say the three things out loud. I would allow time for each client to participate in group by citing their three things. Following, I would ask the clients to number 2 - **SMELL:** I would ask clients to state two things that they could smell. I told them to move to another spot in the room appropriately and to sniff something. I said, "If you can't smell anything currently or you feel more comfortable staying in your seat, then name your two favorite smells." Then I would pause briefly and ask for clients to participate in naming their two favorite smells. Finally, I would ask that all clients number 1 - **TASTE:** I asked clients to say one thing that they could taste. I used the examples that "It may be the mouthwash you tasted from taking care of your teeth, or an apple or Oreos that you had at snack time or a pizza and salad that you had at lunch." Then I offered, "If you can't taste anything or cannot remember anything right now, then say your favorite thing that you like to taste." Then I would ask students to volunteer to share what they tasted with the group.

The second exercise I offered to our clients was giving the clients' journals that they could all decorate with colored pencils, markers and offered to hot glue different fabric textures, sequins, foams pieces, or fluffy material to the cover. Although this activity can allow for more time, I offered us time every Monday, Thursday, and Saturday to work on decorating or writing in our journals. In these journals I would offer prompts such as "My favorite memory was when...", "The funniest thing happens when...", "If I was able to pick my best day, what would that day look like..." These responses would allow for clients' quiet time to reflect, to write and document their different emotions and feelings. In CBAT, we put a lot of emphasis on a journal

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as a way to express oneself, however not the only way to express yourself. Also, I would encourage artmaking in the journal. Every two weeks in the CBAT unit I would go through different possibilities for artmaking with the clients. During this time, clients could ask questions, gain ideas, and receive clarification . I would explain to the clients that the purpose of this activity was to allow the clients to express themselves utilizing elements of expressive arts therapy. When clients became overwhelmed in session, I led them through breathing exercises to meet their needs and gave directions to other clients to keep moving forward. There were opportunities during expressive arts therapy interventions when breathing exercises helped support clients that were struggling.

Afternoon Groups on Mondays & Thursdays at 3 pm. In the afternoons, we would begin with the directive that the clients were to sit upright in their chairs facing me. I would encourage them through modeling correct posture and alignment to also complete a body scan, “a self-check in”. I then guided the clients through a breathing exercise where I would invite them to close their eyes if they were comfortable or maintain a soft gaze on the wall across from them. I offered to utilize the floor as a modification option if that was most comfortable for them. I then gave them instructions that today we would be inhaling and exhaling through our noses to promote the benefits of nasal breathing over mouth breathing. I would give them examples that our nasal cavities act as a filter to particles, contaminants and they keep our vocal cords and mouths moist. I would ask clients to breathe in through their noses for a four-count, then I would ask them to hold for a four-count and then exhale for a four-count. We would repeat this exercise eight times. Following, I would ask the clients to roll their shoulders forward eight times and then back eight times after modeling the movement for them.

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Next, I would ask them to interlace their fingers behind their back and to roll their shoulders down and to hold for an eight count. I would offer specific options for modification if needed. During this exercise; I would model the upright posture and alignment that they should strive for to get an adequate stretch for their individual bodies. Modifications were given to any clients that asked for them. Next, I would ask the clients to interlace their fingers behind their heads, maintaining that their elbows were in a horizontal stretch. I would ask all clients to try to stretch backward by giving them the following directive and imagery, "Let's pretend we are on vacation on a tropical island with sunglasses on, basking in the sun." Then I asked them to try to inhale and exhale three times while picturing themselves being in their favorite, most relaxing place. Then I would ask them to follow me in a series of seated side and vertical stretches that incorporated breath, emphasizing the benefits of the breath in completing body stretches. Next, I asked them to offer a word, sound, or gesture to the group of how they are currently feeling. Our second activity was to make buttons that identify our triggers. Clients were asked to take a small circular piece of paper and to decorate it with their triggers, artistically representing the emotions they feel when triggered. Materials utilized were circular pieces of cardstock paper, markers, colored pencils, crayons, beads, glue, feathers, foams pieces, and sequins.

The afternoon groups on Saturday were customarily more relaxed, so after the breathing warm-up, we would often play charades. Groups were split in two with often seven on each team that was comprised of clients and staff members. The teams were offered three words: a verb, a noun and an emotion with the option of acting out the words in a scenario together. Clients were usually more reserved to begin the activity; however, the mood usually changed after about five to seven minutes. When I facilitated groups, support staff joined the clients in groups which would consistently elicit excitement. At that time, clients grew more comfortable as they began

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to share and express their ideas more openly. Clients were observed communicating with each other, having positive peer and staff exchanges. Clients succeeded in having appropriate interactions between the group speaker and listeners. The students utilized competition and laughter in their responses to the charades activity. Each word or phrase being enacted was timed, allowing one minute for each scenario to be played. As a closure to the group, clients were asked to write down one word or phrase on a piece of paper about the group and were allowed one minute to do so. Papers were collected from each client. In culmination, clients were invited to take part in a selected breathing exercise that we were focusing on for the day. After the breathing exercise, some clients would typically ask to share their word or phrase about the day's group.

Mornings on Saturdays. On Saturdays, we would begin with the directive that the clients were to sit upright in their chairs facing me. I would encourage them through modeling correct posture and alignment to also complete a body scan and check-in with themselves. I would then guide the clients through a breathing exercise where I invited them to close their eyes if they were comfortable or maintain a soft gaze on the wall across from them. As a modification option, I would offer the clients the opportunity to utilize the floor if that was most comfortable for them. I would then give them instructions that we would be inhaling and exhaling through our noses to promote the benefits of nasal breathing over mouth breathing. I would emphasize the importance of nasal breathing, giving them examples that the nasal cavity acts as a filter to particles, contaminants and they keep our vocal cords and mouths moist. I then asked clients to breathe in through their noses for a four-count, then I asked them to hold for a four-count and then exhale for a four-count. We repeated this exercise eight times. Following, I asked the clients

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to roll their shoulders forward eight times and then back eight times after modeling the movement for them.

Next, I asked them to interlace their fingers behind their back and to roll their shoulders down and to hold for an eight count. During this, I would model the upright posture and alignment that they should strive for to get an adequate stretch for them. Modifications were given to any clients that asked for them. Next, I would ask the clients to interlace their finger behind their heads, maintaining that their elbows were in a horizontal stretch. I would ask all clients to try to stretch backward by giving them the following directive and imagery, "Let's pretend we are on vacation on a tropical island with sunglasses on basking in the sun." I would ask them to try to inhale and exhale three times while having them picture themselves being in their favorite, most relaxing place. Then I would ask them to follow me in a series of seated side and vertical stretches that incorporated breath, emphasizing the benefits of the breath in completing body stretches. Next, I would ask them to offer a word, sound, or gesture to the group of how they are currently feeling.

For our activity, I would prep nine individual water cups, nine sets of napkins, nine medium-sized paintbrushes, and nine paint palettes of the colors blue, black, and white. I then took nine pre-cut sections of butcher paper with masking tape and taped the sections around the multipurpose room that we utilized for the group. I was sure to separate each client by 3 feet on the wall to create necessary boundaries for the clients that we had on the unit. I would ask three behavioral staff members working to help assist me in moving the three tables in the middle of the room. I would then direct each client to their assigned supplies and locations that were adequately labeled with their names.

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The directive for the activity was to take the paint brush and pick one color initially to test on the butcher paper by making circles slowly on the paper. The clients were encouraged to focus on the movement of the brush and the body that was moving the brush. I would ask the clients to assess their feelings while doing this. I would ask, "What are you feeling right now? What is your current mood? Now I want you to ask yourself where your breath is coming from? The top of your chest, the middle, or are you breathing from your tummy?" I asked them to try the other colors on their palette, now with more freedom, however, staying within the boundaries of the paper. I would ask them to pay attention to the shapes that they were making and the movement of the brush and the body as a result of the movement of the brush.

Results

Over the course of eight weeks, I facilitated forty expressive arts therapy groups that all began with breathing warm-up exercises. Quantitative data collection focused on the level of participation, resistance, and communicated preference from clients regarding the breathing warm-ups. In thirty-four out of the forty groups within this period, 72% of participants reported positive outcomes. Outcomes included noticeable changes in clients' response to external stimuli and increased control with emotional regulation. During group closure the most reported feedback included feeling "more in control," "present," "calm," and "more in more control of myself."

Participants who had been present on the unit for a minimum of one week often presented with fatigue and reluctance to begin the group. A majority of participants depended on the ritual of previously facilitated breathing exercises. It appeared that clients felt an increase in comfort when the stability of familiar breathing techniques were utilized.

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The level of client participation in opening breathing activities often led to increased participation in the expressive arts therapy intervention that followed. Expressive arts therapy interventions included painting, doodling, coloring, drawings, comic strip making, decorating safe spaces, role playing, charades, music, playing a drum and drama therapy activities. The primary focus of my method was getting the clients to become comfortable enough to create an expression of their current state with breathing, grounding, and stretching warmups as the catalyst. Clients frequently showed an overall increase in emotional regulation by the end of session. At least two out of nine daily participants followed the breathing directive's instructions, despite other escalated clients' behaviors presenting resistance.

Most clients were receptive to the breathing exercises and the arts experiential. At times, clients needed to be redirected numerous times during the session after acting out behaviorally in session. They were redirected using a neutral, firm voice and kneeling to be on their height level. For the most part, clients did not refuse to participate; all clients were actively engaged in the activity. However, when a client or clients were overwhelmed in the room or over-stimulated by the activities in group, they were offered time to take space, usually five to ten minutes that was supervised in their room by a behavioral staff member. I asked the clients for feedback, and the comments they made "popcorn style" by calling out were, "I loved it!" "I want to do it again!" "I'm not finished and need more time to do it." In reflecting on my warm-up, intervention and closing exercises, I realized that we needed more time to carry out the session, most of the time in fact. Despite needing and wanting more time in group sessions, I felt that there were new possibilities that were developed in sessions.

Depending on existing group dynamics and participants' level of focus, breathing exercises required a varied amount of time to take full effect. Some participants with less control

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over self-regulation required more time to engage with their breathing. This unexpected variable offset the running time for the expressive arts therapy intervention that followed. In considering the variables of time management, regulation levels of participants in a CBAT unit, and the number of active participants overall, this study increased my understanding of applying breathing warm-ups in the clinical space.

Discussion

The use of expressive arts therapy and breathing warm-ups have a great impact on clients' overall emotional regulation and behavior. The attunement of the unit collectively allowed for increased positive peer and staff interactions and client support from peers during challenging activities. The possibility of increasing the frequency of the groups every week supported clients' positive behavior interventions by increasing the identification of emotions, concentrating on the breath and the use of expressive arts therapy, to promote emotional regulation and attunement of the unit. Additionally, mindfulness can bridge gaps in emotion regulation, coping, social skills, confidence and self-esteem building, as well as developing stronger attention and focusing skills (Coholic & Eys, 2016). An increased ability to recognize emotions and be adept at coping with them is another added benefit from utilizing mindfulness (Coholic & Eys, 2016) and arts-based activities.

Ultimately, there were limitations to the development of an Expressive Arts Method that incorporated breath around scheduling, duration, and frequency. These limitations do not allow for this development of a method project in using the expressive arts therapies with breath in a CBAT setting as a sole contributing factor to the improvements of children ages 4 – 17 in a CBAT setting. I found it exceedingly difficult to do a breath and grounding opening and then have enough time to complete meaningful expressive arts therapy interventions. There were

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obstacles regarding the amount of time needed at my site. I believe wholeheartedly that the client must be given the opportunity to participate meaningfully in the formulation of treatment goals. There was so much work I still wanted to work on with the clients however new client intakes and discharges made that difficult because their time on the unit was limited. Halloran (2015) stated that, "Sometimes, kids may need a little more help to figure out how to properly take a deep breath." Continued work in a group setting with these types of groups can provide a more detailed perspective.

I experienced young clients ages 4 through 17 with varying diagnoses, trauma histories, cultures, socioeconomic statuses, genders, sexualities, and different affiliations. Every day at my internship, I was faced with new uncharted territory for myself. Through it all, I pay tribute to my willingness to stay curious, patient, to persevere and to practice cultural humility every day. Despite boundaries constantly being tested in this unit, I believe progress was made. I learned that I needed to stay flexible and adaptable every day and realize that plans change. I think that the group went well and that transitions were smooth in between exercises. The clients seemed to have a positive experience with the directives and also learned our new breathing ritual in testing out my development of a method.

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THESIS APPROVAL FORM

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Student's Name: Jenna Tremblay

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Title: The Development of an Expressive Arts Method to Promote Emotional Regulation through the use of Breath in a CBAT facility, ages 4 - 17

Date of Graduation: May 16, 2020

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Elizabeth Kellogg, PhD