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Melting Premenstrual Dysphoric Disorder/ Premenstrual Exacerbation Symptoms with Metalsmithing: A Group Process

Maureen Bella Russo

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Melting Premenstrual Dysphoric Disorder/Premenstrual Exacerbation Symptoms

With Metalsmithing: A Group Process

by Maureen Bella Russo, Bachelor of Fine Arts

A Grant Proposal Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Arts in the field of Art Therapy Counseling

Advisory Committee:

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Graduate School
Southern Illinois University Edwardsville
May 2, 2024
PROPOSAL SUMMARY

MELTING PREMENSTRUAL DYSPHORIC DISORDER/PREMENSTRUAL EXACERBATION SYMPTOMS WITH METALSMITHING: A GROUP PROCESS

by

MAUREEN BELLA RUSSO

Chairperson: Professor Shelly Goebl-Parker

People experiencing Premenstrual Dysphoric Disorder/Premenstrual Exacerbation, PMDD/PME, frequently live with debilitating symptoms that can arrest their daily life functions (Barker-Smith, 2020). Finding art to process and transform painful emotions that align with PMDD/PME hormonal depression/anxiety, may assist in supporting people to keep choosing life, especially when these art practices involve group settings and community artmaking (Phillips & Rosal, 1989; Robb, 2022). Metalsmithing requires significant cognitive awareness and promotes mind/body connections in its elemental art form (Carlson, 2015). This proposal outlines a group process involving 8-12 people who will receive a beginner's metalsmithing, 12-week studio art program at Hyde Park Arts Center in Chicago, IL. The total cost (including the final film: $2,500) = $27,797. Video documentation and artist journals will collect data from group participants. A final film edited by the researcher will be shared with a broader online community, to inspire hope for people with PMDD/PME who may be surviving alone. This project desires to carry an impact in that the physical light of fire refines the metal and symbolically one’s heart/mind through human connection.

Keywords: PMDD/PME, Groups, Community Art Studio, Metalsmithing
ACKNOWLEDGEMENTS

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This research is dedicated to my 2 fathers (biological and adopted) who both died during my pursuit of this master’s degree in art therapy & counseling programs (SAIC & SIUE): Timothy E. Guinan (d. 2021) and Pasquale F. Russo (d. 2024). My heart aches and grieves both of you in uniquely painful ways, yet I complete this degree in thought of you both. And to my mom who worked tirelessly and gave up her dreams so I could pursue mine, thank you, you have taught me more than any book or class can, by how compassionately and artistically you live.

Last but not least, this research is for all of the menstruating people who need proper healthcare, diagnosis, and community support to get through the challenges of PMDD/PME.

Don’t give up...I won’t either.

(For information on PMDD/PME: IAPMD.ORG and if you need support, please call the suicide prevention hotline: 988, if you reside in the United States)
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CHAPTER I

INTRODUCTION

As one who experiences hormonal menstrual cycle-based maladaptive moods, I am no stranger to the darkness and bleak isolation of menstrual disorder symptoms. Premenstrual Dysphoric Disorder and Premenstrual Exacerbation (PMDD/PME) is a depressive disorder that is characterized by “mood, appetite, energy, and cognitive changes that occur during the late luteal (premenstrual) phase of the menstrual cycle and remit shortly after the onset of menses” (Parry et al., 2009, p. 2945). According to the International Association for Premenstrual Disorders, IAPMD, PMDD/PME is a hormone-based mood disorder (IAPMD, 2024). Researcher Eisenlohr-Moul “found that PMDD is not a hormonal imbalance, a common misconception. Instead, it is an abnormal sensitivity in the brain to the normal rise and fall of hormones during the menstrual cycle” (Clay, 2023, p. 56-58).

Furthermore, IAPMD described PMDD’s common symptoms including anger, irritability, depression, and anxiety that are severe enough to cause distress or interfere with daily activities. Depression and anxiety, specifically in PMDD/PME, can be debilitating and may cause suicidal ideation and end tragically in suicide (IAPMD, 2024). In a study of almost “600 individuals ages 13 to 62 with a PMDD diagnosis, 72% reported lifetime active suicidal ideation, 49% reported planning suicide, and 34% had made an attempt (BMC Psychiatry, Vol. 22, 2022)” (Clay, 2023, para. 14). Therefore, the consequence of menstruating people in gaining a proper diagnosis and care is paramount to their lives and well-being.

It is estimated that “1 in 12 individuals who menstruate” may be affected with PMDD (Madormo & Alrahmani, 2022, para. 1) and experience symptoms during ovulation as well as during the luteal phase (Parry et al., 2009; Phillips & Rosal, 1989). The symptoms can be
physiological or emotional (Phillips & Rosal, 1989). The hell of living with PMDD/PME often comes with half of the month (or more) feeling like yourself and the other half in distress. Each person has unique symptoms in their body.

Practicing art while focusing on metalsmithing has been a critical process in transforming my trauma relating to PMDD (personal, generational, and cultural), into a reclaimed form of art to support myself to engage in life again. Regarding my personal PMDD trauma, like Guzman (2020), I have found that picking up a hammer and pounding metal repetitiously or switching on the gas to sense the fire torch's warmth has been transformative. The action of art gives me a productive space to express physical and emotional pain rather than storing it deep within my psyche and body, which causes me and my family turmoil. This action, in turn, affects the next generation and my family/societal culture, for everything is connected. I think of it as describing “sublimation,” a term first used by Freud and later defined by art therapy pioneer Edith Kramer. Kramer defined it thus:

Sublimation is no simple mental act; it embraces a multitude of mechanisms. These include displacement, symbolization, neutralization of drive energy, identification, and integration. Sublimation invariably implies some element of renunciation…Yet sublimation somehow remains so linked to the urges that set the process in motion, that the individual attains through it at least partial gratification and partial relief from the pressure of these libidinal and aggressive drives. In as much as it involves postponement of instinctual gratification and channeling of drive energy, we can perceive sublimation as one of the mechanisms of defense. ( Rubin, 2001) When working with art materials, time and place may fade away and one’s subconscious thoughts and emotions may become revealed through the art-making process. Sublimation is a general term to describe the individual’s unique mental and physical experience. In
metalsmithing, I have often entered the studio with a heavy emotional burden on my mind; and after making art my emotions transfer through the art object itself or resolve into some way, shape, or form during my time in the art studio. My circumstantial problems may not have changed during studio time, but I did, in that, I metaphorically held my pain and observed it from a new lens of perception through art making. The art studio has become a productive place for my energy to settle and sublimate my emotions and thoughts.

Metalsmithing includes kinesthetic and sensory art experiences described in depth within the “Expressive Therapies Continuum” framework that aligns art practices within the context of the brain and body. The ETC is an information processing model that consists of 3 levels with 2 components on opposite sides holding dynamic tension with one another and one mid-level throughout each called the “creative” level which intersects all six components (Hinz, 2009). This framework acts as a general guide for art therapists to assess the client to intervene with art therapy materials and find a proper fit. Within this framework, metalsmithing connects to the kinesthetic/sensory, perceptual/affective (design and procedures), and cognitive/symbolic levels of information processing while also functioning on the creative level. Metalsmithing is rooted in ancient primal movements that directly soothe a stress response in one’s body. Metalsmithing is a useful tool to process people’s said experiences, so they do not remain stored in one’s body (Barker-Smith, 2020; Parker 2010). In this way, there is a potential for metalsmithing to support mental health.

For others who experience PMDD/PME symptoms, metalsmithing may prove to be a powerful context to express themselves and offer a context for their emotional energies. Metalsmithing forces a full-body sensory experience of survival in the primal sense. Working with fire and other formidable art materials, one must focus on the present, mindful state (Carlson, 2015). Many call this phenomenon a flow state, which “is described as a state of
optimal performance denoted by smooth and accurate performance with an acute absorption in the task to the point of time dissociation and dissociative tendencies” (Gold & Ciorciari, 2020, p. 1). This art form captures exercise in the present moment and robs one’s mind of the depression fatigue of past trauma and the exhausting worry of future anxiety (Parker, 2010). The nature of metalsmithing commands the mind to stay in the present moment and access this state of flow with creativity.

Art, in the community, heals trauma (Myss, 1997). The transformative act of metalsmithing magnifies when I am in a community art studio, feeling seen and heard while communing around art. When artists work side by side and share authentic communication skills of listening and speaking about internal churnings, they have a place to belong and transform themselves. The network an artist has of friends and fellow artists greatly matters, not only to their mental health but is shown to have a positive impact on their overall successful career as an artist (Lesser, 2019). The people around an artist strongly affect them, which is why community matters greatly when making art. The depths of depression can gobble up an artist’s hope, as depression and anxiety can cause loneliness and shame attached to those emotions. To stay in one’s studio alone all the time can become isolating, exacerbating depressive symptoms. Ross (2006) described “the sense of isolation...or depressed disengagement” (p. xix) with artists who experience depression-like PMDD/PME, further emphasizing that “depression, criticality, and creativity are not necessarily incompatible” (p. xxvii) as one might assume. I believe an antidote for said depressive symptoms may be to integrate oneself into real-life human connection with a small art community of kindred people. Those who are struggling with a similar fight for hope may find support in what is known as a “3rd place”, or a public space that is not home or work where people can connect on a human level to fulfill a social need (Oldenburg & Brissett,
1982). There is potential for transformative power/healing in one’s physical movements, and in being seen and known by others. Human group connection happens in these 3rd places.

**Gap in Literature**

There is little research on menstruation, PMS, and PMDD/PME in art therapy despite the field holding a majority of individuals who identify as Female (88.3%), Non-binary (1.0%), Gender Non-conforming (0.6%), Transgender Male (0.2%), Transgender Female (0.0%), Other (4.8%), and Prefer not to say (1.1%). Racially and culturally individuals who are White (80.5%), Black or African American (3.5%), Asian (4.3%), Native Hawaiian/Pacific Islander (0.1%), Indigenous American or Alaska Native (0.6%), Hispanic/Latino (5.9%), Multiracial (2.4%), and selected “Other” (2.8%) art therapists (AATA National Office, 2021). This is an alarming disconnection, in that the prevalence rates of PMDD are similar to that of diabetes (IAPMD, 2024).

In addition, people who menstruate and who work as helping professionals or in caregiving roles often have unique individualized needs. Finding time to care for oneself during the luteal phase (also known as “hell week”) before the period arrives can be almost unbearable. The necessity to cope and care for oneself and others can seem impossible, especially with common suicidal ideation during the luteal phase (IAMPD, 2024). Some menstruating people experience symptoms during ovulation also (Chan et al., 2023). More research is needed in art therapy and counseling with PMDD/PME to address and support the symptoms of menstruating people for professional roles within the mental health context.

**Project Summary and Mission Statement**

This project proposes the creation of a community art studio metalsmithing group, with a virtual option for accessibility, to share metal arts with people who experience PMDD/PME. Access to metalsmithing art practices and human group connection with other
people who have PMDD/PME can be beneficial as a positive mental health outlet. This project will be a 12-week program that focuses on beginning metalsmithing techniques in a group setting with people who have PMDD/PME. There is power and strength in these identities, and when people come together to share what they learn with one another, a profound impact could result, affecting one’s experience of PMDD/PME.

**Key Individuals**

Hyde Park Arts Center is “a hub for contemporary arts in Chicago, serving as a gathering and production space for artists and the broader community to cultivate ideas, impact social change, and connect with new networks” (https://www.hydeparkart.org/about-the-art-center/). Hyde Park Arts Center is a well-established community-oriented gallery space and art workshop location. They host competitive artist residencies and collaborate with high-profile artists from Chicago and internationally. Their workshops seek to be inclusive and intentionally culturally intersectional. A large multi-purpose community center that can host a wide range of subjects pertaining to unique community needs and desires, can be an ideal site for this metalsmithing group. HPAC also houses one of the larger exhibition gallery spaces in Chicago in a community-run accessible space and recently became the nation’s first fully contribution-based model for all offered art classes (HPAC, n.d.).

As an artist and a future art therapist, who experiences PMDD/PME symptoms, I am uniquely positioned to run this group/program. As one who can empathize with both the exhausting emotional disruption and creative depth of these identities, I am sensitively aware of the stigma created by them. In leading the group, I hold the capacity as a soon-to-be art therapist counselor to help establish and support psychological safety and guidance with referrals for group members should they need added care. After receiving my Bachelor in Fine Art from the University of Illinois at Chicago, I am conveniently connected to a broad
valuable artist network within Chicago and Chicagoland areas.

**Definitions of Terms**

Metalsmithing is defined as the art form of using metals (Carlson, 2015). Historically rooted in age-old disciplines of wielding metal with fire and tools, however, there is a subculture of artists in metalsmithing who use it within the context of fine arts:

The term metalsmith often refers to artisans and craft persons who practice their craft in many different metals. Jewelers often refer to their craft as metalsmithing, and many universities offer degrees in metalsmithing, jewelry, enameling, and blacksmithing under the auspices of a fine arts program. (Kranzberg, 2022, para. 3)

The art form of metalsmithing can sometimes get overlooked as artists are either grouped inside the fine arts circle or defined as craftspeople. Most importantly, it is an individual artist’s decision how they would like to be labeled and choose to work. As referenced in this National Public Radio commentary, Laurie Van Mondfrans said:

In the heart of metalsmithing is art, it's creating. It is taking an idea and turning it into something tangible and beautiful...a flat sheet of metal is transformed. Texture, design, and movement are all a part of the art form. These are all part of a thinking process before starting a piece. (Kranzberg, 2022, para. 6)

Metalsmithing is a dynamic art form with rich historical roots in craft that can take on a myriad of identities whilst the artist manipulates metal materials in experimental processes. Once and still primarily utilized for industrialization societal benefits, it is now morphing into the fine arts realm with momentum and community connection.
CHAPTER II

ASSESSMENT OF NEED

There is a 5.5% prevalence of PMDD in female-identified people of reproductive age (Gelhert et al., 2009). The rates of menstruating people gaining awareness and diagnosis for PMDD are rising in 2024 (Naik, et al., 2023).

Only one 4-year longitudinal study found that only 5% of PMDD women had remission, while the remaining participants continued to suffer from PMDD symptoms with 4.4 odds of increased suicidal attempts, 7.3 odds of having more than three comorbidities, and the highest odds of 8.1 for bipolar disorder II. (Naik et al., 2023, para. 30)

As more menstruating people speak about their experiences and de-stigmatize PMDD, people can find out and get accurately diagnosed by their doctors' finding resources and support. In this same research study, (Dorani et al. (80)) found that 45.5% of women with ADHD have a diagnosis of PMDD. (Naik et al., 2023). PMDD is often hidden in comorbidities of people’s other symptoms which makes it extremely difficult for healthcare workers to accurately diagnose without education on the differences, which results in people falling through the cracks of the medical and mental health system.

All the while, many people quietly exist in their cyclical emotional and physically debilitating pain while trying to cope with symptomatic flare-ups and somehow function in their required life responsibilities (IAPMD, 2024).

Thought to be an abnormal reaction in the brain to normal monthly hormone fluctuations, PMDD causes debilitating emotional, mental, and sometimes physical symptoms in the luteal phase of the menstrual cycle for 5-10% of women and AFAB individuals of reproductive age. (Hantsoo & Epperson, 2015)
PMDD symptoms disrupt daily activities and interpersonal engagement (Alimoradi et al., 2022). Psychological disturbances that impose on people’s enjoyment and peace in life impact not just the person with PMDD/PME but also all the relationships surrounding them. Additionally, symptoms can cause disturbances in couples’ relationships, incompatibilities with children, absence from workplaces, and social consequences (Wallenstein et al., 2008). Hopelessness takes over the mind for many people and is like clinical depressive symptoms that create a frozen or scattered emotional and mental landscape. Rational and objective thoughts that hold clarity are, metaphorically speaking, like searching for water in a desert. Often described as a feeling of riding an emotional roller-coaster that changes who you are as a person half the month, the PMDD/PME warrior may become almost catatonic with depressive symptoms and irrational with rage and anxiety.

Yet each person’s experience with PMDD/PME will be uniquely their own. Healthcare workers must believe people with PMDD/PME as they describe their symptoms and not disregard them. This is why it is essential for proper education and distribution of PMDD/PME not only in doctors’ offices but also for mental health professionals as they administer clinical therapy to clients (Osborn et al., 2020). If comorbidities with other mental illnesses occur, the person would have PME or Premenstrual Exacerbation as opposed to PMDD which is diagnosed differently according to dates of menstrual phases to diagnose. PME exacerbates already existing conditions, but they do not go away as noticeably as for those with PMDD in most cases (IAPD, 2024). Recent findings from Tiraninini and Nappi (2022) state that “the pathogenesis of PMS/PMDD is complex and multifaceted…finally, the characterization of PMS/PMDD as a major indicator for other comorbid diseases could allow prompt and adequate intervention to safeguard the quality of life” (p. 6).

Every menstruating person’s experience is uniquely their own, however, oftentimes
healthcare professionals are less likely to believe them as they describe their experiences due to hormonal changes (Osborn et al., 2020). Osborn et al. also state, “…women with PMDD experience various cognitive, psychological, and somatic symptoms that occur cyclically in response to normal hormonal changes [1]” (p. 1). The prevalence of male doctors does not help most menstruating people feel supported and understood. In gaining a proper diagnosis of PMDD/PME one may gain access to resources for proper healthcare and emotional/mental support. Often misdiagnosed as bipolar disorder II and other major depressive disorders or borderline personality disorder, PMDD can slip through the cracks as our society is still trying to understand menstruating people’s cycles and how this affects neurobiology/physiology (Osborn et al., 2020). Yet because of the high suicide risk, PMDD needs to be established as a serious health risk to people starting at menarche through menopause (Naik et al., 2023). People’s lives can be saved in suicide prevention, with more literature and information disseminated about PMDD/PME through awareness and supportive communities.

Having less time to access self-care techniques and financial resources to obtain regular therapeutic benefits further compounds the adverse effects of this disorder (Studd, 2019). A social supportive network can change someone’s mental health (Schouten, 2014). Since this group is based on menstrual cycle awareness, three months of programming could support a participant to gain insight into their patterned moods and behavior. The Diagnostic Statistical Manual “DSM” requires menstruating people to journal their symptoms spanning two menstrual cycles (2 months of daily self-reported symptoms) for the healthcare provider to partially assess the proper diagnosis of PMDD/PME (Reid, 2017). This program’s length of time (3 months) will support consistency in participants observing their symptoms through peer group encouragement. This also aids in observing how a metalsmithing group may
support a person holistically to gain resources for healthier supportive living (IAPMD, 2024). I will include an art journal prompt worksheet to assist the participants in tracking their symptoms (see Appendix A). This worksheet will be done weekly, but they will be asked to maintain a daily log following the worksheet prompts on their own with the provided art journal with paper for writing and mixed media art materials. This will support and give the participants a personal record at the end of the program that they may take to their healthcare provider to find proper diagnosis and care if needed.

Menstruating people everywhere are affected by a lack of available research and support from the medical science field (Barrington et al., 2021). IAPMD reported that:

Most patients were misdiagnosed with other conditions such as depression, anxiety, bipolar disorder, and borderline personality disorder. Many often received inappropriate (and sometimes dangerous) treatments. Some were dismissed as just having “normal PMS” but not being able to ‘handle it’ like everyone else. Mental health and menstrual health stigma silenced these women and AFAB (assigned female at birth) individuals from speaking out about their experiences with severe premenstrual symptoms and kept them from getting help. (IAPMD, 2021)

Menstrual health in general needs to be addressed especially for caregivers and other marginalized people (Hennegan et al., 2021). Life as a menstruating person has significant obstacles as one seeks self-wellness and healthcare needs. Finding suicide prevention support for individuals with PMDD/PME is essential to scaffolding their survival before/during/after diagnosis. IAPMD has incredible resources and a “Crisis Support Page” with several numbers and websites for those surviving PMDD/PME to find hope and thrive through (often) dark moments (IAPMD, n.d.). Removing isolating shame and inviting a menstruating person’s experience into the light of a safe community, can be the difference in saving
someone’s life. Funding PMDD/PME research can save people’s lives while supporting the improvement of relationships with their loved ones and most essentially, themselves. It is important to note that obtaining genetic testing for viable medications may reveal certain healthcare options for the menstruating person (CDC, 2022).

One genetic mutation Methylenetetrahydrofolate reductase could affect people with PMDD/PME, and L-methyl folate may assist in depressive symptom support. This is not medical advice from the researcher but offered as a potential clue to the menstruating person and needs to be followed up individually with one’s doctor (Peerbooms et al., 2011).
CHAPTER III
LITERATURE REVIEW

I am focusing my research on a loop of depressive symptoms connected to menstruating people’s cycle through metalsmithing and art studio practices within a community/group setting. As seen in Figure 1, the three domains that are pertinent to this grant are PMDD/PME, Metalsmithing, and Groups. The key terms are shown in Table 1 with alternative search terms used when looking in Google Scholar, JSTOR, ScienceDirect, and EBSCO databases (APA PsycINFO, APA Articles, Medline, CINHAL, ERIC).

Figure 1. Venn Diagram of Key Domains
Table 1.

Alternative Search Terms

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<th>Groups</th>
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<td>Art studio groups</td>
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<td>Suicide</td>
<td>Fire, stonework</td>
<td>Group Therapy</td>
</tr>
<tr>
<td>Depression</td>
<td>Metal hammering</td>
<td>Art Therapy Groups</td>
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**PMDD/PME and Metalsmithing**

Outcomes of metalsmithing with identified women regarding mental health concerning menstruation have included: empowerment (Barker-Smith; 2020), lowering symptoms of depression (Parker, 2010), and processing trauma (Feltham, 2010; Phillips & Rosal, 1989). Phillips and Rosal (1989) underscored that “art therapy may be one treatment of choice for women with PMS because of the empowering nature of creativity” (p. 1). According to the authors, this is the empowerment of creating art and being the master maker of the material itself.

In addition to empowerment, people who have PMDD/PME may practice metalsmithing techniques while moving their body and making art, to work through personal depressive symptoms. Artist Parker (2010) described “Creating each piece of artwork has made it possible for me to face my fears and emotions directly, allowing me to overcome my obstacles and live a happier life” (p. 2). Beyond metalsmithing, art therapy has been demonstrated to have a positive effect on depression through self-exploration, self-expression, communication, understanding and explanation, integration, symbolic thinking, creativity, and sensory stimulation (Blomdahl et al., 2018). Bernstein (1995) wrote about the importance of using art to document her symptoms which was “necessary- knowing it
validated my suffering” (p. 56). Barker-Smith (2020) wrote that metalsmithing helped “fully understand myself throughout the stages of the month” (p. 11). The artist may observe themselves through the periphery lens of viewing their artwork, instead of directly trying to seek self-observation. The art will at many times, represent an instinctual guide leading the artist as they create and afterward upon reflection through group critique. Author Lauren Leone (2020) in the abstract of their article discovers this with her sewing activism group in that, “craft activism holds the therapeutic potential and community-enhancing benefits of craft and can function as a form of community-based practice in which individuals are supported in being agents of social change” [ii].

Specifically, people have used making physical objects to process invisible/internalized trauma which is a common comorbidity with PMD (Barker-Smith, 2020; Parker, 2010). A metalsmith artist, Parker (2010) wrote “The difficulty was that I did not feel that I could aptly call my experiences “trauma”: trauma being, in my view, something huge—whereas my experiences seemed just “clusters of challenging events” (p. 77) and then later wrote about the importance of artmaking to explore and transform those traumatic feelings. Barker-Smith (2020) explored experiencing PMDD and how her metalsmithing aided in the healing of her past experiences and her PMDD symptoms. They wrote “It was trauma not only exacerbating my symptoms but deeply embodied within my reproductive system” (p. 4) that led to using metals to heal and “allowing for understanding and honoring the complexities involved in my experience of living with PMDD” (p. 11).

In metalsmithing, one can process internal aspects of stored memories deeply hidden from daily human defenses. Parker (2010) described it thus:

I have used creativity, specifically metalsmithing, to create small sculptural settings depicting disturbing childhood memories. My artwork has been a major part of my
therapy and has helped me come to terms with what happened to me as a child. Art has made it possible to turn offensive, startling, and upsetting dialogue about my trauma into beautiful, elegant pieces of work. (p. 27)

Somatic awareness and reconnection to one’s body must be addressed as the whole person who has PMDD/PME, and their needs are rooted in emotional, mental, spiritual, and physical characteristics (Barker-Smith, 2020).

The material and process of metals itself can be therapeutic for PMDD symptoms. There is a methodical meditation of the process in metals that has a therapeutic effect, especially when shared in connecting with other artists in community studio spaces (Carlson, 2015). For example, artist Paige Van Doren (Ethical Metalsmiths, 2020) connected trauma work to metals:

To evoke the body and reflect the weight of trauma, I explore the communicative potential of material and form. I knot, cluster, smush, braid, tangle, and bind material.

There is a language of both violence and care embedded in these processes. (para. 7)

The movement of the artist’s hands and body motion ignites the brain to also untangle hidden memories and stuckness from within the emotional landscape of a person. This is art and the power it holds to unlock the subconscious. Carlson (2015) stated, “Metal is the ideal material for exploring therapeutic craft as it is very responsive to human emotion and offers many outlets for those emotions” (p. 19). Often, the metal is rigid steel and after working for months on a project, the artist transforms the once rigid steel sheet into exquisitely ornate art that looks weightless to the naked eye. This metaphorically connects to what happens in the inner world of someone’s psyche when art practices and a state of flow happen (Gold & Ciocciari, 2020, 1.1).

Within the art form of metalsmithing also lies a heavy interest in gemology and
metaphor. The Moonstone is connected to PMS as it “…helps with all kinds of healing across the physical, emotional, and spiritual. Physically, it helps with PMS and fertility. Emotionally, it can help bring your hormones into balance and invites you to accept change and embrace new beginnings” (Moonstone Meaning: Healing Properties & Everyday Uses, n.d.). Since PMDD/PME symptoms correlate their depressive symptoms to the moon and the hormone cycle, the planet and the energy of the moon cannot be ignored within this context and how it relates to menstruating people’s bodies.

**Metalsmithing and Group Work**

There are few documents exploring metalsmithing and group work. Metalsmith artist Seth Michael Carlson (2015) researched community–based projects in metalsmithing. He stressed the necessity to lean on one another as one needs to ask for help with complex techniques. The group relies on the apprenticeship/mentor model and demands patience to maintain safety for all participants. Groups can provide space for learning techniques and co-teaching as described in Carlson’s article.

Another form of art groups are critique groups. Artists have a ritual of coming together for critiques. When sharing one’s story in an art critique, there is a potential for courageous awareness and openness for exploration/curiosity (Rubin, 2016). In several art-sharing experiences, people will talk to others in the group about the art they made and the meaning they seek to find or observe in it. Often people will relate core or recent traumatic memories with their art. Bennett (2005) described this phenomenon, “…We hoped to move away from evaluating art in terms of its capacity to reflect predefined conditions and symptomologies, and to open the question of what art itself might tell us about the lived experience and memory of trauma (p. 2). The artist can engage with art creation while memories or emotions may become present. They may have an outlet in using the physical
object of the art itself as a stand-in for further expression as they desire. This further solidifies sublimation within the metalsmithing art studio process.

Broadening outside of metalsmithing, creating art within a group of people is beneficial in increasing social support, connection to feelings, connection to the body, clarification of feelings, and positive feelings (Robb, 2022). Art therapy groups provide support, relaxation, self and other understanding, empowerment, and reduced isolation (Blomdahl et al., 2018; Phillips & Rosal, 1989). Human connection is a primal instinct for people to yearn for, especially in today’s age of technology and social media consumption. People seek connection online and it often results in more isolation. “The existing evidence illustrates that we have reason to be concerned about the impact of some kinds of technology use on our relationships, our degree of social connection, and our health (Murthy, 2023, p. 21). Groups, especially unified in purpose (creating art), may become a tonic for the isolated teched-out person who needs soul refreshment between real-life humanity.

**PMDD/PME & Group Work**

There is minimal literature on group work and PMDD. Groups have been shown to decrease depression, like the symptomology of PMDD (Blomdahl et al., 2018; Phillips & Rosal, 1989; Ponteri, 2001). Gaining a clearer understanding is a common outcome of group work (Blomdahl et al., 2018; Phillips & Rosal, 1989; Ponteri, 2001). Oftentimes, a fellow artist or participant in a group may observe something about the art or person that can help cultivate new thoughts about a problem they may be having. When people share in group settings it can have both positive and negative impacts on the person, and that is because people’s words carry power in them. Specifically in the context of PMDD/PME, Philips and Rosal provided a Cognitive Behavioral Therapy (CBT) approach to understanding how different days of one’s menstrual cycle can be visually depicted. This practice makes external
the internal thoughts and feelings. Whereas Blomdahl et al. (2018) wrote about using art to explore the inner dialogue to gain understanding. These revelations often lead to empowerment, which may alleviate symptoms of distress (Phillips & Rosal, 1989). All these approaches signify the gravity of shared expression within groups so that people feel less alone in their challenges with PMDD/PME.

Hayley Barker-Smith (2019) emphasized the importance of group and community in treating her PMDD/PME symptoms while attending the Red School in London, UK. This research backs up the strong notion of finding others who are surviving this challenging mental illness and not going through it alone. This helps to erase the thick shame that PMDD/PME “warriors” often battle with (Red School, 2019). Groups create a place to vent and shed light to disrupt shame (Ellis, 2007). Art therapy can assist in mental health support for people who have suffered complex trauma and disenfranchised grief(s), and “art making in therapy has been a way to bring unconscious material into conscious awareness” (Brooke & Miraglia, 2015, p. 76). The supportive “netting” of making art in the group may lessen feelings of shame that PMDD/PME usually carries surrounding mental health (Beaumont, 2013).

When an artist walks into a metalsmithing studio, especially if they are in the beginning stages of their skill set, there is a need to rely on one another in the group for support. This reliance is necessary to bounce ideas off one another and ensure things are done with safety in mind. Metalsmithing in general is structured in this way of working together as a group or team to make art that is more fully realized. “Emotion-focused group therapy (EFGT) with components of strengthening emotion regulation skills, increasing positive interactions, and breaking down negative cycles of interaction had been studied for PMDD women. EFGT was found to improve self-compassion and sexual function and reduce the
components of pain perception and couple burnout” (Naik et al., 2023).

Making art within a group is a communal act of reflecting and exposing one’s heartaches and trauma, which may be the light the artist is after and illuminating within themselves. I am convinced that when artists start talking about these issues and creating art together, people’s lives change and those edifying changes ripple into their families and the broader community. Art is a process that can save lives and a useful tool to speak a language from the subconscious/soul that does not always compute with verbal tongue. Using art as a conduit to regurgitate the depths of one’s being could help to organize and describe emotions and logical intelligence. Art shared in safe group settings may further capture one out of their isolation or shame, and into a transformation (sublimation) from grief(s) towards closure or ongoing healing (Rubin, 2001).

Oftentimes, the isolating symptoms of PMDD/PME may cause feelings of “otherness” and self-rejection for some diagnosed people. Researcher (Buys) explored the assertive agency noted when “Participants were able to move through a process of feeling estranged from experiences with their menstrual cycle to be able to face their Other, and reembody what was once a cause of pain to now become a source of power; a process of moving beyond abjection” (Buys, M., 2024). A reconciliation of the self, with psychological acceptance work of one’s PMDD/PME and non-PMDD/PME side may be productive especially done in a safe group setting.

Groups support the ideology that one is no longer alone in one’s pain, but rather together with other flawed humans who are desperate for allies and friends. The group members with PMDD/PME who have not walked the same metaphorical roads as them, but deep within themselves, know what it is like to live with emotional pain and offer compassionate listening while sharing life’s breath. Together.
CHAPTER IV
PROGRAM PURPOSE & EVALUATION

The purpose of this project is to offer a safe and supportive space for menstruating people with PMDD/PME, to form a group and create metal art. Having an outlet for making art with one another will hopefully create positive results in people’s lives and support human connection at Hyde Park Arts Center for future networking there. I will construct a course on intersecting topics of metalsmithing, PMDD/PME, and groups. The desired outcome for this proposal would be to offer group participants a psycho-educational understanding of what PMDD/PME is while accessing tools and resources to support them within a community.

Short-term goals are that the 8-12 people who participate in the group will gain emotional awareness of their PMDD/PME, learn new art skills with metalsmithing, and nurture social connections formed in the group.

The first goal is to have participants explore their own emotional experiences and awareness of PMDD/PME. I will assess this through group discussion, participant’s self-report in journals, and verbalized in art-making discussions. Participants will also receive psychoeducational resources on PMDD/PME, Metalsmithing, and Groups each week. Participants will be asked to fill out an art journal prompt/PMDD/PME symptoms log worksheet (see Appendix A) each week and track their symptoms each day for at least 2 months. This will assist their healthcare providers in finding proper diagnoses, if applicable, and resources for them.

I will document at least 3 of the participants’ art/writing/self-reports each week through digital video, digital photography, and writing. I will record the participant’s work and statements in a “Facilitator documentation” worksheet (See Appendix B) each week for the full 12 weeks (about 3 months).
For the second goal of learning new art skills, I will provide training and answer questions throughout participants’ art studio sessions. I will be available for questions through email as well. I will track learning outcomes (See Appendix C) for metalsmithing as observed in the participant’s final artworks. These outcomes are as follows: the participant’s effort in creating and attempting to make new designs each week, sketching design(s) each week, carving/sculpting cuttlefish bone and casting it with pewter, metal wire twisting, gemstone integration, hammering metal, and art journal reflections. There will be an optional exhibition should the group decide this is something they want to pursue. We will collaborate with HPAC and request gallery space for our program as a final art show to highlight the participant’s work.

The third goal is for the participants to build social connections. I will evaluate this by taking attendance, supporting retention, and through a final group discussion on the program's impact. I will share local resources that apply to each participant so that they may access further support. With group consent, participants will be encouraged to stay connected to one another should they choose to do so, by sharing contact information. HPAC will be a new community-centered art space where they may independently participate while hopefully forming new relationships and reducing isolation.

In addition to these short-term goals, one long-term goal is to present a group art exhibition at the end of the 3-month program at HPAC. The purpose is to publicly display the participant’s art while raising awareness for PMDD/PME. Art exhibitions may aid in the destigmatization of people’s mental health challenges. This would only happen if the majority of participants were interested, and HPAC collaborated with us to use their gallery space. This exhibit would be intentionally curated by the researcher and interested group participants with permission outlined in the consent form (See Appendix D).
The final long-term goal is to create a psychoeducational video on the experiences of PMDD/PME from consenting group participants, post-program, for the public. Sharing visually stimulating bite-sized amounts of information from this research project in the form of a short film will help distribute information about PMDD/PME to the masses. This film will serve as a useful public service announcement and reflect the beauty of people with PMDD/PME, not merely the diagnosis. Using artwork and quotes from participants who attended the 12-week program, with consent and permission from artists, will help in the making of this short film. I will share it on YouTube and with IAPMD and other suitable organizations.

**Problem Statement:** Depression, specifically in Pre-Menstrual Dysphoric Disorder and Premenstrual Exacerbation (PMDD/PME), can be debilitating and may cause suicidal ideation and end tragically in suicide. PMDD is a depressive disorder that is characterized by “mood, appetite, energy, and cognitive changes that occur during the late luteal (premenstrual) phase of the menstrual cycle and remit shortly after the onset of menses” (Parry et al., 2009, p. 2945). In addition, people who menstruate have unique needs. Finding time to care for oneself during the luteal phase before the period arrives can be almost unbearable. The necessity to cope and care for the self and others can seem impossible, especially with common suicidal ideation during the luteal phase, and some menstruating people experience symptoms during ovulation also (Chan et al., 2023).

**Program Description:** The metalsmithing art workshop will be at Hyde Park Arts Center in Chicago, IL. There will be 12 weeks of 2-hour-long, weekly art group sessions. The intention of the sessions is twofold: to learn metalsmithing and to explore the emotional experience of PMDD/PME.
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<thead>
<tr>
<th>INPUTS</th>
<th>ACTIVITIES</th>
<th>OUTPUTS</th>
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<tbody>
<tr>
<td>♦ Facilitator &amp; Taxes</td>
<td>♦ Recruitment of participants</td>
<td>♦ Participants will complete at least 9 of the 12 sessions (including 3 virtual attendance options)</td>
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<td>♦ Studio Assistant</td>
<td>♦ Supply ordering and preparation</td>
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<td>♦ Art space for group meetings</td>
<td>♦ Safety/consent documents with signatures</td>
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<td>♦ Transportation costs for facilitator</td>
<td>♦ Group art making: 12 weekly sessions (with 3 dates as a virtual attendance option)</td>
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<td>♦ Metalsmithing supplies</td>
<td>♦ Participants engage in art making</td>
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<td>♦ Video documentation via participant cell phone and journals/logs (weekly and daily for 2 months)</td>
<td>♦ Metalsmithing art kits with materials for group participants</td>
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<td>♦ Cap Cut Pro or other Video editing software</td>
<td>♦ Video documentation and optional art exhibition</td>
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<td>♦ Possible group exhibition at end of program</td>
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<td>♦ Instructional and safety forms with signatures</td>
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<td>♦ Participants and facilitator will document work and attendance</td>
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CHAPTER V

WORK PLAN

Hyde Park Art Center (HPAC) in Chicago’s South Lake Shore neighborhood (5020 S. Cornell Ave., Chicago, IL 60615), has ample studio and exhibition space for this program to potentially situate itself. The core of their gallery and workshops center around community sharing. HPAC receives funding from a wide range of Illinois arts grants and would be a beneficial place to host this program. Another site to visit or collaborate with is the Fire Arts Center of Chicago (https://www.firearts.org). This is a metalsmithing studio that hosts classes and workshops for several skill levels in metalsmithing craft and/or fine arts. Both sites value community building within groups and art workshops for beginner to advanced skill levels, with the option to host art exhibitions for participants.

Recruiting Participants

The goal is to recruit 8-12 participants from the Artist Caregiver Network, IAPMD, and other local Chicago area organizations. As I have access and membership to the aforementioned groups, I have created a flyer (See Appendix E) to share information about program participation with facilitator contact information, to promote this program to seek applicable participants. Social media will also be used to market this program. Referrals may come from Hyde Park Arts Center, IAPMD, Chicago-based artists/caregivers, New Moms, or local gynecologists. The recruitment phase will last one month. When participants contact me, I will ask them if they have been diagnosed or believe they may have PMDD/PME. This is a necessary step to ascertain their eligibility for this program. Once recruited, the registered people will be given information about programming and a consent form.

Preparing Supplies

The following is a description of art materials that I plan to purchase. Cuttlebone is a
material used in metalsmithing which is a soft, heat-resistive material derived from the buoyancy-regulating part of the cuttlefish. The cuttlefish bone material consists of a very thin exterior shell that surrounds a soft interior composed of calcium carbonate that is extremely easy to carve into. Sculpting can be done with basic tools such as plastic utensils, ceramic carving tools, or even a dull pencil tip. Cuttlebone is an excellent material to introduce as it requires few tools, low heat pours when casting with pewter, a hot plate, and no previous experience.

**Figure 4**

*Portrait of Cuttlefish bone casting with pewter*

Once carved, this soft interior pulp holds the impression, allowing for lead-free pewter which melts fast at low temperatures, to be poured into the cuttlefish mold therefore creating a metal casting. Since the pewter is such a low-melting metal (it can be easily melted on a hot plate), the same cuttlebone mold can be used repeatedly for numerous castings. Pewter can also be perpetually remelted and reused, which makes it a very forgiving material for all experience levels to use (Cuttlefish Casting Method - Ganoksin Jewelry Making)
Community, 2016).

Copper will be another useful material for participants to hammer and shape into art objects. It is a friendly beginner’s metal and when used in conjunction with wire, there are endless creative options for the artist to experiment with. It is also an element that is researched in the science field for its beneficial properties. “Ointments containing copper, which liberate copper ions that are absorbed through the skin [77,78], are used, for example, in the treatment of cramps, disturbances of renal function, peripheral, venous hypostatic circulatory disturbances, rheumatic disease and swelling associated with trauma [79]” (Borkow, 2023). Each of the materials for this program, including the moonstone gemstones, are intentionally considered to best support people with PMDD/PME.

Finally, blank mixed-media art journals with assorted mark-making art materials like markers, oil pastels, colored pencils, pens, and watercolor paints will be shared in the studio space. Safety equipment for each participant as well as metalsmithing tools will be prepared.

**Figure 5**

*Portrait of Copper sculptures with gemstone integration*
Group Sessions

There will be 12 art-making group sessions. These 12 sessions will focus on teaching participants the safe, user-friendly techniques of cuttlebone casting and metalsmithing (See Appendix F). Sessions will consist of psychoeducation about PMDD, art making, and discussion time. I will draw on the literature review information to conduct groups for social connection and gain emotional awareness of PMDD. Psychoeducational materials could include videos from https://iapmd.org/pcc such as one entitled Living a Half-Life: PMDD Patient Experiences and Insights.

Another metalsmithing project in this program will be participants learning the skill of manipulating and hammering copper. They will be able to artistically sculpt and experience the effects of “bilateral stimulation” (Tripp, T., 2007) with metalsmithing. Tripp further described it as, “this therapeutic approach to treating traumatic stress integrates dual
attention focusing, heightened somatic awareness, art making, and narrative “ (p. 178).

Moonstone integration into the participant’s design and intention represents a “transitional object” and supports these metaphorical theme explorations. “…the therapy process aimed to detach the participant from his/her transitional object, giving him/her the strength to face life situations with his/her own capabilities [24]” (Braito et al., 2021). The moonstones and the metal art created by participants may become guideposts to both process and remember revelations as they journey through their PMDD/PME symptoms.

I will prepare the basic safety training (See Appendix F) and beginners’ metalsmithing art-making skills before the sessions. I will provide a list of articles, self-care practices, and educational resources for PMDD/PME online support groups. Providing a referral list with local art therapists, caregiver-friendly art studios and galleries, and holistic support for each artist may scaffold their continued healing process with ongoing outlets.

An art journal that will support participants in recording and developing sketches and ideas is a vital step toward their continued goals. This art journal will support personal reflections and observations from their experiences of PMDD/PME symptoms and beginner’s metalsmithing alongside the group.

Due to the emotional nature of the program, some content warnings about certain subject matters that may be sensitive, or triggering will be used in literature guidelines and discussion during the interactive sessions. Articles promoting self-care practices and educational resources for PMDD/PME online support groups will be made available. There will be check-ins with the participants to see how they are feeling. Individual therapy for participants outside the 12-week program will be highly recommended, and I will encourage them to seek help. A referral list for services will be provided.

I will record group attendance each week on an “Attendance” worksheet (See
Appendix G). Options for attendance will be: “A” for absent, “V” for virtual, and “I.P.” for in-person. Each participant may use 3 of the 12 sessions for virtual attendance to support accessibility. Accommodation requests will be recorded at the start of the program and considered in shaping the group with consideration for all the participant’s life needs. There is no guarantee that all accommodations will be able to happen, so I will prioritize this when selecting the group participants.

**Documentation and Evaluation**

Throughout the program, individuals will record their experiences and results in a blank-page art journal that I will provide. Selected artwork they make will be documented firstly by themselves and then by the facilitator (See Appendix B) as part of this. Participants attending virtually will also video document their process. During the group's individual art-making process outside of the group, participants will be encouraged to video document their process. Participants will be asked to record a weekly art journal prompt/PMDD/PME symptoms log (Appendix A). They will also be asked to independently log their PMDD/PME symptoms daily for at least 2 months. This will support both their artistic development as they learn metalsmithing and coincide with documenting their PMDD/PME symptoms for their healthcare provider should they desire it.

**Evaluation**

The short-term goals are participation in a group, gaining emotional awareness of their PMDD/PME experiences, learning new art skills with metalsmithing, and finding social connections formed in the group. Measuring outcomes would mean participants find membership in a broader online or in-person supportive group like IAPMD or another group of similar caliber.

As the facilitator, I will distribute a participant survey at the start of the program
(Week 1), in the middle (Week 6), and at the end (Week 12) (See Appendix H). I will ask participants to reflect on 3 questions in each survey. These 3 questions will be integrated into the participant’s journal so that they are prompted and guided towards identifying their conditions and finding ways of supporting themselves. This practice will also hopefully help support the expression of feelings and the transformation of shame-based (internalized) negative emotions into productive and recontextualized more positive frameworks. This is based on Dialectical Behavior Therapy (DBT), which is evidence-based, particularly for borderline personality disorder, a diagnosis that can exist closely related to PMDD/PME or misdiagnosed with PMDD. However, the benefits of DBT and the skills learned can potentially uplift people battling PMDD/PME (Eisenlohr-Moul, 2019). The author wrote:

Therefore, treatments that focus on the development of concrete behavioral skills for use in responding to an array of negative emotions such as dialectical behavior therapy (DBT; Linehan, 2014) or the unified protocol (UP; Barlow et al., 2011) could, in theory, be more effective than generic CBT for reducing symptoms and impairment in PMDD. Finally, it should be noted that PMDD can be accompanied by cyclical suicidality; in such cases, DBT would seem to be a rational treatment approach for reducing suicide risk (Linehan et al., 2006). (Eisenlohr-Moul, 2019)

**Post Program Group Video**

I plan to create a video compilation that may be used as a future psychoeducational public video. With participant consent, I will edit portions of their quotes and art into a final short psychoeducational film to share publicly on social media and selected websites. This film will include digital photography, digital video, and written words from participant’s quotes.

Video documentation is a key embodiment of the project. I will discuss the final
products and video with each participant in an art-sharing group circle. I will ask them to review entries and videos that are significant to their PMDD/PME perspectives. These discussions will be recorded through my video clips, photos, and artwork. Artist participants will remain anonymous in the final video. I will edit this short psycho-educational and reflective arts-based video that represents the data collected from this project. I will create a space on a social media platform, such as YouTube, to share the film and send it to various organizations and groups. I also reserve the right to share this video with selected websites and organizations of my choosing.
CHAPTER VI
FUTURE FUNDING

There may be opportunities to seek grant funding from organizations listed on the IAPMD website, as they support people with PMDD/PME. I will ask IAPMD (and other relevant support-centered groups like The Pad Project) to use their media platforms to share the film after it is edited on their platform. Several foundations to investigate further which fund topics like arts and culture, mental health care, and community development are as follows: Polk Bros Foundation (Polk Bros. Foundation, 2024), Bank of America Charitable Foundation (Bank of America, 2024), Avon Products Foundation Inc. (Avon, n.d.), Northwestern Memorial Healthcare Group (Medicine, N., 2024), Arie and Ida Crown Memorial (Crown Family Philanthropies, 2024), Helen V Brach Foundation (Candid, 2023), Oak Park-River Forest Community Foundation (Oak Park-River Forest Community Foundation, 2024), Chicago Board of Trade Foundation (Chicago Board of Trade Foundation, n.d.), Rehmat Foundation (Rehmat Foundation, 2023), L Brands Foundation (Candid, 2024), Lloyd a Fry Foundation (Lloyd A. Fry Foundation, 2024), Michael Reese Health Trust (Reese, M., 2023), and the Paul M Angell Family Foundation Co Charles T Angell (Angell, P. M., 2015).

These foundations that could potentially fund this grant may have one or more subjects related to this research topic. Further exploration and application will be needed to determine if funding is viable. Other avenues include the Bill & Melinda Gates Foundation, which focuses on developing innovative health products, increasing funding for women's health research and development, and addressing conditions that affect women in low- and middle-income countries, as well as Funding from the National Institute of Mental Health regarding their mental health research programs for AFAB individuals (NIH, n.d.).
Should this program and funded research not be viable for completion, the funding would be donated to IAPMD.org or back to the original grantor, minus the cost already incurred including facilitator payment. The final video would remain funded and launched, regardless of the program’s completion.
CHAPTER VII

BUDGET

The budget consists of three main areas: personnel, supplies, and rent with consumable and non-consumable items considered (Table below on p. 38). Personnel consists of the group facilitator/art therapist working part-time at 6 hours a week for 12 weeks ($14,400), plus self-employment (1099) taxes (estimated at $2,583), plus gas for transportation with personal vehicle ($360), totaling: $17,343. The 6 weekly hours are divided as follows: 2 hours throughout the week to prepare for the weekly class and 4 hours for the actual 2-hour class (with the facilitator arriving to set up one hour before and clean up one hour after). I will also edit and produce a short psychoeducational art based film and use marketing skills and materials before the program and afterward ($2,500). Supervision of art therapy facilitator at $150/week for 12 weeks ($1,800). Finally, supplies for metalsmithing take up a substantial portion of this budget, as metals are priced by weight and dependent on the daily fluctuating market. Cuttlefish bone ($350), Hammers, files, pliers, metal wire ($600), lead-free pewter ($800), art journal and markers ($150), paper for worksheets/forms ($100), safety and metalsmithing equipment ($650), copper ($600), moonstones ($200), marketing ($100), weekly studio rent ($1200), weekly studio assistant at $35/hour for 3 hours each week over 12 weeks ($1,260). A fire extinguisher ($79) and a first aid kit with eye wash ($65). Total: $27,797.

The supplies consist mostly of weekly art kits based on that class and paper for pamphlets before the program. These weekly kits will include journals (participants can take home), cuttlebone, lead-free low-temperature pewter, small carving tools, sandpaper, an N-95 dust mask, safety goggles and equipment, and a disposable mini pan. I will purchase several other metal materials including small "moonstone" gemstones and art materials for
the group metalsmithing program. The kit materials will allow for the 8-12 participants to produce multiple small-sized pewter cast pieces. I will also purchase cuttlefish bone and accessible tools for the group members to use weekly. Pewter casting with cuttlefish bone molds will be one of the group projects alongside other metalsmithing techniques with copper, that is geared for beginners. Moonstone gem elements will be integrated into the art expression of the sculptures, for their metaphorical properties. Gemstones are often integrated into metalsmithing fine arts. The papers/pamphlets/art journals and markers are for instructional purposes and surveys, and for the group to write down/draw reflections as they experience the group sessions at HPAC and independently. Copper will be used in employing additional hammering techniques, and pewter will be used for the group to create sculptural objects with the cuttlebone project. Additionally, participants will be asked to utilize a non-food-use hotplate (approx. $14 from Amazon) a non-food-use saucepan (approx. $5 from Dollar Tree), and sand for the disposable tray. Participants will be asked to bring safety glasses and gardening-style leather gloves if they have them. Otherwise, they will be budgeted and provided per participant to ensure safety is the number one priority in this program.
## Budget Details (Table) Consumables:

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Part time Art facilitator (Including 1099, self-employment taxes) (Gas for transportation: $40/week)</th>
<th>$200/hr., 12-weeks, (2-hr weekly plus 2 hr. prep workshop, plus 2 hours/week of prep time outside of class: ($14,400 + $2,583 +$360)=$17,343</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Supervision</td>
<td>$150/hr./week ($1,800)</td>
</tr>
<tr>
<td></td>
<td>Video production</td>
<td>$2,500</td>
</tr>
<tr>
<td>Supplies</td>
<td>Cuttlefish bone</td>
<td>$350</td>
</tr>
<tr>
<td></td>
<td>Hammers, files, pliers, metal wire</td>
<td>$600</td>
</tr>
<tr>
<td></td>
<td>Lead free Pewter</td>
<td>$800</td>
</tr>
<tr>
<td></td>
<td>Art journal and markers</td>
<td>$150</td>
</tr>
<tr>
<td></td>
<td>Paper (worksheets/forms)</td>
<td>$100</td>
</tr>
<tr>
<td></td>
<td>Safety &amp; metalsmithing equipment (masks, minipan, sandpaper, small tools, gloves etc.):</td>
<td>$650</td>
</tr>
<tr>
<td></td>
<td>Copper 32-gauge 9 in. X 12 in. sheets:</td>
<td>$600</td>
</tr>
<tr>
<td></td>
<td>Moonstones</td>
<td>$200</td>
</tr>
<tr>
<td>Marketing</td>
<td></td>
<td>$100</td>
</tr>
<tr>
<td>Studio rent</td>
<td></td>
<td>$1200 ($100/week)</td>
</tr>
<tr>
<td>Studio assistant</td>
<td></td>
<td>$35/hour/3 hours a week/12 weeks $105/12=$1,260</td>
</tr>
<tr>
<td>Non-Consumables:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Extinguisher (Uline)</td>
<td></td>
<td>$79</td>
</tr>
<tr>
<td>First Aid kit with eye wash (Physicianscare)</td>
<td></td>
<td>$65</td>
</tr>
</tbody>
</table>

**Total:** $27,797
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APPENDIX A:

ART JOURNAL PROMPT/PMDD/PME SYMPTOMS LOG
Art Journal prompt & PMDD/PME symptoms log:

My physical/mental/emotional PMDD/PME related symptoms today are:

Reflect on your studio art process today. What emotions came up? What metalsmithing materials did you explore?

Name:
Date:
APPENDIX B:

FACILITATOR DOCUMENTATION
Facilitator Documentation:

1.) Date________
2.) Participant’s initials________
3.) Photo/Video (file name/type)________

Key phrases from participants:

My reflection at end of group:
APPENDIX C:

LEARNING OUTCOMES CHECKLIST
Learning outcomes checklist:

Mark “X” in box if completed

- Participant’s effort in taking action to learn something new
- Art journal reflections/PMDD/PME symptoms log & group participation
- Cuttlefish carving and casting with pewter
- Metal wire twisting, copper hammering, art sculpting, experimentation with art materials
- Research into metal arts and HPAC/community and program group connection
- Sketching design(s) each week
- Gemstone integration

Name:____________________
Date:_______
APPENDIX D:

CONSENT FORM
Consent form:
(Add initials at each line)

I ____ (initials) consent to participate in this 12-week metalsmithing art group program. I will do my best to be at least 9/12 sessions (with 3 virtual options) and a possible group exhibition if the majority of group decides to do so

I have PMDD/PME symptoms _____. I have a PMDD/PME diagnosis Yes or No (circle)

I ____ consent to the digital video, photo, and audio recording of myself, artwork, and art journal from the researcher (Maureen Bella Russo)

I will do my best to accomplish 5/7 learning outcomes ___

I will be open to potentially sharing my contact info. with the group after our program ends to stay connected and understand I will be asked again at the end of the program____

I understand that I can access individual therapy outside of this program should I need it for further emotional, physical, mental well-being and support ___

I will seek emergency support (calling 911 or 988) should I become dysregulated in any way throughout this program via Suicide prevention hotline and other resources made available to me from IAPMD.org website ___

I will not hold the researcher (Maureen Bella Russo) (HPAC, or other sites) liable in any way shape or form at any time before, during, or throughout this program ___

I consent to the sharing and distribution of the researcher's final video after the program ends in any way she may decide ___

I understand that the sole ownership of the video belongs to the researcher (Maureen Bella Russo) ___

I take full responsibility for the safety of myself and others during, before, and after this program ___

Final signature:
Date:
APPENDIX E:

MARKETING FLYER
Do you experience PMDD/PME symptoms & want to learn beginning METALSMITHING?

Join a group of 8-12 people with PMDD/PME for a 12-week metalsmithing program at: Hyde Park Arts Center (5020 S. Cornell Ave., Chicago, IL. 60615)

PMDD

Contact: Artist facilitator, MoBella, for more details: mobellapaints@gmail.com
APPENDIX F:

BASIC SAFETY GUIDELINES
*Metalsmithing BASIC studio SAFETY Guidelines:

Proper Ventilation, use a studio with open air ventilation or open windows and/or work outside for fresh air.

Check clothing and hair to make sure they are pulled back and out of the way from the fire or work station. Wear long sleeves, pants, and closed toe shoes. Also, no long jewelry or piercings that can get caught in work.

Wear eye protection goggles and an N-95 mask at all times when working in studio with metals. Use leather gloves to protect hands and leather apron if necessary.

No open food or beverages allowed anywhere around working station or studio. Please eat/drink outside studio space

Always ask for assistance and fully understand before utilizing tools. Plug and unplug safely and follow manufacturing recommendations

Proper lighting is necessary for safety and seeing work and others

Keep a fire extinguisher nearby at all times in the studio as well as a first aid kit with eye wash

Respect the studio space and others, call 911 if there is an emergency and you need help

*Maureen Bella Russo and HPAC reserve the right to ask anyone to leave if they do not follow these safety guidelines

*This list is not conclusive

Maureen Bella Russo and Hyde Park Arts Center are not liable for your safety during this program. You must ensure your own safety by following these guidelines and other healthcare tips to keep you safe.

SIGNATURE OF PARTICIPANT:

DATE:
APPENDIX G:

ATTENDANCE
Attendance:

“IP.” In Person “V” Virtual “A” Absent
X.X. stands for participant initials

Month 1:

X.X.

Wk.1
Wk.2
Wk.3
Wk.4

Month 2:

X.X.

Wk.5
Wk.6
Wk.7
Wk.8

Month 3:

X.X.

Wk.9
Wk.10
Wk.11
Wk.12
APPENDIX H:

PARTICIPANT SURVEY
SURVEY:

Please rate on a scale of (0-10) (0) not at all, (10) alot/very much.

*Please disregard for Program Week #1, This survey is for: Weeks #6 & #12*

How much does PMDD/PME affect my life in negative ways?

0__1__2__3__4__5__6__7__8__9__10

How much has practicing metalsmithing supported me in processing my PMDD/PME symptoms as a productive outlet?

0__1__2__3__4__5__6__7__8__9__10

How connected do I feel to the group?

0__1__2__3__4__5__6__7__8__9__10

Name (initials): ______
Date: ______