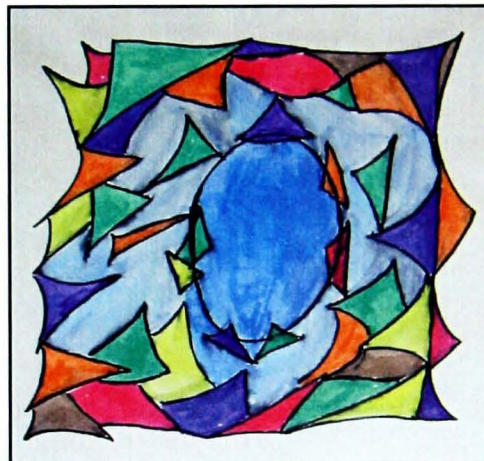
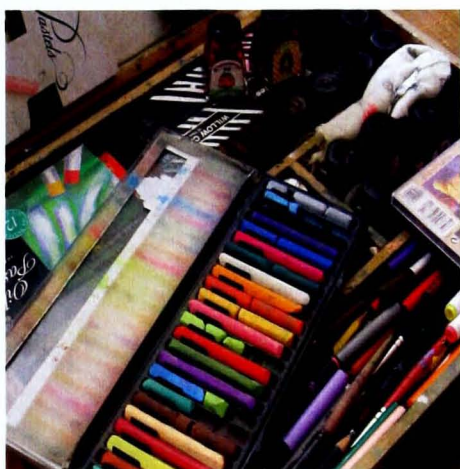


# **Drawing on the End of Life: Art Therapy, Spirituality and Palliative Care**

**A Retrospective Ethnographic Study of  
Meaning-Making in Art Therapy**

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The momentum for this study could only have been sustained with the generosity and love of my wife, Nora. Family, friends and colleagues have also played a significant part in keeping me on track. I also wish to extend my heart-felt gratitude to the patients and their families who have provided the material for this research.

## **ABSTRACT.**

Art therapy practice in palliative care offers a creative way of responding to the emotional, psychological and spiritual needs of the dying individual within the principles of integrated whole person care. In this research spirituality is identified and defined through a retrospective 'critical and imaginative ethnography of the everyday'. The methodology described in chapter two focuses on the ethnographic imagination and incorporates a reflexive approach to define the meaning-making that takes place in art therapy with people who are living with a life-threatening illness. The case studies focus on the artefacts created by the terminally ill and dying person within a typical art therapy intervention. The analysis reveals a variety of meanings attributed to the artefact with a particular emphasis on the spiritual significance of the art-making process and the drawings and paintings created. In order to achieve this reference is made to developments in practical theology as a way of throwing light on how art therapy can facilitate the expression and exploration of spiritual and religious areas of need. This is important for art therapy practice as spirituality in hospice and palliative care is considered to be an important concern and an essential dimension of support. The modern hospice movement has always valued this aspect of the experience of the terminally ill patient and continues to pay attention to the meaning of dying and death and its spiritual significance.

The analysis of the art-making process and the artefacts in art therapy demonstrates the profound importance of meaning-making at the end of life. This also provides evidence of the contribution that art therapy can make to palliative care. This adds to the support of the continued relevance and preservation of a psychosocial model of

care that integrates the emotional, spiritual, psychological, physical and social aspects of patient care. It also raises the profile of the pastoral dimension to care of the dying by placing art therapy as an allied profession to the role of chaplaincy within health care contexts.

The argument in this study is that the integrated approach cannot be assumed to be a secular stronghold that ultimately marginalises the religious and spiritual significance of cultural and social relations. Spiritual and religious meaning continually refuses to disappear and occupies a significant place within the economy of health care practice. Throughout the modern hospice movement it has been argued that the bio-medical model has to be continually challenged and critiqued in order to prevent the erosion of psychosocial aspects of care. Equally, the organisations that provide the environment of care for the terminally ill and dying person need to foster a culture of open, reflective debate and dialogue to avoid institutionalised attitudes and behaviours becoming established that can ultimately crush the human spirit. Art therapy contributes to the community of hospice and palliative care as an integral part of the complex cultural and religious dimensions of human experience at the end of life.

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## INTRODUCTION.

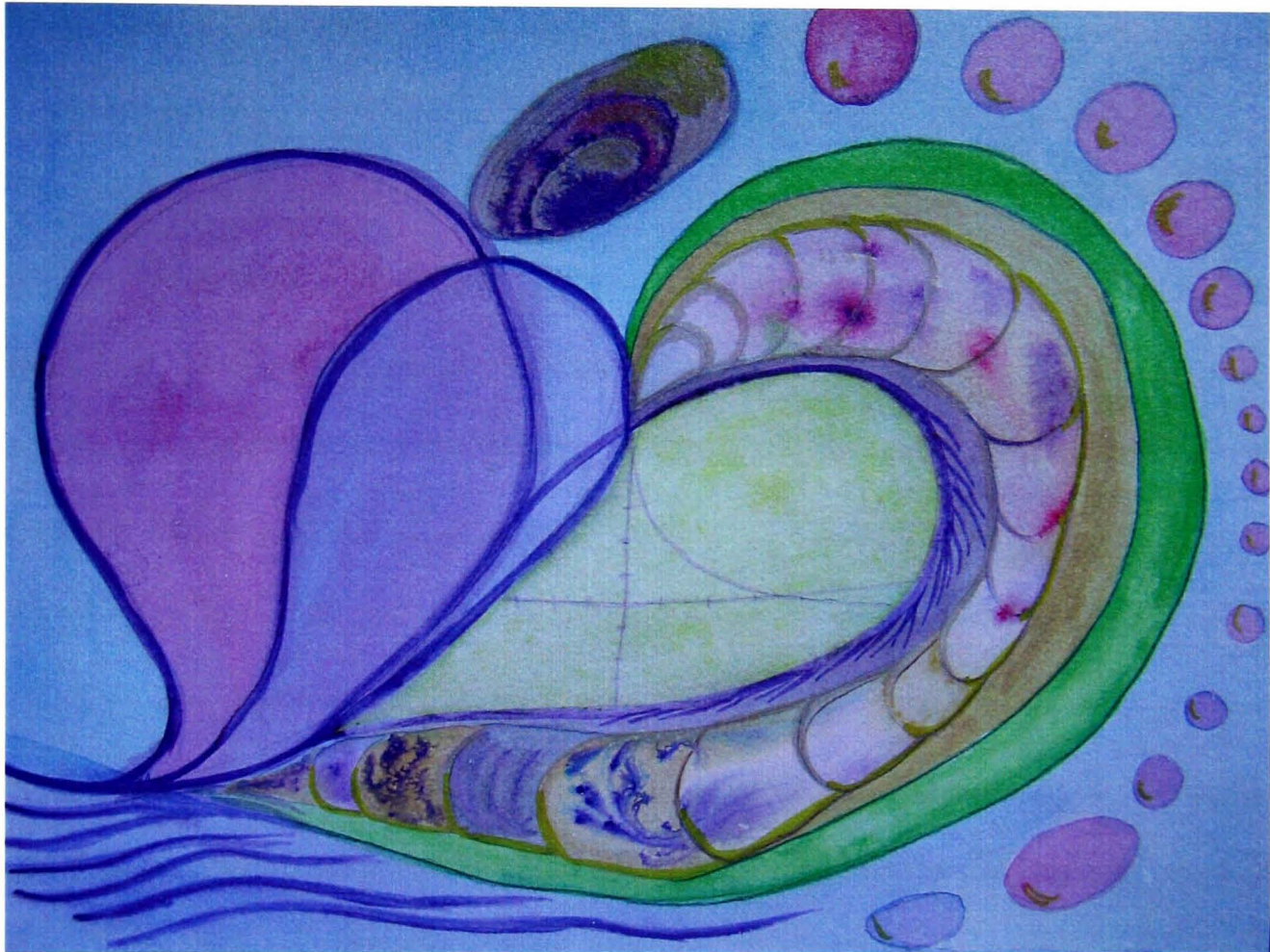


Fig 1. Watercolour painting by a female patient depicting the relationship between cancer cells, chemotherapy treatment, her body and feelings.

### 1. Reasons for the Choice of Subject for this Research.

#### 1.1. Background

The impact of death is at its most powerful (and creative) when death *does not appear under its own name*; in areas and times which are not explicitly dedicated to it; precisely where we manage to live *as if* death was not or did not matter, when we do not remember about mortality and are not put off or vexed by the thoughts of the ultimate futility of life. Such a life - life forgetful of death, life lived as meaningful and worth living, life alive with purposes

instead of being crushed and incapacitated by purposelessness - is a formidable *human* achievement. (Bauman, 1992, p7)

The inspiration for this study has been established through my many encounters with people living with a diagnosis of cancer or other life threatening illness. The experience of supporting people through the different stages of illness when a cure is no longer possible has been demanding, challenging and deeply rewarding. As an art therapist I have had the privilege and pleasure of witnessing people, from a wide range of backgrounds and circumstances, working with art materials and making drawings and paintings about their experiences of terminal illness. I have been exposed to the deeply painful adjustments that a person works through as they make sense of the life-limiting and life-threatening effects of serious incurable physical ill health. The stories of despair, courage and hope that have been communicated to me by people in the context of my work as an art therapist have revealed a host of insights about mortality, dying and death.

Creativity and art-making as part of a therapeutic experience for the terminally ill and dying person has been close to the centre of my role. However, the locus of my involvement, with the lives of people with a terminal illness, has been the attempt to understand each person's unique experience of making sense of life in the midst of dying and discovering new ways of coping in the face of death. Creativity and art-making are essential and integral dimensions to the practice of art therapy (Dalley, 1984; Waller, 1991; Hogan, 2001; Edwards, 2004) and have been the medium for the expression and communication of many aspects of these experiences. Being involved, sometimes only briefly, with a person who is living with a life threatening illness can

be a formidable experience, and has brought me into close proximity to the intimacies of meaningful existence in the face of dying and death. Meaning is sustained in the face of intense physical, emotional and spiritual suffering such that qualities of ‘long-suffering’, determination and perseverance enable endurance of such difficult experiences (Kearney, 1996; De Hennezel, 1997; Connell, 1998). Perhaps this reflects the human capacity to defy circumstance because the deeper and more profound desire is for purposeful, meaningful living.

Creativity and meaning-making coincide in art therapy to enable a person to imagine and *image* forth their inner psychic response to suffering through drawing and painting. The visual mode of non-verbal expression and communication is intrinsic to the work of the art therapist and enables subtle nuances of meaning to be externalised (Schaverien, 1991; Simon, 1992; Maclagan, 2001b). Verbal and non-verbal formulations and interpretations add further layers of meaning to the particular kind of conversation that takes place between the patient and the therapist around the image. There is a shared visual, verbal and physiological improvisation around the artefact bringing into the light of understanding the meanings contained within. It is this constellation of dynamics that provides much of the material for this study.

[T]he soul of man is still a mirror, wherein may be seen, darkly, the image of the mind of God. (Ruskin cited by Barrie, 1987, p523)

Some years ago I made a journey to visit Brantwood, the home of John Ruskin (1819-1900) on Lake Coniston. After wandering around, aware that this was the place where Ruskin had secluded himself in a state of mental anguish during the last ten years of

his life (Hilton, 2000) I came across Peter Fuller's book, Art and the Absence of Grace (1988) for sale in the gift shop. I remembered Fuller from my art therapy training and his exploration of the relationship between art and psychoanalysis (Fuller, 1980b). He was also a keen supporter of art therapy (Dalley, 1984).

On turning the pages I was intrigued by his interest in the concept of *theoria* and his discussion about Ruskin and contemporary aesthetics. The book explores a way of understanding the spiritual in art; a theme that had begun to emerge in my work as an art therapist with the terminally ill and dying. I was then able to link this to some more recent examples of the exploration of spirituality by art therapists (Horovitz-Derby, 1994; Farelly-Hansen, 2001) and more generally in psychotherapy practice (Schreurs, 2002; West, 2004). I was searching for a way of describing the connection between art, spirituality, and the experience of facing death. Many times in my practice as an art therapist I had encountered a depth of meaning that patients were discovering through the experience of art-making that was deeply moving. There was a religious quality to this that touched on a sense of divine transcendence. A creative, 'spiritual' fluidity saturated the meaning-making taking place that frequently left a notable impression on me, often made more remarkable given the ordinary circumstances of the patients I worked with.

The experience of spiritual connectedness within the context of the therapeutic relationship was as much my own as that of the patient. This reflects the important place I give to spirituality in my own life and my religious affiliations with Christianity. My concern has often been within my practice of art therapy to value and affirm the spiritual needs of patients when expressed in their own terms. The

importance of remembering the context of patients' experiences of illness and their lives as a whole is supported by the literature that I explore in chapter one with particular reference to ethnography (Chaplin, 1994; Harper, 1998; Prosser, 1998; Willis, 2000; Van Leeuwen and Jewitt, 2001) and practical theology (Fowler, 1981; Carr, 1997; Pattison and Woodward, 2000; Swinton, 2000b, 2001; Graham et al, 2005).

The work of John Swinton (2000a, 2000b, 2001) is of particular relevance to this study and is discussed more fully in chapter one. Swinton has been able to combine his interest in spirituality and health care in order to arrive at a way of defining an approach to practical theology that can respond to the ordinary lives and circumstances of people with learning disabilities and mental health difficulties. His critique of current health care practice in adult mental health opens up a space into which he successfully inserts a pastoral approach that is able to identify spirituality, and work with it as an essential aspect of care. Elaine Graham, Heather Walton and Frances Ward (2005) have also provided useful historical and contemporary definitions of current methods of theological reflection. This is explored further in chapter one with specific reference to their definition of a 'correlational model' of practical theology. This is an approach that can inform and add depth to the ways in which art therapy can address spirituality in palliative care.

A discussion and model of practical theology has been included in this study in order to support the relationship between art therapy practice and spirituality. There is no attempt to present a theological argument in this research and the focus is specifically

on the discipline of art therapy and how this intervention in palliative care can support the terminally ill and dying person.

In my own experience, working intimately with someone requiring end-of-life care evoked a strong sense of otherness and transcendence. I did not know how to articulate what I observed and experienced and it continues to be a strong feeling for me in relationship to my work with patients. I was then able to articulate something of what this 'strong feeling' was about as I began to formulate my research methodology (see chapter two). The work of Willis (2000) provided an ethnographic framework to give account of the intersubjective nature of my experience and the phenomena I had encountered. Joined to the work of Schön (1983) and Wolterstorff (1997) the 'reflective practitioner' and 'art-in-action' provided a mode of engagement that enabled me to graft practice (practical experience), and the many purposes and uses of art (see chapter two) onto Willis's 'critical ethnography of the everyday', in order to analyse the meaning-making taking place in art therapy and to draw out spiritual and pastoral implications.

Fuller (1985, 1987, 1988) was attempting to retrieve and argue for a spiritual dimension to art and this initial discovery, alongside the work of Wolterstorff (1980, 1997) helped me to begin thinking about this vital and significant aspect of art therapy practice in palliative care. I wanted to start from an art-based focus and that somehow the psychotherapeutic dynamics of the therapeutic relationship, whilst essential, were not central to the phenomena I wanted to identify and find out about. It was my role as a practitioner engaging with the art-making of others who were facing death that became the fuel for this research.



My interest in the visual arts, especially drawing and painting and health care, began shortly after finishing my fine art degree in 1983. I worked as a volunteer in an industrial training unit for adults with learning disabilities in the east end of Sheffield. I provided group art activities for a small number of 'trainees'. Whilst involved in this unit I discovered that there was a postgraduate training in art therapy. This began my pursuit of the combination of art-based activities in conjunction with working with people in need, being supported by state-funded health care organisations. I qualified as an art therapist in 1986 and have remained committed to the rudimentary principles of this discipline ever since. The inter-disciplinary aspect of art therapy practice has been a significant inspiration for undertaking PhD research. Art, psychotherapy, physical illness and mental health have provided the ingredients that have informed and influenced my practice.

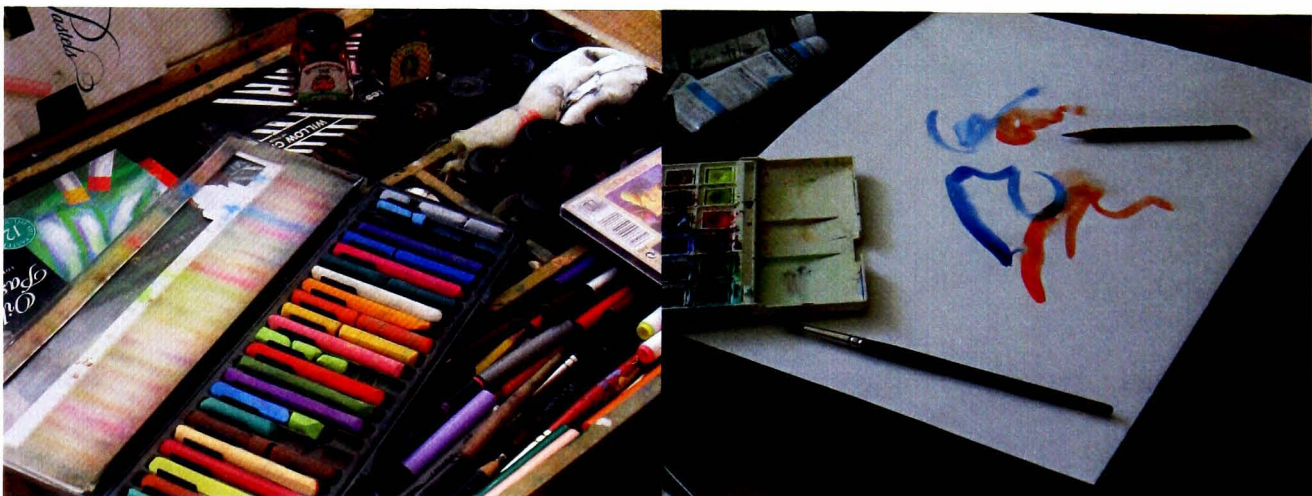
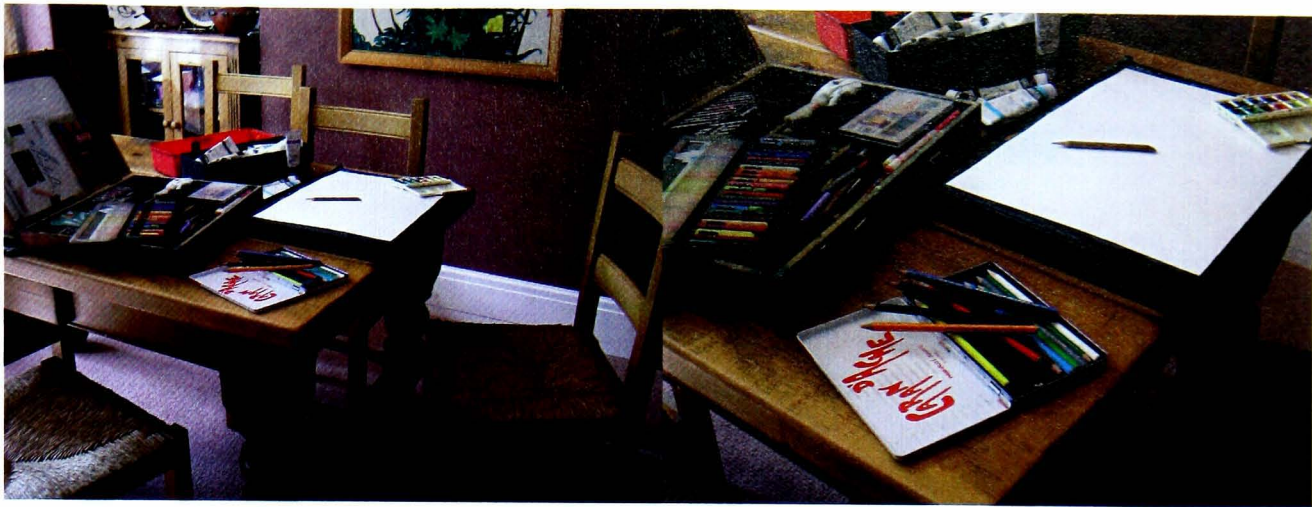
The choice of my subject of inquiry is the result of working with the terminally ill for over fourteen years to date. The experience of intimate contact with a wide range of people with various types of incurable cancer and other life-threatening illness inspired me to embark on this study. I am employed as an art therapist by St. Luke's Hospice, Sheffield, and at the beginning of this research I was part of a community service called the Hospice at Home Team (recently renamed the Specialist Community Palliative Care Team). This team comprises of specialist community palliative care nurses, social work assistants, physiotherapists, a psychotherapist and myself as an art therapist. The team provides specialist palliative care to patients being supported at home. The nurses provide access to other services such as the hospice and palliative inpatient care. There are also hospice day care facilities that



patients are referred to by the nurses in this team. I have been part of this team since it began to expand and develop in 1992.

In 2004 the hospice began a programme of major organisational change and restructuring. I now belong to a psychological therapies team that includes clinical psychology and chaplaincy. My current remit is to provide art therapy primarily in the community and to offer a service to the inpatient and day care units when required. This is a service development that is currently being designed in response to the strategic plan 'Adding Quality to Life 2006 – 2010' proposed by Steve Kirk, the current Chief Executive Officer of the hospice.

The service I provide is city-wide enabling me to work with patients from a variety of backgrounds and circumstances. There are very few city estates and urban areas that I haven't visited in my fourteen years of travelling around Sheffield. My role is to provide art therapy on a one-to-one basis within the home of the patient. I travel across the city with a collection of art materials and paper stashed in the boot of my car. Over the years the range of materials that I take with me on these journeys has settled to a wooden art box, a medium sized folder with white cartridge paper inside and a small red tool box containing acrylic paint and a set of water colours. This collection of materials has become a symbol of my role and contributes to defining the therapeutic frame and the boundaries of my work within the home environment.



The art materials designate the creative, image-based dimension of my meetings with patients and help them to have a sense of a mini artist's 'studio' environment located temporarily at the dining room table or at the bed side for the duration of our meeting. This is reminiscent of a studio-based tradition in art therapy practice from the early practitioners such as Edward Adamson (1984) through to more recent reflections on the importance and significance of the studio environment in relationship to art therapy practice (Wood, 2000; Moon, 2002).

The range of materials and the utility of the boxes and folder I carry with me designate my role. These have become familiar adornments to the patients I meet and the staff who see me stashing my tools in the boot of my car or carrying them through the ward. In this sense there is some similarity to the description of 'props and

costume' discussed in Christopher Swift's (2005, p72-77) PhD thesis. In relationship to the role of the hospital chaplain he reflects on the importance of his dress and the use of his stole (a long narrow piece of fabric worn around the neck and used when conducting sacramental services) and the use of a baptism kit which includes a bowl, spoon, candlesticks and cross all made of silver. Swift's discussion highlights the symbolic significance of these objects and the way in which they help define his role, and create a provisional sacred space within a secular health care environment. This is achieved within constraints such as health and safety regulations not permitting the lighting of candles. The 'props and costume' that the chaplain employs also asserts a divine claim on space, time and environment which has greater implications beyond immediate circumstances. The implications may be to do with how these pockets of sacred religious ritual performed at regular intervals throughout an institution impact on the spiritual health of a community of employees, volunteers, patients and their families. Swift's thesis provides evidence of the important contribution to health care of chaplaincy, and is discussed further in this introduction with reference to spirituality in health care contexts.

The 'props' that I have created through practical circumstances have a utilitarian function, and symbolise the potential creative experience that can be encountered when the lid is raised and the art materials displayed. This is part of the invitation to pick up a pencil, brush or crayon and make use of them to create a drawing or a painting that will be a unique composition of visual memories and delineation of marks forming a wide range of pictorial abstraction and figuration. In the context of this research, and the analysis of the art-making process and artefact in art therapy, these 'props', or tools, point towards the spiritual and the ultimate concern or

environment (Fowler, 1981) that provides a context for meaning-making at the end of life.

A typical art therapy meeting will involve agreeing to use a convenient space in the home of the patient. This might be the dining-room table, kitchen table (Bell, 1998) or any useful surface. There are many occasions when sitting upright at a table is not possible for the patient, so they may require a board placed on their lap in a suitably comfortable chair or wheelchair. If the patient is confined to bed, then again I will adapt to the practicalities of such a situation in order to make it possible for the patient to put pencil or brush to paper. Meeting patients in their own home also requires an agreement that we will need to secure uninterrupted time to preserve confidentiality and privacy. However, this occasionally is not possible and I have learned to respond sensitively and creatively to unanticipated interruptions by family members, visiting professionals, the plumber, gardener and domestic pets. The therapeutic frame is held securely in place by the influence of my emphasis on the special time allocated for our meeting. This is also defined by the ritual placing of art materials on the allotted work surface, and the closing of the door on the rest of the family (if they haven't decided to take an hour out to call on neighbours or do a spot of shopping).

The home environment is a place of complexity that provides enumerable insights into the world of the patient. Working in the home as an art therapist has raised a number of interesting challenges in relationship to the practice of any kind of therapeutic intervention. Safety, confidentiality and maintaining secure boundaries are important principles that are required for effective practice to take place in the home. My experience of working in the home of people with physical illness has convinced

me that, in this field, the home can be a workable environment for art therapy. The needs of the terminally ill differ significantly from adults with learning disabilities, where there may be additional complex mental health issues and difficult family dynamics or vulnerable children where there may have been abuse. The practice of art therapy in the home on the whole would be considered inappropriate with these groups of people and an out-patient system of referral and intervention is the safer professional model to adopt.

The same consideration has to be given to complex family dynamics and relationship difficulties with the terminally ill. These concerns will be identified during the initial psychological assessment when first meeting a patient and their carers in order to be able to plan the most appropriate support. It is also important to recognise that research suggests that cancer patients will experience high levels of anxiety and depression, requiring in some instances psychiatric assessment and support from mental health services (Lloyd-Williams, 2003). Mental health issues, family dynamics and relationships within the home environment have to be understood in order to ensure that the therapeutic work can retain integrity and is not likely to be undermined. The physical environment of the home with all the aesthetic choices of interior decor and biographical contents provide a rich context within which to work with patients. The personal and family narratives that the home embodies, carry layers of meaning that are a living presence that surrounds the art therapy meeting. I am aware of the influence of the home on my status and role. I am there as a guest with permission to establish a provisional therapeutic space, flavoured by my emblematic art box.

Referrals to the art therapy service are made primarily by the specialist nurses as part of the Hospice at Home team. This follows their contact with the patient, which may be anything from days, weeks, months, or much longer periods of time since the diagnosis was first made. Once I receive a referral, I then make telephone contact and visit the patient at home to do an initial assessment. At this first meeting a general discussion takes place to identify current areas of emotional, psychological and spiritual need. I then give a further explanation of art therapy and tackle any questions about the use of art materials as part of the therapy. If there is some hesitation about the use of art materials, these issues are soon addressed through reassurance, explanation and encouragement. Most people experience a modest level of anxiety and believe that they have to be 'artistic' and skilled in drawing. These worries are soon resolved when the patient understands that their efforts will not be judged, and that the process of drawing and painting in art therapy does not require previously learned skills but an openness to be creative and explore a new and unfamiliar experience. An understanding is established that art therapy is about reflecting on the experience of serious ill health and working through any subsequent distress. The areas of need may be emotional, psychological or spiritual. Whilst also taking account of the social and physical aspects of the patient's experience it is primarily the impact of diagnosis and prognosis on the inner psychic life of the patient that is the concern in art therapy.

## **1.2. Spirituality in health care contexts**

In chapter three I explore the theme of spirituality in relationship to art therapy practice. At this point it will be helpful to consider some of the recent debates that

have taken place regarding spirituality in health care contexts. There are a number of policy documents that have been produced that emphasise the importance of spirituality in health care such as 'Project 2000' for student nurses (UKCC, 1986) and the NHS Patients Charter (DoH, 1991). Other government policies (DoH, 1997, 1998, 2000) have focused on quality, accountability and clinical governance which are having an impact on all roles within the NHS and have begun to influence the way that chaplaincy services respond to the question as to who now provides spiritual care in health care contexts. The spiritual care of the sick has been an aspect of the history of the NHS, since its creation in 1948. The importance and significance of spiritual care is now considered integral to the principles of the holistic approach which is a model of care that has become established within the NHS, and which has been the culture of care within the modern hospice movement from the late sixties onwards and subsequent developments in palliative care.

It is important to consider spiritual care with the role of the chaplain in mind as a key contributor to this significant area of support within the NHS and more specifically in palliative care. To understand the place of spirituality in health care it is necessary to understand the place of spirituality from a social and cultural perspective. Percy (2001) argues that it is not possible to make a clear distinction between religion and the 'secular'. He discusses the deep fabric of culture being woven into the deep fabric of religion and that they are by definition inseparable (2001, p24). Percy (2001, p77) challenges the secularisation theories that assume that religion is increasingly less relevant to contemporary human existence and states that the '... 'religious impulse'...involves a quest for meaning that goes beyond the restricted empirical existence of the here and now. It is an enduring feature of human kind'. Culture and



religion are intimate companions and have a substantial share in that which shapes and forms contemporary life. Percy addresses the detachment of 'spirituality' from religion, and some of the implications of this when considering the current debate about spirituality in health care contexts. This is an important point which has been given some attention by health care practitioners and representatives of chaplaincy within the NHS. Percy (2001, p306) goes as far as saying that because spirituality and religion '...inform and shape each other', spirituality is '...inherently political [because] it is concerned with the body, with space, with time, and with futures'. Spirituality, as a result of being separated from religion in health care contexts, may become a '...secular collation of bathetic-sentient sentiments that are primarily existential in character' (Percy, 2001, p304).

Criticisms of the separation of spirituality from religion also raise concerns that spirituality loses its connection with religious '...communities of practice and discourse where [spirituality has] ...been tested and refined over centuries' (Pattison, 2001, p34). The view that spirituality and religion are separate fields of human experience has been challenged by Davie and Cobb (1998), who suggest in their discussion that attempts to place spirituality in a cultural and political space free of religion is impossible. This relates to the work of Woodhead and Heelas (2000, p3) and their exploration of three categories of religious experience: religions of difference, religions of humanity and spiritualities of life. Religion and spirituality continue to define the cultural and social matrix of huge proportions of the world's population.



The separation of spirituality and religion is often articulated by the nursing profession as it attempts to improve the spiritual dimension of care that nurses provide (Walter, 2002). Much of the nursing literature on this subject suggests that spiritual care is a way of resisting scientific reductionism and a response to the search for meaning. The current nursing definitions of spiritual care also provide a way of resolving the difficulty of delivering spiritual care to the non-religious and to diverse religious and faith traditions within the health care setting (Ross, 1998; McSherry, 2000, 2001; Mauk and Schmidt, 2004).

Walter (2002, p138) raises the question as to whether spirituality in health care is more about believing and belonging, and prefers the term 'biographical pain' rather than 'spiritual pain' due to the largely psychological terms that are employed to describe individual histories and existential needs. Markham (1998) also raises the problem of attempting to define spirituality in health care:

[I]t is not clear precisely what is meant by 'spirituality'...Spirituality within a religious tradition looks very different from the way medical practitioners talk about [it]...In the health care literature it is opposed to the reductionist tendencies of empirical science. (Markham, 1998, p73)

There appear to be many tensions regarding the definition of spirituality and how spiritual care is delivered and by whom within the health care context. There is a growing body of literature from chaplaincy that offers a critique of the current trends in spiritual care and is contributing to defining the role of the chaplaincy more clearly (Cobb, 2005). Recent research undertaken to explore spiritual care and the role of the

chaplain is providing ground for a more thorough examination of the Christian tradition that forms the backdrop to religious and spiritual care in the NHS, and how spiritual and religious care is delivered. The challenges facing the role of chaplaincy have been raised by Orchard's (2000) comprehensive research which brings into focus the unique position that chaplaincy holds within the NHS. The contribution of this role includes much more than individual care of patients and occupies a significant position in staff support, ethics, mediation and links with other faiths. This research also raises questions as to the continued relevance and remit of chaplaincy in a secularised health care environment. Orchard (2001a, 2001b) provides further discussion of the issues surrounding the provision of spiritual care along with recent literature that helps to define and examine the role of chaplaincy, provides definitions of spirituality and how to respond to people of other faiths and religion (Wright, 2001, 2002; Wright et al, 2004; Neuberger, 2004; Cobb, 2005; Swift, 2005). Swift (2005) in his PhD research explores further the questions identified by Orchard in his auto-ethnographic study of a day in the life of a chaplain. His study provides some insight into the role of the chaplain working at the threshold of individual and corporate understanding of illness, the need of sacred ritual within a health care setting, and the forms and meanings given to the experience of loss and death.

Other recent research has focused on identifying the particularities of spiritual care in relation to other influences, such as distinguishing psychosocial need in relationship to religious belief for patients diagnosed with different types of cancer (McIllmurray et al, 2003); a comparison between the spiritual needs of patients diagnosed with cancer and patients diagnosed with heart failure (Murray et al, 2004); the role, responsibilities and stresses of chaplaincy (Williams et al, 2004); and the benefits of

spiritual care training (Wasner et al, 2005). These examples illustrate the complexity of defining and assessing spiritual need and the impact of this responsibility for other professionals beyond the role of the chaplain.

The current discussion and debate about spiritual care and chaplaincy is an important consideration in relationship to this study. The hospice movement has been influenced strongly by the Christian tradition primarily because of the pioneering work of Dame Cicely Saunders (1918-2005). Clark (2005, p128) reminds readers of Saunders' letters from the late sixties that the '...emphasis on *person* speaks...of a growing influence from psychology and theology on Cicely Saunders' developing thinking; here *person* is seen in interrelationship, and it is a matter of how the person is *being* in the face of physical deterioration...[P]rofessional work in this area has two key dimensions: 'we are concerned *with persons* and we are concerned *as persons*'. In keeping with the emphasis on opposing scientific reductionism Clark (2005, p129) cites Saunders' observation that '...science tries to look at things in their generality in order to *use* them; art tries to observe things – and people – in their individuality in order to *know* them'. The spiritual care of the dying for Cicely Saunders was openly and deliberately Christian, yet within the current discussion taking place in health care contexts this would be a wholly contested claim. However, the role of the chaplain continues to be significant and whilst having to adapt to the changing definitions of spiritual care in a multifaith, pluralist society, holds a position of religious and cultural relevance for the sick, the dying and bereaved in health care.

In chapter one I will discuss the literature relating to pastoral care. Combined with the background given here to the concern for spiritual care, there are a number of

questions that arise when addressing spirituality in art therapy practice. Pastoral care (practical theology) is a well-established approach to the mission of the church in local communities. The role of the chaplain in the NHS and, more specifically, in hospice and palliative care remains a significant role. The integration of spiritual care into the holistic approach means that all members of the multidisciplinary team take ownership of some responsibility to meet this area of need, and to provide access to those services such as chaplaincy that may be more appropriately placed to offer such support. Whilst there is recognition that all health care professionals in a hospice and palliative care setting should be sensitised to spiritual needs, it is not entirely clear how this is delivered and whether pastoral care can be assumed to be a generic practice for all professions. As Walter (2002, p133-134) argues it would be strange to expect chaplains, social workers or any other discipline to develop nursing skills on the unlikely basis that they are perceived as a generic part of the professional role in health care. Pastoral care has a clear theoretical, theological and practice-based epistemology which is distinct from the training that a social worker, nurse or art therapist receives that guarantees the right to function in that role.

In this research I aim to draw a correlation between meaning-making and spiritual care. This does not place art therapy as a core deliverer of spiritual care, and certainly does not make a claim that the profession can provide the comprehensive religious and spiritual care that lies within the field of chaplaincy and practical theology. In a sense, art therapy (as is any other discipline within the multi-professional team) is an *enclosure* in which spirituality and religion appear as expressions of individual belief. An *enclosure* can be understood as a piece of common land turned into private property. In this context, I use the term *enclosure* to suggest a provisional

demarcation of a private space within art therapy practice that has a certain commonality or ordinariness about it (see chapter two). In Chapter three I refer to the literature that argues for a greater consideration of spirituality and religion in psychotherapy practice. Pastoral care offers an approach to spiritual care that lies firmly within the Christian tradition and manoeuvres organically and flexibly within the terrain of illness, dying, death and bereavement where human suffering is experienced, coloured and nuanced by a myriad of beliefs and values. Much of this is arguably expressed and communicated through a religiously-formed repertoire of language and symbols that provide meaning at times of distress.

The *enclosure* of art therapy is a place where spiritual and religious concerns can be addressed, as the art therapist has a shared commitment to the multidisciplinary approach of integrated whole person care. This is, however, undertaken with an understanding that the chaplain's role provides a 'sapiential' expertise at the boundaries of all disciplines, patient care, organisational structures, systems, hierarchies and faith communities where illness and suffering reside. The practice of art therapy has an affinity with pastoral care as it engages with the inseparable bond between art and spirituality. Also, as psychotherapy theory develops in order to accommodate the belief in transcendent realities, spirituality and religion are acknowledged as a significant influence on many people's adjustment to areas of deep psychological and emotional crisis.

Pastoral care is the practical embodiment of belief in humanity within a theological framework that is critically sensitive to context and disciplined in its response. As a creative art, pastoral care goes beyond applied technique and

has the potential for being nourishing, inspiring and transformational. It also has a wealth of resources at its disposal including the wisdom of faith traditions and their contemplation of the human condition; a challenging theological methodology that strives for truthfulness and authenticity; and religious narratives, myths, symbols, images and rituals that can open up a larger world in which people can discover meaning and hope. (Cobb, 2005, p43)

Discovering meaning and hope is firmly at the heart of this study and forms the seams in the relationship between meaning-making, art therapy and palliative care. The concern for spirituality and religion is too important to regard only as an idiosyncratic phenomenon within the *enclosure* of art therapy as ‘...there is a real need to understand that spirituality must become vocational and political if it is to engage properly with the social causes of dis-ease’ (Percy, 2001, p314).

### **1.3. Integrated whole person care in hospice and palliative care**

At the heart of the development of the modern hospice movement and contemporary approaches to palliative care are the principles of integrated whole person care (Twycross, 1999, p2-4). This means that the integrity of the individual’s multifaceted experience is maintained and not reduced to any single category. Medical treatment, pain control and relief of unpleasant physical symptoms are considered to be a priority, whilst at the same time a conscientious effort is made to ensure that psychosocial areas of need are also being met. This inclusive strategy adopted by professional carers toward the patient ensures that all aspects of their experience of a

life-threatening illness are taken into account. Integrated whole person care is a set of principles of practice that is encouraged across all disciplines within the field. The value placed on the individual's complex range of needs is a key reason for exploring some of the benefits of art therapy.

This inclusive approach to care of the terminally ill and dying highlights the importance of retaining a subjective person-centred response to need. Caring for the terminally ill requires the ability amongst all professions to respond sensitively to the patient's inner life as well as provide expert physical care. Art therapy adheres to these values, and its theory and practice reflects similar principles of care (Help the Hospices, 2005). As with all fields of care, the art therapy profession has to examine its practice and provide an appropriate evidence base. Art therapy has achieved some status as part of hospice and palliative care on the basis of experiential practitioner-based evidence. Innovative art therapy interventions in oncology and hospice have demonstrated that patients engage and benefit from such an approach (Connell, 1998; Pratt and Wood, 1998; Waller and Sibbett, 2005). Art therapists now have to register with the Health Professions Council in order to practice within the National Health Service. The postgraduate, masters level training ensures that art therapists are able to practice at a senior level of competence in any specialist field of care. The profession is recognised as a form of psychotherapy, and is appropriate as part of the growing provision of psychological therapies in a wide variety of health care settings and specifically meets the recommendations for psychological support in palliative care (NICE, 2004a, p74-85).

In the year 2000 I attended the ‘Bás Solais, Death with Illumination, Palliative Care in the 21<sup>st</sup> Century’ conference in Dublin. Dame Cicely Saunders gave the opening address, and I recall from this event that the question posed to the conference was that once treatment has been prescribed, pain is well managed and unpleasant symptoms and side effects suppressed what can be done for the dying person? My sense of the conference’s reply over the following days was to say, resoundingly, that hospice and palliative care was about providing an environment of healing where the patient has a wide range of opportunities through a multidisciplinary approach for emotional, psychological and spiritual needs to be addressed. The conference proposed a way of looking beyond the established comprehensive biomedical interventions now available with all the sophisticated technology employed to diagnose and treat cancer and other life-threatening illness, in order to answer the question how does the care of the dying person preserve and continue to develop an inclusive holistic model of support?

The conference articulated something of the concern for the spiritual in the care of the dying and the importance of a creative, progressive approach. The humanities were recognised as ways of informing the palliative care ideals of integrated whole person care. Listening to and hearing the voice of the dying person in the context of suffering requires a complex range of psychosocial dimensions of care fully aligned with medicine and nursing. Art therapy is one approach among many that resides within the non-medical alternatives that complement the work of the physician and the nurse. The focus on image-based, non-verbal inner-world dynamics of the patient is placed within a context of interdisciplinary theory and multidisciplinary practice. The central message of this conference, and the influence of the work of Michael Kearney (1996,



2000) remained with me as a memory that continues to strike at the heart of my practice as an art therapist: to create a place of healing.

To understand and alleviate emotional and spiritual suffering is my aim when I am at work with the terminally ill and dying person. To achieve this more fully and with ever greater sensitivity, I realised it would be exciting to find a way of being able to support this aim with evidence from my practice. The evidence needed to show that emotional and spiritual suffering could be alleviated by understanding the meaning-making that occurs in art therapy.

#### **1.4. Why art therapy?**

Art therapy as part of the care of the terminally ill and the dying has been developing since the 1980s, mainly in the US and UK with some contrasting approaches in Germany and Italy (Pratt and Wood, 1998, p27). Within the history and development of the art therapy profession the early pioneers also worked with people experiencing physical ill health. Adrian Hill first coined the term 'art therapy' in 1938 and employed drawing and painting as part of his own recovery from tuberculosis. For Hill the value of art therapy lay in 'completely engrossing the mind (as well as the fingers)...[and in] releasing the creative energy of the frequently inhibited patient' (cited in Edwards, 2004, p1). This then inspired him to encourage other patients to take up the activity in order to aid their rehabilitation, and led to the emergence and growth of art therapy as a discipline that sixty plus years later, eventually, gained state recognition by the UK Health Professions Council (HPC).

The current definition of art therapy provided by the British Association of Art Therapists (BAAT) is as follows:

Art Therapy is the use of art materials for self-expression and reflection in the presence of a trained art therapist. Clients who are referred to an art therapist need not have previous experience or skill in art, the art therapist is not primarily concerned with making an aesthetic or diagnostic assessment of the client's image. The overall aim of its practitioners is to enable a client to effect change and growth on a personal level through the use of art materials in a safe and facilitating environment. (BAAT, 2003)

The arts and humanities have been an ongoing dimension to the care of the dying and have contributed to the sociological (Clark, 1993; Field et al 1997; Clark and Seymour, 1999; Hockey Katz and Small, 2001), psychological (Kearney 1996, 2000), spiritual (Aldridge, 2000; Cobb, 2001, 2003), philosophical (Bauman, 1992), artistic and therapeutic (Connell, 1998; Pratt and Wood, 1998; Aldridge, 1999; Kirklin and Richardson, 2001), understanding of this area of need and has informed ethical and practical approaches to care. This was particularly so throughout the pioneering days of the modern hospice movement under the auspices of Cicely Saunders. Medicine, nursing, social welfare and spiritual care formed the basis for the principles of integrated whole person care providing an ethical imperative to remain attentive to all aspects of the dying person's experience. Pain and suffering is understood not only through the reductive lens of biomedicine but through a kaleidoscopic interplay of human relation. Insight and understanding of the experience of dying and death is

provided through expression via the medium of the arts, cultural practices and social phenomena (Saunders, 1996).

Art therapy developed out of a belief in the healing effect of engaging in art-based activities (Adamson, 1984; Hill, 1948; Waller, 1991; Hogan, 2001; Edwards, 2004). The inter-relationship between developments in psychodynamic psychotherapy, aesthetics and art-based activities has been an integral part of the theory and practice of art therapy (Edwards, 2004). Understanding the inner psychic life of people and being able to help address psychic distress and a multitude of emotional and psychological difficulties has been the general preoccupation of art therapy. Helping people to feel valued and accepted, no matter what their background or experience, is a core principle of care, and art therapy practitioners have held firmly to the ideals of individual self-determination and freedom of expression. A tradition influenced by the autonomous, self-determining doctrine of the enlightenment and a neo-romantic tradition that exalts the inner experience of the artist and individual freedom of self-expression (Christians, 2005).

Art therapists have often been allies to those marginalized due to mental illness, disability, poverty and social exclusion based on ethnicity or sexuality, and a concern to ensure that the suffering individual has a voice and opportunity to express their unique experience. Awareness of the social and political context of individual need is an essential dimension to art therapy practice. By remaining attentive to the socio-economic circumstances of those who are helped by art therapy, the practitioner avoids becoming insular and remote from the world in which much suffering takes place. Suffering does not only occur within the private inner psychic space of the

individual, but is also profoundly connected to their home, family, community and society. Art, creativity and the imagination, along with a comprehensive understanding of the ways to help people in emotional, psychological and spiritual distress, has moulded not just the practice of art therapy but the practitioner too. It's this interrelated composition of dynamics that are so important to describe and requires a language with which art therapists can convey the content of their work. In an early review of the first book published on art therapy, David Maclagan, a long-standing contributor to art therapy practice says:

We must, as art therapists, develop a language that matches and is appropriate to the images we deal with: such a language must be neither dryly descriptive nor coldly analytical; to convey the life of an image it has to be imagistic - metaphoric, maybe even poetic - itself. The slippery, multivalent nature of images is hard to grasp: sometimes one can only suggest or evoke their resonance. But the *feel*, the 'pitch' of a picture has to be transmitted; not just what it 'means' in identifiable, iconographic terms, but how it comes across, how it *moves*. We must somehow conjure those qualities of a painting or drawing that the simpler models of expression or 'communication' overlook: this is a matter for *aesthetics*, to do with the fine tuning of the senses, and it involves an articulation of just those visual fringes of the image that escapes the usual academic net. (Maclagan, 1985, p21)

Maclagan (2001b, p131) further explores the aesthetic as it 'takes hold' and is 'performed' in art and how this is articulated through language. Art therapy is a

‘therapy of the imaginative’ (ibid, 2005, p23) and aesthetic considerations are essential dimensions to the experience of engaging in its therapeutic potential. These qualities in the content of art therapy also contribute to a language that he argues remains close to the material qualities of the medium of expression, such as the hand that guides the flow of paint as it drains from the brush onto the paper surface and the scuffing, crumbly marks of pastels blended with the tips of the fingers. These tangible qualities of the aesthetic experience facilitate creative and imaginative ways of understanding the inner life. This is deeply significant for those who are living with a life-threatening illness. Such creative and imagination opportunities can offer critical experiences that affirm and substantiate meaning and purpose at the end of life. The impact of serious illness on the body and the erosion of physical powers and autonomy can increase the need to provide creative modes of expression that can support the integrity of the self. As death draws near, a ‘therapy of the imagination’ (art therapy) is required to help orientate the soul through a mysterious landscape where the horizon can only be alluded to by the living.

The practice of art therapy in palliative care can reveal significant ways of addressing the needs of the terminally ill and dying. Hospices and palliative care services have developed a language that emphasises an ethical imperative to uphold the dying person’s unique experience in all its complexity. The person who is terminally ill and dying is at the centre of the principles and ethics of care (Gracia, 2002). Gracia cites Cicely Saunders bringing to mind her concepts of ‘total pain’ which included physical, social, spiritual and psychological areas of need, and ‘total care’ which encompassed her belief that hospices should be ‘something between a hospital and a

home' (Saunders cited in Gracia, 2002, p28). Palliative care is summarised in the World Health Organizations (WHO, 1990) definition:

Palliative care is the active total care of patients whose disease is not responsive to curative treatment. Control of pain, of other symptoms and of psychological, social and spiritual problems is paramount. The goal of palliative care is achievement of the best possible quality of life for patients and their families. Many aspects of palliative care are also applicable earlier in the course of the illness in conjunction with anticancer treatment. (WHO cited in Gracia, 2002, p32)

Allied to the principles of palliative care, the focus in art therapy practice provides the terminally ill and dying person another way of attending to their complex range of needs. The argument in this thesis is that art therapy practice in palliative care contributes to preserving the psychosocial perspective. It is a discipline that embraces the creative, imaginative potential for discovering ways of gaining insight and understanding of the experience of life-threatening illness. Art therapy can also facilitate the exploration of meaning that can have radical and profound benefits for patients at the end of life.

### **1.5. Questions**

The questions that I intend to address in this study focus around the benefits of art therapy to people receiving palliative care:

1. Does art therapy practice conform to the principles of integrated whole person care? *The emphasis on improving quality of life for the terminally ill through the provision of comprehensive medical, nursing and psychosocial care remains a consistent ideology and policy that has a global currency, and therefore the contribution of art therapy requires further recognition within this field.*
  
2. Does art therapy provide a creative therapeutic space in which to pay close attention to the inner life of the terminally ill person? *Inner emotional, psychological and spiritual experiences are recognised as essential human dynamics that require attention and opportunity for expression. Creating the space that allows for intersubjective and intra-psychic processes to be facilitated is a key aspect of palliative care and one which art therapy provides.*
  
3. Does art therapy address spirituality when working with the dying? *Spirituality in this study is understood in the context of meaning-making in art therapy. Meaning is discovered, experienced and communicated through the triadic relationship in art therapy. That is the therapeutic relationship established between the patient, therapist and the image or artefact.*
  
4. In what ways does art therapy contribute to increasing the potential for diverse ways of communication and expression through non-verbal modalities? *The image in art therapy has been a way of taking account of non-verbal modes of expression. Symbolic, metaphorical, aesthetic and imaginative ways of*

*describing inner experiences are significant aspects to the practice of art therapy. The importance of these dimensions to the care of the terminally ill and dying increases when issues of mortality and existential meaning become a priority. This is also significant when considering the life-limiting consequences of loss of mobility, physical autonomy through increased disability, the impairment of speech, sight, hearing and other sensory motor and cognitive damage caused by disease, pharmacology or surgery.*

5. When considered as an 'interpreting companion' in what ways does the art therapist influence the meaning-making attributed to the images created by the terminally ill person? *The intersubjective space emphasised in this study takes account of the responses and influences of the art therapist. This is recognised as an aspect of the reflexive textual narrative that unfolds when exploring the meaning-making in art therapy with the terminally ill.*
  
6. In what ways does meaning-making experienced by the terminally ill and dying patient in art therapy contribute to improving quality of life? *At the heart of palliative care is the improvement of quality of life. It is important for art therapy practice to demonstrate that it contributes to this aim. The intersubjective space that art therapy provides is a creative opportunity that increases worth and a sense of validation. Worthiness and validation along with many other affirming experiences are demonstrated in art therapy practice and it is these qualities and their impact on alleviating emotional and spiritual suffering and increasing quality of life that will be addressed in this study.*



## **1.6. Agenda**

My intention is to answer these questions by focusing primarily on the practice-based experience of providing art therapy for the terminally ill in their own home and occasionally in other settings. I shall examine these issues through five chapters. The thesis will begin in the first chapter with a literature review followed by a description of my chosen methodology in chapter two and a discussion about religion and the soul in chapter three. The methodological approach will form an interpretative voice throughout the case study description and analysis in chapter four. Chapter five bridges the analysis and conclusion by providing a reflection on the nature of dying and death. The conclusion summarises the outcomes of the study and the contribution this makes to art therapy in palliative care.

The thesis will cover issues to do with art therapy practice and the art therapist as interpretative practitioner in palliative care. The art-making process and artefact, as a core dimension to meaning-making and spirituality in art therapy with terminally ill people is placed at the centre of the retrospective case study analysis. The methodology described in chapter two provides a clear frame within which a reflexive, hermeneutical analysis is undertaken. This will demonstrate the profound significance of meaning-making in art therapy at the end of life. With reference to a 'correlational model' taken from practical theology spirituality is identified as intrinsic to the experience of art therapy in palliative care. The analysis and conclusion provides evidence that supports the practice of art therapy as an approach that can address deep levels of emotional, psychological and spiritual need in the face

of terminal illness. This is further validated with reference to the social context of the individual patient and art therapy practice in the context of hospice and palliative care.

## **Chapter 1.**

### **Literature Review**

#### **1.1. Models of Practice in Art Therapy**

##### **1.1.1. Current approaches**

Approaches to art therapy practice have developed in response to the specialist needs of a variety of client groups. Throughout the historical development of art therapy in the UK there has been a close relationship primarily with mental health and psychiatry. However, over the last forty years art therapists in both the UK and the United States, and increasingly in Europe, now work with a diverse range of needs, for example, people with eating disorders (Levens, 1995) adults diagnosed with psychosis (Killick and Schaverien, 1997), adults with learning disabilities (Rees, 1998), children and adults with physical illness (Malchiodi, 1999a and 1999b) and the terminally ill (Pratt and Wood, 1998; Waller and Sibbett, 2005). Individual (Sandle, 1998; Gilroy and McNeilly, 2000) and group work (Waller, 1993; Skaife and Huet, 1998; McNeilly, 1984) is practised within a wide range of hospital and community based services within the NHS, education and the private sector.

As art therapy is defined as a form of psychotherapy, its theoretical basis and the training of art therapists falls within the principles of psychodynamic and psychotherapeutic techniques, which enables art therapists to work with extremely vulnerable children and adults requiring highly specialised interventions. The current

clinical context of practice within the NHS means that art therapists have to conform to standards of practice stipulated by NICE guidelines and policy reform relating to all aspects of physical and mental health care within the NHS, social services, education and the prison service. Increasingly art therapists have to respond to the requirements of evidence-based practice and research. This is becoming increasingly imperative as the NHS agenda for psychological therapies, or 'talking therapies', whilst being highly valued and recognised, is required to provide evidence of their effectiveness. It is generally accepted that cognitive behavioural therapy (CBT) has established the most convincing evidence base to date (NICE, 2004b; Bell et al, 2006). There is an acceptance that a broad range of psychological therapies are required and that the current range of disciplines benefit clients, but there is little research-based evidence to support this. It is, therefore, essential that art therapists continue to explore ways of establishing an appropriate research methodology to answer these difficult and challenging issues.

In November 2005 the Art Therapy Practice Research Network (ATPRN) was awarded the first prize in the UK Allied Health Practitioners' and Health Scientists' Award in the category of 'Innovation in Patient Care or Clinical Services' (BAAT Newsbriefing, 2005). Art-based activities also remain at the centre of training and practice. The mix of aesthetics, art theory, art practice and psychotherapy has created a rich and varied foundation for much of the ongoing development of art therapy.

Art therapists will align themselves somewhere along a spectrum of theoretical assumptions that covers a range of defining terms. 'Art Therapy' is the generic title for all art therapists who are now registered with the Health Professions Council

(HPC). However, they may choose to go by the title of 'Art Psychotherapist' or 'Analytical Art Psychotherapist' depending on the respective affiliation to established and accepted theory and practice within the profession and the training of art therapists. The theoretical and professional issues relating to these titles that refer to some of the approaches to art therapy in the UK, have been discussed by Schaverien (1994) and Skaife (1995). Skaife (1995) offers a useful critique of Schaverien's categories of practice and argues that all art therapists should receive a training that encompasses the range of theory underpinning practice intrinsic to the term 'analytical art psychotherapy'. Art therapists would then be equipped to adapt their practice to the specific needs and context of patients in their care on the basis of a thorough knowledge and application of psychoanalytic, psychodynamic and object relations theory and practice. The emphasis would be on maintaining the 'art process and therapeutic relationship' in balance, whilst being able to '...elicit why one is receding at any time and whether this is a necessary defence or not to therapy' (Skaife, 1995, p6). Whilst some art therapists may go on to train as verbal psychotherapists or undertake training in analysis, this is more a matter of choice regarding individual professional development rather than a means to give more credibility to their practice as art therapists.

In the UK, art therapy practice has been influenced predominantly by the British object relation's school of developmental psychology and Jungian analytical psychology, particularly archetypal psychology. Art therapy training will, on the whole, introduce students to the work of Freud, Jung, Melanie Klein and Donald Winnicott. Schaverien (1991, 1995, 2002) has provided a theoretical basis for art therapy practice focusing on the work of Lacan, Jung and the philosopher Cassirer.

Schaverien's theoretical perspective has been largely concentrated on the significance of transference and counter-transference in the therapeutic relationship when there is a clearly defined analytic frame to the approach. This is highlighted, particularly, in her case study of an analysis with a client who was diagnosed with incurable cancer. Schaverien presents an argument for maintaining the structure of the analytic frame throughout her work with this client. Other approaches to the practice of art therapy have been discussed by Skaife (2001) and reference made to the theory being considered. Skaife (2001, p41) states that '...the ultimate aim...in psychoanalytical forms of art therapy...[is that] the materials be transformed into something that can be thought about or talked about'.

Equally important to the development of the theoretical basis for practice in art therapy, is the work of art therapists who have been influenced by the developments of phenomenology. Skaife (2001, p45) refers to the interest in aesthetics and intersubjectivity that many art therapists demonstrate in their practice. Skaife puts forward an intersubjective, phenomenological approach that has some resonance with the methodology that I have designed for this study. Skaife also draws on developments in group work and makes reference to the work of Yvonne Agazarian who has developed Systems-Centered Therapy (SCT) for groups.

Agazarian (2004) offers an approach that takes account of the social context of the individual when a member of a systems-centred group. The basic unit in any system-centred group is the subgroup and not the individual, and the primary goals are related '...directly to the system: survival, development and transformation' (ibid, p31). This is a way of working with the here and now experiences of the individual, subgroup

and group-as-a-whole, by ‘...developing communication norms within the group that are low on explanations and high on exploration, that is, low on interpretations and critical judgements and high on reality testing’ (ibid, p29). This is an interesting reference in Skaife’s discussion in relationship to my study of art therapy practice with the terminally ill, as it highlights a theoretical model and form of practice that I have begun to employ in my work in palliative care. Agazarien (2004, p18) makes a distinction between ‘comprehension’, which is equated with ‘...the cognitive knowledge arrived at through thinking and imagination; it is the world that is already known through words’ and ‘apprehension’, which is the ‘...knowledge that comes from intuition, it is affective, not cognitive, and has to be translated into words. The SCT goal is to make the boundary permeable between apprehensive and comprehensive knowledge’. This is a useful way of being able to consider the relationship of thoughts and feelings to the body in art therapy practice.

Sibbett (2005, p15-21), develops an approach to practice focused around ‘liminality’, a concept that identifies the experience of transition. Sibbett’s (2005, p51-52) argument encompasses the significance of physical experiences, relating to rites of passage and embodiment. Drawing on the work of Van Gennep, V. W. Turner and Merleau-Ponty, Sibbett provides a way of understanding embodied experience and relates this to the often complex and difficult physical experiences endured by cancer patients.

Maclagan (2001b) also provides another range of ideas drawn from Merleau-Ponty, the archetypal psychologist James Hillman and the art teacher and object relations theorist Anton Ehrenzweig. Maclagan (2001b, p48-51) offers a way of approaching

the art-making in art therapy that takes account of non-figurative qualities of pictorial expression by examining iconography and the over emphasis on figurative modes of representation inherent in psychoanalytic theory in relationship to the image. He contrasts this with his view that we get at the feelings and meaning in images by being attentive to the 'factice (handling)' (ibid, p8) of materials and the 'inarticulate' content of images. 'Inarticulate form' drawn from the work of Ehrenzweig, according to Maclagan (2001b, p62) '...is a highly ambiguous and multivalent form, whose structure (or apparent lack of it) defies the laws of Gestalt perception, in that there is no longer any significant 'figure' to set, with any reliability, against a ground'. Maclagan considers this mode of mental function as an important dimension to '...creative intellectual or scientific work', acting as a kind of 'agent' between unconscious and conscious processes. He draws attention to Jung's acknowledgement of image and meaning as identical. However, Jung continued to limit his reading of images to figurative iconographic and symbolic interpretation within his own conceptual frame (ibid, p28).

Maclagan (2001b, p95), also makes reference to the work of Rita Simon (1992, 1997) who '...offers a coherent way of making sense of the links between aesthetic and psychological features [in art], both within and beyond a therapeutic context'. Simon develops a model for identifying 'stylistic' changes that can take place in the process of making images even within the same session. Simon defines four categories of style: 'Archaic Linear', 'Archaic Massive', 'Traditional Massive', and 'Traditional Linear', and, according to Maclagan (2001a, p65) Simon correlates these styles with Jung's four basic psychological functions of thinking, feeling, sensation and intuition (Jung cited in Storr, 1983, p144).



Traditional Linear, with its adherence to a logic of representation, corresponds to Jung's Thinking function, while Archaic Massive, with its forceful juxtaposition of colours, corresponds to his Feeling function ...Interestingly ...[Simon] has problems with Jung's notions of 'sensation' and 'feeling'; yet the physically grounded style of making she associates with the Archaic Linear is quite consonant with what Jung meant by Sensation, and the emotionally driven emphasis of the Archaic Massive fits well with how he described the Feeling function. (Maclagan, 2001a, p65)

Maclagan also refers to what he calls 'unconscious bodily or embodied phantasy' (ibid, 2001b, p57) as a way of reinvigorating the physiology of art-making in relationship to the reading of images and says that '...such fantasies are not just of the body or its parts as 'seen' externally (such as might occur in visualisations and dreams), but of the body or its parts as 'felt' from inside'. This is a helpful insight and relates again to the system-centered approach of Agazarien (2004, p87) as there is a similarity between her concept of 'apprehensive' knowledge and the exploration of feelings locked inside the bodily experiences of anxiety, tension and frustration. Agazarien draws a distinction between 'feeling' and 'emotion' in order to arrive at a way of working with somatic correlations with feelings.

In SCT [systems-centered therapy] it is understood that comprehension involves both cognitive and emotional information and that it is through the process of "feeling" that the nonverbal, intuitive world of emotion becomes comprehensible...in SCT the word *feeling* has a separate meaning from the word *emotion*. The latter is reserved for the combination of arousal, sensation

and motion that is always accompanied by an intention movement, that is, a movement that signals an impulse to action...Each emotion prepares the body for a different response...Intention movements are important in SCT work as an indicator of states of being that may or may not be accessible to consciousness. SCT therapists check this out with members by asking questions like “Did you notice that you clenched your fist just then?” or “Did you have an experience or feeling that went with that gesture?” This gives the person an opportunity to see if he or she can bring the subliminal information into consciousness. (Agazarien, 2004, p87-88)

The attention given to the interior experience of bodily sensations that contain feelings combined with the ‘inarticulate form’ of the imagination at work in art-making, has the potential to surface unconscious meanings into conscious meaning-making. The intersubjective space in art therapy is articulated and defined by the emphasis on meaning being understood as occurring through the aesthetic, physiological and socio-cultural dimension of art-making. This is supported further by Skaife’s consideration of Merleau-Ponty’s three point view:

[A]ll language, be it our speech, our gestures or works of art, is perceptually manifested. Secondly, language is understood as embedded in experience. Thirdly, the physicality of the body becomes itself only through its interaction with the rest of the world. Thus art-making is to be understood as inseparable from our relations with others and the world, and in making it, we are engaged in an interactive process of becoming. However, what is made transcends us, it is other than us, and part of the culture of the world. (Skaife, 2001, p40)

The making of the artwork, its facture, is its meaning. We only find what we want to say in saying it. In making art we never arrive at a representation of an inner image; the inner image is shaped by what it is we make and is entirely dependent on it. We only understand the artwork through our active engagement with it, its meaning is in what it does to the intersubjective space in which it is seen. The origin of the work of art does not solely reside within the artists. (Skaife, 2001, p46)

The theoretical positions taken by Skaife, Maclagan and Simon joined to the work of Agazarien offer a way of responding to the image and meaning within the intersubjective space of psychotherapeutic practice. Agazarien's methods, whilst orientated towards groups, can be adapted to the triadic relationship of one-to-one art therapy through the emphasis on exploration, rather than explanation and the ability to discover the difference between thinking and feeling. The intersubjective space links with the methodology for this study which will be defined in the next chapter.

Psychiatry and other psychological approaches have also been absorbed into art therapy training and subsequent practice. This has created a rich blend of ideas that are applied in varying ways according to the context and client group with which the art therapist is working. Art therapists also adapt their approach depending on the clinical focus of the multidisciplinary team; for example, where there may be a medical, psychological, therapeutic or holistic emphasis. There are also stylistic differences with regard to the individual practice of the art therapist. The particular line of theory that the art therapist may choose to apply in practice is a reflection of

personal and professional interests that will increase the therapeutic effectiveness of meeting the needs of the client(s).

Central to art therapy practice is the question of how the use of art materials and the images created are understood. The art therapist's chosen model of practice will influence the response they have to the making of an image and the purpose of the final artefact. Process, function and interpretation become terms that are turned to particular use depending where on the theoretical spectrum the art therapist places their practice. The process by which an image is made, the image's function as part of the therapeutic relationship (its enclosure, boundaries or frame) and the method of interpretation are modes of understanding the meaning and significance of the image as contributing to therapeutic beneficence in art therapy. Edwards (2004) has summarised well current approaches to art therapy practice, providing a brief outline of differences between the practice of art therapy in the UK, USA and Europe. He broadly describes the current theoretical and practical methods of art therapists working in the UK, some of which have been described earlier. Remaining true to the image, as the mode of non-verbal communication and understanding, is at the heart of the ongoing development and practice of art therapy.

### **1.1.2. A practitioner-orientated discipline**

Art therapy has traditionally been a hands-on approach. Art-based activities integrated with therapeutic goals, direct and intimate contact with the client, have established a sense of commitment to addressing many aspects of human suffering. The images and objects that the client has created, as part of the intimacy of the therapeutic

relationship, have become a core value for practitioners. The novelty and uniqueness of the creative expressions and aesthetic forms that emerge hold the attention and fascination of the art therapist. The theoretical developments in art therapy are underpinned by the belief that these creative enactments, embodied in the artefact, offer a profound and significant truth about human existence, experience and meaning.

Art therapists depend on the context of the therapeutic relationship and communication with the client to be able to observe and respond to their creative, imaginary expressions. To witness these enactments of experience through art is a practical, physically-bound engagement with the inner life of another person. Being in the therapeutic enclosure, paying close attention to the words, images and actions of the client, informs and reinforces the rudimentary principles and ideals of the profession. The discipline of art therapy is in the vigilant attention given to this constellation, and its professionalism is the seriousness with which art therapists remain in an attitude of ethical responsibility and responsiveness to the patient, their creations and their suffering.

The art therapist as practitioner forms a dimension to the methodology I will define in chapter two. The experiential context of the encounter with people living with life-threatening illness is in a tradition of making available the use of art materials and facilitating the opportunity, first and foremost, for someone to give voice to their experience in a non-judgemental way. Connell (1998, p130) brings to mind the importance of the approach to meaning-making that occurs in art therapy with the terminally ill. She advocates an approach that is attentive to the psychological effects

of being diagnosed with cancer and coping with treatment, without being preoccupied with psychopathology and ‘uncovering root causes of problems’. Her emphasis is on companionship with the patient, and acknowledges the mystery of death and a suspension of the practitioner’s need or desire to explain and be conclusive. Connell’s art therapy practice presents a challenge to the practitioner who has to work in relationship to the demands of the clinical setting, clinical governance and registration with the Health Professions Council (HPC). Meaning-making in art therapy may represent a form of practice that will not conform to the clinical agenda. In fact, it may implicitly be a critique of medical and professional models of practice that are established and function within a clinical frame of reference and validation. A research methodology that captures the meaning-making that occurs in art therapy has the potential to provide evidence that remains congruent with the image and maintains an allegiance to integrated whole person care.

### **1.1.3. Art therapy as part of hospice and palliative care**

Since the early 1980s art therapy began to be introduced into oncology within a hospital setting and then later as part of developing palliative care services (Pratt and Wood, 1998; Connell, 1998; Waller and Sibbett, 2005). A number of art therapists have established art therapy services in hospices as part of the in-patient and day care facilities. The practice of art therapy in relationship to physical illness has raised important questions about the body and mind. The impact of serious physical ill health on psychological well-being can be profound, and it is accepted that there is a strong link between increased levels of psychological morbidity and a diagnosis of a life-threatening illness. The modern hospice movement prior to the advent of

palliative care in the NHS raised awareness of the multiple needs of the dying person. It was understood that both physical pain and psychological pain required detailed attention and expertise in order to alleviate the suffering that a terminal illness causes.

Art therapists have been able to respond to the physical, emotional, spiritual and psychological constellation of integrated whole person care, which has become the hallmark of contemporary approaches to palliative care. Art therapy is beginning to demonstrate that it is an approach that can respond sensitively to the physical realm of need by accommodating increased physical limitations and addressing the loss of physical health and independence (Skaife, 1993; Malchiodi, 1999a, 1999b; Hardy, 2001, Waller and Sibbett, 2005). The therapeutic context offers a frame within which deep emotional needs that arise as a result of serious physical ill health can be safely addressed. The advantage of art materials and the activity of drawing, painting and modelling with clay, provide non-verbal modes of understanding that encapsulate a physical dimension through the act of creating.

#### **1.1.4. Hospice at home: domiciliary art therapy**

The art therapy post which I have occupied since 1992, and throughout recent organisational changes, was established as part of a community team of specialist nurses. The aim has been to provide one-to-one art therapy for adults with a diagnosis of cancer in their own home. Working in the home of patients presented new challenges to me as a therapist. It has been quite unusual for art therapists to provide a domiciliary service, yet it is not an entirely novel experience. It is common practice for art therapists to work from a clinical setting within the bounds of an environment

(hospital, medical centre or community based health service unit) designated and defined by its professional status. Therapists who work privately may provide a studio style space in a room in their own home. Whilst the client may experience some domestic impressions of the therapist, they are usually limited. The ground rules and containing aspects of professional boundaries of space and time are no less important when entering someone's home to provide psychotherapy, than receiving clients by appointment as an outpatient.

The home environment is a stimulating context within which to work with patients and provide a secure and confidential psychotherapeutic intervention. The conventions of psychotherapeutic practice require clear boundaries and confidentiality. In order to provide this it has been important to define and designate the therapeutic hour in ways that set it apart from the day-to-day routines of domestic life. It is not too difficult to agree confidential uninterrupted time with the patient and designate a particular room to work in. This may be the lounge or kitchen or, if the patient is less mobile or less well, it may be facilitated around a comfortable chair or at the bedside. All the unique dynamics of the home and family life are present and have to be managed carefully and in a way that does not undermine the therapeutic work being undertaken. There are occasions when the home environment is not suitable as there are too many potentially disruptive influences, and the family dynamics are such that any therapeutic work is made too vulnerable and exposed to the emotional climate of the home and those who live there. Unlike other visitors and professional callers, such as the general practitioner and the district nurse, the therapist is negotiating a set time and space to undertake the intimate work of psychotherapy. It is essential for this to be defined and contained with mutual



understanding between the patient and other family members. Turning away unexpected callers and not answering the phone are often issues to address. There may sometimes be interruptions that unavoidably disrupt the therapeutic hour, but these can be easily managed and contained if there is an understanding and agreement at the outset.

The home is saturated with the living history of family life and those who live there. No two homes are the same and family dynamics are infinitely varied. There is a whole network of relationships, rules and customs that reflect the life style of any particular home. Susie Orbach (1997) in her commentary on family life acknowledges that the matrix of relationships within any household can be infinite, and that psychotherapy can contribute to the understanding of how families function.

As psychotherapists, we know that whatever structure we grow up in will have enormous significance and meaning for us. It will live on inside us, affecting many of the activities we engage in and many of our emotional responses for the rest of our lives...What psychotherapists can contribute to an understanding of families is not to reinforce the form but to disseminate what psychological processes prepare people for the demands of our society today.  
(Orbach, 1997, p210)

Orbach advocates the principle of 'enabling relationships' as a response to the current lack of consensus about parenting, mothering or fathering and the changing shape of family life and as a positive contribution to addressing the abusive and hurtful dimension in families when things have gone wrong.

In this period of rapid global change, emotional attachments are at the core of an enlivened human existence. For attachments to be enabling and benevolent rather than disabling and destructively adhesive, we need to reflect upon the texture and quality of relationships. It is the texture and quality of relationships that make embrace of others and the world possible, not the form. For the word family to make sense to us it must transform from the site of ideology to a place of secure attachment for all its members. (Orbach, 1997, p32)

The constellation of family relationships and those that live together may not hinge, as Orbach suggests, only on internal psychological factors. There are other possible influences such as networks of relatives, friends, neighbours and communities that contribute to the continuity and stability of family life for generations.

The domestic circumstances of patients and their families become a significant and important consideration when providing art therapy in the home environment. Rituals and customs of family life, the patient's role and identity and the aesthetics of the domestic environment reflect the biography and personality of the patient. Home is a deeply meaningful symbol of lived experience reflecting continuity, experience and the range of emotional, material and economic resources available to that household. The home and domestic life can change dramatically as a result of serious physical ill health. Routines change, the economy of the home can be threatened due to loss of employment and the emotional dynamics can intensify as issues of physical limitations, death and dying become more acute.

## 1.2. Pastoral Care

To work intimately with people who are living with a terminal illness and the dying person requires an approach in art therapy that calls on the art therapist to consider a lay pastoral dimension to care. This, arguably, involves an attitude that demands a relaxing of 'professional-ism' and flexibility rooted in ethical responsibility, and not an unfeeling form of practice that works out from a sense of security founded on distancing and a more rigid clinical frame. This does not mean that the art therapist loses all common sense principles of boundaries and confidentiality or the abandoning of essential professional ethics and codes of practice. 'Pastoral non-clinical supportive care' is firmly located within the realm of psychosocial dimensions of need and the folds of the broader principles of palliative care. The art therapist is concerned primarily with the inner life of the patient, with close attention being given to the physical nature of illness, disease and suffering. Schaverien (2002, p10-11) points out in her description of the analysis of a man who was diagnosed with cancer, that the inner life is the main focus and concern of the analytic frame. The outer-world of physical need (medical examination, treatment, nursing care and the practical support of family), are often well attended to, yet the personal suffering that is endured at an emotional, spiritual and psychological level may be intense but not so easily and readily addressed. This is a useful reminder of the central focus of the psychotherapeutic approach, which takes account of the relationship of feelings to somatic defences and physical suffering, as intrinsic to art therapy practice in cancer care and terminal illness.

The approach I am emphasising draws on a historical theme within the development of art therapy that links with the reconsideration of spirituality and art that Fuller addressed in his reflections on Ruskin (see introduction). This is a quintessentially British tradition that echoes something of Fuller's (1985b) argument for a neo-romantic tradition in art that could also be applied to psychotherapy in its present form in relationship to art therapy practice. The over-riding message that comes through from the historical link with art and the inner life, that I am making, is one of compassion. Currently in the UK the therapeutic relationship, whether from the perspective of Jungian analytical art psychotherapy (Schaverien, 1991), the psychological aesthetics of Maclagan (2001b) or the meaning-making of Connell (1998) seems to express a deeply human and humanizing claim of being able to attend intimately to the creative, imaginative inner life of others and alleviate their suffering. This British tradition has been coloured by the influence of psychoanalysis, and the transfer of those ideas to the UK following Sigmund Freud's arrival in London in the late 1930s, developments in art education, fine art practice and aesthetics. The fascination with unconscious drives and the personal expressive content of art initiated a move towards a new paradigm of interdisciplinary interests between psychoanalysis and aesthetics, and the connections being made with mental and physical health (Maclagan, 2001b).

Pastoral care, as understood from a theological perspective, has much to offer in relationship to the practice of art therapy in palliative care. The literature offers a source of theoretical approaches to practice and care that are relevant to the care of the dying and the context in which art therapy is provided. The art therapy literature covered so far has identified a way of working that supports an emphasis on the

aesthetic aspects of art-making activity in art therapy. It also provides a theoretical basis for the development of an intersubjective approach that takes account of psychodynamic theory, but does not yield to these concepts in their entirety. Neither does it fall in with the person-centred approach of Carl Rogers (1951, 1961). In many ways it is an account of the experience of art therapy practice from a psychosocial perspective. This approach accommodates the interplay of psycho-cultural dynamics; the individual at work within the context of their social and cultural matrix of beliefs, values and relationships. This is the context in which the phenomenological and the intersubjective space of the therapeutic frame and relationship opens the potential for meaning-making at the end of life.

Pastoral care also provides a way of introducing the Christian tradition and a theological approach into my study at a safe distance, yet with sufficient proximity to add further depth and breadth to the interpretative response applied to the images created in art therapy. Pastoral care has a history and development that links to physical and mental health via the role of chaplaincy and the service of the church in the community. Modern pastoral care is generally considered to have been developed from the work of the German reformed theologian Friedrich Schleiermacher (1768-1834) and subsequently the work of the American Presbyterian minister Seward Hiltner (1909-1984). Much of the current theory and practice of pastoral care has been developed in North America followed closely by approaches in the UK.

A working definition of pastoral care states that:

Pastoral/practical theology is a place where religious belief, tradition and practice meets contemporary experiences, questions and actions and conducts a dialogue that is mutually enriching, intellectually critical, and practically transforming. (Pattison and Woodward cited by Pattison and Woodward, 2000, p7)

The authors acknowledge that this is a broad definition that emphasises the phenomenological character of their own experience of being involved in practical theology. The following chapters in their publication outline the developments in pastoral theology and some current approaches:

[T]he articulation of the nature of practical theology is intimately related to one's understanding of the relationship between the life of the church and the life of the world 'outside the church'. Practical theology's concern for operations and its relatedness to specific situations needs to be grounded in some systematic conceptualization of the church-world relationship. (Campbell, 2000, p83)

Campbell (2000, p84-85) goes on to list five ways of approaching the practice of practical theology. This is in keeping with a general method of analysis within the literature of pastoral/practical theology. Don Browning develops what he refers to as the 'revised correlational model', formally proposed by Paul Tillich as the 'correlation model':

[The revised correlational model] is different from the Tillichian model which correlates questions from an analysis of existence with answers from Christian revelation. The revised model critically correlates both questions and answers found in Christian faith with questions and implied answers in various secular perspectives (the human sciences, the arts) on common human experiences. (Browning, 2000, p93)

This proposition for a model for practical theology resonates with Elaine Graham's consideration of the relationship between praxis and context, and the hermeneutical inquiry and analysis that is sustained within an infinite cycle of theological reflection (Carr, 1997, Pattison, 2000).

Pastoral theology studies the whole mission of the faith-community, as expressed in its diverse practices of ordering the faithful, engaging in social justice, communicating the faith, and administering Word and Sacrament. Pastoral theology is reconceived, therefore, as the critical discipline interrogating the norms that guide all corporate activity by which the community enacts its identity. (Graham, 2000, p109)

The concept of the 'pastoral cycle' has been developed and varying dimensions of life experiences have been incorporated by different authors. Lartey (2000, p132) develops previous models of the 'pastoral cycle' to include five movements of reflection, analysis and outcome. The movement is orientated towards a progression through experience, situational analysis, theological analysis, situational analysis of theology and response. This approach is in keeping with the development of a

'generic' model in both North America and in the UK that revolves around the concept of praxis: the penetration into real life day-to-day experience, being submerged in real life day-to-day experience, and the emergence from real life day-to-day experiences, with new insights and the reshaping or reforming of theological knowledge. This echoes Chris Schlauch's (2000, p211-212) method of a 'revised correlational practice-theory-practice' model where '*...healing is a matter of formation in faith, changing one's nature, seeing, hearing, and understanding, in a new way*'.

Included in these formulations of how to interpret experience and respond in creative ways, is an acknowledgement in the literature of the impact and influence of political theory and liberation theology. Pattison (2000) and Sedgewick (2000) reflect on the importance of this dimension as they '*...enable pastoral care to see how social obligation is carried on, and how poverty and social oppression blight human lives*' (Sedgewick, 2000, p168). These considerations have contributed to a move away from only a focus on psychological theories and a preoccupation with the individual, to an awareness of the social context and the nature of community. Pattison (2000) acknowledges the growing inclusion in approaches to pastoral care of socio-economic factors and ethics. He draws attention to Clinebell's emphasis on holism, '*...individuals must not be isolated from their social context in either conceptualization or action. Failure to have a total or holistic view results in harmful and unreal dichotomies and separations*' (Pattison, 2000, p89).

The move towards the inclusion of the social context has been borne along by the early over emphasis on psychological and psychotherapeutic approaches, despite



Boisen's integrative approach in the mid 50's (Furniss, 1994, p79). The interiority of the individual now relates more closely to the environmental factors and interpersonal dynamics within a socio-economic and culturally informed context.

The insights gained from structural-developmental approaches to faith created by James W. Fowler (1981) also introduce another systematic way of interpreting the experience of the individual, even if the criticism is that in its original formulation stages of faith here limited the consideration of wider social and cultural factors.

My approach to pastoral care is based on the conviction that the Christian faith offers us a determinant conception of the human vocation - the human calling or destiny. This I take to be the calling to partnership with God in God's work of ongoing creation, governance, redemption, and liberation. I speak here not of the idea of *Christian* vocation, as important as that undoubtedly is. Rather, I speak of the Christian understanding and interpretation of the *human* vocation. The approach to pastoral care that I offer finds its focal center, therefore in the intentional efforts congregations make, with the leadership of pastoral practical theologians, to awaken and form persons for their vocations. This pattern of care - aimed both at maintenance and at ongoing transformation of the community - works at rectification or correction of vocation, and at healing, redemption, and regeneration when vocation has been lost or forfeited. The pressure toward growth and continued sharpening of attentiveness in partnership comes from God's future, the kingdom of God - the commonwealth of love and justice - which God's work and our partnership aim at and anticipate. (Fowler, 1987, p21)

Fowler, in keeping with other authors and practical theologians in the 1980s offers a model that incorporates developmental psychology and the constructive theories of Jean Piaget, Lawrence Kohlberg, Robert Selman and the psychosocial approach of Eric Erikson (Fowler, 1981, 1987).

[A]s part of the planfulness and intention manifest in creation, human beings are genetically potentiated for partnership with God. That is to say we are prestructured...to generate the capacities necessary for us as a species to fulfil our vocations as reflective-responsive members of creation. We have as part of our creatively evolved biological heritage the generative deep-structural tendencies that make possible our development as partners with one another and God. (Fowler, 1987, p54)

In his earlier thesis, Fowler (1981) develops a seven stage structural-developmental model to analyse faith development. His 'vocational' conviction and bio-psychological theoretical frame tends to swing his approach towards the psychological individualism mentioned earlier, but has the potential to swing back towards a concept of community when his analysis touches the psychosocial context of development. Lyall (2001, p108-130) reviews Fowler's stages of faith in view of Fowler's (1996) more recent reconsideration of three of his stages which he aligns with premodern, modern and postmodern consciousness. Lyall (2001, p112) believes '...that if we are to exercise a relevant ministry of pastoral care in contemporary society, we will need to learn to minister to people who are at different stages of faith in a world dominated by the values of postmodernity'. Lyall's discussion also includes consideration of the significance of psychotherapy and counselling, stories

and narrative, and the hermeneutic interpretation of texts and actions through reflective practice. This is an approach that takes account of the contemporary shifts in consciousness that shape attitudes towards faith, spirituality and religion.

The concept of stages of faith, the pastoral cycle and other stages/phases of pastoral care, as developed by Clebsch and Jaekle (1975, cited in Carr, 2002, p14-15) Browning (1983, cited in Pattison, 2000, p41-42) and Lartey (2000, p132) also coincides and provides a background to Pattison's concept of 'transformational knowledge' related to the work of Schön (1983) and the concepts of 'knowledge *in* action' and 'knowledge *as* action'. Pattison (2000, p139-140) also introduces the idea of a 'conversational model', and identifies ten aspects of 'critical' conversation as a method of experiential analysis.

The multidisciplinary context of much pastoral care is further explored in Willows and Swinton's (2000) exploration of spirituality. Swinton (2000a) introduces the theme of *friendship* in relationship to community, as a way of countering the 'darker sides' of church practice and thinking. He opens up a discussion about the ways in which pastoral theology can facilitate a critique of attitudes and behaviours within the church that are exclusionary, drawing particular attention to the needs of people with learning disabilities. Swinton refers to a range of ethical values that need to be a driving force in the Christian response to those who are often marginalised within society. Acceptance and belonging should be the norm of a church that lives *community*, otherwise there is a likelihood that the church contributes to disempowering, devaluing and excluding many people.

The authenticity of the Christian community is a vital starting point for the communication of the gospel to all people including those with intellectual disabilities...[and] must be what Martin Buber...calls *the place of Theophany*; the place where God reveals Himself and His love. It must become a place of belonging; a place of love and acceptance; a place of caring. Above all it must become *a place of friendship*. (Swinton, 2000a, p104-105)

Swinton identifies three components to the nature of friendship that maintain relational authenticity and integrity; freedom and mutuality, commitment and the preservation of individual identity. Swinton (2000b) continues a deeper exploration of friendship in relationship to people with mental health problems. He begins by signalling the radical potential of pastoral theology to enter fully into the experiences of the marginalised and forgotten within society. Practical theology is a 'praxis-based discipline' (Willows and Swinton, 2000, p14) and is laden with a theoretical, value-driven epistemology. It is a process which, as discussed earlier, turns on a hermeneutical loop of practice-theory-practice which, according to Swinton, is motivated by a conscientious objection to social exclusion and a desire to reach the forgotten and marginalised.

As with Pattison's reference to political theory and liberation theology, Swinton (2000b, p12), echoes Percy's (2001) commentary on the inseparable bond between religion, culture and social justice. The church is embedded in community and '... is called to image Christ in his boundary-breaking mission of liberation and to adopt a stance of solidarity with the poor and against injustice and oppression in all of its forms'. There is a passionate call and reminder for the church's commitment to the

poor in Swinton's approach to pastoral care. He argues that '...liberation is a force for *rehumanization*...[and the] *rehumanization of the nonperson*, [is] a task that involves total, sacrificial commitment to the social, spiritual, and emotional welfare of the poor' (ibid, p17-18). In discussing the needs of people with mental health problems, Swinton elaborates on his argument for a greater understanding of the nature of friendship as a familiar and radical form of human relating that maintains a focus on the '...critical sociorelational dimension' (ibid, p33) of support and care. Friendship based on a deep concern for the socially isolated, the excluded and the poor is a way of returning dignity and self-worth to others who through mental health and disability are subject to discrimination. It is also a way of becoming dignified and reflects the ethical priorities revealed in Christ's sacrificial solidarity with the needy (ibid, p42).

In order to achieve a sense of belonging, inclusion and community, Swinton (ibid, p95) says that there have to be in place certain principles to enable successful interpersonal relationships, such as '...mutual symbolic exchange and interaction, common situational definitions, and adequate communication of shared meanings'. Without such rudimentary relational dynamics, isolation and disconnection from others can be the result. Swinton (ibid, p134) differentiates between a 'mental disorder continuum' and a 'mental health continuum' in order to re-vision personhood and raise the *person* over and above disease or diagnostic categories. This coincides with the principles of palliative care where personhood, relationship and communication are at the heart of care of the dying. However, in the same way, the biomedical model and institutionalised attitudes and behaviours always have the potential to become oppressive and erode the humanity of those who is vulnerable and at the end of life. It is perhaps the strength of pastoral care to act as an ethical voice.

to remind health care practitioners of the ease with which discriminatory and marginalising attitudes and behaviours can soon emerge if an atmosphere of open critique is not sustained.

Swinton (2001) develops a model of spiritual care that is formulated out of the context of pastoral theology in order to help define and validate the spiritual lives of people with mental health problems. This again has corollaries with palliative care, in so much as spiritual care in health care contexts is increasingly a contested dimension of support, whether in physical illness and health, mental health, learning disabilities or any other area of care. Many patients diagnosed with cancer will experience high levels of depression and anxiety which introduces the need for a mental health perspective. The model of spiritual care that Swinton (ibid, p14) defines is approached by first arriving at an understanding of the 'human spirit' that is distinguishable from 'spirituality', '...[t]he human spirit is the essential life-force that undergirds, motivates and vitalizes human existence. *Spirituality* is the specific way in which individuals and communities respond to the experience of the spirit'. This provides a way of being able to consider spirituality from a panoramic view, informed by religious, humanistic, atheistic and agnostic perspectives. Swinton (ibid, p25-28) also makes a distinction between this broad understanding of spirituality, psychological terms of reference and spirituality as a religious concept. The human 'spirit', 'spirituality' and religion create a composition of experience that generates meaning, purpose and transcendence. This constellation of human experiences are a source of healing '...which attends to the deep inner structures of meaning, value and purpose that form the infrastructure to all human experience, irrespective of the presence or absence of distress and illness. Healing is a deeply spiritual task that stretches beyond

the boundaries of disease and cure and into the realms of transcendence, purpose, hope and meaning that form the fabric of human experience and desire.’ (Ibid, p57).

Swinton goes on to provide an example of a research methodology employed to understand the experience of depression and its relationship to spirituality. He presents an approach based on constructivism and hermeneutical-phenomenology:

The constructivist perspective proposes that *all* meaning emerges from the shared interaction of individuals within human society. From this viewpoint, human behaviour and understanding is seen to be an active process of construction and interpretation in which human beings together endeavour to define the nature of their particular social situations and encounters and in so doing try to make sense of and participate appropriately in their social, psychological, physical and spiritual environments. The meaning and definition of reality is therefore flexible, and as such open to negotiation, depending on circumstances, perception, knowledge, power structures and so forth. (Swinton, 2001, p97)

Hermeneutic phenomenology assumes that ‘...meaning is constructed in and through human experience... [and] subject and object are bound to and mediated by a common cultural and historical context, and *effective history*, that is, personal experience and cultural traditions’ (ibid, p100-101). Swinton (ibid, p168) provides a ten point framework for spiritual care in mental health that is grounded in a hermeneutical process that places spirituality at the centre of relationship and communication, in order to arrive at a greater congruence with the experiences and

needs of the individual. This is especially significant when the other's cultural and social context is unfamiliar and differs from that of the practitioner.

Swinton and Mowat (2006, p25) develop an approach to qualitative research in relationship to practical theology which they define as '*...critical, theological reflection on the practices of the Church as they interact with the practices of the world with a view to ensuring faithful participation in the continuing mission of the triune God*'. In order to grasp a qualitative research methodology appropriate to practical theology they recommend '*...developing an eclectic and multi-method approach which seeks to take the best of what is available within the accepted models of qualitative research, but is not necessarily bound by any one model*' (ibid, p50).

Qualitative research methodology also takes account of the researcher as participant and demands a reflexive, self reflective range of skills. Attentive, sensitive and creative collaboration with the research subject in the context of an 'interpretative paradigm' falls within a family of methods that have similarities to the 'hermeneutical/interpretive paradigm' within practical theology. A composition made up of the hermeneutical, correlational, critical and theological (ibid, p75-76).

Swinton and Mowat (ibid, p94-97) arrive at a four stage framework as an emerging model of research that joins qualitative research methods and methods within practical theology. This model is carefully placed against an accent that acknowledges theology prior to, and independent of, qualitative research (ibid, p87). It is this emphasis that holds these two complementary fields of enquiry in dramatic tension and establishes, for the authors, a model of practical theology as action research.



Where Practical Theology and qualitative research truly come together is in their recognition that the world is considerably more complex and interesting than the scientific model of truth would suggest. Practical Theology pushes us towards the acknowledgement of the importance of revelation as well as discovery; qualitative research draws our attention to the crucial fact that human experience is inherently interpretative and polyvalent...[In Practical Theology] there is an end or *telos* that transcends all particular forms of action. This *telos* constitutes the primary purpose and meaning of human life and the eschatological horizon of the practical-theological enterprise...[A]ction is not merely pragmatic or problem-solving...[A]ction is always a goal of interacting with situations and challenging practices in order that individuals and communities can be enabled to remain faithful to God and to participate faithfully in God's continuing mission to the world. (Swinton and Mowat, 2006, p254-257)

Swinton and Mowat's (2006) discussion regarding qualitative research is explored further in the section on reflexivity later in this chapter. Their discussion about 'hermeneutic phenomenology' (ibid, p105-116) reflects some aspects of the 'correlational model' of practical theology mentioned earlier (p53). This approach has been further defined with reference to its historical roots and contemporary application by Graham, Walton and Ward (2005):

The correlational model...represents a method of theological reflection that regards pluralism as both a challenge and opportunity. It is concerned to

affirm cultural, philosophical and religious difference as a source for further dialogue and development. (Graham et al, 2005, p138)

Graham and her colleagues reflect on the development of a correlational model from Thomas Aquinas to contemporary feminist theology. Correlation recognises ‘...the inherent potential of all human creatures to know something of the divine, by virtue of their (God-given) faculties’ and their ‘... community’s locatedness in history and culture’ (ibid, p139). There is therefore an intimate relationship between the cultural and social context of human experience and a theological perspective. Graham et al refer to David Tracy’s two complementary dimensions to the correlational model:

[T]he apologetic, or an attempt to give a coherent account of Christianity in terms accessible to its cultural context [and] the dialectical, insisting on theology’s openness to renewal from secular insights by virtue of their grounding in common human experience’. (Graham et al, 2005, 160)

This is a helpful approach to understanding the relationship between art therapy practice and spirituality. It recognises that there is potential for insights to be discovered through a mutual dialogue between human experience and religious tradition. The arts and humanities can provide ways of knowing the divine through theological engagement with the ordinary experiences and contexts of life and the questions and answers they present. The application of this method is summed up with reference to the work of James Whitehead, who, according to Graham:

[E]laborates further on the correlative method, emphasizing that the dynamic of correlation is fuelled by both intellect and imagination, as critical engagement with experience, cultural information and tradition takes place at both rational and intuitive levels...The centrality of imagination suggests that the model must be pursued heuristically, experientially and provisionally: no truth in this respect is absolute, but must be tested in the 'play' of lived experience. (Graham et al, 2005, p162-163)

Further to the models of pastoral care outlined so far, there is also a rich array of images imbued with symbols and meanings that have become the hallmark of the narratives describing practical theology *in action*. Some of these images are outlined by Robert Dykstra's (2005) compilation drawn from the recent modern history of pastoral care. Pattison, using his chosen visual metaphor, believes that if pastoral theology is conceived:

As authentic, engaged, creative art rather than detached pseudoscience, it will act as therapist and spokesperson for the whole theological enterprise insofar as it has become distanced from life and people. If it does not teach other kinds of theology to dance, it might at least persuade them to sway a little more in time to the music of contemporary experience. (Pattison, 2000, p219).

Images, myth, metaphors, stories and narratives of thoughts, feelings and actions constitute a rich diet of meaning-making and in themselves reflect something of the artistry of pastoral care:

The power and interest that religion has comes from its contact with irrationality; it flows from and speaks to the pre- and unconscious parts of individual and society. In this transitional, largely pre-linguistic part of the human the symbol, the ritual and the metaphor hold sway and the logical, rational proposition has little purchase. (Pattison, 2000, p220)

[P]astoral theologies provide images, symbols and stories that ‘fund the imagination’ and exercise a tangential influence upon behaviour rather than providing straight blueprints for action. (Pattison, 2000, p232)

The *image* as a source of knowledge and insight in relationship to pastoral care is a key factor in the relevance of this subject to art therapy theory and practice. When considering the nature of *image* there is an interesting correlation with reference made to pastoral care as ‘performance’ (Lyall, 2005, Pattison, 2000). When considering events and actions in terms of pastoral theology Pattison believes that:

If pastoral theology is more of a kind of process into which people become habituated, having certain questions or habits of mind, then it is more like a slow swim in a lake than putting on a theatrical performance where there are clear beginnings, endings and components that clearly comprise a discreet ‘show’. Pastoral theology becomes a way of life for its practitioners; it may contribute to all kinds of activities in which a pastoral theologian is involved...Although there are published accounts of performances...emerging from pastoral theological activity, it is probably most truthful to see it as leaven in a variety of acts and events. This mirrors the Christian theological

tradition of hiddenness, partial revealing, and the significance that the invisible or imaginative can exert of the seen and the present. (Pattison, 2000, p250)

The idea of performed identity, cultural practice and faith as intrinsic to the actions and events of pastoral care, relate to Hauerwas and Fodor (2004) and their discussion about ‘performing faith’. The relationship between image, conversation, performance and Graham’s (2000, p109) reference to Pierre Bourdieu’s concept of *habitus*, ‘...a kind of practical knowledge within which human social action enacts and constructs culture’, describes a repertoire of actions that are useful to consider when thinking about art therapy practice and the connection with pastoral care. Hauerwas and Fodor draw on Millbank’s reference to music, Wells analogies with the theatre, and Amélie Rorty’s discussion about the improvisational and musical character of conversation. I am reminded here of Pattison’s ‘conversational model’ and ‘transformational knowledge’; conversation is at the heart of human encounters and has a multitude of qualities and characteristics that unfold in indeterminate ways. Pattison usefully relates this to John Patton’s reflection on transformational knowledge:

[Transformational knowledge]...involves *intuition, wisdom, and mystery in contrast to technical control*...Transformational knowledge is a ‘peculiar amalgam, different from the methodological knowledge sought by the humanities in their academic and scholarly pursuits. Members of the transformational disciplines are always faced with the “messy” aspects of human life. (Patton, cited in Pattison, 2000, p231)

The analogies made with the arts, conversation and performance provide further evidence for a coherent systematic form of analysis that acknowledges the ‘messy’ intersubjective stuff of life. Praxis and situational reflection is comparable with an image/art-based and practitioner-based epistemology that also moves through cyclical hermeneutical phases. This is a creative approach that requires a capacity to tolerate uncertainty and enter an intimate dialogue with human experience, where hypotheses are discovered, tested and redefined. This is an imaginative reflexive cycle, not constrained by ‘technical rationality’. Added to this is the importance of maintaining a dignifying attitude towards the person(s) who are the attention of enquiry. As Aldridge (2000a, p189) says ‘...creativity is that coming into being with another, being made new, the basis of which is intimacy’, that in turn is dignified and dignifying.

Attentive listening, inter-personal cohabitation and conversational intimacy are not predetermined structures but discovered through the agency of human relationship in action. They are ‘performed’, and out of an accumulation of situational reflection and analysis new discoveries and meanings are understood and interpreted:

Neither performance nor improvisation is an instance of simple, undifferentiated doing. Rather, they are timeful, disciplined, ruled unfoldings of action. As such, they require attention, alertness, and concentration, all of which bespeaks the hard labor of patience intrinsic to Christian faith. This kind of attention, of course, is not something that can be mastered or attained once and for all, but requires continual practice, repeated rehearsals, ongoing performance, fresh improvisations. Time and repetition are thus uneliminable

features of performance theologically construed. (Hauerwas and Fodor, 2004, p97)

The consideration of images of pastoral care, and particularly the concern to relate directly to very human and humanizing experience, is illustrated by Norman Autton's exploration of Pain (1986) and its companion volume, Touch (1989). Other authors such as John Patton (2005), Paula Ballard and John Pritchard (1996), also provide accessible ways to consider the direct connection that can be made with real life day-to-day human experiences through the application of pastoral care and practical theology. The *imaginal* and imaginative faculties of human experience that constitute a significant part of art therapy practice and pastoral care provide a further link with some approaches to research. These are now discussed in the next section.

### **1.3. Image, Art and Practice in Research**

In connection with the models of pastoral and practical theology I will consider approaches to image-based, art-based and practitioner research.

#### **1.3.1. Image-based research**

Image-based research has been developed by sociologists who have needed to find ways of incorporating the visual into ethnographic studies. Visual anthropology is 'understood as the study of visual forms, regardless of who produced them or why' (Banks, 1998, p11). Marcus Banks provides a general summary of the roots of visual

anthropology and believes that this approach has to be informed by anthropology in general:

If anthropology...is an exercise in cross-cultural translation and interpretation that seeks to understand other cultural thought and action in its own terms before going on to render these in terms accessible to a (largely) Euro-American audience, if anthropology seeks to mediate the gap between the 'big picture' (global capitalism, say) and local forms (small-town market trading, say), if anthropology takes long-term participant observation and local language proficiency as axiomatic prerequisites for ethnographic investigation, then visual studies must engage with this if they wish to be taken seriously as visual anthropology. (Banks, 1998, p11)

Banks (1998, p14) suggests that to do anthropologies of 'fine art' and artists, it would be desirable to separate analytically the visual systems we term 'art' from the value systems (aesthetics), within which we normally understand 'art'. Willats (1997, p16) provides a description of representational systems in pictures. His analysis is primarily focused on the function of these systems '...independently of any historical or developmental considerations'. Willats (1997, p26) draws a distinction between his analysis of representational systems and the '...cultural functions of pictures (such as a religious or aesthetic function) and the way these functions may be served within pictures by different representational systems and combination of systems'. Rita Simon's (1992), 'circle of styles' has some analogy with an attempt to define a system of symbolic representation in pictures relevant to art therapy practice.



Art therapy theory emphasises the symbolic and emotional significance of pictures which can also be found within the wealth of the art historical perspective, aesthetics and anthropology. The field of perceptual psychology and the scientific and technological analysis of visual representation may also provide ways of understanding image-based activities in research. The distinctive art/image-based focus of art therapy practice and pastoral care can be regarded as falling into the cultural and aesthetic dimension as suggested by Prosser (1998) and the religious and aesthetic categories of visual representation touched on by Willat. Cultural, religious (spiritual) and aesthetic meaning is dependent on an understanding of visual systems of representation and non-representational abstraction, for example, Maclagan's (2001b) reference to 'facture' (handling) and Ehrenzweig's 'inarticulate form'.

Visual anthropology has had to address the complexities of using images as evidence in research through the use of film and photographic technology. Tensions between form and meaning, and maintaining the objectivity of the visual record, are acknowledged as difficulties within visual anthropology but certainly not obstacles.

Visual anthropology is not merely making and watching ethnographic movies, nor a pedagogic strategy, nor a tool to be employed in certain fieldwork contexts. Rather, it is an exploration by the visual, through the visual, of human sociality, a field of social action which is enacted in planes of time and space through objects and bodies, landscapes and emotions, as well as thought.  
(Banks, 1997, p19)

Elizabeth Chaplin (1994, p16) provides a thorough analysis of the relationship between sociology, the visual arts and visual representation. She undertakes to argue that a 'post-positivist and feminist' methodology supports '...the desirability of a visually enriched sociology'. With the photo-textual art of Victor Burgin in mind, Chaplin says about sociologists:

Nearly all now reject the idea that they can produce a value-neutral, philosophically neutral account of the social world. After all, they use a verbal language, not a mathematical one, and verbal language can never be objective; indeed, it enables them to discuss the meanings of social events and social actions; and this they regard as a very clear advantage. However, in this post-positivist era, no single account of the meanings of social events and social actions can be claimed to be definitive; producer and respondent become more nearly joint participants in the construction of accounts and meanings. But in such a situation, an image-and-text format surely encourages joint participation even more. For the visual image's symbolic communication is less precise than that of the text, and introduces non-linear, even non-rational elements into the whole presentation, such that this presentation cannot pretend to convey one precise message, one clear set of meanings. It offers participants a range of suggestions: it presents them with the opportunity of constructing a constellation of meanings around a topic which is artefactually presented. (Chaplin, 1994, p109-110)

Douglas Harper (1997) explores the relationship between photographs and visual sociology. He refers to Howard Becker's discussion of this approach in 1974, and

how since then the inclusion of visual methodologies, particularly photographs, has become a steadily growing sub-discipline in sociology. The visual is incorporated into the narrative content of ethnography which ‘...is most usefully thought of as a created tale which describes reality more successfully if it does not attempt to fulfil the impossible and undesirable (for ethnography) standards of science. Ethnography should draw upon narrative; emphasizing the point of view, voice, and experience of author’ (Harper, 1997, p31). Harper goes on to say that:

Tales can easily become visual; we are accustomed to the idea of images-through-time in film. Images can be organized in sequences which explore sociological ideas; these visual narratives might explore cycles in cultural life...The new ethnography asks for a redefinition of the relationship between the researcher and the subject. The ideal suggests collaboration rather than a one-way flow of information from subject to researcher. The technique of photo-elicitation promises a particularly apt alternative; a model for collaboration in research. (Harper, 1997, p35)

Harper (2000) further explains the concept of photo-elicitation, referring to the original use of this term by the photographer and researcher John Collier. Photographs were included in the research as a way of eliciting detail about the worlds inhabited by the subjects. The use of photo-elicitation in contemporary ethnographic research is considered to facilitate a different kind of dialogue, guided and stimulated by images introduced to the participants by the researcher. This dialogue brings about the emergence of perceptions and a descriptive narrative by the subject that highlights their involvement as a collaborator in the research experience. Visual ethnography

and image-based research from the current literature is continuing to discover ways of securing validity, reliability and sampling that is convincing in conjunction with textual analysis. Collier (2001) emphasises the importance of gathering contextual information to support the analysis of groups of images or the single image and makes the following three points:

Firstly, a 'good' photograph is not necessarily good data if it lacks the necessary contextual information and annotation to make it analytically intelligible. Second, it may be possible to reconstruct such context and annotation both through comparative study of related images and through other forms of research. Finally, it provides a moral for responsible photographic recording in anthropology. (Collier, 2001, p38)

Collier cautions against the limitations imposed on photo-elicitation when the above principles are not considered. As a result there may be a tendency to be too directive with questions about the images, or to overlook cultural attitudes and norms towards the visual (both those of the subject and researcher) and that some subjects may not have strong visual memories and responses. The challenge is to be able to relate creative and artistic processes to systematic and detailed analysis. Diem-Wille (2001) in her description of the use of drawings in psychoanalysis with children and the use of a projective drawing test in a social science research project, employs a representational pictorial system for gaining insight into the unconscious feeling states of the subjects. This approach to understanding drawings might be considered too prescriptive and raises the concern that images are not interpreted in a limited diagnostic way and made to fit predetermined theoretical concepts.

Image-based research offers a form of inquiry into the visual experiences in art therapy. It provides a social scientific context within which to determine a research methodology that can be sensitive to the therapeutic and pastoral dimension of care. The concept of visual ethnography and photo-elicitation provides a model of research practice in which other visual modes of expression of ethnographic interest may be utilised. The idea of drawing-elicitation and the analysis of collections of images made in series or the single image made in art therapy could be considered. Harper (2000, p748) makes reference to the use of drawings in support of photographs in his study of a rural artisan allowing for a more 'subjective take'. A wide range of visual media is now being considered within the sociological paradigm of visual sociology and visual ethnography (Prosser, 1998, p101) and therefore there is the potential to explore new ways of studying the art-making and images created in art therapy.

### **1.3.2. Art-based and practitioner research**

McNiff (1998) and Grainger (1999) provide useful discussions about approaches to art-based and practitioner research. McNiff offers an approach that maintains the art-making as central to the process of research and that one of the results of the research is further artistic production. Images are considered as results and outcomes of the research endeavour. The process of artistic creation and the images are a source of material at the heart of enquiry. McNiff encourages arts therapists to stay faithful to the creative process:

I urge the creative arts therapy profession to return to the studio, realizing that it is the natural place for artistic inquiry and expansion. All my research and

experimentation with the creative arts therapy experience affirms that we must be able to ‘trust the process’ and allow it to do its work of transformation. The more we know, the more we will trust and open ourselves to the medicines of creative expression. (McNiff, 1998, p37)

McNiff emphasises artistic modes of inquiry which he regards as significantly different from scientific, quantitative approaches. It is because of these differences that a research methodology congruent with the artistic process of creativity and art-making is required. He advocates a ‘poetic dialogue’ with images that encourage exploration rather than analytical explanation. Yet, even prior to this ‘...the work of art emerges from a *dialogue* between artist and material’ (Wolterstorff, 1997, p94-95). This emphasis on dialogue that is orientated to exploration is not too dissimilar from Agazarian’s (2004) approach to groups developed from a systems-centred model. In McNiff’s terms, the practitioner is entering a ‘poetic dialogue’ with the research process as it meets the artistic process. Artistic modes of inquiry are not surrendered to scientific language. Practitioner-based exploration and discovery are the source of much of the material for research:

The ‘process’ of making art is a complex interplay of elements such as memory, imagination, and creative forces which cannot be reduced to what is observed in a person’s behaviour. Therefore, we are feeling the need to invent research methods which are capable of engaging all aspects of the subject matter. Just as today’s physicists are exploring a new quantum logic, creative arts therapy research needs to recognize that the ‘creative process’ is a living force from which outcomes emanate in unpredictable ways. This approach to

the process of creative emergence inverts the most fundamental principles of traditional scientific logic which are based upon control and predictability. (McNiff, 1998, p79)

Grainger points out the elements of art therapy practice that are not easily subject to many quantitative methods of research. The therapeutic relationship when mediated through images means that there are disparate and wide-ranging variables that are difficult to isolate and/or control. Hypotheses emerge out of practice and are then tested through further practice. Theoretical and conceptual formulations are configured from analysis of data as it emerges through experience. Grainger (1999, p120) cites Colin Robson's term 'practitioner-research'. This approach identifies a research methodology that is focused on the person who, in the context of their role, incorporates research practice. It emphasises the importance of discovery that something works through practice. This is a qualitative research methodology that is contextual and interactive involving the practitioner and subject as collaborators in the process of discovery, hypothesis testing and theoretical formulation.

Finley (2005, p682) regards art-based research as 'an emerging tradition of participatory critical action research in social science'. This further supports the argument for an approach that is collaborative and contrasts with other methodologies.

Rather than following the quantitative scientific model of objectivity, qualitative social science enquiry was increasingly defined as action-based inquiry that takes its forms through interpersonal, political, emotional, moral,

and ethical relational skills that develop and are shared between researchers and research participants. (Finley, 1998, p682)

Finley's discussion presents an approach that fits well with the constellation of qualitative research methodologies explored in this chapter. This is a way of placing the art-making process, images and artefacts at the heart of research. An '...art that is social science and social science that is artful' (Finley, 2005, p684).

#### **1.4. The Terminally Ill and Research**

The phenomenological approach to research has been applied in nursing practice and is appearing more frequently in palliative care (Seymour and Clark, 1998; Wright, 2002). The value of this approach has developed from a background of interest in qualitative methods within the field of palliative care (Corner, 1996; Clark, 1997). The problem of developing an appropriate research methodology for palliative care lies with the very vulnerable circumstances of the dying and their families (Beaver et al, 1999). Any approach will require supreme care and compassion in order to ensure the dignity of the subject (Illhardt and Ten Have, 2002). A qualitative research methodology that can elicit subjective experiences within a frame of scientific rigour will always require a sensitive, humanitarian edge. There is probably as much emphasis on ethical rigour as scientific precision, with a mindfulness to place the subject above the research programme (Seymour and Ingleton, 1999). The experiences of the terminally ill and those close to the end of life are understood to occupy territory that does not permit intrusiveness. Whilst all research has to be submitted to ethical approval, the needs of those who are dying require a methodology



that has in-built strategies for assessing the degree of sensitivity required at each stage of investigation. Seymour and Ingleton (1999) give an account of their concern as participant-observers to retain the credibility of their role as researchers and maintain ethical integrity throughout the research endeavour.

The ethnographic imagination and phenomenology inform a research methodology that has the potential to allow the study of end-of-life experiences whilst preserving high standards of ethical practice and achieving a depth and richness of knowledge. Research with people at the end of life is about securing consent to explore and reveal their intimate experiences before these become irretrievably hidden in death. It is generally accepted that suffering, death and dying contain profound insights into human experience. The human inner psychic events following diagnosis of an incurable illness when prognosis becomes an issue, evokes fascination and presents many mysteries. Research into these experiences and events contributes to how people are cared for, and it is important to find creative ways of defining and understanding what is going on so that practitioners are sensitive to such complexities and services can be continually improved. To open up the individual world of the dying and examine their experience is not a crude invasion but an essential source of insight and understanding. So long as the principles of informed consent and potential benefits are made clear, and stringently adhered to, the research process can become mutually rewarding for the enquirer and the subject (Seymour and Ingleton, 1999). The very process of art therapy engages with people in this way. It opens and reveals personal inner terrain and identifies the encounter with mortality as a key focal point. Understanding, beliefs and values that enable the individual to interpret dying and death become a critical part of the therapeutic trajectory. This is why art therapy

requires supportive evidence that is authentic to its techniques and values in order to demonstrate its efficacy and importance as part of palliative care.

I am bringing together the ethnographic imagination and some aspects of phenomenology as a way of defining a methodology that has a sound foundation on which to build an imaginative flexible structure that is adaptable and reflexive to the circumstances and needs of the dying. It is an approach that can account for subjective, creative acts within the practice of art therapy that reveal an ethical and spiritual dimension to the lived experience of the dying.

#### **1.4.1. Qualitative research in palliative care: a phenomenological approach**

The phenomenological approach to research is based on the philosophical writings of Husserl (1962) and Heidegger (1962). Seymour and Clark (1998) consider this approach to be a significant influence on current qualitative research practice in palliative care. They recognise that the roots of phenomenology are philosophical and that the practical application of qualitative research methodology has developed from this (Clark, 1997). They divide the philosophical arguments of Husserl and Heidegger into two distinct schools of thought. Husserl emphasises that ‘truth and knowledge are absolute’, whereas Heidegger conceptualises knowledge as a series of ‘relative meanings’ (Seymour and Clark, 1998, p129). How these philosophical positions are arrived at is given only limited comment, and the conclusion is that phenomenology is an ‘influence’ along with the principles of hermeneutics, ‘...with their strong emphasis on the interpretation of human meanings and actions’. Seymour and Clark (1998, p130) stress the point that these interpretations are not a ‘...substitute in

themselves for an underlying research question'. This interpretation of phenomenology as an 'influence', would suggest that the basis of qualitative research in palliative care has to adhere to a research tradition of a single clearly-defined question and reliance on a rigorous scientific analysis of data. It is unclear which of the two modes of philosophy are most helpful. Do they represent a complementary model of ideas from which qualitative research in palliative care can benefit? Or, are they defining conflicting ideologies? Whilst Heidegger rests his philosophy on Husserl, he certainly developed an entirely different emphasis.

The phenomenological school of thought has provided qualitative researchers in palliative care with a convenient backdrop to the practical methodology that has developed. Yet is it enough to regard this as sufficient and convincing? The use of random controlled trials in palliative care is limited, and is problematic due to the ethical considerations required when researching vulnerable dying people. The qualitative approach is advancing probably because of its efforts to acknowledge the inter-dependency between the researcher and the subject throughout the research process. This perhaps highlights the complementary nature of dispassionate reasoning and compassionate intuition, and the way research and principles of care go hand in hand. Referring to Denzin and Lincoln's Handbook of Qualitative Research published in 1994, Clark (1997, p160) states that there are two dimensions to these developing methodologies: firstly the 'tool kit' of skills and techniques and secondly, the theoretical and ideological paradigm underlying this.

The argument that there are two kinds of emphasis in phenomenology that form the background to qualitative research in palliative care reveals a tension between a

'relativist' position and an 'objectivist' position (Seymour and Clark, 1998). There is also a tension that appears to exist between the 'tool kit' and the emerging theory and ideology. These issues appear to be part of an overall inductive, hermeneutic response to the experience of research itself within the field of palliative care. This is a response that also seems to bring to the fore the experiential and intersubjective involvement of the researcher. If the phenomenological 'influence' has credibility it is perhaps useful to examine the principles on which this philosophy is based and what the influence really is.

#### **1.4.2. Intentional analysis: consciousness and being**

Husserl's transcendental phenomenology was in principle epistemological and based on a theoretical analysis of intentional consciousness. He asserts the priority of pure consciousness, which eliminates apperception. Bernet (2002, p83) says the transcendental phenomenology of Husserl is '...immediately and exclusively interested in the transcendental subject's *effective life*, and in the way in which (scientific and natural) objects are 'given' or are presented as 'phenomena' to the transcendental subject'. The assumption here is that objective truth can be arrived at by analysis of this relationship between pure consciousness and phenomena, from a position outside of lived experience; that it is possible to detach oneself from the world and analyse what goes on unaffected and uncontaminated. We are able to reflect on the unreflective, hidden order of everyday life.

Husserl laid the foundation for a school of philosophy that is essentially 'atheist', in so far as pure consciousness prior to apperception is the beginning from which the

world can be known and understood. It is a mode of thinking that gathers everything around the mind or self; it is egocentric. Pure intentional consciousness is an operation of the mind that encounters objects before they are recognised and given names. Objects emerge and are received on the horizon of consciousness via sensibility or intimacy of feeling. The simultaneity of the encounter between the object and pure consciousness occurs through sequential temporal acts. This faculty of mind and object is described as transcendent as it enables the crossing of the boundary between the egocentric inner self (the mind), and the world of external objects. It is intentional in that the motivation of the mind is always to grasp the world and its objects.

Heidegger contests the foundation of Husserl's idea of pure intentional consciousness and introduces the term *Dasein*. *Dasein* equates with being and Heidegger argues that existence is prior to consciousness. This is an ontological interpretation that is '...concerned in the first place with human existence and, more specifically, with its most significant moments, such as death' (Bernet, p86). Existence now becomes the priority from which the world and its objects are understood. The *a priori* structures of *Dasein*:

[A]re what Heidegger calls 'existentials', such as understanding, state-of-mind, discourse and falling...The understanding or comprehension of Being...does not presuppose a merely intellectual attitude, but rather the rich variety of intentional life – emotional and practical as well as theoretical – through which we relate to things, persons and the world. (Critchley, 2002, p9)

The combined writings of Husserl and Heidegger come into play when the term 'phenomenological' is employed as a foundation to qualitative research in palliative care. It assumes that the ground of knowledge about the world is based on the appearance of lived experience observed, described and analysed as it happens in the here and now. These two differing approaches, however, reside within a continuity of intentional analysis that exists between Husserl and Heidegger, namely that 'things, persons and the world' are understood within the strict bounds of human interiority. There is no other factor that can give an account of life other than existence and pure consciousness. The phenomenology of Husserl and Heidegger does not permit a theological dimension for example. It assumes that the only way of understanding the world is through the imminent sentient encounter with lived experience. In this sense it avoids the dilemmas of metaphysical considerations and has attempted to provide a 'clean' philosophy. This is a philosophy that claims to avoid the 'messy' terrain of metaphysics, theology and aesthetics.

Intentional, transcendental phenomenology rooted in the work of Husserl and Heidegger provides a dual process of access to the 'truth' of lived experience. To separate their philosophical positions into 'objectivist' and 'relativist' maybe creating a duality of purpose that does not recognise continuity within their philosophical methodology and tradition. Pure consciousness (objectivist) and being-in-the-world (relativist) are still contained within the ability to observe and interpret life from a position of philosophical objectification. The phenomenological deduction (Critchley, 2002, p7) has the ability to define the hidden structures that give meaning to everyday life through a 'clean' process of uncontaminated analysis of the particular. Practical qualitative research methodology, according to Clark and Seymour, seems to locate

the researcher in one of two camps, yet these are delimited within a theory of intentional analysis. If the link between phenomenology and practical qualitative research grounded in the single research question is valid, it requires a more integrated understanding of the school of intentional analysis developed by Husserl and Heidegger. The meaning that lived experience is imbued with, is the search for the underlying hidden intentions of sentient life. In this sense particular, specific phenomena are uniquely reflective of an *a priori* of meaning; a 'science of naiveties' (Critchley, 2002, p7). This meaning is considered to be accessible by a system of qualitative research methodology within the frame of intentional analysis. According to Critchley (2002, p7) the programme of intentional, transcendental philosophy is to reveal common, shared meaning hidden beneath everyday experience, and in this sense phenomenology is not about making new discoveries but 'reminders' of forgotten deep structures and meaning.

Here there is an argument for the interdependency of philosophy and practical qualitative research. In this sense the 'influence' of phenomenology on a research paradigm relevant to palliative care is more significant and maybe a driving force that moulds the attitude of the researcher towards their subject as well as helps construct a system of methodology that behaves according to the rigour of scientific principles.

### **1.4.3. Reflexivity**

The methodology that I have chosen to use in this research is distinct from the previous discussion about the 'influence' of phenomenological philosophy on qualitative research in palliative care. The primary distinction is in relationship to

reflexivity which departs from a strictly 'scientific' method of research based on objectivity. Reflexivity is an approach that has been developed through the work of Lawson (1985), who provides a discussion of the historical and philosophical context of reflexivity and Woolgar (1988, p22), who refers to the concept of 'constitutive reflexivity', which acknowledges the similarities between the objects/subjects of ethnographic research and the researcher. He advocates recognising and sustaining:

[T]he uncertainty which exists in the early stages of ethnographic enquiry, before our constructions of text solidifies the concepts and categories we employ. It is insufficient to reveal the actual circumstances behind the production of ethnographic texts, as if the revelation was itself a neutral, passive process. In short, we need continually to interrogate and find strange the process of representation as we engage in it. This kind of reflexivity is the ethnographer of the text. (Woolgar, 1988, p28-29)

Reflexivity as part of the ethnographer's method is increasingly recognised as an important aspect of much research undertaken in social science:

The ethnographic researcher is said to obtain an insider's view of a society and so understand other people's own worldview, instead of taking the outsider's perspective of the conventional scientist. Ethnographic research is said to produce situated knowledge rather than universals and to capture the detail of social life...[T]he notion of objectivity has been challenged by the reflexive turn in the social sciences. This draws attention to the researcher as a part of



the world being studied and to ways in which the research process constitutes what it investigates. (Taylor, 2002, p3)

In view of this the identity of the researcher and their relationship to the subject of research is considered to be an important part of the research process. Reflexivity is an approach to research that places the researcher firmly inside the world being studied and not set apart from it. Willis has argued for:

[A] form of reflexivity, emphasizing the importance of maintaining a sense of the investigator's history, subjectivity and theoretical positioning as a vital resource for the understanding of, and respect for, those under study...A very important consideration for me here is that the preparation for entry into the field [of research is]...some kind of intervention into debate, an attempt to grapple with a puzzle..., whose temper and pace leads you to want to encounter others who bear moving parts of the puzzle...This ethnographic imagination takes us very far from an empiricist standpoint or a self-assumption of a general ethnographic authority. (Willis, 2000, p113)

The research methodology outlined in chapter two falls firmly within this definition with an emphasis on the relationship between reflexivity and the ethnographic imagination. Reflexivity is therefore an important and integral aspect of the research methodology employed in this study. The discussion about phenomenology and references to Husserl and Heidegger form part of the background to a strand of theory that has contributed to qualitative research in palliative care. This is not an attempt to provide a philosophical perspective, which would be beyond the realms of this thesis.

It is included in order to show how the phenomenological ‘influence’ is seen to be colouring the edges of much qualitative research theory and practice. The phenomenological ‘influence’ is therefore placed outside of the methodological frame in this study. It is not included as the methodology is defined primarily by Willis’ ethnographic imagination, supported by the reflective practitioner (Schön, 1983) and *art-in-action* (Wolterstorff, 1997). The analysis undertaken in this study does not therefore refer to the philosophical work of Husserl and Heidegger as their ‘influence’ is not an aspect of the research methodology but is acknowledged as residing within the parameters of the general research debate in palliative care. The methods of thick description, reflexivity and analysis are the tools employed to maintain rigour and a cogent adherence to the methodology set out in chapter two.

Reflexivity acknowledges that the researcher is the primary ‘tool’ in the research process and is defined as:

[T]he process of critical self-reflection carried out by the researcher throughout the research process that enables her to monitor and respond to her contribution to the proceedings. (Swinton and Mowat, 2006, p59)

The researcher reveals the meanings of the situations they are exploring by the discipline of self-reflection and an awareness of *personal reflexivity* and *epistemological reflexivity* (Willig, cited in Swinton and Mowat, 2006, p59-60). The researcher is committed throughout the research process to an analysis of the influence of their personal beliefs and values and a critique of the assumptions made about the world and the accumulation of knowledge as a result of the research

process. Swinton and Mowat (2006), also advocate a person-centred approach that highlights the importance of refined interpersonal skills and attentiveness to the ‘present moment’:

[That]...enables the researcher to move gracefully with the rhythm of the encounter and to recognize the shifting uniqueness of experience. Such an awareness enables the researcher to be open and sensitive enough to respond gracefully and creatively to this contradiction and confusion. By developing sensitivity to the significance of the present moment, the researcher is able to shift direction and change gear as she moves with the changing rhythms of the research encounter. (Swinton and Mowat, 2006, p62)

In this sense the analysis of the case study material through a retrospective ‘critical and imaginative ethnography of the everyday’ (Willis, 2000, p8) is a demonstration of the reflexive modus operandi of qualitative research methods used in this study. This brings further clarity to the distinction between the references made earlier to the ‘influence’ of phenomenology in palliative care research. Reflexivity also acts as a container for the tension that exists in much qualitative research between objective un-biased description (phenomenology) and subjective idiosyncratic interpretation (hermeneutics) (Swinton and Mowat, 2006, p105-116). These strategies can, however, be joined together as complementary partners in qualitative research in order to formulate a method that includes detailed description and refined interpretation. Swinton and Mowat (2006) challenge the assumption of realist science that advocates the study of the material world with no reference to the cultural or social context of lived experience and emphasise the constructivist view:

Constructivism assumes that truth and knowledge and the ways in which it is perceived by human beings and human communities is...constructed by individuals and communities. In distinction from the epistemology of the natural sciences that assumes a more fixed, stable and external reality, this understanding of knowledge does not assume that reality is something that is somehow 'out there', external to the observer, simply waiting to be discovered. Rather it presumes that 'reality' is open to a variety of different interpretations and can never be accessed in a pure, uninterpreted form. Instead constructivism...assume[s] the existence of multiple realities...From this viewpoint, human behaviour and understanding are seen to be an active process of construction and interpretation in which human beings together endeavour to define the nature of their particular social situations and encounters and in so doing make sense of their social, psychological, physical and spiritual environments. (Swinton and Mowat, 2000, p35-36)

The nature of reflexivity and interpretation binds the understanding of the world to the ontological status of human beings as interpretive creatures continually constructing and re-constructing their world in order to establish meaning. Swinton and Mowat (2000, p35) are clear in reminding researchers that reality is not only a matter of social construction. Their point, which is helpful in relationship to this study, is that the tension between scientific realism and constructivism reside within a qualitative research paradigm that can manage the constraints of objective description through the 'interpretive stance' and hermeneutical rigour.

Recent discussion and debate about subjectivity and reflexivity in social scientific research has been elaborated by Breuer and Roth (2003). They advocate a ‘...methodological position conceptualized in the dialectic of the always embodied, individual, and social researcher-in-action’ (ibid, abstract). They state:

Knowledge is...inherently *subjective*, inherently structured by the subjectivity of the researcher...[K]nowledge bears the characteristics of the epistemic system, that is, of the knowing subject and its activities, actions, and operations. Relevant characteristics are observable in different contexts and at different scales, including physiological-biological, ethnic, neural, cognitive, verbal, textual, social, and sub/cultural levels. (Breuer and Roth, 2003, paragraph 1-2)

Reflexivity, according to Breuer and Roth (ibid, paragraphs 5-7), is a way of establishing an attentive, analytical perspective to the ‘horizon’ or frame of reference of the observer, their perceptions and experience. They also refer to the *interactivity* and *interventionist* nature of the researcher: in order to see the world we have to interact with our environment. Their discussion also highlights the relationship between constructivism and subjectivity declaring that reflexivity acknowledges ‘...the embodied researcher, who bears social, historical, socialized, and biographical characteristics and who *interacts* with and *intervenes* in his or her research object (participants, research field)’ (ibid, paragraph 13). This is an approach to research that brings together constructivism and subjectivity via reflexivity in order to embrace a constructionist epistemology whilst also taking ‘...into account actors, conditions, and procedures associated with and involved in the construction’ (ibid, paragraph 27).

Other approaches to reflexivity have considered its relevance to the process of developing a research project and as an aspect of a collaborative team approach (Russell and Kelly, 2002), and the application of reflexivity in health, welfare and the social sciences (Taylor and White, 2000; Finlay and Gough, 2003).

The method that I have employed for this research provides a clearly delineated framework for the analysis. It incorporates the reflexive hermeneutical position of the researcher as participant and observer. Through thick description and analysis the researcher interprets the experiences of patients with life-threatening illness in art therapy. There is no attempt to eliminate the contextual influences of the patients and/or the researcher's experience. These interpersonal dynamics at work within the intersubjective space of the therapeutic encounter are intrinsic to the research process and are made explicit by the methods employed. They highlight the researcher's skills in maintaining sensitivity and a creative adaptive approach to the description and interpretation of the case study material. The text also then becomes part of 'the fusion of horizons' (Swinton and Mowat, 2006, p114) where a dialogue takes place and further interpretations can be made influenced by the cultural and historical context of the interpreter.

The methodology outlined in chapter two provides a way of holding in abeyance the 'influence' of the philosophy of Husserl and Heidegger. In order to maintain a rigorous method in this study it has been necessary to define the methodology strictly within the frame of the ethnographic imagination. By doing so the analysis remains reflexively stable and congruent with the methodology in order to provide a rich interpretation of the meaning-making that occurs in art therapy in palliative care.

The hermeneutical process is an aspect of much art therapy practice. The responses and interpretations of the art therapist to the art-making and artefact is a significant dimension to art therapy with most client groups. The art therapy literature referred to in this chapter supports the interpretative stance of the art therapist. The drawings and paintings created become part of a verbal and non-verbal dialogue between the therapist and the patient or client. This is rudimentary to the history and development of art therapy and is relevant to current approaches. The earlier discussion in this chapter has touched on a range of ways in which art therapists interact with the artwork created in art therapy. Schaverien (1991), Simon (1992, 1997), Connell (1998) and Maclagan (2001a, 2001b, 2005) are but a few practitioners who have written extensively about the ways in which art therapists respond to the art-making process and artefacts in practice. The exploration of themes and meanings attributed to the artwork in this study is undertaken within the established principles of interpretation in the context of a developing therapeutic relationship and the subtleties of the unfolding interpersonal dynamics. The interpretative stance in this sense is reflexive and hermeneutical, so that assumptions and prescriptive responses are avoided and meaning can emerge through a process of shared understanding between the patient and the art therapist.

## **Chapter 2.**

### **Research Methodology**

#### **2.1. Introduction**

The practice of art therapy in palliative care is being increasingly recognised as making a contribution to the psychosocial support of the dying (Pratt and Wood, 1998; Connell, 1998; Hardy, 2001; Waller and Sibbett, 2005). It is an area in which there are many current challenges to defining and applying a suitable research paradigm. Attempts are being made to address this across the profession with different client groups and in varying settings (Wood, 1999). Wood (1999) acknowledges the efforts of art therapists to undertake research, and both qualitative and quantitative methods are gradually being employed to examine the therapeutic benefits of art therapy for clients in both group and individual work. Yet much of the evidence for art therapy practice across a wide range of clients has been theoretical, and the accumulation of single case study description and analysis (Gilroy, 1996, p55; Edwards, 1999, p6). This qualitative approach in the UK, perhaps, reflects unease with what may be perceived as a rigid scientific modality that may endanger spontaneous creative human interaction within the therapeutic frame. Wood (1999) recognises that whilst the narrative approach is valid, it may require an increase in discipline and rigour to provide greater clarity with regard to theory and technique.

The use of art materials to make images is an act of therapeutic significance that is valued highly by art therapists. The creative process of drawing, painting and



modelling, and the final artefact, are prized as facilitating therapeutic benefits. Research methodology that is not sensitive to the engagement with this experience may be regarded as hostile to a central, subtle and delicate dimension to the therapeutic encounter. Art therapists value the subjective and ineffable elements of art-making. Yet in the hard-pressed economic world of health care provision, it is unavoidably necessary to find convincing ways of researching the work that art therapists do in order to build an authentic and reliable evidence base. The challenge is to discover an approach that preserves those aspects of the creative and human experience, whilst defining the ingredients that make art therapy a successful and effective intervention for many people. This becomes more pressing for those with end-of-life needs when their personal circumstances demand the utmost ethical consideration. Approaches to care need to remain sensitive to their individual needs, social network, self-determination, beliefs and values.

[The approach to care begins] with a phenomenological description of the existential state of the terminally ill patient; it moves from this to the special needs of such patients, the ethical issues encountered by those who care for them, and the resolution of ethical conflicts that emerge from their special needs. (Pellegrino, 2000, p338)

In this chapter I will explore the ethnographic imagination as an approach to research which may provide a methodology that can be applied to art therapy in palliative care. The research methodology designed for this study is based on a synthesis of three interconnecting lines of enquiry. The 'ethnographic imagination', the 'reflective practitioner' and 'art-in-action', are joined to create a methodological composition

that will be employed to analyse the artefacts made in art therapy and the meanings attributed to them. I will outline each of the three dimensions to the methodology and conclude with a summary of my approach.

Whilst not incorporated into the triune research methodology outlined below, the work of Swinton and Mowat (2006) is a useful additional frame of reference. Their recommendation for a multi-method approach in qualitative research adds weight to the combination of methods drawn together for this study. As a retrospective ethnographic piece of research, the analysis is firmly within the tradition of much qualitative research. A prospective study including other systems of data collection would elicit a different range of meaning-making, and perhaps contribute to deepening the analysis of art-making and the artefact as expressions of spirituality. The analogies that Swinton and Mowat consider between qualitative research and practical theology also offer a model of research that can capture and define spirituality and its attendant meaning in order to show, convincingly, that this is a deeply influential dimension to many people's experience. The examples of research, described in their book, outline an approach that holds firmly to an ethical stance of always valuing and validating the person(s) being studied within the parameters of an 'action-based' methodology that aspires to effect social change through the research process and beyond the confines of the research project itself.

## 2.2. The Ethnographic Imagination

The ethnographic imagination has been recently developed by Paul Willis (2000). His discussion is inspired by the work of C. Wright Mills (1959) and his critique of social science, and Paul Atkinson (1990) whose book bears the same title as Willis's publication.

Willis echoes something of the analysis of 'textual artfulness' provided by Mills and Atkinson. Mills' seminal work examines the ethnographic text of social science as a means of applying a 'sociological imagination' in social science, to allow the release of creative insight from within the frame of methodology and theory.

Repelled by the association and disassociation of Concepts, he [the classic social analyst] has used more elaborated terms only when he has had good reason to believe that by their use he enlarges the scope of his sensibilities, the precision of his references, the depth of his reasoning. He has not been inhibited by method and technique; the classic way has been the way of the intellectual craftsman. (Mills, 1959, p120)

Recognition that the imaginative sensibilities of the sociologist are an intrinsic part of the ethnographic text provides a further level of interpretation, revealing novel perceptions and new understanding about the subject of enquiry. The text, along with all forms of spoken and written accounts, reflects cultural influences, something that according to Atkinson (1990, p6-7) has brought about a 'self-conscious awareness of *reflexivity*' within contemporary critical theory and sociology. Reflexivity recognizes

that reality is also constructed by the text as artefact. The text cannot, therefore, claim to portray an entirely objective, independent view of reality. Acknowledging that the imaginative sensibilities of the sociologist are contained within the ethnographic text does not in anyway weaken the ability to *re-present* reality in a truthful way. In fact it is considered to deepen our understanding of sociological phenomena and enhances the process of analysis (see the section on reflexivity in chapter one).

Atkinson (1990, p70-71) refers to a number of terms that are useful in understanding the construction of a text. A text can open by establishing its *vraisemblance*, which ‘...furnishes the ‘guarantee’ of an eyewitness report, couched in terms of the dispassionate observer, using the conventional style of the realist writer of fiction, or documentary reporter.’ This also ties in with the ‘...rhetorical device known as *hyotyposis*; that is, the use of a highly graphic passage of descriptive writing, which portrays a scene or action in a vivid and arresting manner.’ Discussion and analysis flows out of further metaphoric and metonymic description. This provides convincing evidence of the author’s first-hand attendance and participation in the subject of enquiry. The text as artefact provides an authentic and authoritative basis from which reliable sociological claims can then be made. The text is an important method of interpretation for art therapists who depend on written description and analysis of visual phenomena, in order to present a convincing basis for the interpretation of the image as artefact in art therapy.

Writing about images and their mediation of the therapeutic relationship is a challenge for most art therapists beyond the realm of clinical record keeping and the therapist’s process notes. Descriptive analysis has to take the form of a written text but the text as

artefact facilitates an imaginative response to the narrative it contains. This is a heuristic engagement with the text as a way of discovering from the narrative new insights integral to the experience of the subject observed and the subjective experience of the interlocutor. This is not too dissimilar to Pattison's (2005) reference to a 'conversation model' in pastoral care. We enter into conversation that opens unexpected phenomena, surprises and discoveries that cannot be predetermined. Observing, recording, narration and analysis combine in the text to provide a 'vivid' account that captures the reader's imagination and enfolds them in ethnographic discourse. Whilst McNiff (1998) and other art therapists argue for greater reliance on the creative process and the image, here word and image combine in the model of sociological imagination proposed by Atkinson. It is the relationship between text and image that is so important in social science research undertaken in art therapy. This is a complementary model that expands the researcher's repertoire of qualitative research strategies, and allows for a fuller *imaginal* conversation with the researcher's subject and their audience.

Willis (2000, pxii-xiii) elaborates on the theme of the 'ethnographic imagination' in a way that places sensibility beyond language and in tension with language. He opens up a discussion about how '...subjects symbolically embody their worlds'. Returning to Atkinson's point that cultural influences are acknowledged as part of the reflexive process of the ethnographic text, Willis emphasises the 'artfulness of life' in contrast to the 'artfulness of the text'. He employs art:

To specify a quality of human meaning-making. Human beings are driven not only to struggle to survive by making and remaking their material conditions

of existence, but also to survive by making sense of the world and their place in it. This is a cultural production, as making sense of themselves as actors in their own cultural worlds. Cultural practices of meaning-making intrinsically self-motivated as aspects of identity-making and self-construction: in making our cultural worlds we make ourselves.’ (Willis, 2000, pxiv)

The ‘artfulness of life’ is transcribed into the ‘artful text’, and then *re*-inscribed into the ‘artful’ lived experience of the subject, through reflexive heuristic engagement with the textual artefact. Willis turns his argument towards the ‘making and remaking [of the] material conditions of existence’, in a way that places the text as artefact within the folds of ethnography. Meaning-making through lived cultural practices are for Willis (2000, pxv), not to be identified with an ‘internal quest’ or search for an unchanging, true self, but can be ‘...considered a work process involving its own kind of labour and expressive outcomes issuing into some kind of inter-subjective space.’ Life as art is a continual engagement with the creative process of meaning-making.

Willis argues that the sensual, symbolic meaning-making of cultural practices is encapsulated in the ‘ethnographic imagination’. These cultural forms are expressions of human creativity that transcend particular conventional social structures. They are lived as part of common everyday experience. The local site of cultural practice may be imbued with meaning that is simultaneously hidden and revealed. The reading and interpretation of the ‘artfulness of life’ is determined as much by non-verbal modes of being and expression as language. In fact Willis goes further:

[T]he language paradigm cannot help us very much to understand or record the sensuousness of cultural practices, including the sensuous use of objects and artefacts. Human-object relations are not only or primarily code phenomena. They exist in and for a variety of other uses and purposes as well as for signifying. (Willis, 2000, p20)

Language and semiotic interpretations of the objects of cultural practice can limit the permeable and chameleon nature of the purposes and meanings of the 'sensuous use of objects and artefacts'. Willis is making the point that meaning is externally constructed by the sensual 'working on the material world' and therefore:

The human *use* of objects and artefacts...is an immediate means of satisfaction and bodily fulfilment, meaningful as pleasurable or satisfying in producing the fullest direct engagement with human needs and effecting the fullest expansion of human capacities and sense as bearing ultimately on the formation of a cultural identity. (Willis, 2000, p19-20)

The experiences in life that make existence meaningful in Willis's argument, opens up the possibility for change and re-evaluation. There is a link here with Fowler's (1981) stages of faith. Whilst Willis is exploring the materialist perspective of meaning-making, as with Fowler there is the acceptance that progression occurs at the level of human development throughout life and that the content of life is made meaningful through the ability to be transformed. Cultural practices also provide the possibility for transformation that can liberate creative sensual reworking of objects and artefacts to become congruent with those things that validate human existence.

Willis (2000, p24) focuses his argument on a *socio-symbolic* perspective when ‘...the human and the material are brought into sensuous relation through human practices of symbolic work’. Willis is advocating that through the process of selection and appropriation of commodities, and more broadly the material world, socio-political constraints are loosened and new meanings are attributed even to mundane commercial products. The mundane and ordinary are reconfigured as meaningful expressions of everyday life, and enlivened by the *socio-symbolic* meaning-making of cultural production. The sensual relationship to the material world means that symbolic work renews and transforms meaning continuously. This is true for the experience of patients in art therapy. The engagement with art materials and making images is a sensual reworking of the symbolic cultural practices of everyday life. Making sense, gaining understanding and being transformed are the potential experiences that art-making in art therapy can facilitate. The research methodology proposed here draws from this experience through textual reflexivity in order to compose a narrative of meaning.

The development of the ethnographic imagination and the emphasis on sensual engagement with the material world to create meaning through symbolic work can be placed alongside aspects of the phenomenological approach identified earlier as a model for research in palliative care. There is a potential similarity in the way the ethnographic imagination and phenomenology provide a way of identifying hidden orders of meaning-making. The images analysed in chapter four hold meanings in a *peripheral-visionary* way. That is, meanings are often implied from out of a process of envisagement.



The creativity of the artists with respect to worlds consists in his ability to envisage states of affairs distinct from any that he knows or believes ever to have occurred or been selected by anyone else. It consists in his ability to envisage states of affairs from any which he knows or believes his experience to have acquainted him with. (Wolterstorff, 1997, p131-132)

The human capacity for envisaging is coupled with Wolterstorff's view that the work of art is the expression of a world behind it.

Suppose we mean by *the world behind* a work of art, that complex of the artist's beliefs and goals, convictions and concerns, which play a role in accounting for the existence and character of the work. The beliefs in question may range all the way from relatively trivial and passing convictions to the artist's world-and-life view, his or her *Weltanschauung*; the goals, all the way from minor transitory aims to an ultimate concern. (Wolterstorff, 1997, p88-89)

The reference to ultimate concern brings to mind Fowler's (1981, p24) idea of an image of an 'ultimate environment' formed by faith. Further to the notion of envisagement, '*the world behind*' the art, and *image* as host, mediator and agency of action it is useful to be reminded of the image-based discussion in much of pastoral theology.

An *image*...begins as a vague, felt inner representation of some state of affairs and of feeling about it ...[T]he forming of an image does not wait or depend

upon conscious processes. The image unites “information” and feeling; it holds together orientation and affectional significance. As such, images are prior to and deeper than concepts. When we are asked what we think or know about something or someone, we call up our images, setting in motion a kind of scanning interrogation or questioning of them. Then in a process that involves both a forming and an expression, we narrate what our images “know”. The narration may take story form; it may take poetic or symbolic form, transforming nascent images into articulated, shared images; or it may take propositional form of conceptual abstractions. (Fowler, 1981, p26)

Returning to Willis’s model of research, the ‘ethnographic imagination’ provides a way of being able to collect observational data from real life situations in order to identify imaginatively and creatively, the internal life of human social connections and relationships, and the meanings attributed to them. He advocates bringing data collected from observation into contact with outside concepts in order to deliver analytic points that illuminate our understanding of hidden everyday practices. In the case of my own research, the drawings and paintings that people living with a life-threatening illness create in art therapy will be analysed using Willis’s model of the ethnographic imagination, complemented by reflective practice (Schön, 1983) and *art-in-action* (Wolterstorff, 1997). This is a way of being able to reveal conceptually the story of each person’s encounter with art-making, in the context of art therapy practice as part of a palliative care service provided by a hospice.

Willis's model emphasises the significance of creative cultural practices that fully embody the senses and interact with the world in order to establish identity and meaning. According to Willis (2000, pxv) '...meaning-making can be considered a work process involving its own kind of labour and expressive outcomes issuing into some kind of inter-subjective space'. Meaning-making is about discovering creative ways of giving voice to individually lived experiences. This is a voice that speaks out of a broader social context and takes account of social connections. In art therapy this is also a voice giving expression and being heard within the intimacy of its singularity. Once heard and understood eyes can be cast from the internal symbolic world of intrapsychic realities to the horizon of *socio-symbolic* lived experience. Voice can then be given to personal experience within the context of wider social connections and relationships.

Listening is important in dialogue because it is only by entering into the depths of human suffering that we discern the potential for change...If we introduce the concept of silence into this world of relationship, then we leave behind the world and its public sphere and experience the other in privacy. Silence may be the primary realm where we experience the intimacy of conversation. From out of this silence, music and the creative arts can build bridges into a public world of language through varying media of expression. (Aldridge, 2000a, p190)

In Willis's model, art provides a vital role by giving expression to the meaning-making established through cultural practices. 'Everyday culture' for Willis becomes a mediator between the creativity of individuals and groups. The individual functions

within social structures that are negotiated and understood through everyday cultural practices. Creative and inventive modes of expression and sensual engagement with social structures form and establish cultural activities. The creative self-activity of agents mediates between the individual and social structures. Willis argues that this human creative self-activity has the capacity to transcend 'position and context' (ibid, p4).

Social connections become an additional influence on the formation of self. Social structures and patterns of cultural practice are established externally into which the individual enters, participates, negotiates and transforms. To what degree the social structures subjugate the creative agency of individuals is revealed by the level of flexibility that is allowed for the free play of cultural activity. In order to identify cultural practices that are reworking the materials and forms of structures, Willis (2000, p8) advocates a 'critical and imaginative ethnography of the everyday'. The art of the everyday becomes the poetic mode of expression that gives voice to lived experience. The ethnographic imagination records the observable, non-verbal modes of being and expression so that an analysis of sensuous meaning-making can be performed whilst remaining within an intersubjective space. Unlike empirical data '...metaphoric language is not standardized and functions expressively – to show feeling, emotion and identity – rather than instrumentally. It engages you; it immerses you' (ibid, p11).

Willis introduces agency into his concept of the ethnographic imagination as a mode of human creativity that struggles to '...control or utilize the expressive potential of surrounding forms and materials' in order to establish or affirm meaning (ibid, p14).

The notion of agency adds weight to the claim that cultural practices depend on a subjectivity that is not exclusively tied into language paradigms. Agency requires a practical working knowledge and sensual interaction with the materials that are available. The human makes use of objects for multiple purposes, not just for conveying meaning or information but for bodily fulfilment and the exponential outworking of human creativity. The way human beings relate to the objects of their environment increases the uses and purpose of those objects. It is non-verbal subjective modes of behaviour, communication and expression out of which art emerges as host to symbolic form. In this sense, art can be understood as a mode of cultural production that has many uses and purposes beyond only the aesthetic (Wolterstorff, 1997).

Willis is arguing ‘...for the recognition of an ordinary human capacity for creative meaning-making in context’ (ibid, p23). The human sensual interaction with concrete materials imbues the world with symbolic form. This is also a means by which human agency defends and preserves its autonomy from structures that violate creative patterns of meaning-making. In many ways, physical illness and life-threatening disease is an experience that can erode established meaning embedded in the fabric of the unconscious world of the patient. Meaning is also threatened by the context of medical care and the impact of hospitalisation, surgery and other intense forms of treatment such as chemotherapy and radiotherapy. Social isolation, loss of identity and trauma can often be the consequences of lengthy periods of often very necessary but highly stressful medical interventions.

Willis's 'critical and imaginative ethnography of the everyday' provides a way of understanding the *socio-symbolic* meaning-making in relationship to terminal illness and end-of-life needs. To preserve, restore and transform human defences that are the guardian of meaning that makes life bearable, and even possible in the face of dying and death, is an objective of art therapy practice in palliative care. If these defences are substantially eroded, emotional and spiritual suffering increases. It takes a creative, imaginative approach employing the medium of art materials and the mediation of images to help facilitate reparative intra-psychic processes. The agency of the individual joined with the agency of the therapist in collaboration with images (*art-in-action*), provides an intersubjective space where qualitative modalities of interpersonal communication and relationship can be performed with the objective of transformational change.

The ethnographic imagination is activated in cultural practices through ordinary day-to-day creative lived experiences. The everyday reworking of symbolic form is a process that opens creative spaces to think, feel, explore and discover. This is the inter-subjective space that Willis argues is a necessity for human meaning-making. The artistry of living connections and relationships, individually and socially mobilised, opens sensually created forms of meaning. The ordinary day-to-day engagement with materials and form can be seen within the context of art therapy practice. The intersubjective space of the therapeutic relationship provides a frame within which the ethnographic imagination becomes an active, participatory mode of analysis through observation and description.

Willis raises the question of what determines human affairs; in order for the ethnographic imagination to ‘penetrate’ social structures and open up an intersubjective space it requires a ‘degree of reflexivity’ (ibid, p35). The ethnographic imagination allows for an antidote to the ascendancy of ‘objective’ structural forces that are assumed not only to determine human affairs, but also become a primary source of understanding. The ethnographic imagination identifies sensuous cultural practices as the way in which human beings can resist, or ‘invalidate prescribed models’ of how to act, feel and think. This methodology recognises that human meaning-making transcends established ‘objective’ structures out of necessity and a desire to defend creative living identities.

Willis’s methodology provides a conceptual framework for the analysis of drawings and paintings made by people living with a life-threatening illness in art therapy. Meaning-making is encapsulated in the experience of using art materials and making drawings within the boundary of an intersubjective space and therapeutic relationship. The ethnographic imagination supports a reflexive approach to the analysis of observable data recorded in detail. The drawings and paintings made in art therapy are analysed through a thick description of this process, and an analysis of data to identify the meaning-making that has taken place.

### **2.3. The Reflective Practitioner**

Donald A. Schön, in his book The Reflective Practitioner (1983, p22) cites Wilbert Moore, who defines a profession as first having a ‘...substantive field of knowledge that the specialist professes to command’ and secondly, a ‘...technique of production

or application of knowledge over which the specialist claims mastery'. Schön claims that '...Technical Rationality is the Positivist epistemology of practice' (ibid, p31). From this perspective of Technical Rationality, professional practice is largely equated with problem *solving* which on the whole tends to overlook the activity of problem *setting*. Problem *setting* is concerned with defining the decisions to be made, the ends to be achieved and the means to achieve the goal. The technical rationality of problem *solving*, based on scientific positivism, does not easily take account of complexity, uncertainty, instability, uniqueness and value conflict.

These five principles equate with the experience of terminal illness and end-of-life care. It is this relationship with palliative care and the discussion about the reflective practitioner that I want to keep in mind. Often, experiences for the terminally ill are happening that cannot be predetermined and unfold in novel and surprising ways that cause high levels of anxiety and distress. The experience of diagnosis and the subsequent complexity of events have a huge impact on the individual, their family life and social relations. The art therapist as reflective practitioner is adapting and manoeuvring in response to the unpredictable uncertainties of life in the face of dying and death.

Schön (1983, p41) argues that it is '...through the non-technical process of framing the problematic situation that we may organize and clarify both the ends to be achieved and the possible means of achieving them'. The process of framing is to do with perceiving and understanding the context. It is about taking hold of 'messy' situations of uncertainty, instability and uniqueness and constructing a well-formed problem that can then be reflected upon. The artistry of problem *setting* is about a



process of reflection embedded in ‘...the spontaneous, intuitive performance of the actions of everyday life’ (ibid, p49). Schön suggests that reflection and knowing are simultaneous to the actions of everyday life, producing reflection-*in-action* and knowledge-*in-action*. This process is never fully articulated in language and constitutes non-verbal ways of knowing through the daily performance of human actions and social *interactions*. Problem *setting* becomes a useful concept when considering the art therapist as reflective practitioner in the context of their therapeutic interventions. Listening, observing, non-verbal reflexive responses and verbal dialogue identify experience through artistic delineation in the form of drawings and paintings: an *imaginal* problem-*setting* multimodal dialogue. This is not only an egoistically-orientated therapeutic response but is a psychosocial strategy that relates individual experience to context. The art therapist is in this sense mindful of the correlation between their personal world and context in relationship to that of the patient. This relates to the intersubjective phenomenological model of art therapy practice identified in chapter one. It also resonates with the ‘correlational model’ of practical theology (Campbell, 2005; Graham, 2005).

Each situation which presents a problem that requires framing evokes what Schön (1983, p79) terms ‘back-talk’. A dialogue emerges through the process of reflection-*in-action* when problem *setting* is entered into. This dialogue is operating at all levels of non-verbal and verbal communication. It is the personal internal dialogue that occurs in the process of creative engagement and the external communication in partnership with the task and other human participants. Multiple moves are performed as the problem is constructed. The strategies of various actions that are employed model the phenomena into a form which creatively opens up choices and options that

were not previously there. In his example of observing an architect at work verbal and non-verbal dimensions to problem *setting* are seen to take place. Meaning becomes congruent to the observed movements focused around a specific activity taking place in the here and now context of reframing a problem. Conversation, as a model of reflective knowing-*in-action*, is identified as interactive, contextual and time bound to events as they unfold.

Schön goes on to compare the activities that occur in psychotherapy with those of the aforementioned observation of an architect at work. Schön (1983, p116) refers to Erik Erikson's phrase 'disciplined subjectivity' as a way of identifying the non-objective field of understanding and knowledge that can be seen taking place in psychotherapy. The intersubjective verbal and non-verbal dialogue that takes place in Schön's example reveals a performed repertoire of meaning around psychodynamic patterns of knowledge and understanding. In the process of finding the problem and reframing the problem, the practitioner gives an artistic performance. The reframing of the problem becomes a strategy of enquiry and intervention, which allows for the possibility for establishing a 'repertoire of exemplary themes' and 'composing new variations'. This is a creative activity that shows the artistry of the practitioner at work in the day-to-day activity of reflection-*in-action*.

Schön's example is a reflection upon the dialogue between the therapist and his supervisor. Even though this is several steps removed from the therapeutic relationship being reflected upon, it does not diminish the significance of the insights that emerge. The conversational approach that is attentive to heuristic and hermeneutical discourse is intrinsic to the research methodology I am proposing.

‘Disciplined subjectivity’ is at the heart of art therapy practice and research as it is the way meaning-making is systematically described and analysed through the ethnographic text. Meaning-making then becomes a coherent image-based textual narrative that will not be constrained by the potentially limiting strategy of technical rationality on human affairs.

When translating reflection-*in*-action into experimental research, Schön addresses the limits of controlled experiment formulated by the model of Technical Rationality. He argues that Technical Rationality separates practice from research. Schön (1983, p145) advocates an approach which he calls ‘*exploratory experiment*’ which he defines as ‘...the probing, playful activity by which we get a feel for things. It succeeds when it leads to the discovery of something there’. The process of exploratory experiment is supported by *move-testing experiments*, that is, any deliberate action with an end in mind and *hypothesis testing* within the constraints of the practice context. ‘The practitioner’s hypothesis testing consists of moves that change the phenomena to make the hypothesis fit’ (ibid, p149). Here the principles of control, objectivity and distance are not adhered to in order to establish a different kind of knowledge other than that prescribed by experimental science.

The practice situation is neither clay to be moulded at will nor an independent, self-sufficient object of study from which the inquirer keeps his distance.

The inquirer’s relation to this situation is *transactional*. He shapes the situation, but in conversation with it, so that his own models and appreciations are also shaped by the situation. The phenomena that he seeks to understand

are partly of his own making; he is *in* the situation that he seeks to understand.  
(Schön, 1983, p150-151)

This approach to research contrasts with that of Technical Rationality because in some areas of enquiry the practitioner's values and views are integral to the process.

In the practitioner's reflective conversation with a situation that he treats as unique and uncertain, he functions as an agent/experient. Through his transaction with the situation he shapes it and makes himself a part of it. Hence, the sense he makes of the situation must include his own contribution to it. Yet he recognizes that the situation, having a life of its own distinct from his intentions, may foil his projects and reveal new meanings. (Schön, 1983, p163)

Schön employs the phrase 'virtual world' when considering some aspects of reflection-*in*-action. When describing the exploratory actions of both the architect and the psychotherapist, he explains that both professions require the creation of this 'virtual world' in order to reframe the problem that has the focus of attention. With regard to the overall methodology of this research Schön (1983, p157) provides an interesting note about the act of drawing. His observation is that drawing can be '...rapid and spontaneous, but the residual traces are stable' allowing the designer to examine and reflect on them at leisure. In a drawing, moves can take place within the frame of a 'virtual world' that allow the creativity of imaginative reflection-*in*-action to explore new possibilities before being committed to reality, whether this be instrumental or psychological in nature.

In this same sense the art therapist is *in* situational dialogue with the patient and their art work. The psychosocial and intersubjective space of art therapy can be defined as happening within the frame of the ethnographic imagination and reflection-*in*-action. The reflective practitioner is involved in exploratory day-to-day actions that allow for the imaginative reframing of problems to be solved. In a similar way, the art therapist is orientating their therapeutic intervention towards the exploration of problem *setting* in order to facilitate discovery and understanding. The intersubjective space has an edge of suspense about it as the process of creative modes of discovery, understanding and knowledge are accumulated. This is a model of art therapy that is distinct from analytic art psychotherapy, art psychotherapy and client-centred approaches. As discussed earlier, it is an image-based psychosocial approach. It is broadly phenomenological and is a move that is no longer locating its focus in an egoistic psychodynamic approach. It is contextual art-based knowledge-*in*-action with understanding and the potential for change and growth as its therapeutic goals. In some ways this is perhaps more of an affirmation of art therapy practice that has its historical roots in the early pioneers of *Art Therapy*.

Schön's approach to reflective practice has been further developed by Christopher Johns (1999, 2004) who has designed a comprehensive Model for Structured Reflection (MSR). This model is based on Carper's *aesthetic* way of knowing (2004, p4) which includes a constellation of empiric, ethical, personal and reflexive ways of knowing. Johns also further elaborates the concept of framing in order to provide a structure for the practitioner to identify an experience and clarify a range of dimensions of current and future practice.

## 2.4. Art *in* Action

Art is not to be man's revolt against his fate. Art is man's fulfilment of his calling. (Wolterstorff, 1997, p213)

Wolterstorff proposes that 'artistically man acts'. His discussion is formed out of an exploration of the role of art-*in*-action, more specifically in his treatise he focuses on what he refers to as 'world projection', which he defines as '...constituting the heart of representation, or *mimesis* - when that is understood as something that takes place in all the arts' (1980, pxv). Wolterstorff is interested in the artist as agency and the uses of art rather than the artist as experiencer and the process of creation. He argues that the uses and purposes of art are as varied as the purposes of life itself. Wolterstorff relates his perspective of aesthetics to central Christian dogmas which he holds for true. As a comparison Wolterstorff cites André Malraux and his book The Voices of Silence as a humanistic alternative to his own argument for the many and varied purposes of art. According to Wolterstorff (1997) works of art are not autonomous and set apart from life, but they 'equip us for action' in life.

[T]he range of actions for which they equip us is very nearly as broad as the range of human action itself. The purposes of art are the purposes of life. To envisage human existence without art is not to envisage human existence. Art - so often thought of as a way of getting out of the world - is man's way of acting *in* the world. (Wolterstorff, 1980, p4-5)

This view is a progression from ‘...the Romantic inheritance of the human being expressing his inner emotional self by the creation of art’ towards ‘...the human being composing artefacts whereby he acts in various ways with respect to his surrounding reality and enables members of society to do so as well’ (Wolterstorff, 1980, pxi).

Wolterstorff’s concept of art-*in-action* and the contextual frame that he makes reference to is an important reminder of the way in which I am arguing for a relationship between the art-making that takes place in art therapy and the ethnographic imagination proposed by Willis. The surrounding reality for the terminally ill patient, their family connections and social relationships are a significant part of the cultural production and *socio-symbolic* meaning-making that Willis argues for. Action and agency form a cohesive bond of engagement with art therapy, which demonstrates the many and varied uses and purposes of art other than for aesthetic contemplation and aesthetic disinterestedness (Berleant, 1991). This is an art of engagement which reframes experiences in a cycle of exploration, discovery and transformation.

Disinterestedness no longer identifies what is distinctive in the aesthetic situation. With increasing insistence over the past century, artists have been moving toward producing work that denies the isolation of art from the active involvements of daily life. Joining with the ancient traditions in the practice and use of the arts, they have seized on the *connections* art has to human activities, instead of stressing its differences and discontinuities. For one need not dissociate oneself from practice and use in order to take something on its own terms, as disinterestedness would have us do. Aesthetic experience thus

becomes rather an emphasis on intrinsic qualities and live experience than a shift in attitude. (Berleant, 1991, p26)

Berleant argues that active engagement of the whole person is now considered as an important aspect of the aesthetic experience. In this sense he acknowledges the trend towards the reintegration of art and life, not that it was necessarily so clearly segregated anyway.

Wolterstorff (1997, p27) argues that the Western institution of high art has created a dominant assumption that art is separated from ordinary life. This, he says, is neither true in other societies nor of Western societies' total institution of art. Wolterstorff challenges the ascendancy of perceptual contemplation intrinsic to the institution of high art. He draws attention to the fact that in ordinary day-to-day life, the intellectual attentiveness required for perceptual contemplation is the exception not the rule. In the process of engaging in perceptual contemplation life becomes a distraction. Wolterstorff takes the position that through art man actively engages in life rather than becoming dissociated from it.

In his discussion, Wolterstorff suggests that in contemporary aesthetics there has been a move towards submission to the aesthetic contemplation of the autonomous object of art to the exclusion of other dimensions to the experience and purposes of art. Any other intentions, actions or ulterior ends are disregarded in favour of the aesthetic contemplation of the object for its own sake, or '*for the sake of the object*' (1997, p48). Wolterstorff supports the view that the structure of actions has to be taken into



consideration, and that instrumental contemplation can be combined with close attention to the object.

Action and meaning are collaborators in the aesthetic experience and in this way art is restored to its multiple purposes and uses as part of the range of human activities which everyone can participate. It becomes the cultural norm to live artistically. Both Wolterstorff and Willis, from different theoretical positions both embrace the art *of* life and art *as* life. Engagement, rather than disinterestedness, participation rather than contemplation (Berleant, 1991, p4) become the aesthetic principles that inform the art-making in art therapy. Action and agency bind together the triune methodology of the ethnographic imagination, the reflective practitioner and art-*in*-action. Exploration, discovery and transformation are the potential outcomes from a model of research and art therapy practice that holds firm to the locus of meaning-making that is essential for people living with a life-threatening illness and facing the enormity of dying and death.

It is important in Wolterstorff's view to understand the contemporary intentions of the artist. He refers to the current polarity of art as, in one instance, an expression of self, and in the other, that the work of art is a new reality. 'The artist is a center of consciousness. His business is to bring forth an expression of himself in the form of a new creation' (Wolterstorff, 1997, p52). The bringing forth of a 'new reality' requires liberation, protest and at times the repudiation of high art.

All of us together in the West since the days of the Enlightenment have lived with this vision of man as called to express his inner self by bringing forth a

new creation, all the while fighting for liberation from extraneous constrictions as he seeks to impose his consciousness on the actuality surrounding him, persuaded that actuality is through and through permeable by his will, convinced that in thus creating-by-rejecting he attains the ultimate. At most the artist holds our common vision with greater self-consciousness. (Wolterstorff, 1997, p 58)

Aesthetic contemplation and the self-conscious expression of the artist are therefore limitations within the whole experience of art. To remain within the parameters of expression and contemplation is to restrict the potential uses and purposes of art. Among the many and varied uses of art, Wolterstorff (1997, p68) to add further weight to his argument, draws attention to ‘...Man’s *embeddedness* in the physical creation’:

There is in man the marvellous ability to take fragments of natural reality, to embed them in action, and so to produce a seamless fabric of consciousness and physicalness. In man, nature speaks. Without nature, man could not speak. (Wolterstorff, 197, p72)

Wolterstorff (1997, p78) goes on to advocate an ethical dimension to art, saying that as well as works of art being objects and instruments of action, these actions are to be ‘*responsible* actions’. The responsibility that Wolterstorff refers to is related to the responsibility we have towards our fellow human beings, the environment and preserving the dignity that is intrinsic to our labour. Wolterstorff is extending the uses and purposes of art to include responsibility in order to introduce a level of

accountability and interdependency to life, rather than a position of ‘sovereign’ aesthetic detachment from the realities of ordinary day-to-day experience.

## **2.5. Summary**

The methodology for my research is a three-dimensional composition which takes account of the artefact, the actions of the practitioner and the context within which phenomena occur. The three dimensions of the ethnographic imagination (Willis, 2000), reflection-*in-action* (Schön, 1983), and art-*in-action* (Wolterstorff, 1997), provide a theoretical frame for analysis. The model incorporates the concepts of ‘agency’ and ‘action’. Agency is the creative self activity of meaning-making in context. Actions are understood as those human actions that engage in cultural activities, the process of reflection in professional practice and the many and varied uses of art.

The model focuses on the artefact made in art therapy, in the context of end-of-life care, in order to find out what meaning-making occurred. This is undertaken through a ‘critical and imaginative ethnography of the everyday’ (Willis, 2000), within the context of art therapy practice. The diagram below shows how agency and action reveal meaning-making when considered as the current that creates the flow through the process of analysis.

<b>Ethnographic Imagination</b> <b>Willis (2000)</b>	<b>Reflection-<i>in</i>-action</b> <b>Schön (1983)</b>	<b>Art-<i>in</i>-action</b> <b>Wolterstorff (1997)</b>
<b>Agency</b> Creative self activity	<b>Agency</b> Reframing through verbal and non-verbal interaction	<b>Agency</b> Intentions other than aesthetic
<b>Action</b> Cultural practices and <i>socio-</i> <i>symbolic</i> meaning-making	<b>Action</b> Spontaneous, intuitive performance of the actions of everyday life	<b>Action</b> Works of art as instruments and objects of action
<b>Analysis</b> Meaning-making in context: art therapy in praxis		

The three dimensions to the methodology are applied simultaneously as parts of a whole, allowing for a flow of data from the specific actions of agency to the context in which the phenomena occurred and back again (thus echoing aspects of the ‘correlational model’ of practical theology referred to in chapter one). The methodology defined in this chapter takes account of the researcher as participant observer and the reflexive aspects of the analysis of data.

In view of this the six questions that I posed in the introduction constitute the key facets to my experience of working with the terminally ill and, more specifically, providing art therapy in palliative care. Integrated whole person care, creativity, the inner life, spirituality, non-verbal communication, the art therapist as ‘interpreting companion’ and improving quality of life, are all areas of experience that augment the

care of the dying and colour the fabric of art therapy practice. This positively impacts on the collective care of the dying by adding a further layer of understanding to the individualised care that the multidisciplinary team provides in hospice and palliative care. Meaning-making is the fertile ground out of which spirituality can grow into an *envisioned* form and worked with in art therapy. This is not typically a tangible experience that can be touched but is tangential and deeply felt. It is grasped through the imagination, and the poetic via the mediation of agency and action. These are the invisible intuitions of thoughts and feelings that make up significant parts of human faculties and experience that cannot be seen through ocular vision, but are known indirectly through symbol, metaphor and stories; the *imaginal* faculties.

The ordinary day-to-day circumstances of the dying are potentially filled with extraordinary events. These events and experiences may be the source of tremendous difficulty and distress, as they introduce unfamiliar and disturbing realms of reality not previously encountered. There are, however, other extraordinary experiences that are deeply humanising and can inspire the dying individual, those close to them and their carers to new levels of care, compassion and meaning. The context in which art therapy takes place opens up an intersubjective space where there is an attention to details that may go unnoticed and unseen. It is these details and nuances that are noticed and brought into the foreground in this research, in order to show that meaning-making and spirituality are bound together and intrinsic to human sustenance and the ability to thrive in the midst of suffering.

The research methodology outlined above also facilitates a way of reading the art-making process and the artefact in art therapy in order to expand further on the

interpretative possibilities within the analysis to include a spiritual dimension. A further complementary lining to the methodology, as with the multi-method and action research of Swinton and Mowat (2006), is Jeff Astley's (2002) Ordinary Theology.

Astley opens his discussion with a focus on the context of learning theology and religion. The process of learning is understood as contextual and '*self involving*' (ibid, p6). The model of 'centripetal learning' and apprenticeship provides an example of experiential learner-centred education within a community of established and recognisable practice. Astley draws on this approach to learning to consider further the process of learning religion through socialisation, enculturation and intentional instruction. '...There is, first, some learning about the language of the faith, through enculturation and/or instruction. Then there is the passionate taking hold of religion for oneself. This new stage results from a learning from life and experience that generates, and perhaps partly constitutes, the passionate embrace' (ibid, p33).

Context and the medium of reception are considered to be the agency through which learning about theology is moulded and shaped. This inscribes 'spiritual' and 'religious' meaning deep within a subjective realm of human experience. With this in mind '...[s]pirituality...comprises those 'beliefs, attitudes and practices that animate people's lives and help them to reach out to super-sensible realities' (ibid, citing Wakefield, p39). Here, Astley draws a comparison to Fowler's faith development model and equates his approach to Fowler's (1981) reference to an 'ultimate environment' of meaning which is individual, personal and experiential in nature.

Astley's purpose is to re-envision the ordinary, and his discussion is an antidote to the way in which he believes the ordinary circumstances of everyday life and their richly imbued meaning can be overlooked and disregarded. The ordinary roles in life are the basis for much human dignity and that '...[o]rdinary life itself is the primary locus of our spiritual health' (ibid, p49). Astley (ibid, p56) immerses his discussion in the model of praxis that is at the heart of practical theology in order to support his definition of 'ordinary theology' as '*...the context, pattern and processes of ordinary people's articulation of their religious understanding*'. This is the context where '... 'sapiential yearning'...enables creativity to triumph even in the midst of the crush of the everyday' (ibid, 50-51) in order to sustain meaning at the centre of life itself. It is this '...dimension of perceived and embraced meaning that lies at the heart of all spiritualities, secular as well as religious. This is what enables people to cope with suffering and to face death. It is what gives their lives some sense of point and purpose' (ibid, p69).

Astley (ibid, p82) draws attention to 'seeing' as a familiar metaphor in religion and philosophy, and that '...the word 'wisdom' is etymologically related to the concept of vision'. 'Seeing' and 'vision' are modes of learning the meaning of something as we discover the most appropriate attitude and response to an experience influenced by our character and nature. Through praxis, this is absorbed and reintegrated into our character and furthers our development and deepens our understanding. It is this 'seeing' and 'envisioning' that coincides with the hermeneutical *re*-reading of the text in the analysis that I have undertaken in chapter four. Astley offers a theological model of interpretation that takes the process of experiencing-as or an 'onlook' that is enfolded in experiential knowledge-*in*-action. It is the basis of a way of experiencing.

discovering and transforming meaning through a deeper and fully sensitised mode of looking, listening and learning.



## **Chapter 3.**

### **Spirituality and Art Therapy**

#### **3.1. Introduction**

##### **Some Questions You Might Ask**

Is the soul solid, like iron?

Or is it tender and breakable, like

the wings of a moth in the beak of the owl?

Who has it, and who doesn't?

I keep looking around me.

The face of the moose is as sad

as the face of Jesus.

The swan opens her white wings slowly.

In the fall, the black bear carries leaves into the darkness.

One question leads to another.

Does it have shape? Like an iceberg?

Like the eye of a hummingbird?

Does it have one lung, like the snake and the scallop?

Why should I have it, and not the anteater

Who loves her children?

Why should I have it, and not the camel?

Come to think of it, what about the maple trees?

What about the blue iris?

What about all the little stones, sitting alone in the moonlight?

What about roses, and lemons, and their shining leaves?

What about the grass?

(Oliver, 2004, p28)

Reading [art] is at the threshold of spiritual life; it can introduce us to it; it does not constitute it. (Autret et al, 1987, p116)

Religion and spirituality can be essential and significant aspects of the experience of the dying person, and it is therefore an important dimension to art therapy practice in palliative care. Schreurs (2002) and Fontana (2003) raise two general points that are worth bearing in mind in relationship to the following discussion in this chapter. Schreurs (2002, p62) refers to the sociologist Peter Berger's term 'plausibility structure' to explain a shift in the way Western consciousness accepts what is 'believable', and acknowledges that a '...belief in God has become implausible in Western civilisation' (ibid, p71). Fontana (2003, p12), when discussing scientific objectivism, acknowledges that the perspective of '...naïve materialism or naïve realism – the belief that the world and everything in it is composed of solid material building blocks – is [no] longer tenable'. These views suggest a paradox and a tension between belief and fact. Religion and spirituality inhabit a space where the material and the non-material coincide: a position and a perspective that is both inside and outside observable experience. The intersubjective space considered in this research can be regarded as an approach that can take account of religion and spirituality without contradicting psychotherapeutic methods and goals.

In order to discuss further the importance of spirituality in art therapy practice it is useful to begin by considering what it means to take 'care of the soul'. *Cura animarum*, the cure and care of souls, in the Christian tradition has been regarded as the role of the parish priest whose duty is to care for the soul through critical moments in life such as birth, marriage, illness, crisis and death. The contemporary therapist, in many ways, has assimilated some of the concerns of this role, yet with a focus on achieving psychological health and well-being based on individuality, self-determination and independence. At the same time, the focus of much psychotherapeutic practice appears to have all but suppressed the needs of the soul within ego-centred models of theory and practice. The discussion in chapter one refers to developments in ego psychology and psychodynamic approaches that have influenced counselling in pastoral care. These models provide a correlation between care of the soul and psychotherapy that supports the concern and attention given to spirituality in art therapy practice especially in palliative care. Pastoral models of care of the soul have demonstrated a way in which theology, sociology and psychology can operate in an integrated multidimensional way. When considered alongside the ethnographic imagination, there is the potential for recovering care of the soul within the practice of art therapy.

The 'soul' can be considered as that part of human experience which is the unique personality or personhood of the individual that cannot be weighed and measured from the perspective of technical rationality or ego psychology. Thomas Moore (1992, pxi) believes that '...soul lies midway between understanding and unconscious, and that its instrument is neither the mind nor the body, but

imagination'. In this sense, an image-based orientation toward lived experience envisions the soul within the context of a poetic *imaginal* intersubjective space.

The pastoral models referred to in chapter one, locate soul within the individual and their context, so that care of the soul is also communion with the environment and a wider social matrix. Soul is personal and subjective, and at the same time collective and connected to bonds of relationship within the family, home, society, the world and cosmos. Religion and spirituality add to the composition of the soul, complementing the ego psychology that underpins most of the theoretical models of psychotherapy. In order for a more full and rich dimension of meaning-making to take place in art therapy with the terminally ill and the dying, care of the soul becomes the application of a pastoral model of practice that takes account of religion and spirituality as integral to any psychological work in therapy. The process of exploration, discovery and transformation through the art-making process and artefact in art therapy, resides at the threshold between religion, spirituality and psychology. Body and mind are energised by the imagination which opens, creates space and volume for soul-work, spirituality and the divine. A useful contrasting approach is that of Reed (1998) who provides a quadripartite model that identifies soul with modern depth psychology, complemented by soul understood in terms of a postmodern interest in ego transcendence. Reed's model locates modern religion and postmodern spirituality in two further planes of understanding. Religion and spirituality focus on ascent above and beyond human experience, whereas soul is a descent into the archaeology of the inner human world of experience and memory.

In art therapy, accompanying and tending to the soul can be envisioned through the reading of art as a transformative process for the individual and society as a whole. This is particularly poignant when considering the practice of art therapy and care of the terminally ill and the dying. The case study analysis provides evidence of the meaning-making that occurs in art therapy, when accompanying and tending to the soul is considered as intrinsic to the role of the therapist. This opens up to view the landscape of the intersubjective space in art therapy practice, which is given reflexive and textual substance and vigour through the application of the ethnographic imagination. This is the process that draws out a 'third dimension' in art therapy practice. The 'third dimension' can be any aspect of experience that is other than physiological or psychological, that is other than material in nature such as the intangible and vaporous ruminations of the soul's imaginings. Art therapy provides the imagination with a therapeutically-orientated environment in which to breathe, expand and manoeuvre. It is a tangible, material medium for the expression and work of deep inner processes of the soul. I have focused, in this chapter, on a number of theoretical connections to art therapy that supports the relationship between art therapy and spiritual care, adding to the pastoral and *imaginal* flavour of this research.

## **3.2. Art and Spirituality**

### **3.2.1. *Theoria***

The art critic Peter Fuller (1947-1990) was an early supporter of art therapy, and his interest in art, psychoanalysis and spirituality provides a link with British and European trends in aesthetics and psychology from the mid-nineteenth century to the

present day. Fuller was interested in a secular interpretation of the spiritual dimension of art but argued that it was vital to understand this within the great religious traditions. He was particularly adamant that the theological account of the divine and the embedded-ness of Christianity within British cultural tradition's, could not be dismissed without abandoning important symbolic, textual and ritual meaning. Fuller returned to John Ruskin's (1819-1900) concept of *theoria* in order to open discussion about the moral and spiritual dimension of art rooted in a British Romantic tradition. Ruskin made a distinction between what he called *aesthesis* and *theoria*.

The former he described as 'mere sensual perception of the outward qualities and necessary effects of bodies' or 'the mere animal consciousness of the unpleasantness' to which such effects can give rise; the latter as the response to the beauty of one's whole moral being...Ruskin emphasised the 'penetrative' power of the imagination which, far from being a matter of fancy, or 'falsehood', reached into 'the TRUE nature of the thing represented'. Pictures produced under the guidance of the painter's imaginative faculty could thus become, in turn, the objects of the theoretic faculty to other minds. (Fuller, 1988, p45)

The 'theoretic faculty' becomes the means of the imagination to penetrate nature as a faithful response to God. The contemplation of goodness, truth and beauty in turn deepens and enriches the moral fibre of the soul and connects human beings with the sacred. It enables the envisioning of the sacred through the imagination as host and vestibule of the soul.

*Seeing* is at the heart of the attitudinal stance that I consider essential to art therapy practice. There is a distinction between ocular perception and *metaphorical* and *symbolic* ways of *seeing*. We see physiologically from the single vantage point of the embodied self in proximity to common and shared references. When I look out across the landscape in front of me I see the same view as someone standing next to me, yet with different eyes coloured by my unique experience and sensibilities. If I move a degree to the left or to the right, the trajectory and view of the world I see can change fundamentally. Fuller makes an historical connection with metaphoric and symbolic ways of *seeing* via the British Romantic tradition, in order to draw attention to the inspirational, intuitive and visionary sight of the artist who interprets human experience through the intimate encounter with nature, the imagination and the poetic.

The concern for the spiritual in art is a tradition that has not diminished and continues beyond modernism and challenges the limitations of post-modernism. Ruskin's phrase 'All great art is praise' (Beckley, 1996, p37), is an outcry against the rejection of theological considerations in philosophy, aesthetics and psychology. It is charged with a belief that art has always been a space to discover and respond to the divine, and whilst its religious iconic status has changed, art remains an agent of the human soul's transcendence.

### **3.2.2. The 'beauty of one's whole moral being'**

The case studies provide evidence of 'ways of seeing' that have intra-psychic significance for the patient undertaking art therapy. Fuller's reflection on *theoria* as the 'response to the beauty of one's whole moral being', offers an ethical and spiritual

current running through the experience of engagement and participation in art therapy; a principle that relates to the concept of art-*in-action* mapped out in chapter two. The art-making facilitates the validation and value of existence and personhood when illness, dying and death are threatening and eroding the integrity of the self.

Beauty and the integrity of personal beliefs and values can be revisited, affirmed or reworked through the problem setting of reflective practice. This is done imaginatively with the *metaphorical* eye on the intuitive and poetic moves made through the process of art-making and the artefact. Walter's drawing of a flower (Fig 3, p219) or Elizabeth's drawing of her 'hortus conclusus' (Figs 3 and 4, p249-250), are examples of the deeply significant affirmation that takes place at times of extreme vulnerability and anxiety. The connection with a sense of beauty evokes the feeling of awe and wonder that joins the human heart to nature and location. This is the way the dying person feels the inner structure of their existence and is assured that it is still intact, reducing anxiety and fear and therefore allowing such experiences and feelings to surface and be given attention and space.

#### **4.2.3. Beauty and the numinous in art**

Fuller also addressed the subject of the spiritual in art in response to an exhibition called *The Spiritual in Art: Abstract Painting 1890-1985*, organised by Maurice Tuchman, the then curator of twentieth-century art at Los Angeles County Museum of Art in 1987. Fuller raises many issues of importance as to how spiritual meaning is understood in art, and offers some useful points for art therapists addressing this area in their work. Fuller makes reference to the theologian Rudolf Otto, who drew a



comparison between religious experience of the numinous and aesthetic experience of the beautiful. This opens up the consideration that abstraction may enable the expression of the numinous. Fuller (1987, p72) felt at the time of this exhibition that it failed to address ‘...the *disappearance of God* which has had a profound effect upon the aesthetic and spiritual life of our century’. The *disappearance* or death of God followed a period in the nineteenth century of a great longing for the divine based on the ‘...hope that an aesthetic rooted in natural theology might reveal God’ (Fuller, 1987, p71).

Nature’s beauty and the sublime have become a constellation of ideas from the British Romantic tradition that helps reveal the exquisite delicacy and catastrophic power in nature and the place human beings have within it. God’s *disappearance* is arguably a matter of sight, and probably more to do with the degree to which our vision is veiled by the concerns of this world. The connection that is useful here in Fuller’s remarks is to raise the consideration of abstract or non-figurative art as equal to the task of touching the hem of the numinous. The importance of this is in how the art therapist supports the patient in accommodating their art-making in all its variety. This is about remaining perceptually sensitised to all the nuances of the mark-making, such as the facture and inarticulate form discussed by Maclagan (2001) alongside more observational figurative images.

The case studies demonstrate the articulation of feeling and subtleties of response through the patient’s choice of materials and the hand that makes use of them. Attentiveness to the art-making of the patient, no matter how faltering or hesitant, is a requirement of the therapist. Acceptance by the patient of their awkward and un-

trained manipulation of a pencil or brush is dependent on the ability to approach the unfamiliar and imaginatively explore with encouragement and support. Here the corporeal and the numinous have the potential to combine through the imagination in art therapy.

#### **3.2.4. The ideal and reality in art**

The theologian Phillip Blond (1999, p220), examines the relationship between the 'ideal' and 'reality' and argues that '...art, should be an account of, and a meditation upon, our relationship with what we are given'. He believes that '...theology re-describes the created world, not as nothing, nor as any self-sufficient something, but as the real testimony and loving expression of God'. In his discussion about perception Blond reflects on developments in art from the beginning of French Impressionism in 1865, and the work of Cezanne, Kandinsky, Mondrian and Malevich, as examples of the modern separation of object from subject and the promotion of the sublimation of internal sensation as *a priori*. The subjective autonomy of modern aesthetics established the alienation of art from any overarching truth or morality. Art is thus free from the obligation to represent anything but itself.

Blond addresses his theme, of the ideal and reality, firmly within theological orthodoxy in order to define the basis of the anti-materialistic subjectivisation in modern art. When Kandinsky refers to the spiritual, he is talking about the internal truth of art; an art based on a subjectivity that understands itself as no longer situated in a recognisable material reality that corresponds to anything that might be true, beautiful, or good. According to Blond (1999, p228), Kandinsky abandons materiality

via the ‘...dissolution of worldly form by an enervating internalised spirituality of feeling and colour.’ Modern aesthetics oscillated, hopelessly, between object and subject, undecided in its ‘spiritual’ goal to realise universal objective truth uncontaminated by subjectivity or the subjective departure from any known or knowable world. ‘...Just as subjectivity can absorb a world, so can objectivity deny any recognisable world to a subject’ (Blond, 1999, p229).

Fuller’s discussion about *theoria* and Blond’s debate about the ‘spiritual’ goal in aesthetics, provide both a historical and theological aspect to the relationship between art and spirituality. Wolterstorff’s principle of art-*in-action* and the view that art has many and varied uses and purposes, other than aesthetic contemplation, is given greater validity as art is understood as the response to the ‘beauty of one’s whole moral being’ within the romantic visionary tradition of British art. This is further supported by the view that art also resides, as does spirituality, where the material and non-material coincide, simultaneously embodied and transcendent. Art is therefore always at the threshold of spirituality, truth and morality, and never more so than in the practice of art therapy with the dying when ethical and spiritual values permeate the meaning-making that takes place.

### **4.3. Depth psychology and spirituality**

Much of secular psychology, from Sigmund Freud (1856-1939) onwards, has maintained a position that prefers to exclude theology and a concern for the spiritual from ways of understanding the psychological. Freud (2002, p12) was antagonistic toward religion, regarding it as essentially infantile and remote from reality. His view

of the associated sense of 'eternity', which he defines as a limitless, unbounded 'oceanic' feeling, was entirely foreign and unknown to his own personal experience (Freud, 2002, p3). If there was any reality to this aspect of human experience, it could only be identified within the terms of its ideational content within the rationale of psychoanalysis. In this sense, religion and spirituality could not be incorporated into his schema.

Carl Gustav Jung (1875-1961) examines spiritual themes in his 1933 treatise The Spiritual Problem of Modern Man. He considers the relationship between religion, spirituality and the psyche.

[H]owever far-fetched it may sound, experience shows that neuroses are caused by the fact that people blind themselves to their own religious promptings because of a childish passion for rational enlightenment. The psychologist of today ought to realize once and for all that we are no longer dealing with questions of dogma and creed. A religious attitude is an element in psychic life whose importance can hardly be overrated. And it is precisely for the religious outlook that the sense of historical continuity is indispensable. (Jung, 2002, p68)

Jung goes on to challenge accounts of human experience that deny the spiritual.

We must never forget that everything spiritual is illusion from the naturalistic standpoint, and that the spirit, to ensure its own existence, must often deny and overcome an obtrusive fact. If I recognize only naturalistic values, and explain

everything in physical terms, I shall depreciate, hinder or even destroy the spiritual development of my patients. And if I hold exclusively to a spiritual interpretation, then I shall misunderstand and do violence to the natural man in his right experience as a physical being. (Jung, 2002, p193)

Jung (2002, p199) acknowledges that the ‘...spiritual aspect of the psyche is at present known to us only in a fragmentary way. We have learned that there are spiritually conditioned processes of transformation in the psyche’. Jung refers to the abandonment and loss of an orthodox religious frame of meaning that is a consequence of the modernist paradigm. As a result he claims that it was for this reason that ‘...a psychology has been founded on experience, and not upon articles of faith or the postulates of any philosophical system’ (Jung, 2002, p206).

The psyche and its unconscious dynamics increasingly became the focus of the striving for human well-being. However, along with the modern questioning and suspicion of tradition and theology, there was a growing interest in gnosticism, spiritualism, astrology, the occult, pantheism, eastern systems of belief, shamanism, theosophy and anthroposophy. Approaches to esoteric consciousness-raising, became a significant development on the continent under the influence of Rudolf Steiner, where the pursuit of ‘science’ or knowledge is preferred instead of *faith*.

James Hillman (1977, p2) takes a different position and challenges what he considers to be a dominance of Christian Cartesian thinking, with regard to the conception of soul. He addresses this by promoting the idea of *personification*. He contests the notion that ‘...each individual body can contain no more than one psychic person: as

we have one body so we have one soul'. He goes on to define personified thinking as '...persons appearing either in the world or in myself other than my ego-subjectivity...their livingness is said to be resultant of mine, their animation derived from my breath'. Hillman (1977, p5) cites Marin Mersenne from the sixteenth century, as representative of a Christian Cartesian psychological tradition that stood firmly against polytheistic antiquity. Greek mythology, with its polytheistic pantheon, offers archetypal psychology which Freud called the antiquities of human development. He argues against nominalism, and says that since the fourteenth century there has been '...an accelerating decay of large, abstract, polyvalent ideas in favour of small, concrete, particular, single-meaning names'. Hillman favours a concept of soul-making which embraces image and fantasy rooted in the Jungian polytheistic feminine character of *anima*, the word used by Jung for ones personal and personified soul-making.

To live psychologically means to imagine things; to be in touch with soul means to live in sensuous connection with fantasy. To be in soul is to experience the fantasy in all realities and the basic reality of fantasy. (Hillman, 1977, p23)

Soul, in this sense, is less to do with the *heights* of spirituality and more to do with the *depths* of human fantasy image-based experience via the polytheism of mythology. According to Samuels (1985, p245), Hillman does not deny spirit its existence but does not regard it as the subject of psychology. Soul is interiority and spirit is exteriority. Soul is therefore differentiated from spirituality and psychology, and is seen as the imaginative faculty in human experience that binds all internal and

external realities into a dynamic chorus of voices that permeate subjective and objective experience.

Thomas Moore (1992, 2002, 2004) further explores the principles of care of the soul, emphasising the importance of re-envisioning the everyday through the imagination and the poetic. He applies Hillman's concept of soul-making to the exploration of an approach to human suffering that is not about cure.

[C]are of the soul is quite different in scope from most modern notions of psychology and psychotherapy. It isn't about curing, fixing, changing, adjusting or making healthy, and it isn't about some idea of perfection or even improvement. It doesn't look to the future for an ideal, trouble-free existence. Rather, it remains patiently in the present, close to life as it presents itself day by day, and yet at the same time mindful of religion and spirituality. (Moore, 1992, pxiii)

Incorporating spiritual care into art therapy practice requires an approach that is supported by the developments in art and psychology which affirms an integrated approach. Sensuality and morality, the numinous and the beautiful, nature and the divine, the ideal and reality, the imagination and technical rationality are cohabitants of the intersubjective space in art therapy. A space that is simultaneously corporeal and transcendent where there is no dichotomy between word and image, body and soul.

Meaning-making in art therapy oscillates between the material and the agency of the patient and therapist. It is not a circumnavigation of sensuality and sensibility, but moves through inner psychic processes and the body to emerge through the joining of the ethnographic imagination, reflective practice and art-*in*-action. This is a three-dimensional, intersubjective space where the discovery and experience of spirituality and transcendence become possible. This is an approach that does not deny the importance and value of a religious sensibility rooted in a personal historical and cultural milieu.

### **3.4. Spiritual Care at the End of Life**

#### **3.4.1. The dying soul**

Spirituality in the care of the dying person within the context of palliative care, has become of increasing importance and focused attention. The interest appears to have been stimulated by a concern that, within health care as a whole, spiritual need has been occluded and is one of the least developed and explored aspects of palliative care. In his book, The Dying Soul, Mark Cobb emphasises the centrality of spirituality to human experience.

[S]pirituality is basic to being human and therefore something common to humanity; it gives shape and direction to life relative to essential principles, and is formative of, and in turn manifested in, being human...[their] ultimate reality and worth..[These values] may be developed or discovered, and range from an existential imperative of making meaning out of life to the ‘reading’



of universal values out of texts, traditions, the natural order and supernatural revelation' (Cobb, 2001, p14).

Cobb (2001, p15) also draws a comparison with the psychology of belief which recognizes the '...significance of belief (a sense of meaning) and faith (the capacity to believe) in the way that people face illness, dying and death'. The psychology of belief contributes to supporting the legitimate and necessary consideration of religion, spirituality and faith, within the context of health care systems of psychological care. Spirituality in palliative care is considered to be in one sense general and 'common', but if thought of only as an ethereal mystery to all patients this will diminish its significance and complexity. Scientific reductionism has not provided the means of satisfying all human need, and the search for meaning born out of existential uncertainty and dissatisfaction with materialism re-introduces the compulsion towards transcendence. Even when spirituality is considered to be a redundant metaphor of a dead metaphysics, the subject refuses its denial when discussions about ethical and moral dimensions of suffering, existence and mortality arise. Kearney and Mount (2000, p357-8) argue that '...spiritual issues...have a relevance beyond personal world view, for they lie at the very center of the existential crisis that is terminal illness...[S]pirituality refers to that which is deepest and most genuine in us, the ground of our being, and what we, and others, refer to as spiritual pain is the experience of alienation from this depth'.

### **3.4.2. Spiritual pain**

Kearney (1996, 2000) develops an approach to the care of the soul that provides a way of addressing spiritual pain. He places an emphasis on the tradition of the hospice principles of whole person care, where biomedicine is held in balance with a psycho-spiritual understanding of human suffering and need. Nature, the soul and depth psychology are considered as ways of addressing therapeutically the intense existential search for meaning that can evoke spiritual pain when mortality, death and dying are a central theme.

Kearney's concern is also to maintain some of the core values established by the pioneers of the hospice movement. He returns to the emphasis that Cicely Saunders promoted when developing the modern hospice movement, on providing an environment where the terminally ill and dying would be cared for with detailed attention to the control of physical pain and the suppression of unpleasant symptoms, with an equal level of detailed attention given to emotional, psychological, spiritual and social needs. Kearney explores a creative and imaginative response to the needs of the dying, where professional carers are orientated to providing opportunities for the dying to communicate their experiences fully. This is about enabling the patient to give voice to their deepest feelings and values in a non-judgemental way. The arts and humanities in general, music therapy, art therapy and complementary therapies, are considered valuable additions to the multidisciplinary team caring for the dying. Hospice, palliative and end-of-life care is a way of meeting the needs of the terminally ill and dying, that has been able to sustain a balance of medicine and nursing along with the arts and humanities. There are many tensions across the

multidisciplinary and interdisciplinary aspects of this model of care that can often inhibit and circumscribe practice and care. Kearney's discussion supports the view of staying vigilantly within the tensions of this model of care, in order to preserve the 'mind and the heart' of hospice and palliative care.

Recent developments in end-of-life care and the recognition of the needs of people living with long term degenerative illnesses along with an ever increasing frail elderly population, means that integrated whole person care can only be sustained by commitment at government, institutional and practitioner levels. To remain attentive, listen and hear the voice of the dying, requires an ability to work creatively within systems and structures in order to sustain a spiritual fragrance to the relationship of care. Creating a 'place of healing' is not only an institutional goal in order to fulfil the task of providing the best care for the dying; it is also a practitioner-based responsibility.

### **3.4.3. Ecology and the sacred**

Aldridge (2000b, p15) has explored an anthroposophical approach to understanding spirituality in health care, which offers another colour to the palette of approaches to spiritual care. He argues for an '...ecological understanding...and a return to a sacred understanding of human beings and nature. In these instances, 'God', 'the divine', 'the cosmos' or 'nature', may be the name given to a meaningful immanent context in which life is performed'.

Aldridge (2000b, p16-17) goes on to define his approach to spirituality as the ‘...refining of human consciousness in reaching the truth’. Spirituality is understood as ‘contexts of consciousness’, perceived within a ‘systematic ecology’. He supports the view that along with science, art and theology ‘...are also purveyors of truths within our civilized cultures and have contributions to make to the healing debate...Technology divorced from ethics leads to an unbalanced ecology’. Based on Gregory Bateson’s concept of an ecology of ideas, Aldridge (2000, p26) explores the notion of a meta-pattern that connects, ‘...discovering the meta-pattern that connects is the discovery of the sacred’. To define meaning involves a process of observation, interpretation and induction through a framework of meta-patterns. This is a way of preserving the uniqueness of the particular while drawing out possible universal truths.

Aldridge (2000, p49-51) addresses the difficulties of defining spiritual meaning within the context of postmodern constructivism which claims that ‘...[t]here is no attainable truth but temporary, emergent and immanent truths that are experienced’. To interpret this requires an understanding that it is ‘...aesthetic, in that it is based on styles of constituting the world, and pragmatic, in that the world has to be done’. Aldridge (2000, p104-5) says that ‘...identities are constructed and maintained each day, thus a performed identity and a functional aesthetic’. The consequence of this, however, is that ‘...we lose...the connection between what we are and what we present. It could be that we are so busy presenting identities that we are failing to achieve any development of an inner content. Therefore, we have expression of continuing dissatisfaction and feelings of emptiness; all site and no substance’. Concurrent with the postmodern challenge to orthodoxies, there seems to be a

deepening ‘...search for meaning in the face of chaos, loss, hopelessness and suffering’ (p110). It is by comprehending spiritual meaning as an axis of horizontal natural ecology and vertical divine ecology that may retrieve the potential for healing and a stabilising surety of purpose.

#### **3.4.4. Multi-faith and spirituality**

Recent research undertaken by Michael Wright (2001, 2002), has shown that whilst spiritual care in hospitals and hospices has been the responsibility of chaplains and continues to be a broadly Christian endeavour, there have been significant developments which have meant that a more inclusive and culturally sensitive approach to spiritual care has had to develop. Religious diversity and a multifaith definition of spirituality has increased the need to accommodate the individual and their family’s own definition of spiritual need, based on broader concepts of personhood, acceptance, beneficence, purpose and meaning. Wright states that spirituality is a concept that is developing and evolving within palliative care, and needs to be understood from a postmodern perspective where pluralism, bricolage and multiple paradigms without any sacred centre, constitute much of the concern for spiritual matters within health care systems. Wright (2001, p145) organises his findings around four key themes: finding meaning, transcendence, becoming and connecting. Within this frame of reference the questions Who am I? Who are we? Why are we here? are answered in the unique context of an individual’s community, culture and relationships. It is the attentiveness to these situational complexities that is the focus of much pastoral care in order to establish a sensitive reading of spiritual needs and concerns.

The spiritual terrain of the terminally ill and dying person is a locus of meaning-making within the intersubjective space of art therapy practice. Art therapy practice that allies itself to the imagination and the poetic of the everyday allows room for spiritual needs to emerge and to be explored. William West (2004), David Fontana (2003) and Agneta Schreurs (1992) provide useful theoretical frames to accommodate spirituality and religion within the context of psychology, counselling and psychotherapy. When working intimately with the dying a therapeutic model is required that satisfactorily incorporates many of the definitions of spirituality discussed earlier in this thesis and the current chapter. The methodology I have applied to my research offers a way of contextualising the meaning-making in art therapy, in a way that facilitates expression and communication of spirituality and religion. There is no conflict of psychotherapeutic interest or theoretical contradiction in the application of a pastoral model of care to the practice of art therapy. Care of the soul, spirituality and religion are integral aspects to many patients' worlds and their experiences, which can often become more intense and urgent because of the imposition of prognosis and drawing close to the horizon of mortality.

#### **3.4.5. Case vignette**

The case studies in chapter four illustrate many aspects of the meaning-making that brings the patient to the threshold of spirituality where transformation can take place. Visualisation through the art-making process and the artefact spatialises the intersubjective environment into which transcendent possibilities can be realised. Kevin's drawing, discussed in more detail in chapter four, imagines a spiritually-charged scenario where he looks down upon his own place of burial, where three pairs

of faint footprints remain at the graveside. His perspective is from outside the drawing looking into the grave, the absent witnesses, the solid gravestone and detailed foliage. The grave is empty, suggesting he is waiting and anticipating his burial or that his body has been translated to another world. There is a memory of Christian symbolism that gives him some orientation as he grapples with the difficult theme of his image. Here the religion culturally most familiar to him is employed as a way of marking his passage from this world. The pain and anger of his reflections are expressed in the lightning red burst of energy from the pinnacle of his headstone, flowing with blood that drips at its finishing point at the bottom left corner of the page. Death is contemplated as an empty grave and the remnant of witnesses. The headstone has a gothic style overgrown with ivy.

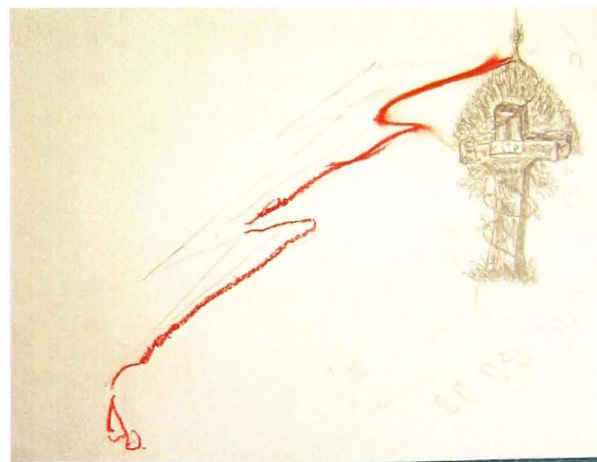


Fig 1. Kevin.

Kevin's image is an example of the striking and evocative way that spirituality is communicated, in a range of terms that are remembered fragments of ritual and religious association, visualised through his drawing. Kevin talked about his uncertainty and dilemma with a belief in life after death. He wrestled with the 'surreal' experience of knowing he was dying and the anticipation of being dead. The visual language that Kevin found to communicate his thoughts and feelings took place

as a result of his engagement with art therapy within his home. The opportunity to use a simple range of art materials opened up the consideration of dying and death through the *imaginal*, three-dimensional spatialisation in his drawing. He discovers what Schreurs refers to as a 'spiritual root metaphor'.

A spiritual root metaphor is a basic means of perceiving order, meaning and unity in the seeming chaos, meaninglessness and discontinuity of life. It helps people to organise thoughts and feelings, focusing on how such situations and experiences affect the relationship with God. It provides a language and images to communicate the spiritual way of seeing reality. It helps in making choices, regardless of whatever other pressures may be brought to bear by outside forces. By helping people to make such choices, a spiritual root metaphor also helps them to find and create their personal and collective identity. (Schreurs, 2002, p98)

For Kevin, his image provided him with a 'spiritual root metaphor' to affirm his identity and to consider death, life after death and his thoughts and feelings about God. Here spirituality is seen to be an essential dimension to Kevin's aesthetic and psychotherapeutic experience. The image becomes the point of exploration, discovery and transformation, aided by the 'conversational' dynamic of the therapeutic relationship. Kevin takes care of his soul, which from another perspective he is not ready at this point to surrender to death and the grave. Kevin was preoccupied at this time with attempting to do the 'right' thing for his family. He was searching for a sense of absolution, and letting go of past choices that he felt uneasy about and for which he harboured some regret.



Kevin's image provides substance for the location (Aldridge, 2000b) of his spiritual view of his circumstances. He fills the pictorial space with meaning, and addresses his spiritual pain (Kearney, 1996, 2000), through metaphors and symbols that he alone can select from his own repertoire of images, turned out through the mnemonic and mimetic process of drawing. He tells the story of his own mortality through art, which is then interpreted and translated through his own agency and action in collaboration with that of the therapists. Reflection-*in-action* turns the art-making process and artefact on the axis of the ethnographic imagination to reframe the problem of facing death. This then allows for subtle adjustments to be made at a deep psychological and emotional level. It allows the fear and terror of death to be approached and experienced in a way that is not overwhelming or threatening to the inner integrity of the psyche. The veil of death is drawn aside in order for important deep psychic work to take place. When there is distress caused by anxiety and fear fuelled by prognosis and the imminence of death, the creative image-based psychotherapeutic intervention of art therapy provides the conditions for psychic healing to take place. It aims to provide a place where the inner natural resources of the soul can be harnessed. In the same way that the physician places the body in the best conditions for the healing resources of the body to be activated, in some ways art therapy provides conditions in which deep psychic resources can be accessed and released for the healing of the mind and spirit.

### 3.5. Spiritual Meaning in Art Therapy

#### 3.5.1. Archetypal psychology

Attempts to define spiritual care in art therapy theory are modest, and it is an aspect of practice that requires further discussion and elaboration. The sacred, poetic and imagination of the soul have been understood in terms of archetypal psychology and the embracing of the Shamanic tradition. McNiff (1992, p19) argues for the ministrations of the arts as a means of accessing the autonomous images of the soul and its ‘...instinctual process of caring for itself’. The Shamanic application within art therapy is a form of pantheism that constitutes God in all things, whilst simultaneously advocating a contradictory notion of Gnosticism, wherein God is transmundane and did not create and does not govern the cosmos. God is there but remote and unknowable.

The primary focus of McNiff’s ‘soul-making’ system, falls back on archetypal psychology, and maintains a dependence on the centrality of soul as defined by Hillman (1977), in conjunction with the principles of depth psychology. In his approach the image becomes a kind of sacrament that facilitates a raising of consciousness of the soul and a connectedness with nature and its healing powers. Art practice and experience becomes central, and is raised to a position within the therapeutic relationship, of Shamanic status with the power to call on *daimonic* or personified psychic figures within the soul as guides to wisdom and healing. The term *daimon*, generally understood in antiquity to mean inner teacher or consciousness, is significant, as it relates to the notion of multiple personas that constitute the soul and

is equated with personal identity and destiny. Hillman's ideas have influenced Moore's (1992) approach to 'care of the soul', and is a way of bringing to the heart of therapy the imagination and creative modes of understanding and healing.

### **3.5.2. Belief art therapy assessment tool**

Ellen Horrovitz-Derby (1994, p29) undertook a research project to determine what patients in art therapy '*...believed* in and how that creed impacted a patient's spirituality, family functioning, and ethical practice'. Horrovitz-Derby (1994, p31-2) employs the stages of faith outlined by James Fowler (1981) as a theoretical basis for her research, and conducts an interview which includes a first directive to 'draw, paint or sculpt what God *means* to you' and a second directive to 'make an image of the opposite to God'. The description of a number of case studies provides examples of the diversity of beliefs that are held and can be expressed through art. The application of Horrovitz's Belief Art Therapy Assessment tool facilitates the communication and exploration of spiritual and religious themes in art therapy practice.

### **3.5.3. Transpersonal psychology**

A more recent publication on the subject of spirituality and art therapy by Mimi Farrelly-Hansen (2001) is a compilation of accounts of personal spiritual explorations. These are anecdotal stories of an eclectic nature presented within the frame of transpersonal psychology. Here the approach to art therapy is influenced by art-making and psychotherapy, along with the wisdom of ancient spiritual systems. This school of spiritual consciousness advocates freedom, full self-realization and the

sacredness of the life journey. In many ways, this is not dissimilar to West's (2004, p59) discussion about spirituality with reference to the perspective of Wilber's transpersonal model alongside the principles of I/Thou, presence, tenderness and prayer (West, 2004, p95), as qualitative responses to understanding and facilitating individually-constructed ritual and meaning, and orthodox religious practices and culture.

### **3.6. Summary**

#### **At the Edge of the Sea**

I have heard this music before

Saith the body.

(Oliver, 2004, p68)

#### **Take it with me**

The ocean is blue

As blue as your eyes

I'm gonna take it with me when I go.

(Waite and Brennon, 1999, track 15)

Spirituality in art therapy, when it is acknowledged, explored and given expression, further deepens the meaning-making that takes place. The soul can be considered as that which roots us to the sensual and the subjective. We live the experience of spirituality through our whole moral being in imaginative collaboration with the body

and the mind. In art therapy the communication and relationship that unfold through symbolic, metaphorical and poetic ways of knowing and understanding through art, give voice to the internal processes of making sense of dying and death. It makes possible the reframing of intangible and ephemeral nuances of experience, through the working of art materials and the images that are the focus of shared responses and interpretations between the patient and the therapist.

Tom Waite's song 'Take it With Me', summons up the longing for the familiar and the beauty of the ordinary and mundane. There is simplicity in those things that connect the soul to location, history, community and relationship, yet they are laden with rich textures of meaning that fill the inner spaces of the individual psyche and body. Life in the face of death can feel like a performance that has little or no script. Patients often say that they wish someone could give them a set of instructions, or a recipe of strategies for anticipating and dealing with the unknown and the uncertainties of their circumstances. A patient once said to me that shortly after his diagnosis of incurable cancer he would angrily head out into the countryside believing he could 'walk it off'. He said this while working on a small watercolour painting of a landscape created from memory at a time when he had become dependent on a wheelchair and was generally much less well. In those moments he remembered his own 'pastoral music', and took the memory with him as he faced death. When death approaches, improvisational and imaginative modes of living become critical. These improvisational moves are discovered sometimes with tremendous effort, anguish and tenacity of purpose. In the context of art therapy, inner psychic *imaginal* moves can be improvised into a performance that can be novel, disturbing and illuminating.

There are always things to take with us 'when we go'; death is a vestibule of memory. Through pain, loss and the depths of suffering, something survives that transcends the individual and their context. Even the memory of long walks when there was still energy, stamina and mobility to draw on, can become a source of hope where past achievements can be revisited and feelings of affirmation rediscovered at the heart of suffering. Spirituality and religious sensibility is often about remembering and telling (Josipovici, 1988, p151) '...the movement forward always works in rhythm with the look back, and that this looking is saved from turning into nostalgia or compulsion by being recognized and dramatized'. The significance and importance of recounting and retelling the stories of our lives, in relationship to the divine, cannot be underestimated for deep psychological, cultural and social reasons as well as for transcendent purposes. The dying person is provided with the opportunity, through the art-based activity within art therapy, to face death while remembering and telling their personal story of suffering. Their experience is recognized and performed. In turn this facilitates the potential for Schreurs' (2002, p141) concept of the 'spiritual true self' to be discovered and experienced. The 'spiritual true self' according to Schreur (2002, p141-142), can be considered as a development from existential consciousness of self-knowledge towards an '...awareness, too, of an 'object': God'. Remembering, telling, improvisational performance and transcendence, combine in art therapy to engage with the 'true self' that is the concern in much psychotherapy. The 'spiritual true self' is given validity and due care and attention, when considered as a vital and significant aspect of the experience of art therapy when working with end-of-life needs.

Oliver (2004) conjures in a few words the feeling in the body that we can hear as a voice speaking to the soul and the mind. The musical resonance of the sea felt in the

body reminds us of an oceanic melody within the psyche. External reality and internal realities soaked in remembered experiences, thoughts and feelings meet and commune in a language not always located in words but in images. These images that emerge from the deep unconscious of the psyche seem to be coloured by the desire and search for inner nourishment and reparation.

There is also a sense of unfulfilled longing evoked by Oliver's poem and Waite's song. A longing that cannot be satisfied, as it would then deny any horizon to life that invites and draws us towards new and unfamiliar experiences, understanding and insight. Perhaps this longing is a quality of the human need that searches for spiritual meaning-making in the face of death. The romantic association of the sea with the colour of a beloved's eyes and the physicality of music brings to mind, in a few words, how images can be woven together and elaborated to deepen the sensuality of meaning. The denial of the body is not the means of transcendence, but the body becomes the instrument for illumination. The soul is nurtured and nourished by the sensual engagement and reworking the materiality of the world and its objects.

Metaphorical sight and vision can illuminate the soul through the art-making process and the artefact in art therapy, when the frame of therapy is considered to be an environment full of agency and action. Spirituality is, therefore, a significant dimension to art therapy practice and is given validity through the historical integration with art. Psychotherapy theory and practice is beginning to develop ways of paying attention to belief and faith, so that spiritual and religious sensibilities are given equal attention and consideration.

Willis's (2000) *socio-symbolic* meaning-making can also help in the process of taking account of the spiritual dimension of the intersubjective space of cultural practices. His concept supports the argument that art and psychotherapy combine to create a practice-based *socio-symbolic* meaning-making in context. Art therapy practice is a form of cultural practice-*in-action*. Reworking, resetting and reframing meaning in context, in order to elaborate further the psychotherapeutic work taking place. The image-based practice of art therapy fuels this process, and generates energy and momentum to sustain the flow of communication and relationship. In this way spirituality can be considered and incorporated into the therapeutic work when the therapist is able to '...recognise in what aspects the spiritual and the therapeutic processes do and do not parallel each other' (Schreurs, 2002, p193), and when spirituality has significance beyond the frame of therapy.

[S]piritual involvement transcends any therapeutic endeavour...First, it is *contextual* to therapy. One's spiritual orientation determines what will count as a problem, as well as what kind of problem it is considered to be and what kind of options are available to solve it. Second, it transcends therapy because *struggling with the great questions of life is in and of itself not a symptom*. On the contrary, it is normal and worthwhile to engage in it. (Schreurs, 2002, p193)

Spiritual care is, therefore, a part of the therapeutic work in art therapy. Integrated whole person care is the concept of care within the constituency of palliative care that supports the argument in this thesis, that art therapy is an *enclosure* where spiritual needs can be seen and worked with. It is important, however, to emphasise that the



studies undertaken by Orchard (2000) and Swift (2005), demonstrate that spiritual care is predominantly the concern of the role of the chaplain in most health care contexts. Spirituality, within the environment of the hospice, is often a nebulous and 'slippery' term that health care professionals struggle to work with in their relationships with patients. As professions wrestle with this dimension of care and learn to integrate it within their practice, there is the potential for a greater degree of integrated care. The role of the chaplain does provide helpful orientation towards meeting this area of need. Spirituality is uncannily fluid, and flows around and amidst the dynamics of care and practitioners' areas of expertise. It also flows out of personal attitudes, values and beliefs, which make it imperative to arrive at an understanding and language that adequately identify spiritual need and how to deliver spiritual care.