# Drawing on the End of Life: Art Therapy, Spirituality and Palliative Care
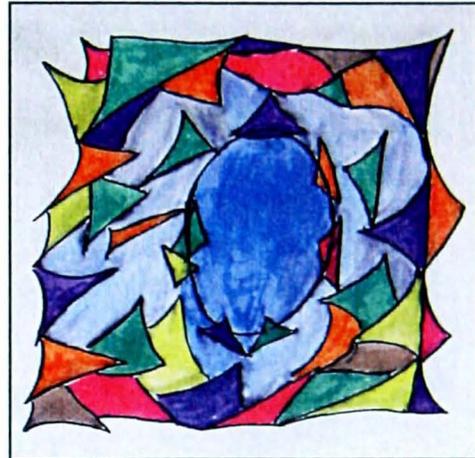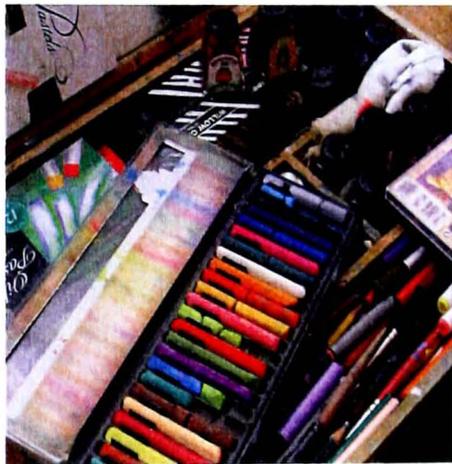
## A Retrospective Ethnographic Study of Meaning-Making in Art Therapy

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# Chapter 4.

## The Artefact and Meaning-Making in Art Therapy

### 4.1. Introduction

#### 4.1.1. Ways of seeing

The student of culture is...more like a critic illuminating a poem, than a scientist or even a 'cipher clerk'. She must adopt what is clearly a species of hermeneutical method. (Astley, 2002, p113)

[Seeing is like] 'The echo of a thought in sight' (Wittgenstein, cited in Astley, 2002, p85)

Before introducing the case studies I wish to return to a reflection on an aspect of interpretation of art works in the context of high art. Percy (2001, p347-350) provides two examples of how great works demonstrate how culture and religion inter-relate. He provides a discussion about Mathias Grünewald's *Isenheim Alterpiece*, considered to have been painted between 1512 and 1516, and Stanley Spencer's *The Resurrection, Cookham*, painted between 1924 and 1926. These pictures, over four hundred years apart represent the way in which great art continues to communicate a culturally bound understanding of religion. As Fuller (1980a, p4) says in his revaluation of John Berger's <u>Ways of Seeing</u> '...the greater the work of art, the less it seems to be reducible to the ideology of its own time'.

The *Isenheim Alterpiece* was commissioned by the Preceptor at Isenheim, Guido Guersi, and was painted for the hospital chapel at the Anthonite Abbey. The Anthonite Order originated in France at the end of the 11th century and was dedicated to the care of the sick. The alterpiece served the purpose of contemplation and spiritual comfort. Patients were taken to the chapel before receiving medical treatment in the hope that the intercession of St. Anthony and St. Sebastian (the protecting Saints), would provide a miracle cure for those suffering from physical illness, and in particular syphilis and the plague, otherwise known as the 'burning sickness' (The Great Artists, 1990, p1154-1155). The alterpiece depicts Christ bearing on his body the wounds and sores of the plague. The agony of suffering is expressed graphically in his open-mouthed torment and the twisted claw-like hands. The remnants of thorns can be seen piercing his skin. As the penitent gazed on this image, Christ was understood to be the bearer of human suffering and the means of atonement for the sinner.

Stanley Spencer's *The Resurrection, Cookham* is a biblical scene set in an entirely different cultural milieu; a Thames-side village in Berkshire. It is the mid 1920s and the graveyard of the church is the setting for God and Christ holding children with prophets and thinkers lining the church wall. The dead rise from their graves whilst some unfortunates are held captive in their tombs by the firm hand of the dammed and unable to leave. There is a density to the painting, crowded with foliage and stone, with the dawn light falling on the wall of the church from the right of the image. A female figure rises, parting the thick display of daisies like waves that have crowned her grave. A couple emerge, the woman helping her husband on with his coat. In the top left hand corner the painting sweeps round to a boat arriving with a party of

guests. The painting places the resurrection narrative firmly in the cultural psyche of the contemporary world. This opens up the biblical events in a way that is earthbound, and mingled with the terra firma and English pastoral context of life during this period of history. Christ is flesh and blood, divinely present in the midst of the hope of life after death and a new, yet familiar, earth.

The two great art works that Percy has chosen to discuss show ways in which religion, suffering and the resurrection are interpreted within different historical contexts and through the eyes of contemporary viewers. A further consideration is Fuller's critique of Berger's claim that there is an inseparable relationship between art and property. Fuller (ibid, p6-7) attempts to join the bourgeois academic interpretation of art as reflecting the unchanging human condition (a mystification of art which Berger opposes), and the historically specific meaning of a work of art '...constituted through particular signifying practices'. According to Berger we can only understand paintings from another historical period because we share '...comparable social relations and moral values' (ibid, p7). Fuller values Berger's discussion but objects to the reduction of the work of art to its market value.

> Berger says, the attempt to erect spiritual values upon works of art is quite bogus. It is a by-product of the high market price of the painting as unique object – nothing more. Thus he reduces the notion of 'authenticity' to that of authentication, or identification on behalf of the market – the sort of thing carried out by Sotherby's assistants. 'If the image is no longer unique and exclusive, the art object, the thing, must be made mysteriously so'. (Fuller, 1980a, p12)

What mattered for Berger was the language of the new technological means of reproducing images, and the question of who uses that language and for what purposes. Fuller places a different emphasis that counters the thrust of Berger's argument and from a materialist position says:

> I would suggest that, in its very sensuality, oil painting helped to initiate an unprecedented form of imaginative, creative, yet thoroughly secular art which (though initiated by the bourgeoisie) represents a genuine advance in the cultural structuring of feeling and expressive potentiality...Man had mingled his emotional and affective life in his religious projections: oil painting was part of the process of his return to himself, or his first finding of himself. With that first finding came the emergence of a secular spirituality, based on growing awareness of the nature of the human subject and imaginative experience'. (Fuller, 1980a, p16)

Fuller goes on to advocate a form of 'profane illumination', based on a materialist and biological concept of secular humanism (ibid, p24). Fuller's revaluation of Berger's <u>Ways of Seeing</u> provides a useful contrast to the challenges identified by Percy to understand the intimate relationship between culture, religion and spirituality. This is an important note in preparation for the analysis undertaken in this chapter.

## 4.1.2. The Brancacci chapel: an interpretation

The Brancacci chapel is located in the church of Santa Maria del Carmine in Florence, and is dedicated to the *Madonna del Carmine* (Our Lady of Mount Carmel) or the *Madonna del Popola*. Felice Brancacci, who was the patron of the chapel, held important public offices and was ambassador to Egypt. In 1423, he entrusted the decoration of the chapel to the artists Masolino and Massacio. The first of two frescoes from the chapel on which I wish to focus is Masolino's *The Healing of the Lame Man and The Raising of Tabitha*. The Biblical narrative (Acts, 3, 1-10) describes the episode when St. Peter and St. John healed a lame man at the gate of the temple. The story of Tabitha (Acts, 9, 36-41) is told in the same fresco and shows St. Peter raising Tabitha from the dead. The scene is set in a typical fifteenth century Florentine street. The two stories are conveniently separated by two figures strolling in conversation, bedecked with suitable headdress and robes. Masolino indulges in the newly-discovered geometrical perspective of the Renaissance as the buildings create the illusion of recession into space, and a side street disappearing to a vanishing point to the left of a mother escorting her child across the street. The environment is given further status as an ordinary street scene, by the washing hanging from the windows, stones littering the road and a domestic pet gingerly negotiating the ledge below a window.

The lame man is seated on a stool raising his right hand to St. Peter, who also offers his right hand. The moment of healing is about to take place, and the space between their hands begins to close. St. Peter looks in earnest as he prepares to explain his intentions towards the lame man. St. John waits in anticipation, as the gesture silently

communicates the impartation of God's grace towards the poverty and disability of the lame man. The immeasurable value of God's grace and healing are symbolised through a biblical narrative set in the context of what would have been a contemporary, modern scene with a mixture of classical robes and Florentine fashion. The raising of Tabitha is a little more unusual as the death bed scene is placed within a portico that is open to the street (the biblical narrative places Tabitha in an upper room or chamber). Tabitha has just been raised from the dead by St. Peter. She is still wrapped in burial clothes, sitting up looking pale and locked into serious eye contact with St. Peter. A fellow disciple, to his left, raises an eyebrow as the onlookers respond with gasps and looks of surprise, and appear troubled by the event. Masolino has juxtaposed many influences (technical, stylistic, cultural and religious) to create a more human and earthly interpretation of two astounding miracles performed by the disciples following the death and resurrection of Christ. Poverty, suffering and death are overcome by the power of God's presence in an ordinary street scene, bringing the biblical narrative into closer proximity to the Florentine Bourgeoisie and interpreting the subject in a culturally relevant way, incorporating the new science of the Renaissance through the discovery of perspective.

The second image that I wish to discuss is Massaccio's fresco *St. Peter Healing with His Shadow* (Acts, 12, 15-16). The fresco describes the occasion, after it became known in Jerusalem that the apostles were performing many signs and wonders, when the people placed the sick on beds in the street in the hope that as St. Peter passed by they would be healed simply by his shadow falling upon them. St. Peter, with a fellow apostle, passes a number of the lame and the sick. The street scene is presented in perspective with a row of medieval Florentine houses and a stone-built palace. In the

background there stands a bell tower, and a portion of sky increasing the illusion of recession. The shadows of the apostles are seen to fall on the two figures in the foreground. St. Peter looks out towards the viewer, confident in the knowledge that God's power is emanating from his presence. The episode is translated into a typical Florentine street scene, thus locating the biblical narrative firmly in a Renaissance setting. The poor and the disabled are ministered to in the ordinary circumstances of an urban environment of its time.

These two examples of Renaissance high art, illustrate the way in which culture and religion continue to have a cohesive relationship that is relevant to contemporary life. Looking at and interpreting images from high art, show how new understandings of the religious and spiritual dimensions to art and life can be discovered. This happens as those discoveries achieved through looking and seeing in new ways, transform some aspect of our inner-world experience. This can also happen in the ordinary circumstances of the art-making process and artefact within art therapy practice with the terminally ill. It may not be great art '…but it is the rich soil out of which art can grow' (Collins, 1994, p56) and it is the cultural soil (to extend the agricultural metaphor) that the *halas* (Percy, 2001, p17) of spiritual life so richly cultivates.

### 4.1.3. The case studies: preliminary comments

The case material presented in this chapter will be the focus of analysis for this study. The drawings and paintings selected will be examined through the lens of the ethnographic imagination (Willis, 2000). The therapeutic relationship within the home and hospice environment provides the ethnographic context from which the drawings

and paintings as artefact are selected. This is a retrospective analysis of drawings and paintings made in art therapy after registration for PhD research in 2000. The intersubjective interpretation of meaning is analysed using Willis's *socio-symbolic* approach of sensual engagement in the material world to create meaning through symbolic work (see Chapter 2).

As participant and observer during the therapeutic encounter, the dynamics of reflection, problem *setting* and reframing are part of the process towards analysis. The practitioner in context, at work, reflecting and making meaning from the experience of facilitating the art-making in art therapy, is intrinsic to the understanding and value of the therapeutic experience. Action and agency combine to support the emergence of otherwise unforeseen image-making and the meanings that are attributed to them, thus identifying the many and varied uses and purposes of art in art therapy.

The drawings and paintings selected have been created in art therapy sessions by adults who have a diagnosis of cancer or other life-threatening illness. These art therapy sessions have taken place in the home of the patient, although occasionally some meetings have taken place at the hospice. Identifying the meaning-making that takes place in art therapy will form a significant part of my analysis. The drawings and paintings, made in art therapy, become the unique medium and agent through action for understanding this experience of meaning-making. My argument will be that the therapeutic context of relationship and communication, between the art therapist and the patient, forms an ethical and spiritual environment of care for the inner life. This is a particularly important consideration when responding to the end-of-life needs of the terminally ill and the dying.

Encouraging the patient to think and feel creatively through the use of art materials and make drawings and paintings, is an intrinsic dimension to the art therapy experience. The drawings provide a tangible reality to the subjective inner experiences of the patient. The process of using art materials and all the subsequent psychological, cognitive and physiological faculties employed to do this, allow access to the psyche and the opening up of inner experience to be expressed and communicated. This facilitates the possibility of the psychic aspect of the self to become comprehensible and understood through symbolic and metaphoric *imaginal* narrative.

The artefact within the intersubjective space of art therapy, as practised within the home and hospice environment, reveals significant and life-enhancing layers of meaning. This is accomplished by employing the ethnographic imagination as the overall frame of interpretation, combined with the concept of reflective practice and art-*in*-action. The domestic setting and the social context of the patient being cared for within the home and the hospice environment, is the ethnographic location for the emergence of the phenomenological status of drawings and paintings as artefact. The drawings and paintings appear on the horizon of lived experience within the context of the therapeutic relationship in art therapy, inviting a response that opens up the potential for shared meaning; the making of identity and the affirmation of self at the end of life.

Ethical meaning and spiritual meaning are also dimensions to therapeutic beneficence in art therapy. The significance and meaning that is attributed to the drawings discussed here is an ethical and spiritual response to the created artefact of the patient

and their inner life. These dimensions to art therapy practice with the terminally ill are also ways of describing the transcendent experience. That is, the ability of the psyche to transcend physical limitations and the threat of mortality; to know inner validation (the therapist is responsive and responsible for and towards the patient) and to experience life meaningfully at the end of life (therapeutic beneficence through the use of art materials and making images).

The drawings analysed here have been collected over a period of six years. They represent a wide range of approaches to the use of materials and themes explored within art therapy. Most patients do not have any previously learned skills in drawing or painting. It is often the first time since being at school that they have been given the opportunity to do art. Their images provide a way of showing that ethical and spiritual meaning is an essential dimension to the whole experience, and is given attention in the practice of art therapy in palliative care.

### 4.1.4. Ethical procedures and approval

Undertaking research in art therapy with the terminally ill poses similar challenges to any research within the field of palliative care. The advantage of taking clinical work as the material for analysis is that it is already formed within the context of care. The provision of art therapy as a service within the clinical frame and organisational structure of support means that it is an accepted treatment intervention with an evidence-base to support the profession within a health care setting. The material selected also remains within the boundaries of professional and organisational confidentiality and its use within this study follows the code of ethics for art therapists

(see below). The research in this thesis does not fall into the category of typical medical research and is not testing a new treatment alongside an established treatment. It is more in keeping with recent research theory that argues for '...observational studies contra controlled studies' (Illhardt and Ten Have, 2002, p209). Illhardt and Ten Have state that:

> A 'controlled' design means that a study must have at least two arms, one covering the group with the new medical intervention, the other(s) covering group(s) without that intervention. In cases of severe diseases it is hard to follow this design, as the patients need the treatment. Therefore it can be argued that an observational study is as valid as the controlled and prospective study when it observes the process of treatment and compares the results with 'historical' results, which are gained from charts or clinical reports. If this is right, research involving incurably ill patients becomes possible, as it gives these patients a chance to receive the benefits of the experimental treatment while they are being involved in a study. (Illhardt and Ten Have, 2002, p209)

Art therapy, as an established profession, is a treatment intervention that benefits patients, therefore the inclusion of case study material in this research does not deprive the patient of an intervention nor is it imposing an untested treatment. It is an observation and analysis of what has already occurred with a view to further enhancing the benefits. The dialogue and interactions that took place within the art therapy sessions provide the context for the analysis of the artwork created. The experiences of the patient are described on the basis of clinical case notes, and the reflexive interpretations of the art therapist. The retrospective focus of the case studies

included in this thesis has enabled the art therapist to describe in detail the content of art therapy sessions without requiring the patient to be subject to a research protocol that may have been burdensome. The vulnerability of the terminally-ill person is a significant factor identified in much of the literature as an ethical issue that creates difficulties for much research in palliative care (Illhardt and Ten Have, 2002; Dean and Clement, 2002; Stevens et al, 2003; Wright et al, 2006). This also raises the issue in palliative care of the need to discover a more appropriate and effective research paradigm (Walshe et al, 2004; Hopkinson et al, 2005), (see chapter 1). The vulnerability of the patient is at the forefront of this study and demonstrates how a retrospective ethnographic approach can maintain an ethically robust stance towards the material selected for description, discussion and analysis.

The reproduction of images as part of case study material is, in much art therapy literature, an established and acceptable way of providing visual evidence to support a text. Much of the evidence for art therapy relies on the use of the drawings and paintings created by patients to bring to the public and academic domain the content and unique qualities of practice.

The British Association of Art Therapists (BAAT) provides guidelines for the use of client's artwork and research. Points 15 and 17 of the code of ethics for art therapy practitioners are as follows:

15. Reproduction and Exhibition of Clients' Artwork

15.1 Members should use their own judgement as to the need to obtain permission before publishing client's artwork. In general a distinction can be made between publication or exhibition to a public audience and to a limited audience or forum comprised of fellow health professionals.

15.2 Members who wish to use verbal dialogue, pictorial or written products from art therapy sessions for the purpose of research, education, publication or exhibition should:

(i) wherever possible, seek the written consent of the client or the client's legal guardian or carer; and

(ii) clearly inform the client, legal guardian or carer about how the material will be used.

15.3 Members must, wherever possible, obtain written consent from the client, legal guardian or carer before a client or client's art work is photographed, recorded digitally, video taped, audio recorded, or otherwise duplicated for the purpose of public display and exhibition.

15.4 Members who wish to use verbal dialogue, pictorial or written excerpts from art therapy sessions may do so without the specific permission of the client, providing:

(i) the excerpts are only used for supervision, training, education, or for the purpose of disseminating evidence from art therapy practice.

(ii) the excerpts are used with limited audiences of health professionals who adhere to rules of confidentiality comparable to those which apply to Members; and

(iii) an indication is given in the treatment agreement or contract that excerpts from sessions may be used in these ways.

15.5 Members should never seek to profit financially from the sale of art expressions produced in the therapeutic relationship.

17. Research governance

17.1 As stipulated by the employing institution, e.g. University and/or NHS Trust – is an aspect, as part of Clinical Governance and as such, the same ethical principles, protocols and processes will apply to all research art therapists.

17.2 Research art therapists must respect the dignity and protect the welfare of participants in research.

17.3 Research art therapists must abide by the laws, regulations, ethics and professional standards governing the conduct of research and publication.

17.4 Information obtained by a student/clinician about a research participant during the course of an investigation must be confidential and any identifying information will be made anonymous. (Code of Ethics and Principles of Professional Practice for Art Therapists, 2007, p6-7)

The case material and artwork used in this study are part of the clinical case notes and are therefore protected within the organisation's systems of data protection and confidentiality. Due to the vulnerability of patients and the sensitivity of relatives, it was decided that an informal verbal request for permission was appropriate as any other procedure would have been considered too intrusive. Due to the severity of illness and the uncertainty relating to prognosis, five of the patients had died before they were selected for case study description and analysis. The circumstances of people with life-threatening illness often place limitations on recruitment for research and increase the likelihood of high levels of attrition (Steinhauser et al, 2006). Steinhauser (2006) and her colleagues demonstrate throughout their study that at all stages of the research design the integrity of the interpersonal relationship established between the researcher and the patient and their carer is paramount when undertaking research with the seriously-ill. This suggests that research protocol and support can coexist so that the subject can be included in the design as participant-observer. The study is also a reminder of the importance of continual critique of the research process at all stages, with regular communication and feedback to the subject.

The richness and strength of the case material used in this study is in part due to the period during the patient's illness when art therapy took place. The intensity of

increased physical illness and the impact of a poor prognosis accent the end-of-life context of the experiences described and analysed. The difficulty in undertaking research at the end of life is well documented. It was therefore decided that a request for informal verbal consent be made to patients and bereaved relatives whenever possible. Eight of the patients died over twelve months prior to the completion of this thesis, which further reduces the likelihood of any details described being recognised or the identity of the patient revealed.

The hospice Director of Medicine and Clinical Governance was approached and approval was given to use hospice patients for the case studies in this thesis. Informal verbal consent for the use of the case material and images was obtained from three patients during the period they received art therapy. Consent was agreed verbally by the bereaved relatives of five patients who either could not provide consent themselves due to the advanced stages of their illness or were considered for inclusion after their death. One patient who informally agreed to the use of their experiences and images in art therapy is still alive. This consent, along with making the content of the case studies anonymous and the posthumous use of material within the context of a retrospective research methodology, ensures that there is a satisfactory ethical basis for this study. All identifying names have been removed and pseudonyms used in their place. The case study material has been chosen from the position that the art therapist is the clinical expert and best placed to make the decision of inclusion of the content of art therapy sessions and the patient's artwork for this study. It is also common in art therapy practice for patients' artwork to remain within the confidential boundaries of clinical practice. Artwork is rarely seen by other professionals, relatives, friends or acquaintances of the patient. It is therefore extremely unlikely that

the images would be recognised by a third party. The drawings and paintings reproduced in this study are also of a unique stylistic quality that makes them impossible to attribute to their creator without specific and detailed knowledge of the individual and the context within which they undertook art therapy. As a retrospective study it was considered that there is minimal risk to the individual's posthumous memory and/or to bereaved relatives and the audience would be limited to fellow academics and professionals with a specific interest in art therapy, spirituality and palliative care.

The art work created in art therapy will, on the whole, not be seen by anyone outside the therapeutic relationship. However, the earliest examples of collections of drawings and paintings by patients (Adamson, 1984; Dalley, 1984; Milner, 1988; Prinzhorn, 1995) established the respectful reproduction of images to educate and inform. Connell (1998) is a more recent example of the publishing of art-work created by patients diagnosed with cancer. In all published articles in journals, patients' (or clients') art work is reproduced with anonymity and any details that might identify the patient are omitted. In the same way such details have been removed and pseudonyms given to each person discussed in the case study material.

The images have been selected based on the criteria that they are a drawing or painting created within the context of a typical art therapy session. Any single image or series of images created in art therapy by patients could have been chosen for analysis. They represent a wide cross-section of 'types' of images, yet are by no means fully representative of the diversity of approaches to making an image, whether that is a tentative pencil drawing of a figure or a thickly-painted multicoloured

abstract picture. The analysis is not a categorising of styles and their psychological equivalent (Simon, 1992, 1997; Maclagan, 2001). They also represent only a portion of the enormous range of personal themes explored using art materials and expressed through drawings and paintings. The themes and content of the chosen images and case study material provide the basis of a thick description and analysis of meaning-making in art therapy.

## 4.2. Case Study One

### 4.2.1. Background, context and the therapeutic relationship

Peter was seventy-two years old when I met him. He was married and his wife and children were very supportive. He had a diagnosis of cancer of the stomach, and I was asked to see him by the clinical psychologist attached to the hospice where Peter was an in-patient. The psychologist had met with him on a number of occasions and described him as being extremely low in mood, demoralised and that he had expressed feeling useless. After an initial discussion with the psychologist we agreed that Peter might find it helpful to use art therapy as a way of enabling him to express his feelings and communicate his experience. I met with Peter initially and very briefly to introduce myself and arrange an appointment. Despite his low mood he was responsive and agreed to meet. We then met three times, once in the hospice and on the other two occasions at Peter's home. Shortly after my third meeting Peter became less well, and this was the last time we had contact before his death a few weeks later.

The first art therapy meeting took place in a room a short distance from the ward at the hospice where Peter had been staying. This room is used as a space for general activities such as art and craft, cooking and social support for patients who are being cared for in the hospice. The space is usually full of 'homely' objects such as potted plants, an arm-chair, a table and chairs, a drinks trolley, and craft objects such as decorated plant pots and wooden bird boxes. We sat side by side at the table on which I placed my wooden art box full of drawing materials, and a sheet of white cartridge

paper in front of Peter. I opened the art box and showed him the range of dry materials, inks and a small set of watercolour paints.

The second and third meetings took place in Peter's home, a semi-detached house at the end of a short drive. On both occasions I entered through the front door into the lounge where Peter and his wife greeted me. Peter then led me through to the kitchen which looked out onto the back garden. Just to the right of the door as we entered Peter sat at the round dining table, near to the wall opposite the sink unit in front of the window. The lighting was dim and mellow from the ceiling light above the table. The daylight through the window was restricted by the neighbour's conservatory and the trees and shrubs in his own garden. I located myself to his left facing the corner of the kitchen and slightly angled towards Peter. I placed my wooden art box on the table and small black folder full of white cartridge paper to the side of my chair on the floor, having retrieved a sheet of paper for Peter to work on.

### 4.2.2. Introducing the art materials

The first meeting in the hospice gave me the opportunity to experience Peter's sense of despair. He was extremely withdrawn and I wondered whether he would be able to respond to my invitation to consider using the art materials and to talk about his situation. I adopted a disposition that I hoped conveyed the non-verbal message that I was not going to pressurise him to speak, and that I was able to accept his silence. Peter had experienced a stroke six years ago, and his previously dominant right arm was in a sling as he had lost a significant amount of strength and power in the arm, hand and fingers. I spoke to him about what it might feel like to try using his left hand

to make a drawing, and that he might spend a few minutes looking at the materials in the art box and choose something to work with. He sat quietly looking into the box. His face expressed a forlorn sadness. He conveyed an emotional flatness and sense of resignation. He began looking intently into the box and moved some of the pens and pencils around. With his left hand he reached for a lead pencil and began to sketch. It soon became clear that he was drawing the image of a tree (fig 1).
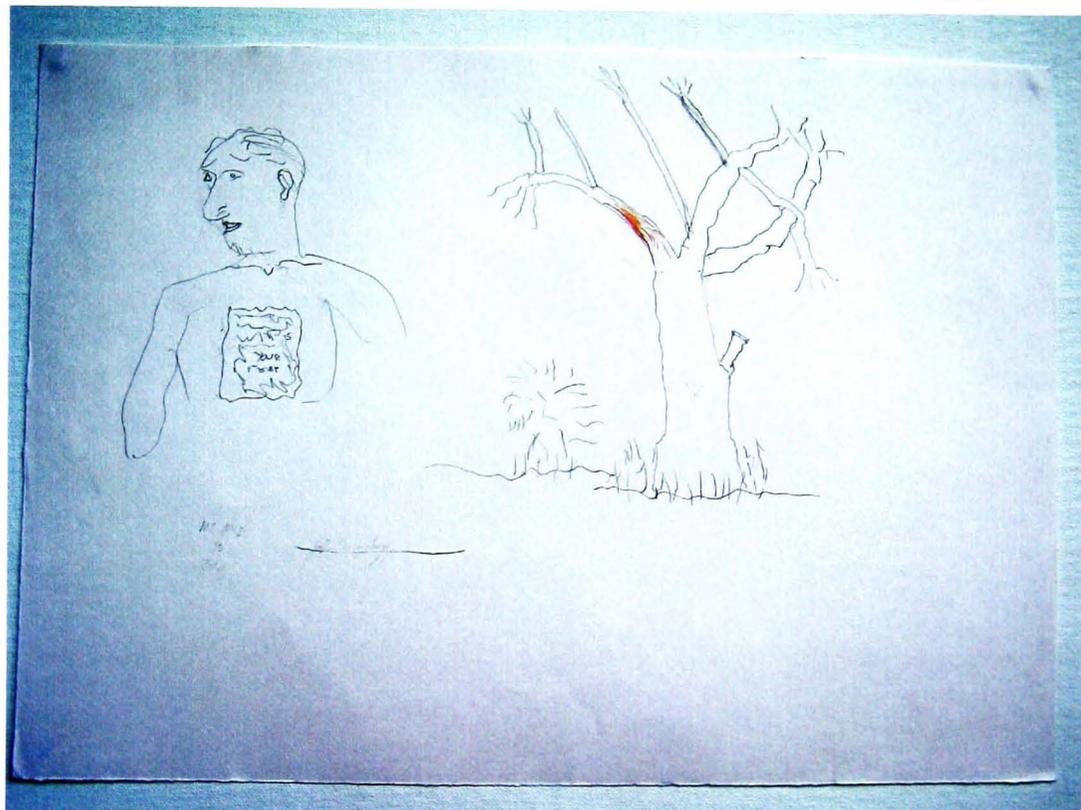


Fig 1

Once the tree was complete he asked me to draw something, so I made a quick sketch of a head and torso on a separate sheet of paper, to which he then made reference as the basis for his figure drawing to the left of the tree. On the shirt of the figure he has written 'wipe your feet'. As he worked, his demeanour changed and he began to relax and he stated that he 'might take to this'. Towards the end of making this image, Peter slipped off the sling holding his right arm, and tentatively wedged the pencil into his

fingers. He leaned forward and signed his name below the figure. Peter turned to me and said that this was the first time he had signed his name in six years (Fig 2).

Fig 2

He sat contemplating his picture and his name and then took an eraser and rubbed his signature out leaving only a faint line. Peter said very little during this meeting but focused with great concentration on his art-work. I believe he had responded positively and engaged well with the activity. We agreed to meet again at his home following his planned discharge from the hospice. Figures three and four are the images he made at his home in two separate art therapy sessions.
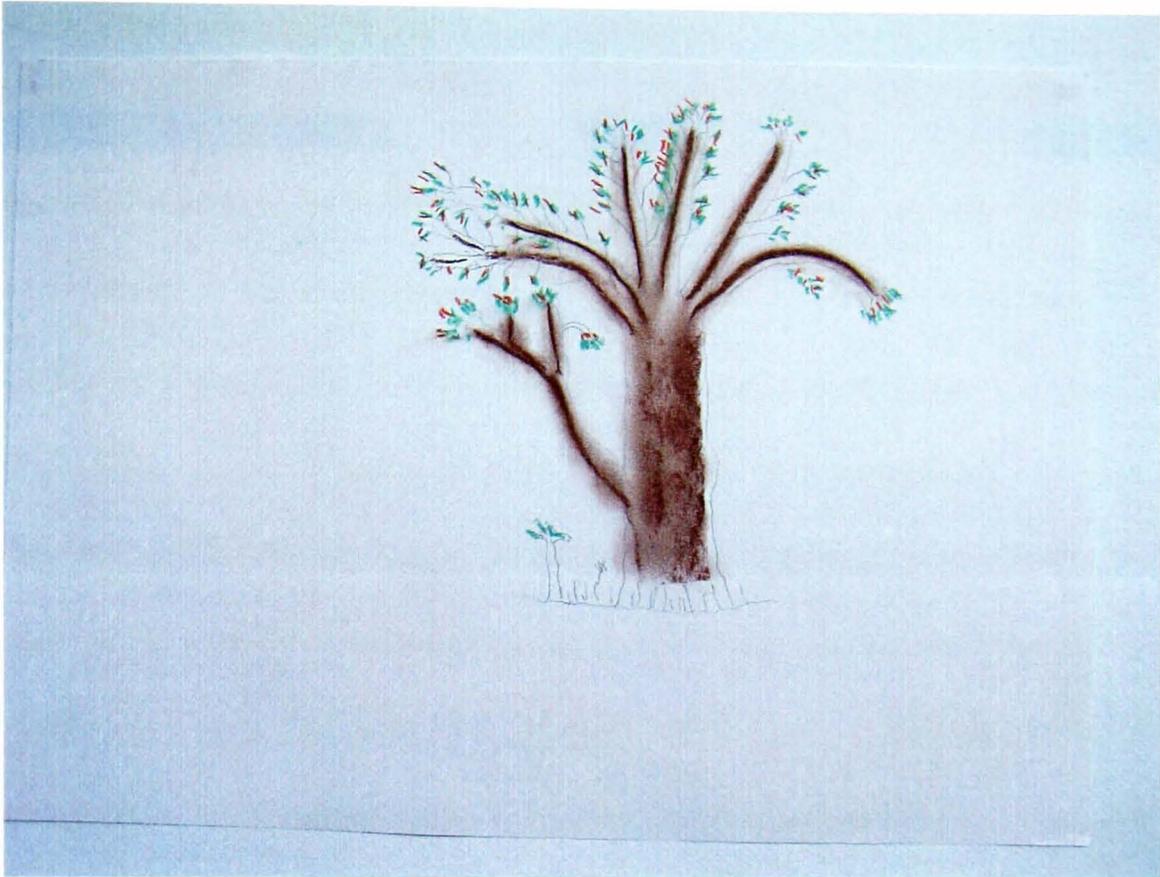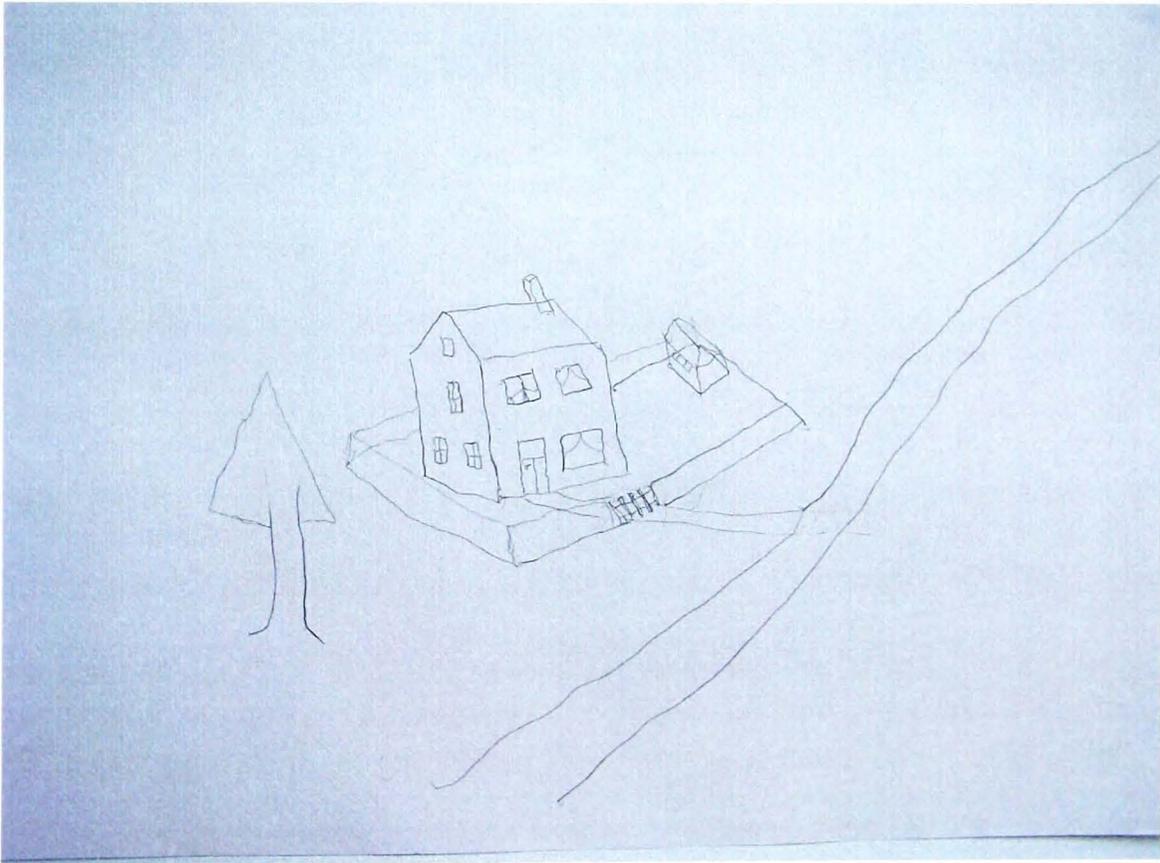
Fig 3



Fig 4

### 4.2.3. Thematic content and visual narrative

I have chosen to refer to the content of the images in this study as 'thematic' as a way of referring to the wide range of visual delineation that is placed inside the picture frame. Any image has a content of some kind that can be regarded as a theme, in that it conforms to some aspect of two-dimensional configuration or representation. The thematic content of an image can relate to a spectrum of possibilities; from abstract ideas to do with the flat surface of the picture plane and the configuration of lines and shapes set within the frame of the pages or the degrees of familiarity that aspects of an image have with natural form, such as a face or tree as shown in Peter's drawings. These configurations and their symbolic meaning are of interest to the art therapist as modes of understanding the inner life. What happens on the page has infinite possibilities, and the thematic content is regarded as relating directly to the creator and their inner world. The themes that Peter chose to draw in his three images combine to provide a short visual narrative. His first drawing is an interesting combination of a tree, a head, a torso and signature that, despite his few words during this meeting, suggest a range of meanings. He develops the theme of the tree in his second picture, adding colour to the trunk and branches. Peter then adds green and red to the leaves clustered around the main branches. His third and final image represents a house, enclosed by a garden with a greenhouse. The house is linked through a gate via a path to a road. To the left is a tree that looks like a large arrow pointing to the top of the page.

The thematic content of the pictures demonstrates an ability to engage imaginatively in the process of making a drawing. These images were made without reference to

external objects and were mainly created from memory. Peter received some inspiration from my drawing of the figure, but he soon turned this to his own advantage. The themes open up the possibility for interpretation and analysis. Despite the limited number of remarks that Peter made about his own pictures, the meaning-making and significance of the pictures is held within the participatory dynamic of the therapeutic relationship where Peter's imagination and creative capacity was given opportunity to be expressed. The three images contained themes that show an active involvement and engagement with art therapy as a means of addressing his emotional withdrawal and despair.

The first image suggested to me a sense of brokenness and self-deprecation, evoked by the tree that appears to have little life left in it, and his statement 'wipe your feet'. However, the tree develops colour and foliage in his second image, which could be understood as a sign of optimism, recovery and growth. He was certainly brighter in mood on the occasion of this later visit and had recovered some dignity and self-esteem. His third and final image was about an unrealised dream of having a home in the countryside. Home had also become his place of sanctuary in the preceding weeks and he felt safe and well cared-for there. These few comments reflect my own response to the images influenced by the accumulative knowledge I gained of Peter's emotional and spiritual well-being at this time. It encompasses my own inner dialogue and responses and the outer verbal and non-verbal dialogue with Peter during the time of our contact with each other.

## 4.2.4. The art-making process and artefacts

Peter's achievement of using his left hand to draw and tentatively writing his signature with his right hand, was an act of positive will-power. He overcame his limitations, and enacted an expression of self through the process of using a lead pencil and creating a linear drawing. His handling of the pencil in all three drawings, and the use of some soft chalky pastels to add colour, was undertaken with careful consideration. He was determined to control the materials with his left hand, despite the awkwardness and difficulty with hand-eye coordination. Peter became absorbed in his drawing as he worked. This is a common experience for most people when they become engaged in the material and imaginative process of art-making. There is a reverie and gaze that captivates and engages the artist's intra-psychic imaginative world as the dialogue with materials and the image unfolds.

This is an example of the complexity of art-making beyond the limits of aesthetic contemplation. The lines Peter created on the page of each picture were light and sketchy. He flicked the pencil on the page to create short needle-like marks for grass around the base of the trees, and hair on the chin of his head in the first image. Firmer and continuous lines were used to delineate shape and form. Moving his arm and directing the pencil where he wanted it to go took some effort and would cause him to become tired after a short period. He nevertheless persevered and there was some sense of emerging out of his withdrawal into connection and relationship with self and other. Peter attempts perspective in his third drawing. Here he tries to give the house and its surroundings a three-dimensional appearance. However, as a line drawing it

floats in the page anchored to the right hand edge of the page by the parallel lines of the road or path placed diagonally.

### 4.2.5. Analysis

Peter's drawings show that, despite some significant physical limitations, he was able to use a simple range of art materials and engage in the process of drawing in a meaningful way. The meaning-making that occurs is an enactment of subjective imagination projected onto the flat surface of a sheet of cartridge paper using a pencil. This process encompasses non-verbal and verbal expression, communication and relationship. The inner self is given opportunity to find expression and appear meaningfully through the artefact as a material insertion into the world. This demonstrates Willis's (2000, p24) *socio-symbolic* approach, with the human on one side engaging in sensual interaction, and the material on the other side stimulating a dialogue in which symbolic meaning is created and recreated through form. Drawing allows for mimetic and mnemonic processes to be captured through marks and lines that carry the signature of their creator. Remembering, representation and the symbolic coincide to recreate forgotten experiences that have the potential to reinvigorate and improve quality of life. In this instance Peter remembers shapes and forms from nature and delineates them within the frame of the page. He is working spontaneously supported by a few guiding instructions from myself. He takes the pencil and makes his mark. Words are not necessary at this stage, as it is the active engagement with the material and imaginative process of drawing that becomes important. He creates an extension of his inner psychological space within the imaginative frame of the image. Sensually, he manoeuvres the pencil across the paper

inventing his own method as he works to create forms that reflect back to him familiar realities and new meanings.

The ethnographic imagination is activated through this process. This is a three dimensional human interaction between the patient, the image and the therapist. The ethnographic imagination, reflective reframing of experience and art-*in*-action combine to facilitate understanding and open up the potential for transformation. The intersubjective space contained within the frame of the therapeutic relationship interacts with the ethnographic imagination of the patient and the therapist: a form of 'back talk'. This is the non-verbal language of artistic creativity and what it means to get the 'feel' for something going on in the therapeutic context. Peter was engaged in an experience that was making a difference because it had meaning for him, as it affirmed the inner integrity of his personhood, the physical reality of his being and alleviated his emotional and spiritual suffering at the time of *doing* art therapy.

Before our meeting, Peter and I would not have been able to anticipate the first image to appear on the horizon of our shared lived experience in the art therapy session. This was an imaginative space into which Peter allowed himself to enter. He was a willing participant and gave himself permission to experiment with this opportunity and see what might happen. This was a risk worth taking as it led him to a significant and meaningful interaction. By using a pencil and creating an image Peter engaged with his own process of symbolisation and meaning-making. He was able to transcend his emotional and psychological withdrawal and his physical limitations.

As the therapist, I am ethically responsible towards Peter as the initiator of this therapeutic process. It is essential that I remain responsive to his inner world as interpretive companion, an intuitive moment-by-moment reflection of our shared experience. The subjective symbolisation that becomes integral to Peter's experience of art-making also reflects the dynamics of my responses to the meanings attributed to the artefact. I respond with my own narrative and interpretation. Interpretation means the moment-by-moment gathering of subjective experiences within the therapeutic context in order to gain an accurate understanding of the inner psychic life of the patient. This is a heuristic interpersonal process of discovery, exploration and transformation for both the patient and the therapist.

Art therapy, in this sense, becomes a process of cultural production, identity-making and meaning-making. Willis's discussion about the ethnographic imagination provides a way of understanding the inter-subjective dynamics of creating and recreating meaning in art therapy, through non-verbal attentive reflection and verbal language focused around the artefact. This is particularly significant for the person coping with end-of-life needs. Mortality, dying and death have the potential to threaten the meaningful status of life and the cultural milieu of the person living with a life-threatening illness. *Little deaths* (see chapter five) occur at a personal inner level and at a social level that conspire to erode meaning and purpose, or at least pose a continual threat to established meaningful social and psychological life.

Art therapy provided Peter with a context within which to re-evaluate the meaning of his being, and to place it within a cultural frame of his own through the use of art materials and drawing. The environment of care (hospice and the home), the

therapeutic relationship and Peter's imaginative experimentation and exploration, engendered meaning as he engaged in the process of creating his drawings.

## 4.2.6. Spiritual and pastoral readings

Meaning-making for Peter can be understood from a spiritual perspective as that which kindled a moment of connection in our first meeting, and his discovery of an incentive to engage with the experience of art therapy. This was a moment of transcendence when Peter responded to an opportunity to recover a sense of self beyond physical suffering. This is an example of the way in which Peter's circumstances and his engagement with art therapy, within a pastoral model of practical theology, can provide a correlation between questions and answers in the secular health care context, and similarities to the questions and answers that emerge in relationship to spirituality and religion (Browning, 2005, p93).

Hope, meaning and transcendence are dimensions to the spectrum of spiritual needs that can emerge in art therapy. Spiritual meaning-making, in this sense, falls within the broad principle of praxis relating to the 'conversational model' (Pattison, 2005, p139-140) and 'correlational model' (Graham, 2005) in practical theology. Peter did not make any clear statement as to his understanding of spirituality, but this does not mean that this was not a significant aspect of his encounter with the art-making process and the artefacts he created. It is the discreet and oblique nature of spirituality that often gives it substance and significance. In the same way that art provides a way of seeing that can by degree offer new perspectives and new worlds of meaning, when aligned to practical theology, this opens up further psychic vantage points from which

spiritual insight can be achieved. This is an aspect of a process of 'partial revealing' through the imagination that reflects a Christian theological tradition (Pattison, 2000, p250).

Peter's understanding of his circumstances, suffering and anticipation of death are experiences that fall into the spaces that psychological terms cannot always define, or account for, within the predominant egocentric model of understanding. He explored, through his imaginative recollection of shapes and forms, a range of meaning that was delineated in the artefacts he created. This enabled him to reflect on aspects of his life that became ways of making sense of himself, his identity and relationships; a spiritual depth and range of meaningful existence in the face of dying and death. Peter's spirituality can be accounted for when considering the approach to mental health explored by Swinton (2000b). The emphasis within the art therapy sessions described in this case study on personhood and the affirmation of Peter's inner world of identity and *habitus* (see chapter 1, p60) are in keeping with the principles of working towards deepening self-worth, dignity, acceptance and validation. In many ways, Peter's response to the experience of art therapy offered him a reflection of the potential 'human spirit' (Swinton, 2000b, p14) within him, to be re-envisaged and in turn to progress into a deeper spiritual experience revealed by his use of art materials, the making of drawings and the meaning this established for him.

The pastoral dimension to Peter's experience of art therapy can be defined as the *enclosure* of art therapy praxis. Peter was visiting himself (becoming more conscious of self and more fully present), in the context of a reflective, practitioner art-based activity. He enacted his immanent life experience through the art-making and in

relationship to the therapist as interpreting companion. The pastoral lining to art therapy practice in palliative care conjoins with the terms of Peter's personal points of reference lost, initially, in the depths of depression and withdrawal. The crossing of what seemed like a chasm of despair and, to use a neurological metaphor, was like the electro-chemical leap between neurons, otherwise known as a synaptic junction (Goldblum, 2001, p24). The spiritual dimension ignites this electro-chemical leap of faith within the material confines of the art-making process and the artefact. Peter touched his own point of light and crossed a threshold to re-engage in an embodied and fully-present transcendent self.

### 4.2.7. Summary

By focusing on the single art object and placing it under the lens of the ethnographic imagination, the ethical and spiritual dimension of art therapy practice can be revealed and defined. The context of the therapeutic frame, the *socio-symbolic* meaning-making that Willis argues, shows how the person living with a life-threatening illness can shape their own cultural forms and make sense of their subjective experience of suffering, mortality, dying and death. Because I am asserting that ethical and spiritual meaning is intrinsic to the practice of art therapy, the experience of creating any single artefact will always have a layer of significant meaning relating to these spheres of life.

## 4.3. Case Study Two

### 4.3.1. Background, context and the therapeutic relationship

Steven was 21 years old when we first met. He had been diagnosed with a brain tumour three years prior to our meeting and was being cared for at his home by his mother. His parents were divorced but he had regular contact with his father and his sister was away at university. I was asked to see Steven by a specialist nurse who works as part of the Hospice at Home Team. I was informed that his condition had recently deteriorated and he was struggling to cope with increased physical limitations. He had also become more isolated and did not have regular contact with friends. He had become shy and self-conscious and was finding meeting strangers difficult. Steven was aware that his diagnosis was not curable and that current medication was palliative. He had lost some function in his right hand and was interested in discovering whether he could improve the use of his left hand. Steven's mobility was good but his balance was a little precarious, he had poor short-term memory and sometimes had difficulty with his speech.

My first meeting with Steven was at the family home, which was a large semi-detached Victorian house in the suburbs of Sheffield. Steven was waiting for me whilst sitting at a table in a small dining room adjacent to the kitchen, just beyond a short hallway from the front door. During this meeting his mother was present for some part of our conversation, but then we were able to have some private time together on a one-to-one basis. Steven gave an account of his experience of ill health. He recovered well following surgery after his initial diagnosis and went on a trip to

Canada. This trip was of great importance to Steven and he often recalled his experiences during this visit. Over the past year he had experienced some further periods of ill health, from which he took longer to recover. Steven spoke openly about his prognosis and understood that he would not recover from his condition. He had thought about his death and planned his funeral. He was interested in meeting to do art therapy and wanted to discover whether he could use his left hand. Steven also had some problems with the sight in his right eye, and his speech was occasionally faulty as we talked. He was considered and serious but expressed an enthusiasm and optimistic outlook during our first encounter.

The dining room was the setting for our subsequent meetings, other than our final meeting when he could no longer leave his bedroom and was less well. Steven would sit at the table to the right as I entered the room. There was a large window behind him onto an area of garden, and a smaller window in front looking out onto the back yard. The room was light and quiet. I would always sit at the end of the table with my back to the door. The kitchen door was to my left and often remained open creating a sense of a slightly bigger space. It was here that Steven embarked on a series of images and shared many of his thoughts and feelings about his diagnosis, his interests and ideas about life and the anxieties about the future. I met with Steven on fourteen occasions at the family home. He died at the hospice seven days after my last visit.

### 4.3.2. Introducing the art materials

As was customary, I arrived at Steven's home with my wooden box of materials, small black folder of paper and red toolbox with acrylic paint inside. I arranged the

contents on the dining room table and gave Steven time to look through them and decide which materials he might like to use to begin with. Wedged inside the wooden art box were some inexpensive felt-tipped pens with a fine nib. Steven retrieved these from the box in a bunch as they were held together with an elastic band. From this point onwards Steven worked primarily with these pens. Occasionally he used some soft pastels. After our first meeting, Steven kept these pens with him usually placed at the end of the table with his drawings throughout the time that we met with each other.
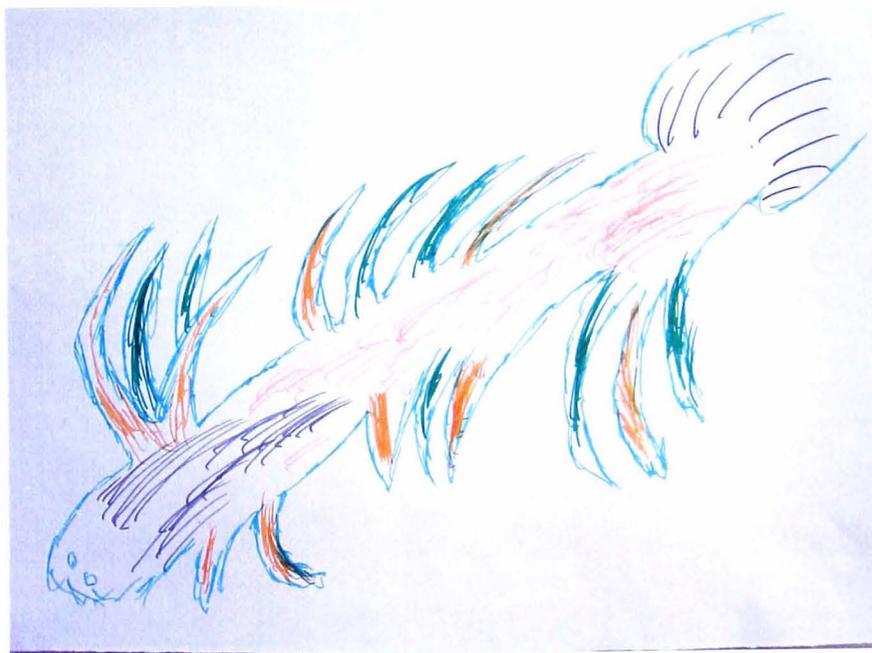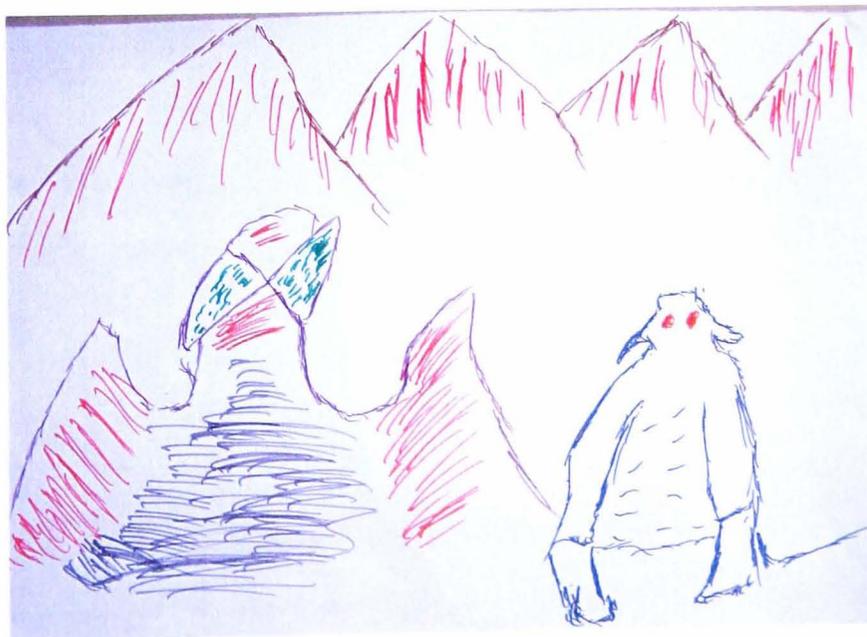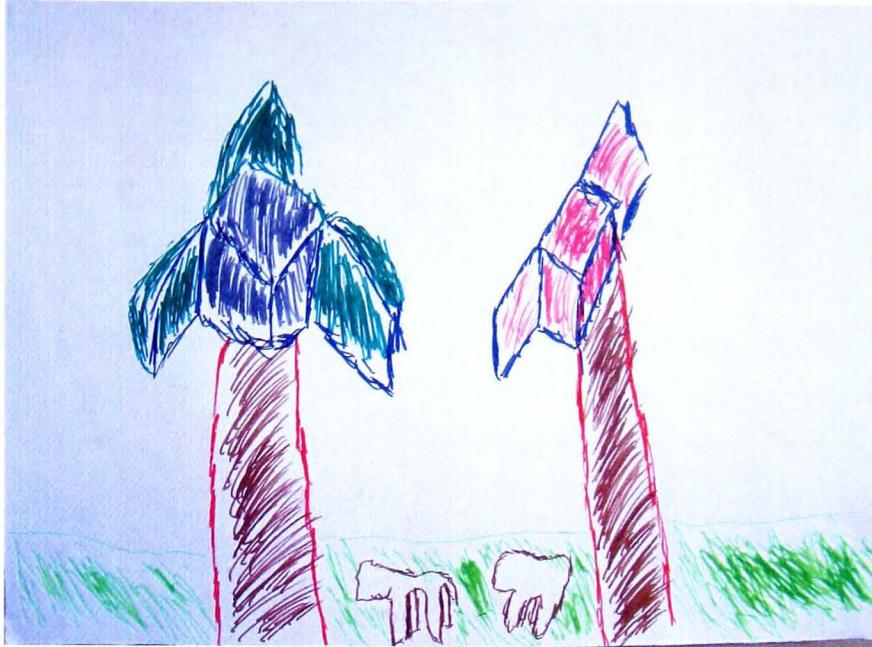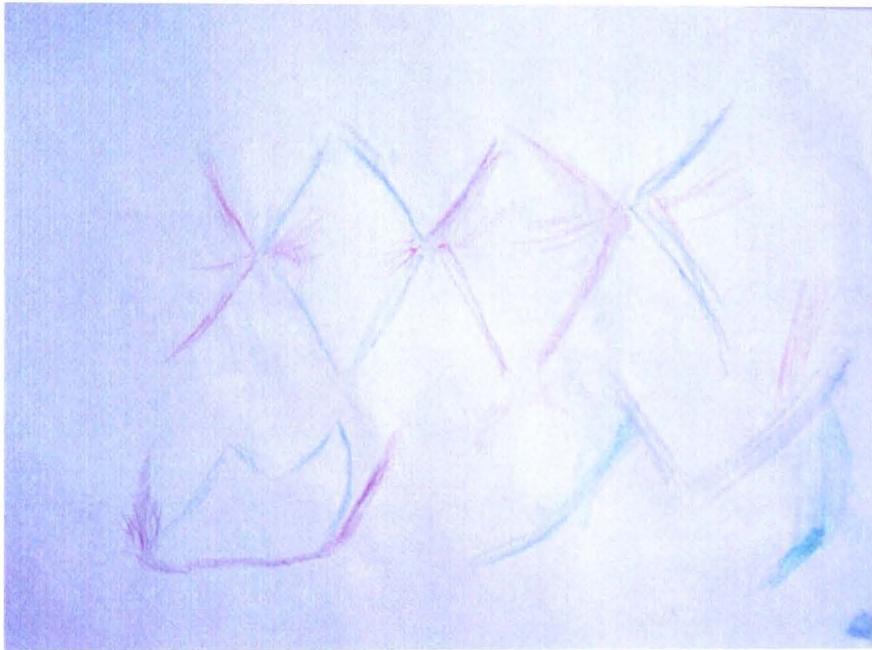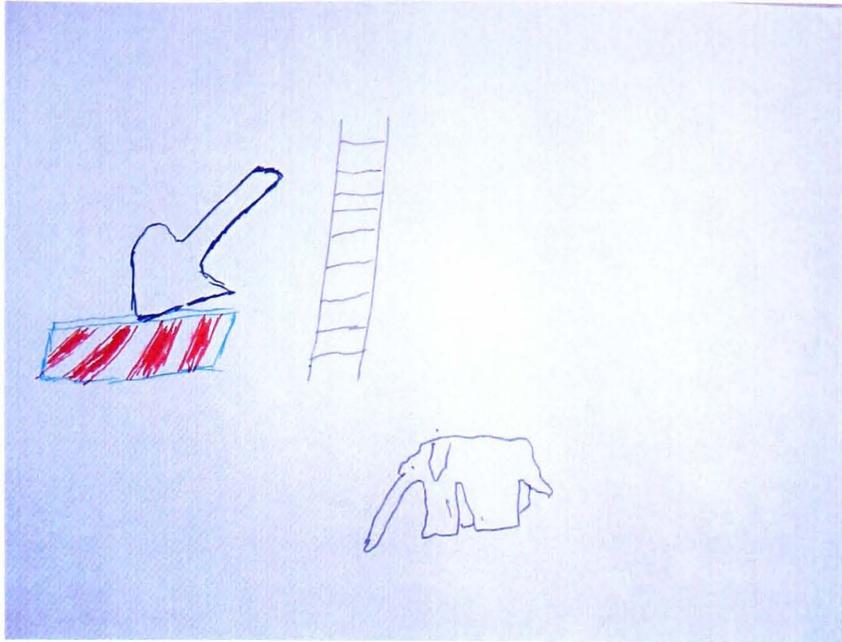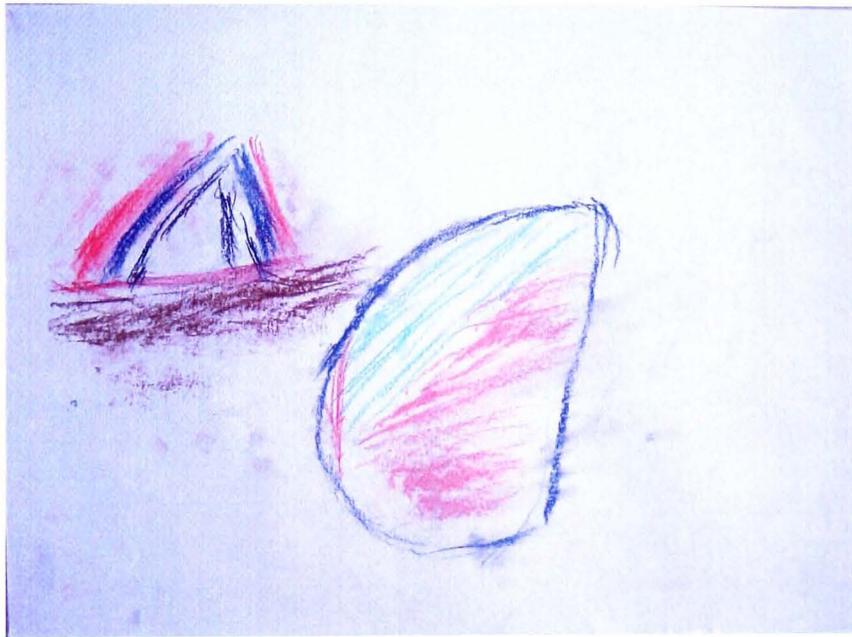


Fig 1



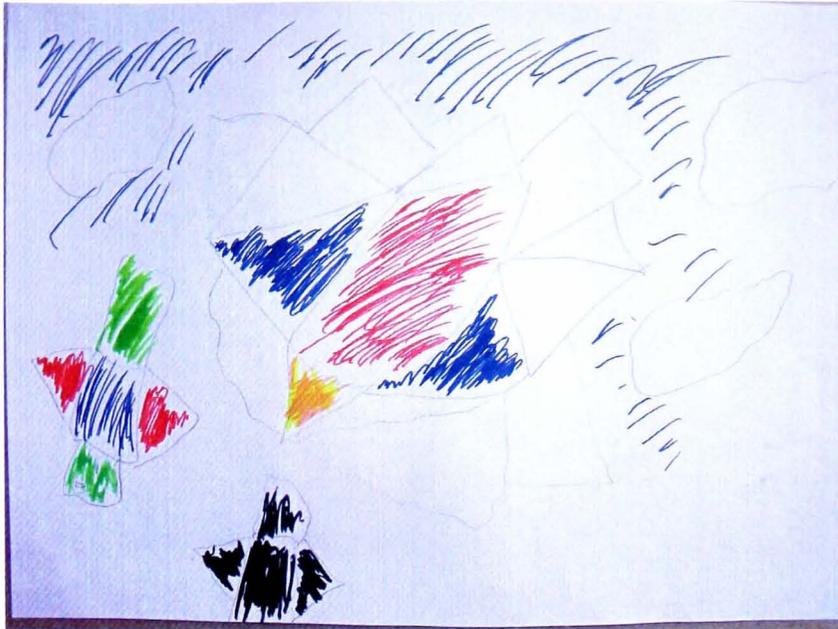Fig 2

Fig 3


Fig 4


Fig 5

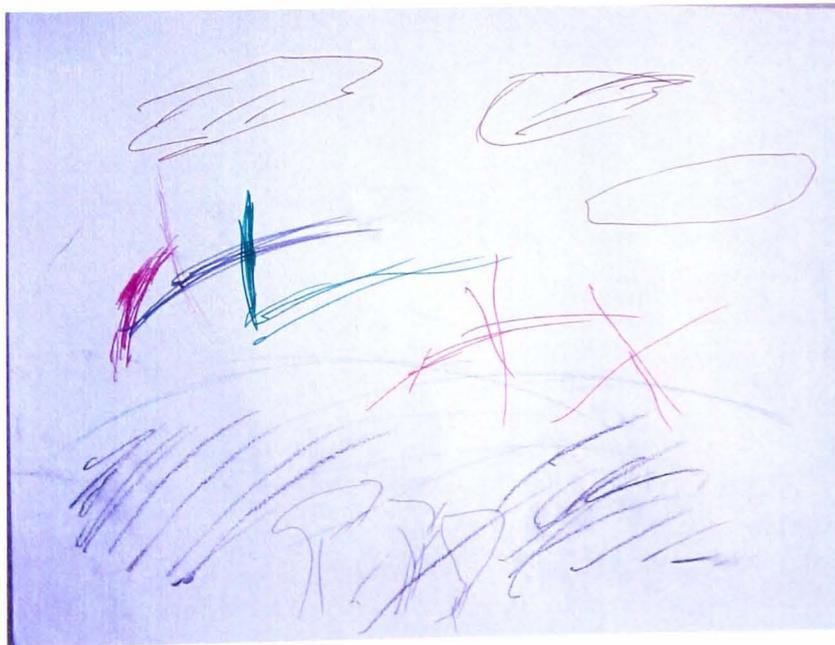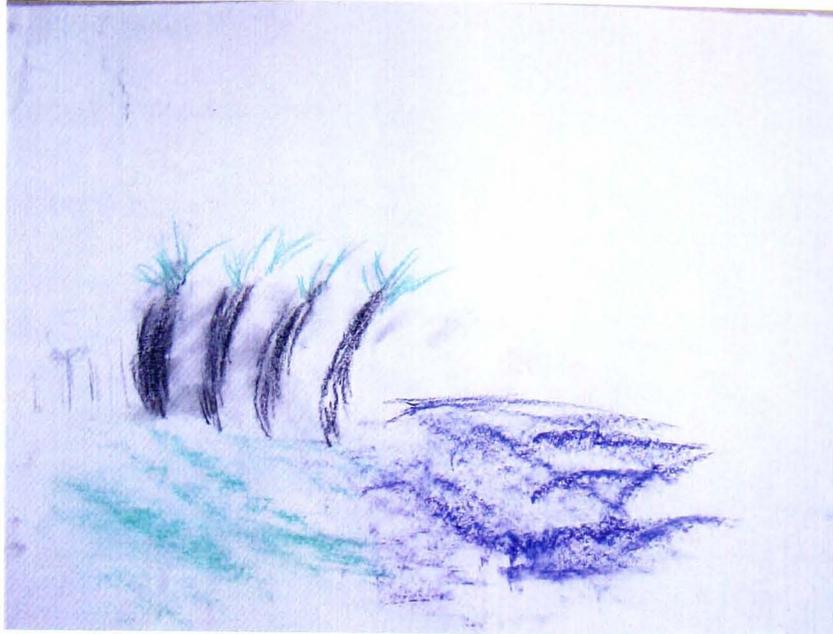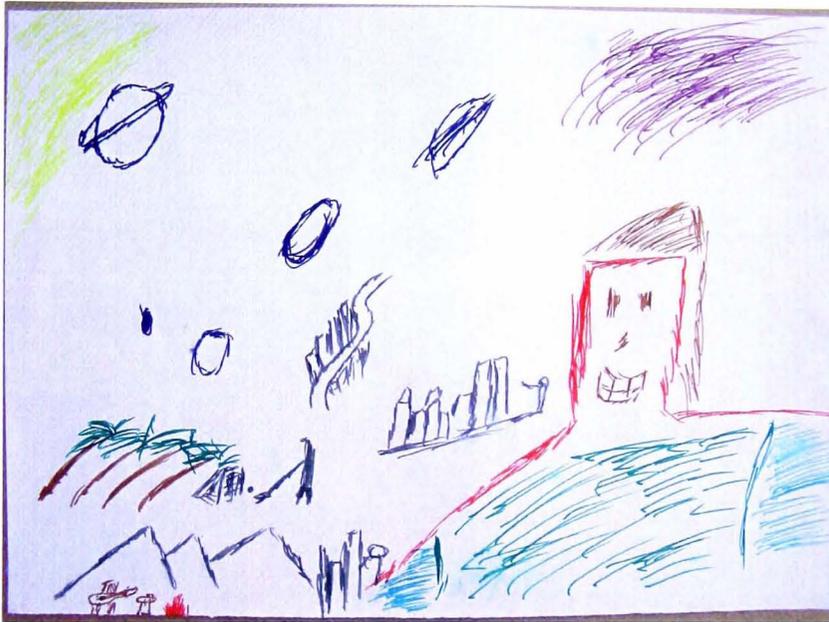Fig 6


Fig 7


Fig 8

Fig 9


Fig 10


Fig11

Fig12

Fig 13

Fig14

The drawings that Steven made throughout our meetings reflect a wide range of visual ideas. He used his left hand on every occasion and worked with great concentration and effort. Sometimes this was exhausting, and he would struggle to manipulate the pen and experienced some difficulty with hand-eye coordination. Steven became familiar with the pens and found them the most accessible material. They provided an instant clear mark with sufficient flexibility to capture expressive qualities as well as being able to define shapes and objects. The times when he used soft pastels were not as satisfying as they did not provide the more defined line. It seemed important that his marks could be clearly perceived against the background of white paper. The drawings move through a range of ideas and Steven would usually make an image each time we met. They reveal an imaginative ability to create a variety of content. At times he was baffled and bemused by his efforts but always intrigued by the process he had engaged with.

### 4.3.3. Thematic content and visual narrative

Steven's images, from a purely graphic point of view, demonstrate a versatility and imaginative engagement with a simple medium. Steven was never hesitant about trying out new possibilities. Each image stands distinctly by itself as the focus of each meeting was orientated to a different aspect of experimentation with visual ideas, memories and reflections. The images contained stories which Steven narrated, and carried strong symbolic meaning.

As Steven was limited to a routine around the family home, it was extremely beneficial for him to be able to project himself beyond his immediate circumstances.

The memory of his trip to Canada returned in several images (see figures 3, 5, 10 and 12). Other images contained stories and narratives that had a slightly surreal quality to them, such as figures 1, 2, 6 and 13. The remaining images were less defined in terms of recognisable forms from nature. They explore abstract ideas, but often contain poignant feelings associated with Steven's struggle to deal with his situation. All the themes in his pictures related closely to his day-to-day experiences of dealing with the physical side-effects of his brain tumour. They always had a strong unconscious lining to them that suggested a deeper psychic process being worked out. Whilst Steven did not regularly talk about dying and death, I was often left with a feeling that his images conveyed an indirect visual reference to the unknown and 'unknowable' qualities of death. The shapes and forms in Steven's drawings appear to have a paradoxical quality of either beginning to form or fragment, and some of the figures and shapes loom burdensome in the frame of the page.

Steven had difficulty articulating his feelings, and often the images didn't make sense to him. Steven was able to accept this and in some ways enjoyed the unknown, puzzling aspect of his drawings and what he managed to create. He acknowledged feeling fearful and anxious at times but was determined to maintain an optimistic outlook. It was important for him to concentrate his mental, emotional and physical efforts on reparation of his inner resources in order to be able to cope.

He found our regular contact a way of alleviating a degree of isolation and being able to share his ideas, opinions and desires, but also his frustration and sense of loss. A number of images convey the awesome nature of dealing with his awareness of his terminal illness and convey a sense of foreboding, such as figures 1, 2, 13 and 14. The

figures and shapes evoked anxieties and have a somewhat malign presence. The creature in figure 1, p195, seemed to be a representation of the strangeness and surreal aspect of coping with illness.

### 4.3.4. The art-making process and artefacts

Steven selected his materials in the first meeting and the felt-tipped pens became a familiar medium that he was comfortable working with. He often worked on a drawing with a steady concentration. Sometimes he would struggle with hand-eye coordination and there would be occasional moments of disorientation with the drawing. A line would not go quite where he wanted it to go or his pen would not hit the right place in the drawing. There were clearly cognitive and perceptual difficulties that Steven had to contend with, but this never deterred him from completing his picture on any occasion. Working with his left hand he would scuff and move the pens around creating occlusions, making stitch-like lines to form shapes and scribbling to fill spaces with areas of colour.

The drawings all have a linear quality to them. There are lots of spaces and the background of the white paper often holds the image in a floating dream-like atmosphere. The images have unsettling visual dynamics that reflect energy and an intensity of feeling and cognitive effort. Scratchy fine pen marks suggest this, probably because it is not easy to fill areas of space with such a fine line, yet convey Steven's physical effort to realise his imaginative inner life through the pictures he was able to draw.

### 4.3.5. Analysis

Steven engaged in the drawing process and entered into a dynamic engagement with his own *socio-symbolic* meaning-making. He selected his medium and began to articulate visually and organise his inner imaginative life through his drawings. Steven's social context had become restricted and his relationships with others limited. His social world had been reduced to his home environment, family and a small number of friends. However, he would spend long periods by himself at home in daily contact with his mother. Steven was living a life that was in some ways estranged from the routine of his friends and acquaintances. He was able to enter into a therapeutic relationship with me and explore his experiences and communicate about his world, at a time when he was intensely aware of the progression of his illness and that his prognosis was poor. It was also at a time when he had begun to have difficulty sustaining contact with friends and acquaintances and meeting new people. Steven had lost some confidence and was self-conscious about his condition and the problems he had with speech and concentration.

The ethnographic imagination is activated, in part, through the necessity to create meaning in the context of social losses and isolation. *Little deaths* (see chapter five) that accumulate over time can increase a level of anxiety relating to an unusual level of uncertainty. This uncertainty can be deeply troubling, and is caused by the penetration of dying and death into psychic defences that hold death and the threat of annihilation at a safe distance. The ethnographic imagination is facilitated through the experience of Steven working therapeutically with a simple medium and creating his own imaginary world in drawings. Again mimetic and mnemonic realisations through

marks, shape and form bring about a *socio-symbolic* world unique to Steven and his experience. Self is realised and a degree of substance is restored to his inner sense of lived experience. Identity and an affirmation of self became essential ingredients in Steven's process of making his drawings and the meaning they have as part of the therapeutic encounter. There is an essential ethical dimension to this experience of self-affirmation through the physical act of making a drawing and all the subsequent meanings attributed to the artefact. Subjectivity and sentience is given material form as visual phenomena on the horizon of lived experience. This demonstrates the beneficence of art therapy practice through the responsiveness and responsibility that is borne along by the agency of the therapist.

Steven had experienced a significant number of social and personal losses. His world was coloured by the pressure of mortality and end-of-life needs. To be real and to actualise thoughts, feelings and beliefs in a meaningful way restored Steven's sense of self and reduced his sense of exclusion from life. Steven experienced a paradox of intimate distance that he sustained in relationship to his awareness of dying and death. Death is in close psychic proximity but sufficiently distant not to be an imminent threat. Steven wished to stay with his present thoughts and feelings whilst engaging with memories that gave him a sense of relationship with people, things and the world.

### 4.3.6. Spiritual and pastoral readings

Steven experienced a level of social isolation that placed him in the vulnerable position of not receiving the stimulation and fulfilment of sustained interpersonal

relationships. The experience of terminal illness can often create a feeling of isolation and loneliness. This can happen even when there is a loving and supportive network of family and friends. In Steven's circumstances, this was intensified as a result of his illness separating him from many typical activities he would be involved. Illness can also increase the sense of being 'estranged', perceived as 'different' and perhaps even feared by others. Swinton's (2000a, 2000b) discussion about the significance and importance of friendship is useful when considering the dynamics in the therapeutic relationship with Steven. A key therapeutic element within the art therapy was the sense of companionship with the therapist, which enabled Steven to increase his self-worth and identity, and reduce the stigma of illness as something that set him apart from the world at large as strange and to be feared. The art-making process, artefact and therapeutic relationship offered an intersubjective space that affirmed Steven's personhood and the integrity of self.

Steven had lost a lot of confidence, yet he was determined to explore and experiment with the felt-tipped pens he selected to make the majority of his pictures. The spiritual aspect of Steven's experience can be understood as being oriented around his connection with his past achievements and transcendence of his gradually deteriorating physical condition through the art-making process. He was able to establish a sense of meaning and purpose within the limitations of his home environment. The pictorial environment of his drawings also created an imaginative intersubjective space, where he could engage in intellectual discussion and debate about the process of art-making and the surreal combination of ideas with which he filled each picture. This was imbued with his personality and a growing awareness of his inner life and a deeper sense of his place in the world. This cycle of exploration,

discovery and transformation is typical of the process of praxis in practical theology. It is also a reminder of the importance of the psychosocial dimension of any *psycho-therapeutic* intervention in palliative care. Steven benefited from the sense of being able to reconnect and relate to a social context within the limitations of his home environment through the art-making process and artefacts he created. Without this perspective it is likely that the '...harmful and unreal dichotomies and separations' that Pattison (2000, p89) refers to, will increase and perpetuate unnecessary suffering at the interpersonal level of social interaction, where meaning and purpose is as critical as deep inner meaning and purpose. The two are inseparable from the holistic perspective of fully integrated care.

Steven worked with a steady concentration on his pictures that gave him a way of becoming absorbed in his own imaginative world of memories and ideas. He was determined to focus on the present and tended to avoid direct reference in our conversations to dying and death. The indirect references to his losses and the imminence of death were always felt to be present in the symbolism of his drawings. The ephemeral white backdrop of the paper, in contrast to the linear images drawn onto the surface, often appeared suspended in a dream-like way within the page. This echoes Pattison's (2000, p250) view that the '...Christian theological tradition of hiddeness, partial revealing, and the significance that the invisible or imaginative can exert of the seen and the present'.

The pastoral dimension to the art therapy comes through in the location of the sessions at the table in the dining room. Here we explored, frequently in silence together the ideas that emerged in the drawings. It is also identified through the cycle

of working and reworking thoughts and feelings within the imaginative, therapeutic terrain of the art-making process and artefact. The development of companionship as a significant quality to therapeutic relationship, enabled Steven to discover and form his own visual language of meaning that transformed his circumstances into an enlivened and, at times, humorous reflection. The art therapy sessions gave him an opportunity to cast his whole being beyond the reality of terminal illness into the realities of the deeply-felt optimism about the future and fulfilment in the present.

Spirituality, in Steven's experience, almost closed the gap between death and life so that there was a suspension of time, and the present could be fully experienced as nourishing and sustaining. This process reflects something of the concept of stages of faith developed by Fowler (1981). Stage four (ibid, p174-183), referred to as 'individuative-reflective faith' in his categories of faith development is the point at which there is a '...critical distancing from one's previous assumptive value system and the emergence of an executive ego'. According to Fowler, this is a move from the familiar values, ideologies and conventions towards a re-visioning of personal values and beliefs. In this sense, Steven was on the threshold of this experience which reflected his youth and his need of an inner sense of greater autonomy, despite his physical dependency. The progression of his illness and his awareness of the prognosis placed him in an entirely new and unfamiliar place. Art therapy offered the space for reflective art-*in*-action as a way for Steven to discover new ways of shaping and forming his inner life and personhood. A fully conscious and embodied state of being was experienced despite the inconvenience of struggling with hand-eye coordination, fatigue and other mildly distracting symptoms. In this sense, it cannot be underestimated how much the creative process and the imaginative faculties can

have spiritual significance for those at the end of life. These deeply-felt qualities are noticed in the attentive disposition of the therapist as interpreting companion. It is a process of becoming familiar with the inner expressions of the patient, and understanding the psychosocial context within which feelings and thoughts emerge about illness, loss, dying and death.

### 4.3.7. Summary

Steven's experience shows the ethical and spiritual components of art therapy practice through his engagement of *socio-symbolic* meaning-making. The therapeutic context within the family home offers a responsive relationship that enabled Steven to overcome his limitations. The ethical principle of responsibility is demonstrated through the constituent parts of the therapeutic experience. A shared sense of mutual responsibility and responsiveness is held and contained within the home environment as the context of care, the therapeutic relationship and the art-making. Meaning is established at the outset through the therapist's attentiveness and validation of the patient. This is deepened as the drawings appear and through the sensual engagement with materials to discover further meaning.

The art-making enables Steven to transcend his limitations and becomes his mode of personal cultural production. The drawings in this sense are seen as an actualisation of Steven's personhood. They are a material fragment of the infinite possibilities of art as a means of expression of self, held within the confines and boundaries of the therapeutic relationship. Existential worth and worthiness is reinforced through the

transcendent function of art-making. This allows Steven to take his place amongst people, things and the world and to discover meaning in the face of death.

## 4.4. Case Study Three

### 4.4.1. Background, context and therapeutic relationship

Walter was diagnosed with prostate cancer. He was in remission and his illness was well controlled with medication at the time of our first meeting. He had not experienced any significantly unpleasant symptoms caused by the cancer in recent times. Walter was also diagnosed with multiple systems atrophy (MSA). For this problem he had contact with a consultant neurologist. This condition is a neurological disorder caused by degeneration of cells in certain areas of the brain, which control a number of different body systems. They include functions of the autonomic nervous system (such as the control of blood pressure, sweating and bladder function) and the motor systems (such as muscle activation, movement and balance). I met with Walter at his home on sixteen occasions, and he died at the hospice only a few weeks after our final meeting. In this case study I will concentrate on a series of drawings created in a single session.

His wife, Monica, would often meet me at the front door and soon took her leave once I had been guided through the hall to Walter. Walter would always greet me warmly as I entered the dining room of his home. Monica was pleased to use the time to take a break and made her way upstairs for the duration of our meeting. The room in which we met was cool in temperature, and was painted a calm, mute green, with a white plaster fireplace from which the hum of the back boiler could be heard.

On the occasion of the single art therapy session on which I wish to focus, the table had been almost entirely covered by a large, brightly coloured beach towel, the day-glow blue and orange of the towel clashing with the mellow lighting and subdued green walls. I sat to the left of Walter, in a fine wooden chair facing out onto the garden, a routine positioning which we had both come to adopt without comment. On the beach towel Walter had placed a plant pot containing a ruler and a selection of economy-priced felt-tipped pens purchased by him and his wife during a recent shopping trip. The pot was of a strong sentimental value as he had made it during a two-week respite stay at the hospice. He had decorated the pot with a light, sky-blue background onto which he had painted a sunflower with golden yellow leaves and a rusty brown centre. The pot had become a customary addition to our sessions, always in place on my arrival, and then routinely returned to the top of the dresser at the end of the meeting. Walter and I had brief conversation at the beginning of our meeting making reference to the previous couple of weeks. He spoke of feeling that he had managed his circumstances well.

### 4.4.2. Introducing the art materials

Walter had settled to using the simple range of felt-tipped pens purchased by himself and his wife. He was content with these markers and was hesitant about using any other medium. On the whole Walter was able to articulate his thoughts and feelings well. There were occasions when his communication was hard to follow. He could speak clearly but the content of his sentences was not always logical, and sometimes he did not make complete sense. Walter had a dry sense of humour and would often turn his problems into a wry comment about his capabilities. On the occasion of this

particular meeting Walter was prepared with an idea that he wished to pursue. Our initial conversation was soon curtailed as Walter turned to his pot of felt-tipped pens to secure an appropriate colour in order to begin his project for this session.

Sitting to one side of Walter, I would be captured by the profile of this man against the light of the window beyond him. He leaned forward into the table, holding his pen with a determined focus and concentration. As he anticipated these initial moments, Walter had to gather himself and his thoughts. This was a slow and methodical consideration of how to progress on his part. It seemed to be a reflection of the cognitive obstacles that he had to overcome as he attempted to make sense of the drawing tools and the plain white sheet of paper in front of him. I always took to these meetings a selection of materials in an old wooden artist's box and a folder containing cartridge paper. Walter never used any of my materials even though the box was placed open on the table. I presented him with a sheet of paper, and then he embarked on his engagement with the materials with a look of intense speculation about what might happen.

### 4.4.3. Thematic content and visual narrative

The thematic content of this series of drawings focuses on a combination of abstract ideas and figurative elements. The drawings of squares and circles have some similarity to the way in which Simon (1992, p38-39) explores their significance, based on the development of children's drawings and the earliest symbolic significance for the growing child of circles and squares. Simon identifies the circle as the earliest symbol of self, and squares as symbolic of everything that is other than

self. In relationship to Walter's experience, perhaps at some level, these images are a way of experiencing balance between inner and outer realities, at a time when he was experiencing some disorientation and confusion due to some level of cognitive impairment caused by his diagnosis of MSA.

### 4.4.4. The art-making process and artefact

Walter was always smartly dressed with tie, collar and sleeveless jersey. As he began to draw he spoke briefly about his intentions. Today he was going to attempt to draw a square with a circle inside. See fig. 1.
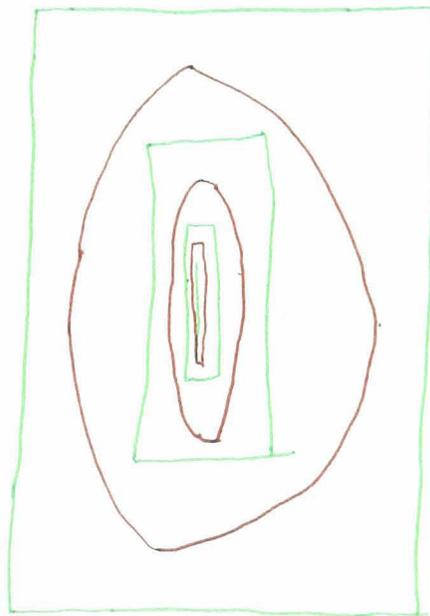
Fig 1.

He took a green felt-tipped pen and marked out four corners in the frame of the paper. With purpose and deliberation he joined the dots freehand. Then taking a brown pen he marked out a circle within the square. This process continued alternating between

green for squares and brown for circles. However the desired shapes did not materialise. Walter was disappointed that the squares turned out as rectangles and the circles had become oval in shape. It was a hard-won achievement and the coordination of lines, spaces and pens was contributing to an intensification of the silent concentration that he applied to his efforts.

As Walter became absorbed in this drawing, I was aware of the silence and began to wonder what the meaning of this exercise was about. There was without doubt an atmosphere of purpose. To have control and to translate the mental image Walter had of squares evenly contained within circles and vice versa, appeared to be a kind of technical, cognitive challenge. I looked around the room and thought about the context of our meeting. On the table just beyond Walter and the painted plant pot was a vase with two luscious red roses, and on the windowsill a white and deep pink cyclamen. The roses were full and gorgeous as they hung, heavily framing Walter's face as he bowed towards his drawing. Through the window I could see a holly tree heavy with spots of red fruit. Echoed on the table propped against the plant pot was a small cutting I could only guess was from this tree.

Walter decided to embark on a second drawing along the same lines as the first. He was mildly disappointed with his first effort but eager to have another try. This time he began by drawing a circle with the brown felt-tipped pen, see fig 2. He elegantly rehearsed the possible movement of the pen within the frame of the page. He had drawn a successful invisible circle for which I congratulated him. He was pleased and took my advice to try the same action again whilst applying the pen to the page. One single movement created his circle. He worked anticlockwise and was satisfied with

his effort. Then he drew the green square and so on, completing the picture with a horizontal dash within a final tiny green square.

Walter was pleased and nodded his approval of his achievement. Circles in squares, squares in circles. Concentric, linear, imperfect and hesitant marks were made with a brown and green felt-tipped pen on a piece of cartridge paper, in a period of silent concentration. This was a determined perceptual, cognitive, motor-coordinated involvement with a simple medium, and the realisation of shape in an organised and logical pattern. As I looked closely at the drawings, the optical interaction of the lines created the illusion of concave space and the bouncing around of the lines against each other. The circles created the illusion of rising off the page in front of the squares, then the squares competing to spring out in front of the circles. The coordination and organisation of the lines made me consider the way in which Walter may value the sense of being able to set a cognitive task and complete it successfully; a validation of his intellectual capacities, and the ability to apply himself to a puzzle in a logical and methodical way.
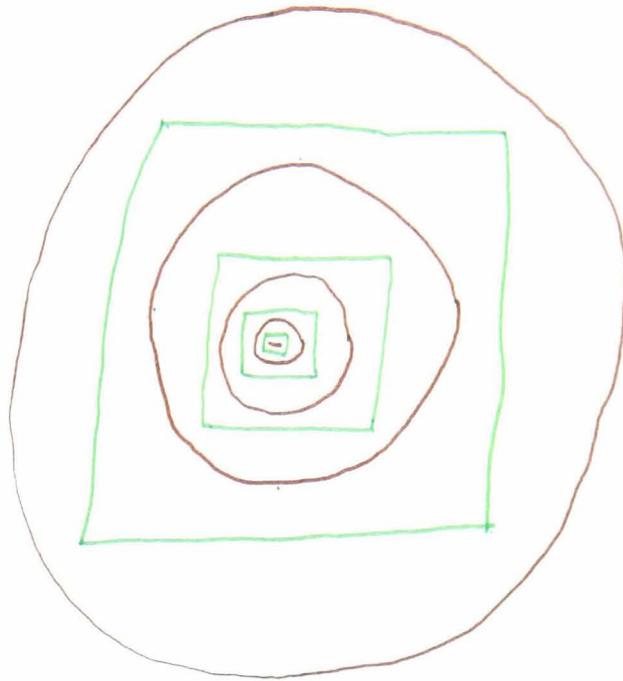
16/10.02.
Fig 2.

Once these two images were complete, Walter turned his attention to a third drawing (see figure 3). He carefully picked up the cutting I had seen earlier on the table and asked whether he should attempt to draw this. I encouraged him to have a go although it was clearly his intention anyhow and was merely seeking a note of encouragement from me. He commented on the holly tree in the garden. The leaves were smooth and did not have the thorns normally associated with holly. He was keen to try a pencil drawing of the cutting and selected a pencil from the pot. Again, with few words, he began drawing lightly on a new piece of white cartridge paper. He began forming each leaf carefully. Gently and confidently he moved the pencil around on the page to his satisfaction. The HB pencil gave a light, faint line as Walter applied only a slight pressure to the pencil as it moved across the page.

There was a noticeable ease with which Walter undertook this next assignment. It was as if the previous drawings had freed his flow of expression and the handling of the

pencil. There was a loving contemplation in his face as he focused closely on the form of the leaf, making a mental note of what he perceived and deciding where to place the first few shapes to define what he could see in front of him. This perceptual grasping of the object is a way of looking carefully at nature in order to begin to see anew ancient realities. It begins a process of enlightening the conscious faculties to the delicate reality of nature, which arguably evokes an echo of familiarity and discovery in the soul. There is the possibility of a moment of transcendence into spiritual comprehension: a world beyond the body and the connection with the possibility of a world not only comprehended by our senses but approximated by an intuition or a feeling of something that is other than the self. The lines grew on the page as Walter translated his view of the stem of leaves into the frame of the page; a line, a curve, a dot, marking a point of departure and arrival as he directed the pencil around the page. A flick and light touch, then a heavier, firmer line bringing about the occlusion to each leaf flowing from the stem. The silence and the concentration again became palpable.

When complete, Walter admired his work and felt as though he had invested much effort and application to the drawing throughout the meeting. He did not enter a detailed reflection on the images in terms of any strongly-felt emotion, or as a mediation of any psychodynamic process of adjustment in relation to his diagnosis of cancer or MSA. The sustained focus of Walter's attention to his drawing contained so many dimensions to his world and his personhood. The relationship we had established over the previous months, and his respective diagnosis set the context of our meetings. Walter's day-to-day abiding with his physical condition and the impact on his life were the significant precursors to our working together. He chose to focus

in this meeting in a quite particular way and endowed it with a great sense of personal investment. In these moments the dynamics of Walter's activity imbued the atmosphere with a spiritual quality. This quality was as much my own sense of quiet repose and meditative reflection as I sat observing Walter, his environment and the intimacy of his relationship with the drawing process and the artefacts as they emerged. This was not a passive event; it was fully active with a spectrum of intersubjective emotional, psychological and spiritual movement. It was a kind of unspoken signature of Walter's being-in-the-world alongside of my accompanying presence, supporting, facilitating and responding to his chosen mode of expression and communication.

The holly leaf was returned to in a later session and Walter decided he wanted to add colour into the pencil drawing he had executed in this session. Much of the initial outline of the drawing had become hidden beneath the felt-tipped pens used. The outline is very close to the original line drawing. Each image was approached with an intense level of thoughtful consideration. The sense of Walter's fulfilment and his release of mental and emotional energy was something I came away with as we said our goodbyes and planned my next visit.

Fig 3.

## 4.4.5. Analysis

The silent density of this meeting and the sense of witnessing a man organising his thoughts and investing his personhood in the experience of drawing created feelings in me of the weighty presence of Walter's desire and determination. The interaction with the materials and the deeply-absorbed involvement with the drawing process, were striking and at times exquisite in their manifestation. Observing Walter leaning into the page, pushing and manoeuvring the pen amidst the bowing roses, and the holly tree in the distance, seemed to emphasise a feeling of the dignity and validation that can be experienced and imbued in the domestic setting, the therapeutic relationship, and submersion in the process of forming an image in even the most simple and, what may appear, ordinary way. The whole experience seemed to harness his humanity.

The concentrated silence around brief and cursory remarks brings to mind the importance, often emphasised in art therapy practice, of holding our attention to the nonverbal dynamics of the triadic relationship between the therapist, patient and their artwork. The action-based process of taking a simple pencil or pen, and turning to some means of expression, is such a delicate and complex event. The human interaction and interplay of intellect, emotion and physical movement are working together in subtle and indefinable ways. In Walter's case these dynamics were evident and manifest in the whole encounter. The requirement, often deemed essential in psychotherapeutic practices, to arrive at some verbal understanding of the meaning and significance of these events occurred subsequently only as part of my own reflection. The context and detail of Walter's experience reveal the importance and significance of facilitating all those dimensions that we cannot easily grasp and fix in our rational lexical forms of understanding and knowledge. In this context, I would argue that there is an ethical and spiritual climate that is as significant and therapeutically valid as the analysis of verbal dialogue and the interpretation of interpersonal psychic dynamics.

The ethnographic imagination is demonstrated through Walter's sensual engagement with the medium of his choice in order to realise an idea and form. Walter engages with his own cultural production and symbolic meaning-making by reworking his images and exploring the possibilities through abstract and naturalistic shapes and forms. He reframes and reworks by reflective problem-*setting*, through the process of art-*in*-action as a tangible way of grappling with conflicting and paradoxical experiences.

The ethical and spiritual climate is understood in terms of the basis of my relationship with Walter and the context within which this was formed. Responsibility and responsiveness imbue the encounter with ethical meaning. This was also reflected in the process of drawing and the completed artefacts within the unique home environment of this man, as a representation of significant aspects of his world and the life he then had to lead. His life was impeded by his diagnosis of cancer and the impact of MSA. He was acutely aware of the life-threatening nature of his condition but, in the instance of the meeting described, he made firm choices about how he wished to use this time. My approach was to respond as closely as I could to his desire and purpose; to facilitate what might be an experience that had meaning for him.

## 4.4.6. Spiritual and pastoral readings

Walter's experience in art therapy captures many of the spiritual dimensions that previous discussions about spiritual care and practical theology have identified (see chapter one). The context of his exploration of the art-making process allowed his 'spirited' character (Swinton, 2000b) to flow into and through the artefacts he created, and his engagement with the many and varied meanings that his drawings contained. Walter's drive and motivation reflected the human capacity to turn limitations and difficulties into challenges and opportunities for growth and understanding. His personality and inner resources were mobilised to deepen his sense of purpose, and to create meaning through exploration and experimentation with the art materials and the images he created.

The current of meaning that flowed into Walter's experience of the art-making, affirmed him in his integrity as a whole and valued person. The level of his cognitive impairment had not reduced him to something below his fully human and dignified personhood. His physical limitations had not fully eroded his capacity to act and participate in his world. The role of the therapist to hold, contain and validate through a non-verbal response to the detail of his imagination and inner complexities, adds further weight to the spiritual feel to Walter's experience. This resonates with the process of praxis in practical theology, and the continual engaging with and reworking of a familiar world becomes strange through life-threatening illness. The therapeutic *enclosure* provided the space within which to take hold of ordinary experiences (Astley, 2002) and to establish connections and an orientation towards life when some aspects of the world had become difficult to make sense of, due to Walter's cognitive impairment and the conflicting feelings this evoked for him.

In many ways Walter's engagement with the art-making and the artefacts he created reflect Astley's reference to the way in which the context and medium of reception can open up the potential for a discovery and deepening of a spiritual dimension to life that can then point towards faith and religion. Art therapy offers a creative intersubjective environment within which '...beliefs, attitudes and practices that animate people's lives and help them to reach out to super-sensible realities' can be encountered (Wakefield, cited by Astley, 2002, p39). Here, Walter, as with all of the case studies discussed in this chapter, experiences his creativity which helps him to '...triumph even in the midst of the crush of everyday life' (Astley, 2002, p50-51). With this in view, it may always be important for the art therapist to consider how the emergence of spirituality may require further exploration beyond the frame and

boundaries of art therapy. Here again in palliative care the role of the chaplain is an important link as part of the integrated care approach and the multidisciplinary team (see introduction).

Walter was also engaging in his own mode of praxis and 'correlational' mode of understanding (Graham, 2005). He delivered up his own solutions, resetting problems and reworking his own personal and idiosyncratic meaning-making. He grounded himself through his exploration of squares and circles in order to transcend his logical strategy through the delineation of the holly, making sense of a puzzle of his own creating, and then connecting with nature and moving out of psychological and feeling states into the spiritual realm of existing, being and becoming. These are not separate worlds, but rooms within the *habitus* of meaning that Walter entered, within the spiritual *enclosure* of art therapy practice.

### 4.4.7. Summary

The drawings, and their making, capture a metaphysical dimension and contain an ethical quality. There is a breaking beyond the bounds of embodiment. Walter's act of drawing enabled him to escape beyond the bounds of his own physicality. An unremarkable event becomes a poignant reminder of the potential that can be realised in these moments. For a question emerged for me about Walter's need to represent a sense of ordered containment. Circles in squares, squares in circles. One might say the soul contained within the body or the soul transcending the body. This reflects a process of escaping and returning, of tension and relief, anxiety and rest. As Rita Simons (1992, p57-108) argues, a simple 'archaic' form of representation from the

psychic world of images of the human experience determined by the body and the soul. Simon, in her description of symbolic style, regards the 'Archaic' style as having a 'primitive' or unsophisticated look about it. It is associated with the sensual and emotional inner world that has no visible representation. Its shapes, forms and colours are abstract, and often emerge through the physical engagement with materials. Her way of attempting to transcribe the possible meaning of stylistic types of images arguably as Maclagan contests, is 'inimitable'. It reflects the subtle range of possibilities of meaning in the artwork produced in art therapy. We continually endeavour to find ways of making sense of the phenomena that unfolds as a patient takes hold of drawing materials, and begins to delineate mental imagery and imaginative pictorial inner worlds on a flat paper surface. Walter made three drawings, composing and arranging his marks with purpose and consideration, not entirely sure of the direction it would take him in or what the outcome might be.

Whilst Walter, during these moments, was not preoccupied in any immanent sense with the implications of incurable and life-threatening cancer or the progressive deterioration of mental and bodily functions these needs nevertheless formed the backdrop to his daily living. They may not have been impinging directly, but almost discreetly. Out of this, Walter's inner world emerges in the form of a series of drawings as one aspect of a therapeutic encounter.

## 4.5. Case Study Four

### 4.5.1. Background, context and therapeutic relationship

I first met Tony at the end of 2001, and this was to be a lengthy contact ending in May 2005. Tony and his wife had become known to the hospice during an admission for respite care. He and his wife had worked through much of the initial distress following a stroke he had suffered over twelve months prior to his being referred to art therapy by a social worker based at the hospice. Tony was in his early fifties and still adjusting to many life changes following the stroke which had seriously reduced much of his physical capacity. He was no longer able to speak although could reply with 'yes' or 'no'. His general comprehension was good and he understood much of what was being said to him. The cognitive impairment was at the level of language, and he did not recognise words and would not always be able to match them with the objects to which they referred. He had been left with a right-sided weakness and was unable to walk or move his right arm and hand. Tony had become wheelchair dependent. His wife was his main carer, and together they managed his lack of mobility extremely well with his motorised wheelchair and frequent trips away from the family home.

Prior to his stroke, Tony had an academic life and continued to have a sharp and responsive mind despite the problems with communication. Tony and I met regularly and then towards the later stage of our contact we met once a month. When I first met Tony he was extremely low in mood. His wife was experiencing a high level of stress and both required some additional support. Tony was tense and frustrated at this time.

He had not recovered as well as he had hoped and his condition had remained the same with little improvement in communication. Due to the loss of speech, Tony was unable to communicate all his needs and experiences. He could not write letters or words in any understandable order with his left hand so expressing thoughts, choices and feelings by this means was almost impossible. He had very good facial expression and he could soon demonstrate his disapproval or pleasure. Later, he became more subtle in his non-verbal body language and his ability to respond to closed questions improved. He also developed the ability to write single words with his left hand, although this remained limited. A speech and language therapist had supplied electronic communication systems which provided a word and picture system for composing short sentences. Tony rarely used this during our meetings.

Tony and I began a steady and longstanding working relationship that focused around the art-making as a means of establishing a relationship based largely on non-verbal communication. Tony responded positively to the use of art materials and soon developed a capacity to use his left hand to create drawings and paintings. Our contact finished when Tony decided that he no longer wished to continue. We had worked together for a long time and his decision to discontinue was very positive. His health had remained stable and the imminent threat of another life-threatening stroke had subsided. He and his wife had adjusted thoroughly to the permanent loss that Tony had incurred, and were living a life that was fulfilling despite ongoing frustrations and normal levels of tension.

Tony recovered his general well-being and the sustained contact contributed to helping him recover his confidence and sense of self-worth. He was able to use the

art-making as a way of working with feelings, overcoming his physical limitations and extending his communication skills. Tony had established an attitude and outlook on life that helped him focus on his successes and achievements. He had gone through a long process of adjustment, and on reflection the lengthy contact had been a necessary experience as a way of helping Tony to integrate huge losses into his life, to recover his sense of wholeness and to adapt to a life with a permanent level of disability.

During the work that we undertook together I discovered a lively, enthusiastic person who enjoyed humour and was able to share his frustrations and the pleasure of his successes. The art-making became a largely non-verbal dialogue between us and we discovered different ways of communicating through drawing together. We did not always understand each other and we were both often left bewildered and unsure of each other's intentions. However, this became a source of mutual fun as we would often express our confusion and Tony would laugh at my incompetence. There were times when Tony would feel utterly dejected, and his exasperation with not securing a full understanding from others of his feelings and needs was palpable. There were occasions when he adopted a sense of resignation and defeat. This did not last long and his resolve and determination to continue soon recovered. This was one of the remarkable characteristics of Tony's outlook. He rarely expressed resentment and tended to control and suppress his angry feelings. There was little he could do physically to dispel these feelings due to his level of disability. In this sense, the art-making became cathartic and helped him to release the pent-up emotion that he experienced.

## 4.5.2 Introducing the art materials

My initial visits to see Tony took place in his family home, a large semi-detached house. These first meetings took place in the living room, and I worked with a board placed over the arms of Tony's wheelchair with a few drawing materials placed at his side. We then progressed to a table that he could negotiate comfortably in his wheelchair and reach the materials from his sitting position. During our lengthy contact Tony moved to a flat which was another major adjustment for him. At this time he had begun to be able to use a more sophisticated electronically-operated wheelchair, and we would work at a table he could drive up to and work at with relative ease and comfort.

These first meetings were a little tense as Tony was uncertain as to what he might achieve, and I was nervous about him experiencing a sense of failure at such an early stage in our relationship. I encouraged him to begin using his left hand and arm, as he still had a significant amount of strength and power that enabled him to reach for and hold objects. Tony began to discover an ability to control the use of a pencil and a brush held firmly in the grip of his fingers. Tentatively over these weeks he started to create simple marks and shapes. Often I would draw with Tony in order to establish his confidence and to help him discover the range of marks that he could make unaided. At this time, his mood was very low and he appeared troubled and in conflict with himself. He responded well to my initial efforts of encouragement and began to be more convinced by the potential in what he was experiencing.

At first, I would provide fairly simple exercises that gave him the opportunity to orientate himself to the motor-coordination required to use the materials. He gradually began to acquire some positive feedback for himself as he realised what he could achieve, and saw for himself how he could manipulate the pencil to achieve his intended goal. Simply getting the pencil to move from one point to another was a success. He went on to develop more versatility with this medium and discovered new ways of drawing and painting.

### 4.5.3. Thematic content and visual narrative

Tony's drawings and paintings contained a wide range of themes from portraits of himself and his wife to abstract shapes and forms. He created his own range of ideas and subjects that had meanings which remained obscure. Due to his loss of speech and difficulties in communication Tony was unable to explain or describe the full meaning of each of his images. The content of his images would be arrived at through a joint effort. Many times we would have a conversation through line. Tony would make a mark and I then would follow by adding my mark to his. We created many drawings using this simple system and they would often last for anything up to twenty minutes or more.

Relationship, physical proximity and facial expression became intrinsic to our mode of being together. The content of the images would emerge out of a spontaneous engagement with the art materials. The art-making became space for having a visual conversation. Tony would also create images without my direct involvement, and would approach this with a certainty and definite sense of purpose.

## 4.5.4. The art-making process and artefact

Tony engaged with the art-making process in a sustained and deeply committed way. He continued to draw and paint long after he had decided to end our meetings. It had become an important mode of creative expression and a source of pleasure for him. The drawings and paintings I have selected provide a sample of the kind of images he created and their potential meaning.
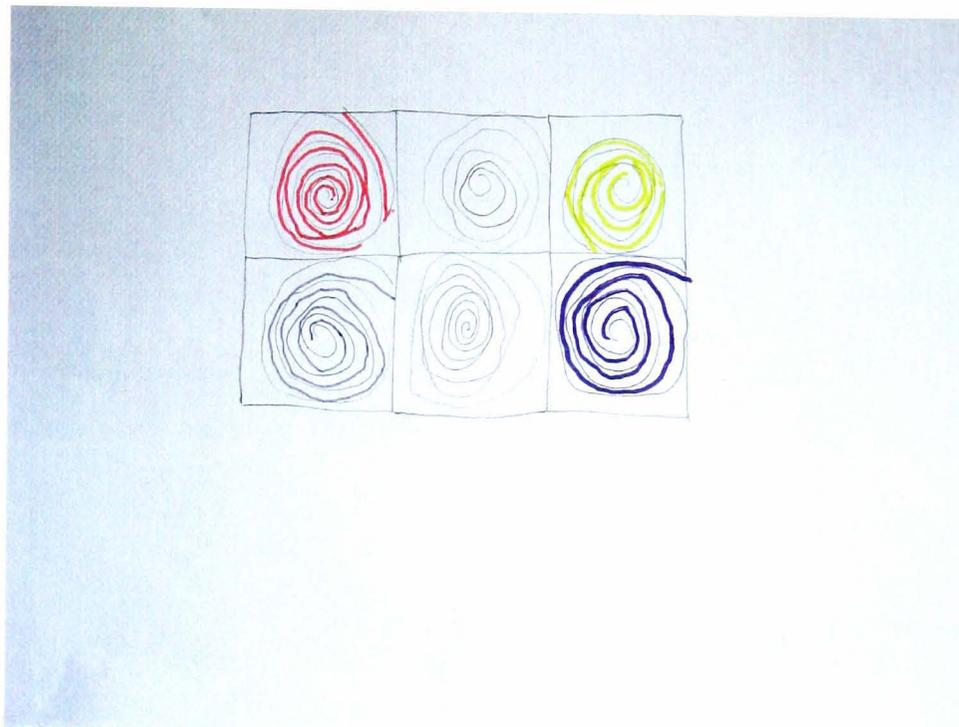


Fig 1

In the early stages of working together Tony would try drawing exercises that enabled him to discover what level of control he could have when using simple drawing materials. This image was created in one of our sessions shortly after first meeting. We explored together to the extent that Tony could manoeuvre the pencil and felt-tipped pen. I created a grid and asked him to draw several spirals and then to try and use the coloured pen to follow between the lines. Tony was able to handle the physical movement required for this with skill and great concentration. Here he was

beginning to break new ground in the use of his left hand and the exercise gave him the initial confidence and reassurance needed. Tony entered into this experience with tenacity despite his initial caution. He controlled the medium well and from the position of his wheelchair managed to discover a potential within these initial experiences that would carry us along through many hours of concentrated silence and being together.



Fig 2

Figure 2 is reminiscent of many of Tony's early images and the kind that he would return to at different periods in our work together. These portraits, this one being of his wife, often took a very simple form and would be executed in double-quick time. He would often express delight with his efforts and often responded with laughter. There was often a sense of identifying with the connectedness and the tremendous significance of his relationship with his wife. They had a very close bond and he often tried to communicate with me something of the tensions and difficulties that would arise between them, although he could never communicate this in detail. On occasions

he would draw a similar head and this would clearly be a self portrait. I always felt that at these times Tony was trying to discover and reassert his identity and sense of autonomy. The portraits symbolised his way of maintaining a sense of self and connectedness with those who were of most importance to him.

Our joint images were often conducted in silence for the most part. Once I had introduced this idea to Tony, he would often initiate this interaction himself encouraging me to make a start. We would soon become absorbed together in this dialogue using lines to create extraordinary shapes and ideas that neither of us could claim to understand. The relationship and atmosphere around these exchanges were often intense, and there were times when Tony seemed to test me to my limits of patience and endurance in what was often a slow, silent and methodical exchange. At times it would almost feel like a non-verbal intellectual game as Tony tested my reactions and responses. We would often both feel quite exhausted after an hour of such concentration.
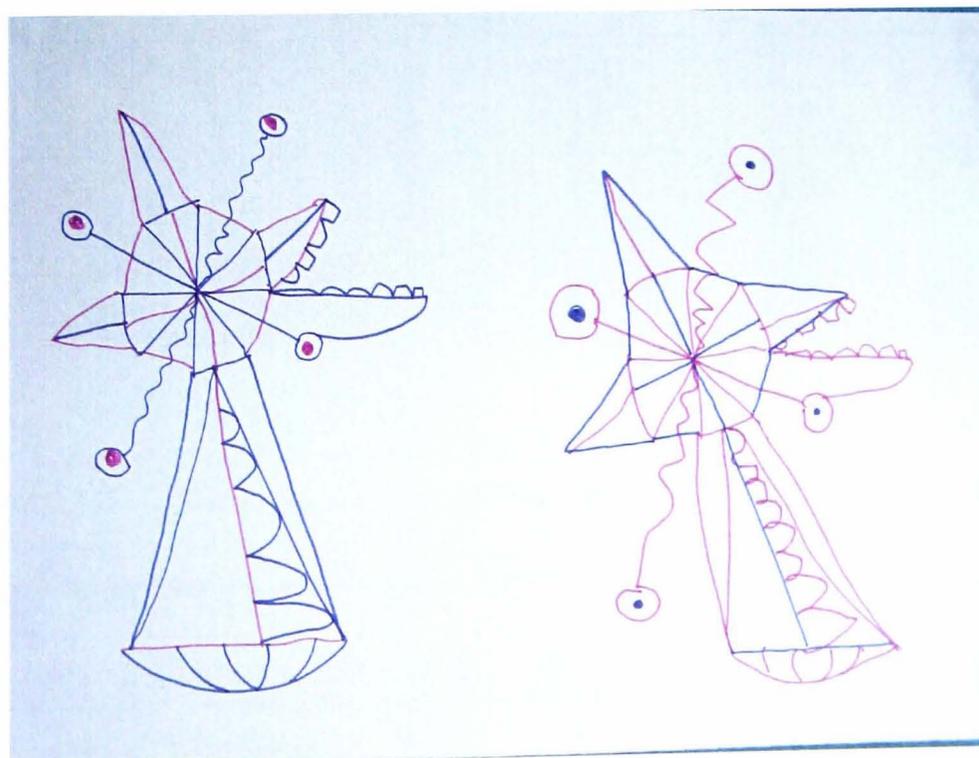
Fig 3
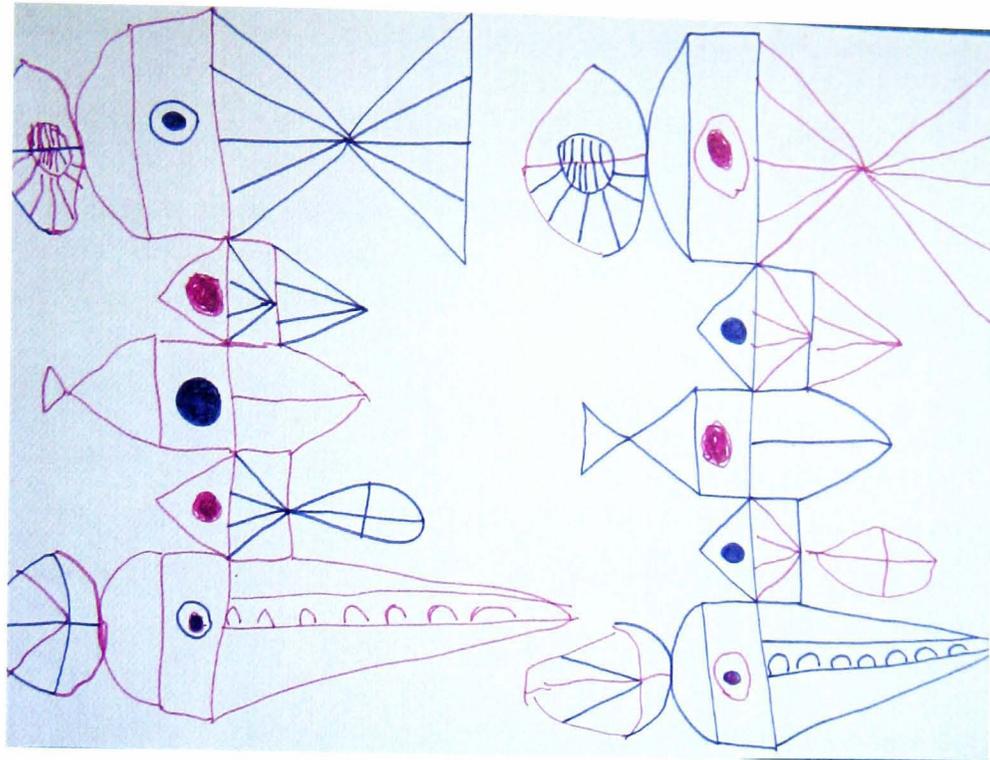
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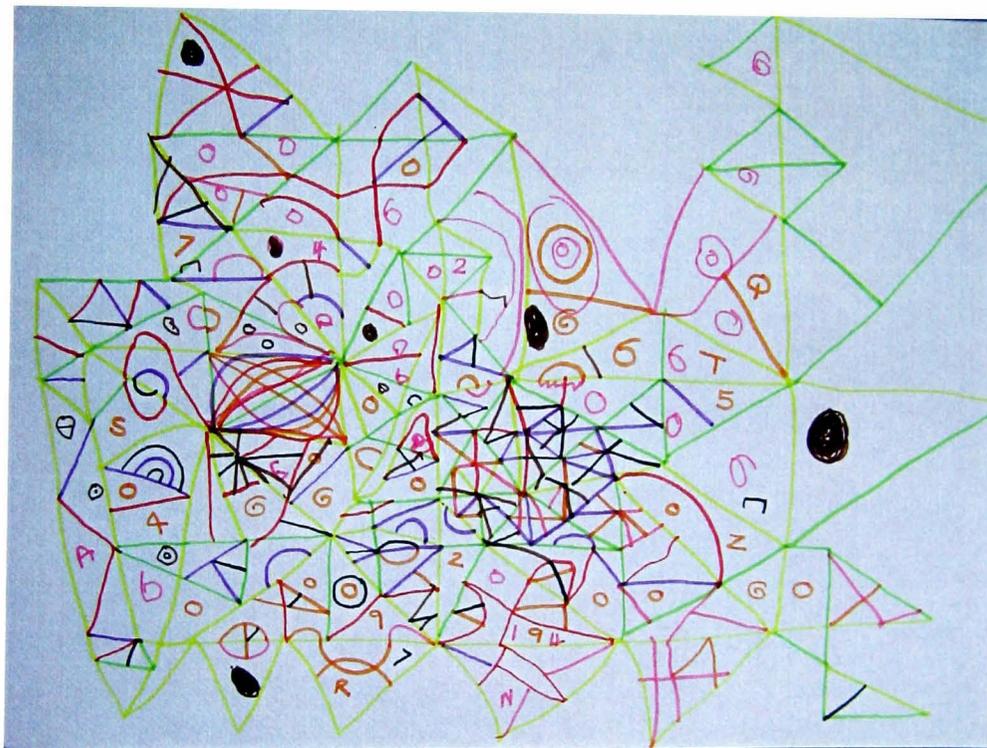


Fig 5

The dialogues with images are illustrated by figures 3, 4 and 5. These interactions took the form of my making a small mark, then Tony following with his mark, and so on until the conversation ended. In figures 3 and 4, completed in one meeting, I took the blue pen and Tony the pink pen. We alternated our marks, eventually losing track

of which mark came before the other, and creating linear shapes and ideas that often seemed to have an intellectual, cognitive purpose to them. Sometimes Tony would add numbers and letters as seen in figure 5. He was almost attempting to recover his numeric and language skills within the network of lines. These images took on the appearance of structures and networks that seemed to construct meaning and create a unique constellation of links and points of connection.

We would occasionally return to more conventional themes and Tony would want to try drawing something from nature. These images related to the environment and nature in such a way as to suggest his enjoyment and observation of the world around him.

Fig 6
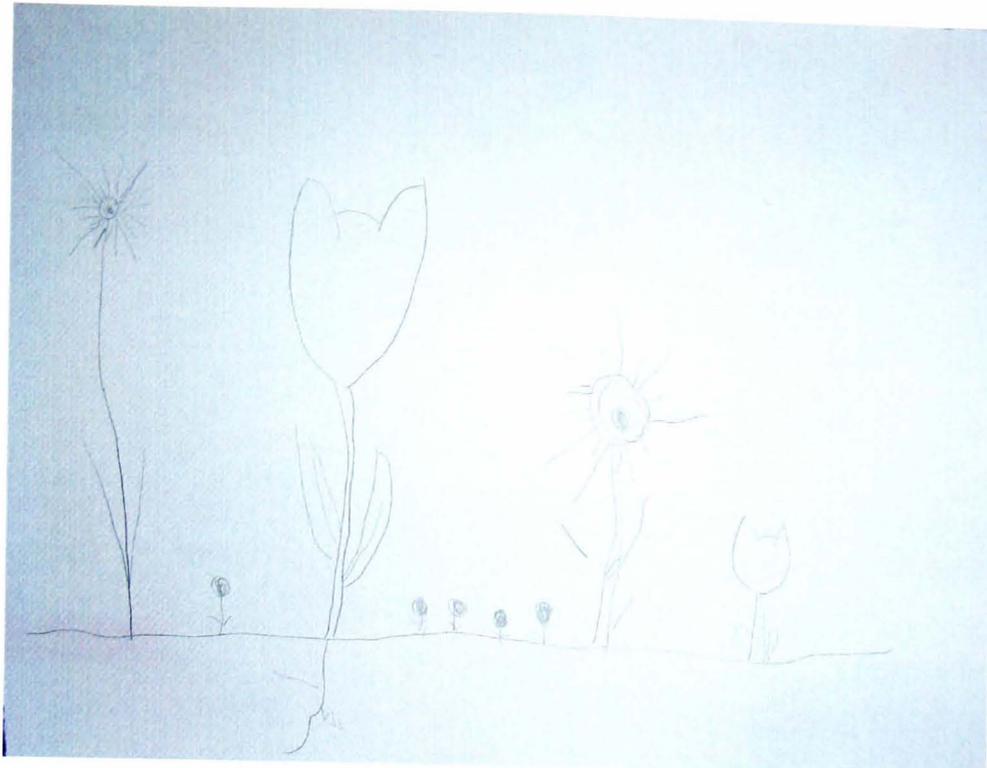
Fig 7


Fig 8

With time Tony developed a wide range of skills that he was able to utilise in order to communicate, often with great difficulty, the thoughts and feelings that he experienced. The following series of images relate to one meeting, when on other similar occasions Tony had discovered a mode of expression and a visual form of communication that was almost poetic and symbolic. Having to remain satisfied with

the mystery as to the full and complete meaning of these images was something I had to learn to tolerate myself and trust that their importance was intrinsic to the process of imaginative engagement with the art-making.
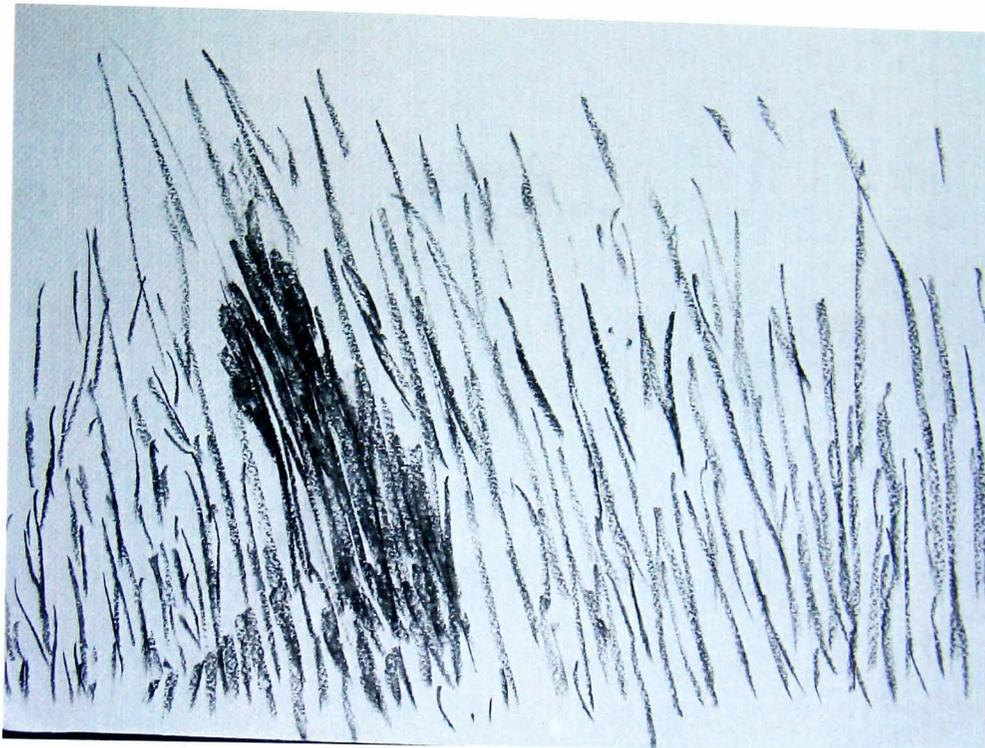


Fig 9
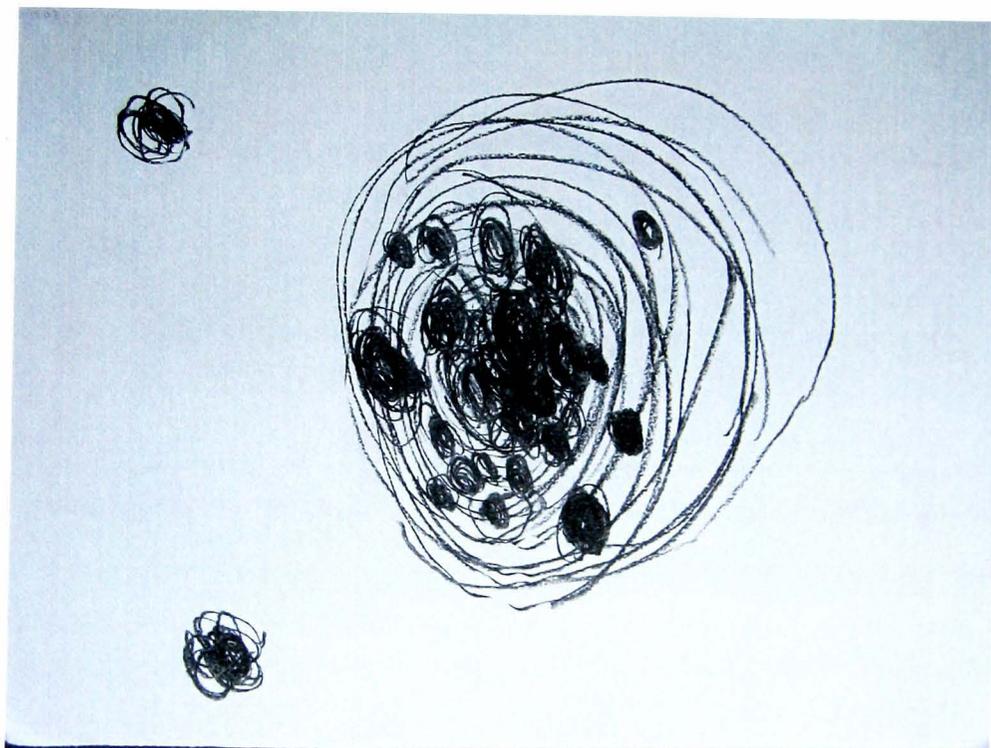


Fig 10
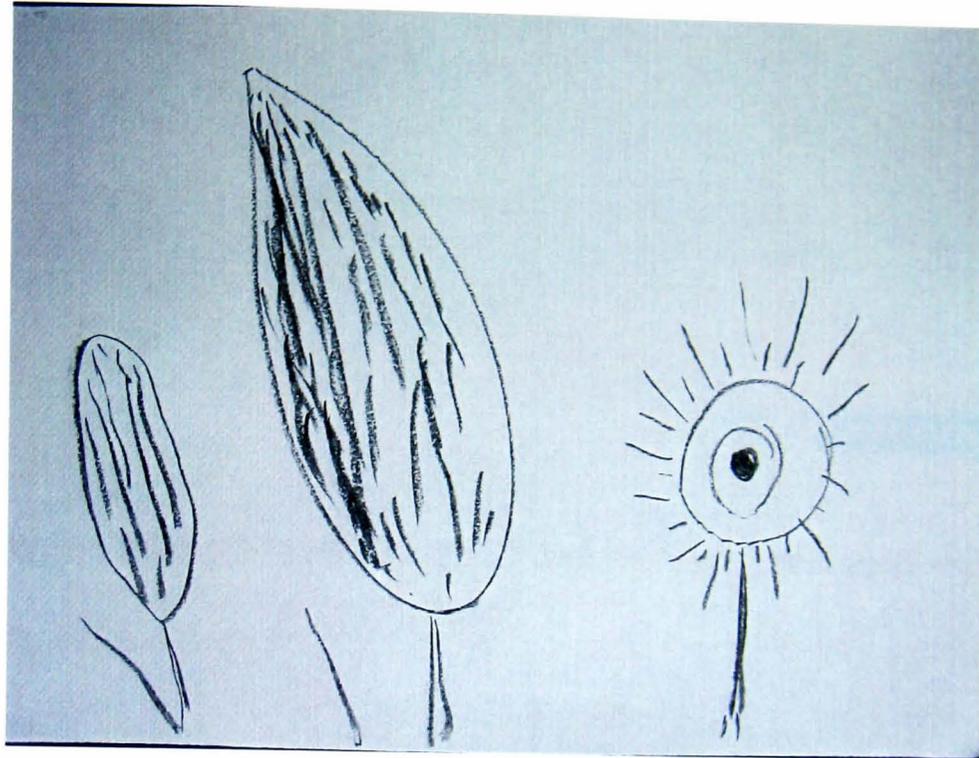
Fig 11
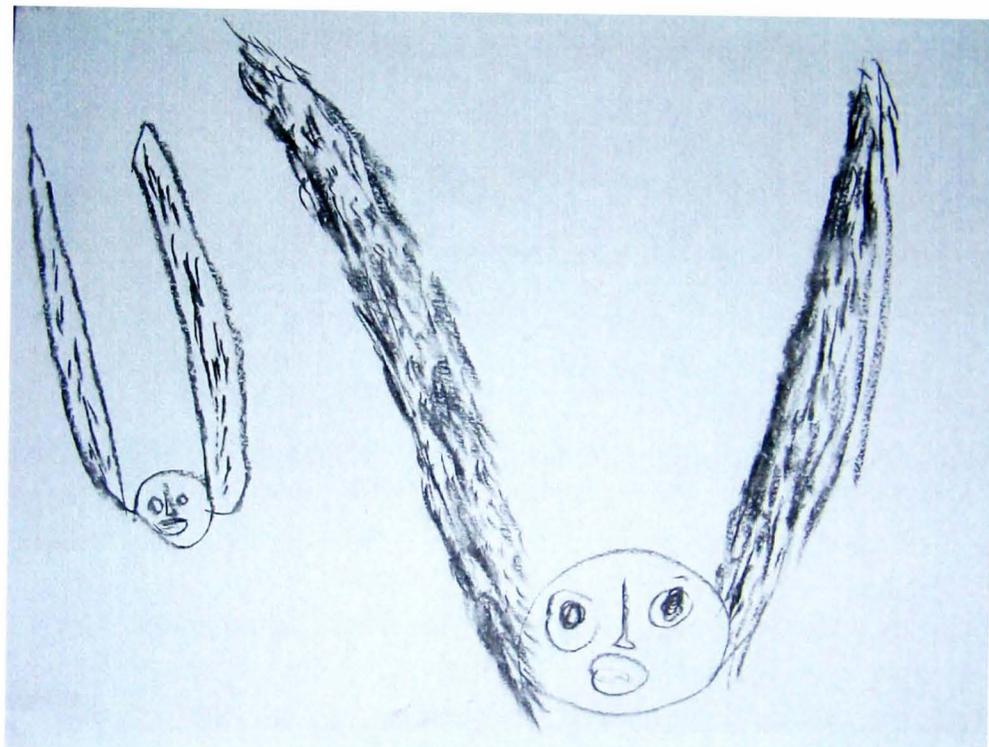


Fig 12

During this particular meeting, Tony worked with energy and purpose. He had become accustomed to my art box and the materials that I had presented to him. We sat at the customary table just to one side of the kitchen units, in the flat that he had moved into a couple of years ago. The flat was on the eleventh floor and overlooked a semi-industrial area of Sheffield. We faced a wall on which were fixed several

paintings completed by Tony during his attendance at a day centre. He drove his electric wheelchair up to the table and I sat to his left as he worked. Tony then chose some soft charcoal with which to work, a medium he had not tried on previous occasions. He soon settled to the first image in this series and began making quick and energised marks across the page. He was working with a determination and concentration that had a feel of urgency about it. I had the feeling that once this first image was complete there would be more to come. In figure 10, the energy became even more intense and focused, with circular movements and spiralling shapes that became densely blackened as he pressed on hard with the charcoal. Sometimes pieces of charcoal would crumble from the stick which gave him a few moments of pleasure and mild amusement.

In these two images, it was as though he had enacted a release of energy and vibrancy for which the charcoal was able to help him find expression. The soft grainy feel to the charcoal did not resist his intentions. On completing this second image he moved onto the third, and slowed down as he created the three forms in figure 11. There was a feeling of fertility and growth about these forms, like plants about to emerge from their bud-like forms. It reminded me of Maclagan's (2001) reference to 'inarticulate form', and as if the first two images were the expression of chaotic, undifferentiated energy out from which a form was to emerge. The fourth image, figure 12, then took on the surreal impact of two heads in flight, with great ears or wings allowing them to take off. I imagined this image to be reflective of the relationship we had formed and how we had been able to take flight imaginatively through our visual dialogue. The process of these images emerging seemed to reflect the transformative nature of the

imagination struggling to articulate form and meaning. The flying heads also suggest a symbolic realisation in pictorial form of the psyche relating to self and other.

### 4.5.5. Analysis

Tony's engagement with the art-making process and the range of images he created, demonstrate the creative ability to discover a mode of communication and expression that transcends limitations. Tony was recovering from a period of profound frustration and depression when we first met. He was continuing to make significant adjustments following a multitude of losses as a result of his stroke. In many ways, Tony was in a crisis of identity and was desperate to discover a way of orientating himself in a world that had fundamentally changed. Tony and his wife had coped well throughout the initial phase following the stroke but, at the time I first met with them, they had reached a point of increased stress and difficulty. Willis's (2000) approach to understanding the meaning that humans give to their changing worlds is helpful here. The *socio-symbolic* meaning-making that Tony entered into, through his use of a simple range of art materials, opened up the possibility of discovering his physical capacity and ability to engage in an alternative form of communication, expression and relationship within the therapeutic frame of art therapy.

Tony entered a dialogue with me that reflected something of the conversational model found in approaches to pastoral care and practical theology. I entered the circumstances and world of Tony in order to participate and understand the nature of his experience. The non-verbal visual mode of communication discovered by Tony through his art work helped him to experience a greater sense of his inner world and

the integrity of his personhood. It enabled him to use his intellect and cognitive abilities that had been such an important part of most of his life. He sensually engaged in the dialogue with materials to establish a deeper sense of meaning to his circumstances, and to realise the potential that still remained. There was always a level of uncertainty regarding the possibility of a future fatal stroke. The presence of this element of uncertainty was often in my own mind and not something we could communicate about. I was always aware of the enormous number of losses in his life and the extent to which his life had changed. Tony created his own form of cultural production, and as he engaged actively with the art-making process he discovered a way of reflecting back to himself, and the world, his existence and his involvement with life.

The dual drawing activity in which Tony and I had engaged, encapsulated the concept of reflective practice, and Schön's (1983) exploration of the reframing of a set of problems was activated as Tony confronted the problem of living with permanent change, and a life style defined by new limitations. How was he to recover from his despair and begin to have a sense of optimism about his future life and well-being? Learning to continue living with the loss of mobility and almost total dependency on his wife and carers was going to take time and there would be many struggles along the way.

Art-*in*-action was demonstrated by Tony's commitment to the process of using art materials and making images to communicate many aspects of his experience. He was able to draw out meaning from his engagement with the materials and reconfigure his world through pictorial means. Together we were able to invent visual stories, as in

figure 8, when we worked together on pictures leading each other into visual narratives. The non-verbal paradigm of art-*in*-action was sustained in a way that was full of nuances of feeling and intuitive responses. This demanded attentiveness on my part to the inner world experience that Tony found so valuable to share, and I was rewarded in experiencing.

## 4.5.6. Spiritual and pastoral readings

Tony was dependent on much non-verbal communication to secure an understanding from others of his views, feelings and needs. His understanding was only limited by the problems he had with verbal communication. He grasped most of that which was said to him by other people, and he was extremely sensitive to the attitudes and nuances of their non-verbal signals. His images demonstrated a range of modes of apprehension and comprehension that enabled him to convey, with strength of feeling and solid determination his thoughts and feelings. He retained a warm and forgiving nature and a sense of humour. These experiences reflected spiritual qualities and dimensions to his character, the therapeutic relationship and the experience of art-making. Tony constantly searched for connection, relationship and communication in the art therapy meetings.

The 'conversational model' discussed by Pattison (2005, p139-140), can be considered in perhaps a paradoxical way in relationship to Tony's situation. Pattison refers to the importance of silence in his list of ten characteristics of this approach, and considers '...silence, disagreement or lack of communication' as important factors that create 'gaps', where the discrepancies and differences between the

contemporary world and religious tradition may be seen. It is perhaps within these gaps that the human spirit, spirituality and religious perspectives can be explored and discovered. Tony developed a sophisticated mode of non-verbal communication that enabled him to transcend and transform his inner world, and have impact on his environment and interpersonal relationships. He not only touched on the edge of spirituality as he engaged with his imaginative and creative energy, but found himself flying in some imaginary space free of bodily constraints as illustrated by figures 11 to 14.

Tony established an intense focus during our shared art-making sessions. We never knew where the non-verbal, art-based dialogues would take us, and their meaningfulness was inherent in forging a bond that was both challenging and intimate. His body language and facial expressions conveyed pleasure, disapproval, irritation, and sarcasm. He would tease and joke, then become serious and melancholy as he took command of the drawing dialogue. Out of a simple 'game', an elaborate mixture of his inner complexities engaged with the inter-personal level of the therapeutic relationship. This is a further example of the dynamic, creative cycle of praxis and 'correlation' (Graham, 2005), where ideas and experience are reworked through 'partial revealing' (Pattison, 2000), inference and attention to details that often go unnoticed in the ordinary ebb and flow of daily life.

Tony arrived at a point in our work together when he decided that it was time to end the activity. He had moved on, and our lengthy working relationship had fulfilled its purpose. Meaning-making and purposeful art-*in*-action had helped Tony cross a threshold and become more fully himself. It was his way of '...acting *in* the world'

(Wolterstorff, 1980, p4-5). Wolterstorff's theological view emphasises the many and varied uses of art in order to reincorporate a transcendent perspective into aesthetics. Action and engagement through agency locate art as a site where spirituality can be seen. Art is not segregated from life but is integral to life. Tony improvised moves, joining agency and action to explore, discover and transform his world.

The pastoral lining to our meetings can be seen in the *rehumanising* of Tony's sense of being as a whole and complete person, living within limitations. He was able to be reconciled to a sense of self that had undergone a radical process of change as a result of his stroke. Meaning-making in art therapy can nourish spiritual development. This can be seen as Tony engaged in the sensual, non-verbal, intersubjective art-making process. The artefacts he created became symbols of transcendent possibilities as he reworked his memories, thoughts and feelings into new forms through flights of the imagination.

### 4.5.7. Summary

The ethnographic imagination finds expression in the way that Tony's attention was held for lengthy periods of time by the art-making process. Together we formed an alliance around the communication that took place within art therapy. Within the context of art therapy Tony found expression, and our relationship was established around the possibilities for understanding each other through the medium and mediation of art. Meaning was established and reworked as we engaged in our shared cultural practice. We created an art-based environment of communication and interpersonal cohabitation that enabled meaningful interaction to take place.

## 4.6. Case Study Five

### 4.6.1. Background, context and therapeutic relationship

Elizabeth was in her late seventies when I met her. She was referred to me by the community physiotherapist in consultation with the community specialist nurse. Elizabeth had been diagnosed with cancer of the lung and was struggling with an increased loss of mobility and anxiety. The physiotherapist had begun to get to know her quite well, and secured her agreement to meet with me in order to help her recover her confidence and make new adjustments to her loss of independence. When I first met Elizabeth at the family home she was extremely low in mood and experiencing some breathlessness that seemed to be aggravated by her high level of anxiety and general agitation. She was feeling frustrated about her limitations and did not like being dependent on others; she felt she was becoming a burden, particularly to her husband. Elizabeth was also having great difficulty in adjusting to having been informed that her condition was incurable. She was troubled, worried and angry about the life-limiting nature of her illness and did not feel ready to accept fully that this was true.

I met with Elizabeth on ten occasions over a five-month period and during this time she made significant steps forward in recovering her confidence, reducing her anxiety and feeling more resolved about her life and the future. We had decided together, during our final meeting, that she no longer needed to continue with the art therapy, as she had arrived at a point in her experience where she was feeling better equipped to

cope. Elizabeth died four months after our last meeting, at the hospice with her husband present.

The art therapy sessions took place in the family home and we would often sit at the kitchen table, which was situated just inside the front door to the right as you entered the house. The two-bedroom house was situated in a row of other houses on an urban estate. The kitchen was small with many typical household objects surrounding us, and a wall with family photographs pinned to the surface. Elizabeth loved her tiny garden, and at the opposite end of the kitchen to the right of the window the back door led out into a compact garden about twenty to thirty metres square. She and her husband had erected some decking which was adorned with dozens of pots, and hanging baskets had been fixed on to the back wall of the house. Elizabeth often referred to her garden as a sanctuary, and she was proud of filling the space with as many plants as the garden could take. She was frustrated by her limitations at the time as they prevented her from getting into her sanctuary and losing herself amongst the plants. The kitchen and the garden were the environments within which our meetings took place. Elizabeth felt contained and safe within these familiar surroundings. During my contact Elizabeth and her husband managed several trips away from the family home and so her anxiety had not completely prevented her from doing fulfilling activities in her life. Elizabeth gradually discovered a new determination to focus on those things that she could achieve, and enjoy the opportunities to visit friends and relatives.

## 4.6.2. Introducing the art materials

Our first art therapy session took place in the kitchen where we sat side by side at the kitchen table. I placed my box of art materials on the table and presented Elizabeth with a sheet of white cartridge paper. Elizabeth was eager to experience using the materials, and showed no hesitation in taking up a pencil to begin her first picture. Elizabeth, at this point, was continuing to struggle with a high level of anxiety and there was almost a sense of agitated urgency about her.

It did not take long for Elizabeth to become involved in the activity and she would often prefer to use either a lead pencil or a small tin of coloured pencils that she discovered inside my art box. Elizabeth frequently worked with an intense level of concentration and a concern for detail. The choice of pencils seemed to reflect something of her character, as she was often preoccupied with details to do with her illness. She was a perpetual worrier, which she would acknowledge frequently as an aspect of her personality. The pencils provided an element of control and order, enabling her to make marks that did not become too unwieldy or messy.

## 4.6.3. Thematic content and visual narrative

The content of Elizabeth's drawings related to nature and her garden. The idea of the Hortus Conclusus (Clark, 1949, p9) comes to mind. The garden can be considered as symbolic of an enclosed 'paradise' where there is a communion with nature. Elizabeth engaged with this theme as a way of connecting with a deep sense of reassurance and comfort, at a time when it was painful for her to live with the reality of her terminal

illness. Her own small enclosed garden on an urban estate was a small jewel of delight to her and had been for many years. She tended this garden with loving care, and it soon became surrounded with climbing plants that secluded the space from the view of neighbours over the weeks that we worked together.

### 4.6.4. The art-making process and artefact

Elizabeth tenderly created drawings relating to her garden and nature. She would thoughtfully and carefully work on her pictures in a way that absorbed her attention as we sat together at the kitchen table. Elizabeth first began by creating an image (figure 1) that was composed of an interlacing combination of lines. This was her way of getting started. She used three colours from a set of felt-tipped pens and enjoyed this initial experience of taking a line for a walk. In many ways the configuration of lines reflected something of her general feeling of unease and worry, yet it also gave her a degree of confidence as a first step towards using the drawing materials for her later images. There can be a level of hesitation when making the first image in art therapy. During the first meeting it is important for the patient to understand that their art work is not being judged, and that making an image is not dependent on any preconceived ideas about what makes a 'good' drawing. Elizabeth felt comfortable with this first experience and was eager to continue. In the same meeting, Elizabeth then produced a drawing using felt-tipped pens that focused on the theme of plants and her garden (figure 2). It was as if the first drawing provided the ground on which then to allow the pot of flowers to emerge. Out of the confusion of abstract lines and shapes she was then able to form something familiar from her memory.
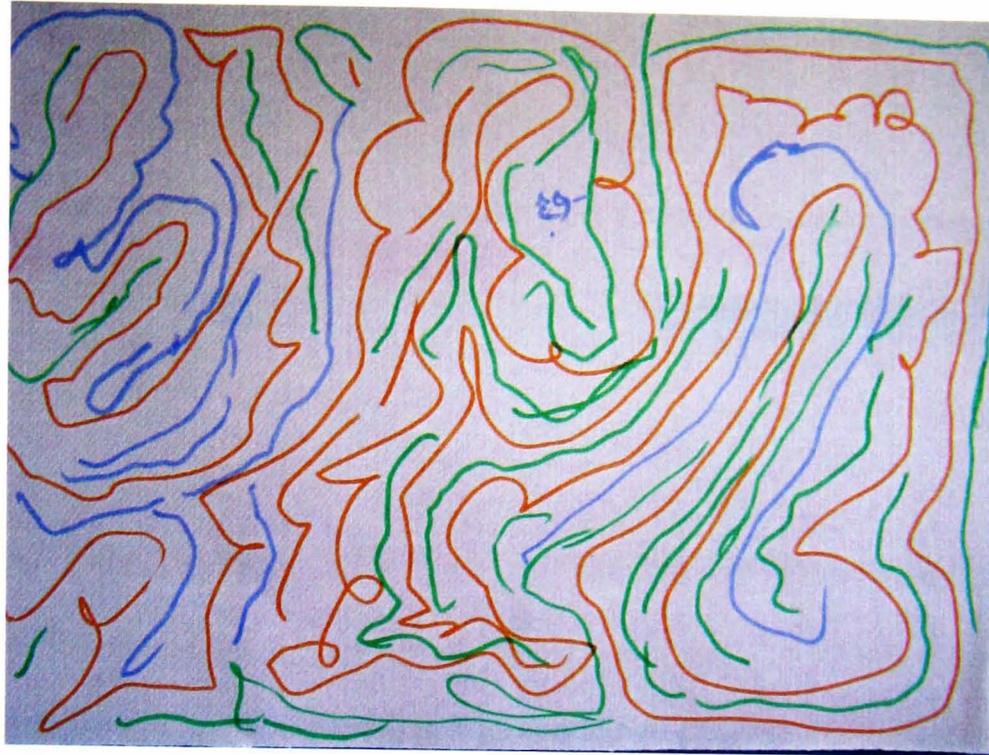
Fig 1



Fig 2

Elizabeth worked quietly and thoughtfully on this drawing, becoming absorbed in a kind of reverie as she concentrated on each part. The image, as she created it, conveyed a confidence and vitality. She moved the pen around the surface of the page with ease and purpose feeling pleased with the result. As Elizabeth worked she occasionally made reference to the home, her relationship with her husband and the

stress of losing so much independence. She would often feel tired, and too much physical exertion would exhaust her quickly. Sitting quietly with me, she was able to relax as she channelled her energy into the making of her drawing, allowing her imagination to dwell on an object of pleasure that symbolised an aspect of her world of which she felt deprived.

The following three drawings were made in separate meetings, and she worked intensely as she structured the frame of her garden and the plants with detailed foliage. The third image of a bird was created with a delightful sensitivity. Each drawing became the focus of a contemplation of meaning that was embodied in her personal, imaginative hortus conclusus.
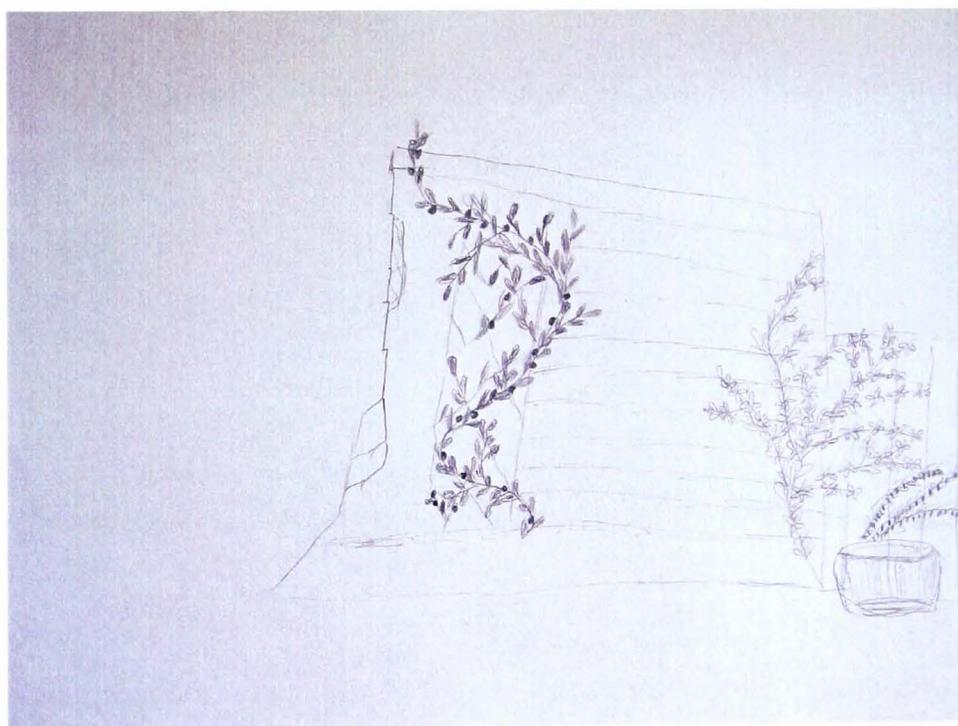


Fig 3
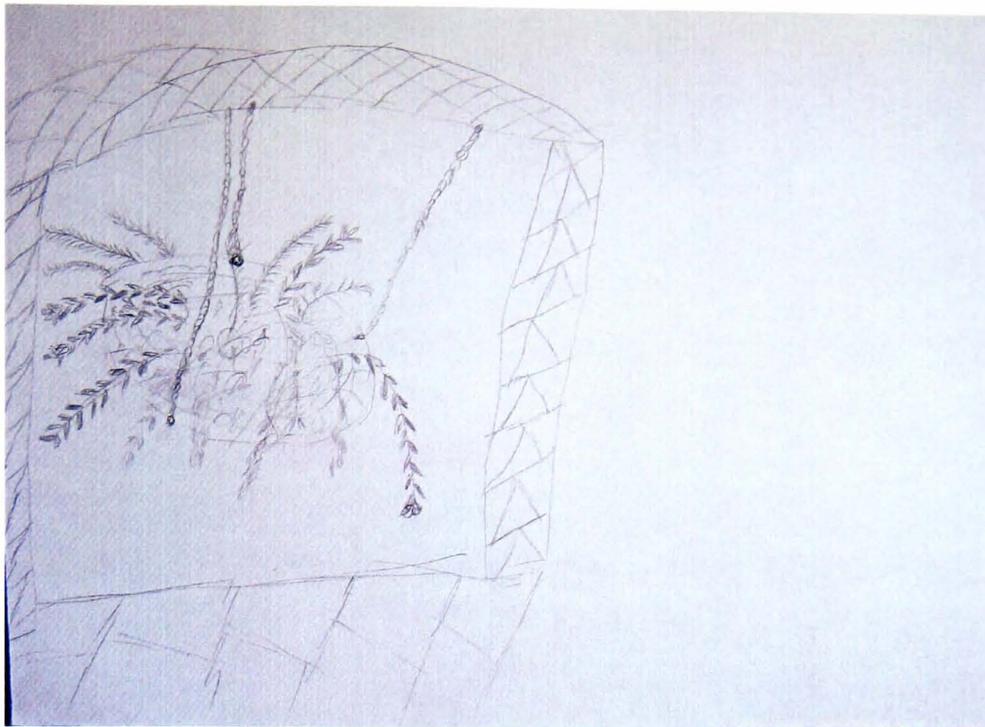
Fig 4
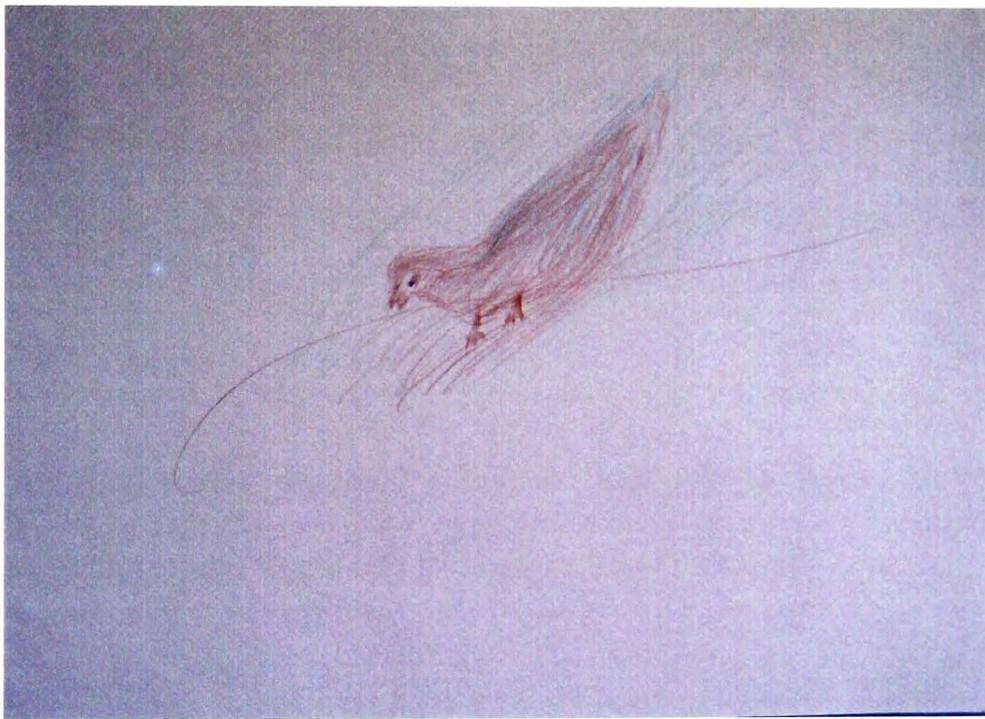

Fig 5
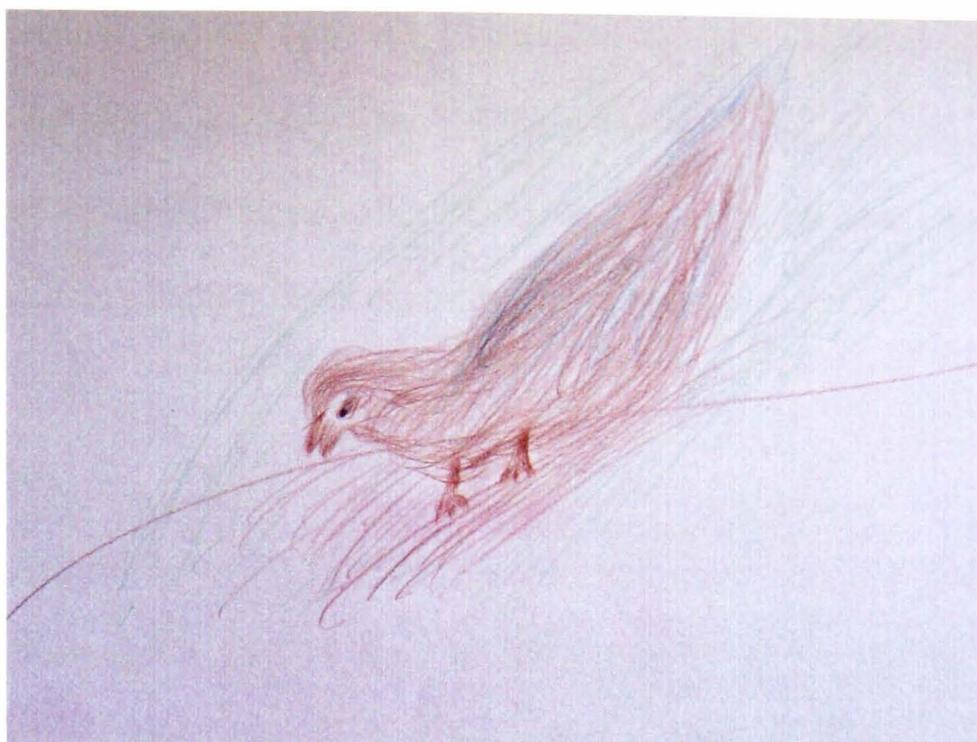
Fig 6

The drawing of a bird arrived immediately after Elizabeth placed the first mark which was the line drawn from left to right across the page. This line had a whimsical light-hearted expression to it. Elizabeth then began to scribble her bird into form. Over the preceding weeks she had begun to feel more composed and relaxed. She was determined to defy the pressing reality of her poor prognosis, and the bird expressed a quality to her attitude that reflected a humour and wistful aspect of Elizabeth's character. Elizabeth loved to see the birds coming into her small garden.

Elizabeth understood that her physical health was deteriorating gradually. Her awareness of prognosis was in many ways acute and caused her much fear and anxiety. She was often defensive when references to the implications of her illness were too explicit. The drawing of her bird reflected Elizabeth's autonomy and something of her attitude towards her circumstances. The bird appears to be composed of lines that are anxiously scribbled; a 'worry bird'. The lines and position on the page suggest an ephemeral quality, almost as if the lines could all fly off in

different directions and the bird would disappear. The gaze of the bird is looking downwards and out beyond the frame of the paper, as if captivated by something unseen out of the line of vision. The 'worry bird' could be Elizabeth in her hortus conclusus anxiously looking out beyond the safety of the garden.

### 4.6.5. Analysis

Elizabeth discovered a way of drawing about aspects of her life that provided meaning at a time when she was struggling with a number of conflicts. There was a tension between her understanding of her prognosis and a resistance to accept the full implications of this. She did not want to believe that she was dying. As she began working on her images, Elizabeth found expression for her desire to connect with things that provided her with comfort and reassurance. Her engagement with the art-making process opened up the possibility of helping her manage her anxiety and fear. The ethnographic imagination began to interact with the art materials in order to allow the emergence of Elizabeth's symbolic use of plants, the garden and nature. Out of the despair that she was experiencing, she formed her own cultural artefacts that embody meaning relating to those things that provided her with familiarity and security. The implications of her illness and thoughts of dying were unbearable for her at times. At some deeper level, she understood the true nature of what was happening but she was not ready to accept this fully. Talking about this was too difficult. Feeling it and drawing about it was possible. At the level of non-verbal intra-psychic activity such realities can be negotiated, circumnavigated and approached in ways the psyche can tolerate until conscious integration can take place.

The home environment and the relationship she had with her garden was the location of her *socio-symbolic* meaning-making through art. In this context Elizabeth was able to rework those things in which she had invested her time and identity. She was able to reframe her experience within the intimate nature of her drawings and the images she created. Her inner life was held within the frame of her hortus conclusus as we explored many aspects of her life in general, and the non-verbal dynamics of her underlying anxiety and worry were communicated and held within the therapeutic experience. The choice of felt-tipped pen and pencil provided Elizabeth with the medium she required to delineate adequately her memories in her drawings. The images 'talked back' as she worked the detail of foliage in figures 3 and 4, and the scribbled lines that define the bird in figure five. Elizabeth co-habited her drawings within the process of art-*in*-action. In this sense the drawings made Elizabeth as much as she made the drawings.

There is a deep psychic process of engagement when the images in art therapy resonate with inner patterns of meaning. Images reside within the psyche as layers of experience and memory. In art therapy the manifestation of form through drawings and paintings, whether inarticulate and unconscious, or fully articulate, differentiated and conscious, inserts something of the psyche into the material world. An impression of some aspect of self is left in the handling of materials and the constellation of marks on the page. Through the ethnographic imagination, reflection-*in*-action and art-*in*-action meaning for Elizabeth is experienced by the dialogic nature of art-making as process and the artefact as outcome. The meaning is significant to the patient and the therapist as both participants are changed. This is a mutual process of exploration, discovery and transformation. The 'worry bird' analogy of Elizabeth's

drawing brings home to me the uncertainty experienced in the face of dying and death. The bird is a manifestation of the ethnographic imagination responding to the context of a familiar environment, whilst living with new and unfamiliar experiences.

### 4.6.6. Spiritual and pastoral readings

The 'worry bird' that Elizabeth created, and her personal hortus conclusus, provided an ultimate environment of profound spiritual significance (Fowler, 1987). This is where the deeply personal and experiential aspects of individual inner values and beliefs can be transformed. The ordinary becomes sacred, and is imbued with meaning that provides stability and security at a time of troubling uncertainty. The meaning of Elizabeth's horticultural visual metaphors and symbols characterised much of the context of her home, relationships, hopes and fears. Elizabeth channelled her anxiety into a connection with those things that were familiar and which provided a range of landmarks that gave her reassurance and comfort at times of distress. She was able to nurture growth within the frame of her own domestic husbandry.

The paradox of her fear of dying and her determination to defy death, was expressed through the tangible nature of her garden affirmed in her drawings and the feelings worked into every mark. She would discover and experience optimism and a degree of calm when absorbed in her drawings. Here, the reflective knowledge-*in*-action of praxis was seen as Elizabeth engaged with her chosen materials and found sustenance and validation through experience. The cycle of reflexive, reworking of the familiar was host to her personal values, which reflect Swinton's (2000a) claim that praxis-based practical theology is laden with theory and values. Spirituality emerged in

Elizabeth's circumstances as she reached for those long-standing and familiar themes in her life, which were then given new layers of meaning that transcended and transformed her sense of cohesion and belonging. The therapeutic benefit is experienced by the containment of potentially overwhelming feelings of fear and the reduction of anxiety. The process of art-making and the artefacts helped knit together her fragility with a more solid terra firma of meaning. The spiritual can be seen through her images as they revealed Elizabeth reaching for, and taking hold of, her memories and immediate environment to give her sustenance, value and worth.

As Elizabeth followed the thread of meaning in her drawings, she was recovering and rediscovering elements of her life from which she had felt estranged through the impact and implications of her diagnosis. Praxis is demonstrated within the context of art therapy when the imagination turns on the process of submerging oneself in the art-making process and surfacing via the artefact. Equally, the therapist is engaged in the intimate proximity of the 'onlook' (Astley, 2002) and then the withdrawal to assimilate and interpret. Seeing and envisioning new perspectives on life, through the non-verbal visual modes of understanding in art therapy, closely mirror the ways in which the 'correlational model' (Graham, 2005) in practical theology takes account of spiritual and religious experience within the social and cultural context of the individual. Elizabeth was engaged in a process of discovering new levels of understanding, articulated through line and form in her drawings.

This is reflection-*in*-action, and closely approximates the basis of much practical theology as the mode of discovering and understanding the spiritual and religious tone of another's experience in context. Elizabeth was able to see a sacred space where the

sovereignty of her inner world could not be thoroughly invaded by her terminal illness. Death was near, and her 'worry bird' was there to provide an indication as to how she was doing, and perhaps was there to give her the *sapiential* knowledge to help her undertake the spiritual task of leaving her hortus conclusus when those moments finally arrived.

## 4.6.7. Summary

Elizabeth found a way of drawing about those things that gave her a sense of value and worth. The meaning with which she imbued her drawing helped her to maintain composure and dignity in the face of dying and death, despite her anxiety and fear. She engaged in the art-making process with a simple range of materials to create a sequence of images which demonstrated how the context of her home and undertaking art therapy facilitated the ethnographic imagination. Working through anxiety and fear is supported by the reflective dialogue that establishes and maintains meaning in uncertainty. Meaning-making becomes integral to any dynamic work involving psychic adjustments towards emotional and psychological health and well-being.

## 4.7. Case Study Six

### 4.7.1. Background, context and therapeutic relationship

Kate was referred for art therapy by her specialist nurse. She was in her sixties and had been diagnosed with cancer of the right supra glottis several months before our meeting. She had received surgery which had left her with a tracheotomy. Kate had coped well following diagnosis and treatment. She found the courage and strength to adjust, and had sustained herself with the support of her husband and family through this difficult period. However, her husband had also experienced some serious health problems which had recently increased the stress in their relationship. The mood at home was tense and there had been a long period of worry and the atmosphere was unsettled. Following Christmas and at the beginning of the New Year Kate had become increasingly depressed and despondent. This was out of character for her as she would often express pride in her ability to cope with any difficulty. She had always managed despite the problems she had experienced through life.

I met Kate at the family home which was tucked away in a cul-de-sac on an urban estate. On arrival I found the back gate which led into a small garden filled with pots and various garden equipment and odds and ends. The back door led into a small kitchen where we would meet to do art therapy. We sat at the kitchen table, facing towards the window that looked out onto the garden. Kate would sit opposite me, to the left of the table looking in towards the kitchen and the back door. I would set my art materials in front of her and she would quickly settle into making a drawing as we talked. Kate had begun to find life difficult as a result of the tracheotomy. In the early

period following surgery she thought she could cope with this major physical change. Over the preceding months, before our meeting, she had begun to struggle with low self-esteem and issues to do with body image. She began to feel more self-conscious and inhibited when in public places. Along with the stress of living with the tracheotomy, Kate was also experiencing overwhelming emotions. She described feeling tearful and upset more frequently and was confused as to what this might be about. Much of the work we did together was about acknowledging the accumulation of sadness to do with the impact of her diagnosis and treatment. Kate first needed time to give herself permission to experience feelings and then to work through her distress.

There can often be a delayed response to the experience of diagnosis and treatment. Patients may invest much of their energy and effort into coping with immediate needs, and once in recovery begin to experience a delayed emotional response. This can often lead to confusion and depression if someone is not helped to understand and work through what is happening to them. There can often be guilt relating to the belief that because they have recovered physically, they should not be feeling low in mood or distressed. Kate had not allowed herself time to adjust at this level and had become distressed by her feelings of depression and sadness. She also interpreted this as a personal failure to cope, when she had previously survived many difficult experiences in her life.

The distress with which Kate was struggling had also opened up unresolved painful events from her past. During our work together, Kate reflected on the process involved in experiencing and exploring feelings so that she could learn to tolerate

them. This enabled her then to make some steps towards resolving the conflicts with which she was having difficulties. An important aspect of the early therapeutic work that Kate undertook was acknowledging that her feelings were valid and understandable. As she began this process it helped her then to address unresolved feelings relating to the death of her mother when she was eight years old. Other relationships in her life that were abusive, and a number of other losses, then came to the surface as Kate gained the confidence to address her emotional pain. The crisis of her physical health had brought her in touch with memories, events and feelings from different periods in her life. Her current experiences threatened her perception of herself as someone who could cope, and she was highly anxious that she would become overwhelmed and unable to recover her inner strengths in order to carry on.

We met eight times over a three-month period. During this time Kate worked quickly to address her needs. She was determined to understand these difficult feelings and created a series of images that aided her in tentatively allowing herself to experience the pain of many events since her diagnosis and the impact that this had on her life. She addressed a number of past grief-related issues, to do with the death of her mother and unresolved hurtful aspects of other relationships in her life. This was also an opportunity for Kate to tell her story which she had never been able to do in such an open way. It became important for her to experience another person being witness to her account, being believed and validated in her choices and decisions in life.

## 4.7.2. Introducing the art materials

Kate did not hesitate to begin using the materials. She quickly selected a range of soft pastels that she chose to remain using throughout our meetings. She used the pastels with a degree of hesitation and tentativeness which reflected something of the anxiety around exploring feelings. The pastels gave her a soft effect, and the marks she made were faint and ephemeral such that they did not feed back too much emotional content. The drawings she made were reserved and understated, in contrast to the strength of her feelings expressed within the therapeutic relationship which were palpable and intense. The pastels and her method of drawing seemed to enable her to experience feelings without the fear of becoming overwhelmed by them.

The choice of materials and the quality of mark-making in Kate's instance, allowed her to engage imaginatively with feelings and to maintain a psychic defence which ensured that she could integrate these experiences into her life. This is the significance of the artefact as mediator within the therapeutic relationship. It allows the patient's agency to have expression and voice as an integral aspect of the psychic adjustments that are made at an unconscious and non-verbal level. The marks had a lightness of touch and a gentleness that reflected the tenderness of Kate's wounds and her method of reflection and integration. As soon as Kate believed she had arrived at an understanding of the feelings she was experiencing at the point of our first meeting, she felt able to continue managing her circumstances confidently and we agreed to end our sessions.

### 4.7.3 Thematic content and visual narrative

The content of Kate's drawings reveals a delicate configuration of 'inarticulate form'. On the whole the drawings are abstract, and illustrate the way in which marks in themselves can be considered as psychic equivalents. The marks and shapes are performances of the motor coordination of a simple material across a white page. As Kate manoeuvred the pastel around the surface of the paper, her drawings expressed psychic manoeuvres made tangible within the frame of the paper. The drawings have a minimal style and suggest feeling states emerging and surfacing.

The content of these drawings bring to mind the complexity of reading images in terms of their symbolic importance and meaning. There is much to discover and learn from the way in which a person chooses to use the materials and the kind of image that emerges. In Kate's experience, the drawings hold and contain the process of engagement with psychic realities, which can only be tolerated if they are experienced just below the surface of consciousness. There is a visual opacity to the image that obscures the full meaning and import of feelings and psychic realignments which take place allowing adjustments to be made over time.

### 4.7.4. The art-making process and artefact

Kate began her series of drawings by creating two images in the first meeting that show a tentative step towards exploring feelings. She chose the pastels from the art box and felt comfortable with this medium throughout the duration of our work together. Kate often worked quickly and with energy. She expressed some anxiety as

261

she worked which was manifested in her body, and in the tension she experienced as she began giving a verbal account of the events during and after her diagnosis. She took the pastel on each occasion and made rapid marks. The first two images (figures 1 and 2) were an initial exploration of her current mood. The first image was an experiment with the materials, and the second was a more direct expression of her low mood and feelings of despair. The simple flurry of marks creates almost a wave-like pattern of emotion in the picture frame. It has a feeling of rippling across the surface, and gave me a sense of the wave-like quality of the periods of low mood and depression that Kate had been experiencing. These two images evoked some additional anxiety in Kate, as it was hard for her to permit such a level of conscious encounter with strong emotion. Whilst the feelings were evidently there, and had caused her some confusion leading to her being referred for art therapy, she did not understand what had evoked them, and felt that to have such feelings was a failure to cope. The black ripple of depression that she described in her second image, gave her a first encounter with the process of beginning to understand that feelings are not always overwhelming or potentially destructive. Kate needed to experience herself as remaining intact and that the integrity of her self would remain, despite the strength of feeling and the events in life that they represented.
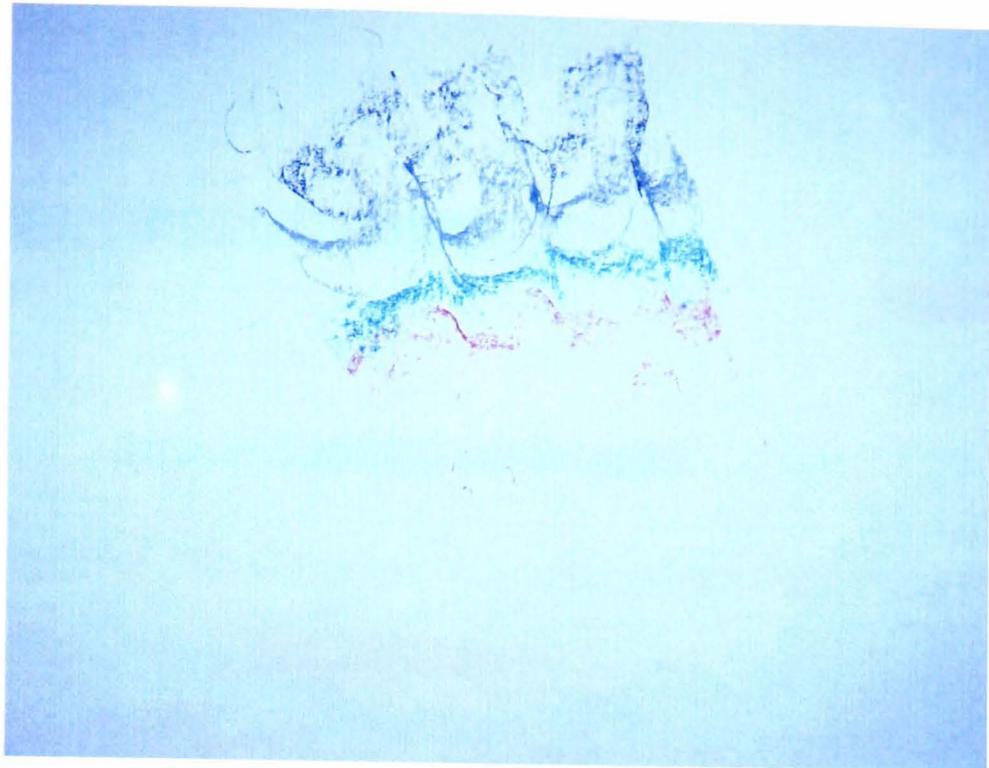
Fig 1
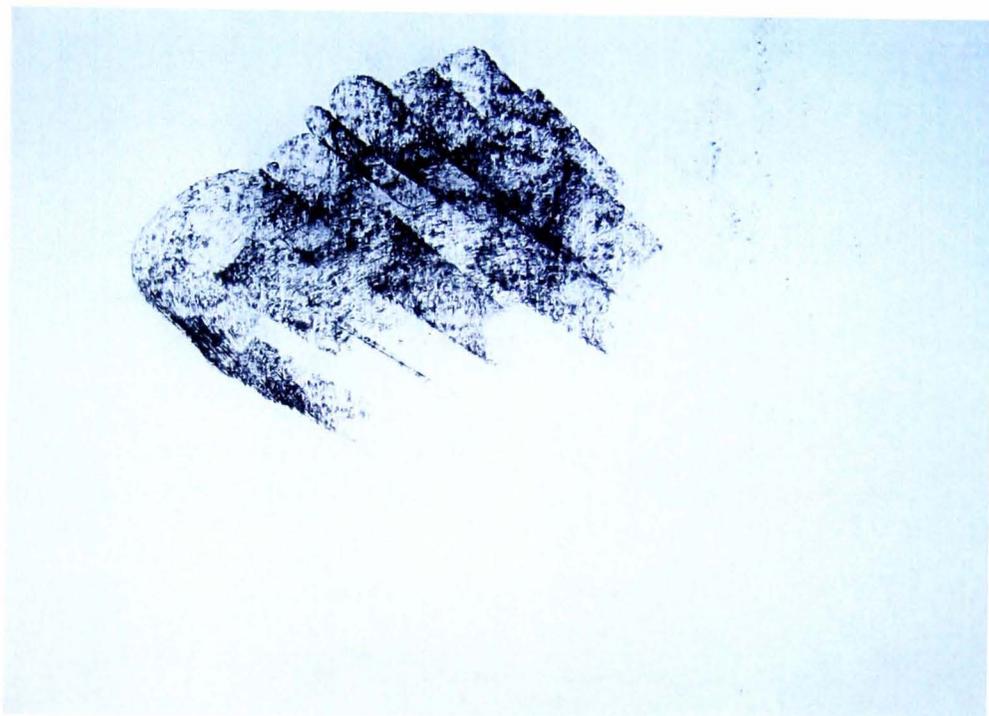


Fig 2

The following series of images provided ways in which Kate could reflect on her feelings, and begin the process of being able to understand and find meaning to the experiences she was having. Her sense of despair continued for several weeks and it was hard for her to recover a greater sense of worth and validation. There had been many past events in her life that had eroded her confidence and sense of self-worth.

She had become skilled at coping but this was often at the cost of her own needs. In figure 3, Kate struggled with aspects of her relationship with family and of feeling disconnected and alone in her experience. She emphasised her thoughts during this session by adding the word 'void', between the feelings she was attempting to address and the family. The experience of feeling alone and isolated is often experienced by the person living with a life-threatening illness. There can be strong, supportive and loving family bonds, yet there is the feeling that having a terminal illness sets you apart. There is a sense of inner solitary struggle at times, which came through in this image.



Fig 3

The remaining images are further explorations of the mixture of feelings emerging as Kate talked at length about many distressing events in her life. As she shared her experiences with me throughout this time, she unburdened herself of a wide range of thoughts and feelings she had not had opportunity to share throughout her life. As she became less anxious and fearful of her emotions, she was able to acknowledge and work through her despair, sadness and rage. Figures 4 to 7 reflect a process of

exploring the nature of these feelings. The wave-like expression of depression in figure 2 is developed into a cloud form, and then an amoeba-type shape which contains forms that reflect feeling states. The changing state of Kate's emotional world, as she integrated feelings and understood the causes, helped her recover her capacity to cope. She was able, over a relatively short space of time, to share a wealth of events in her life and to reflect on the life-long impact of her mother's death. Kate was able to make significant adjustments to the physical changes, due to her tracheotomy, and recover her self esteem and confidence.
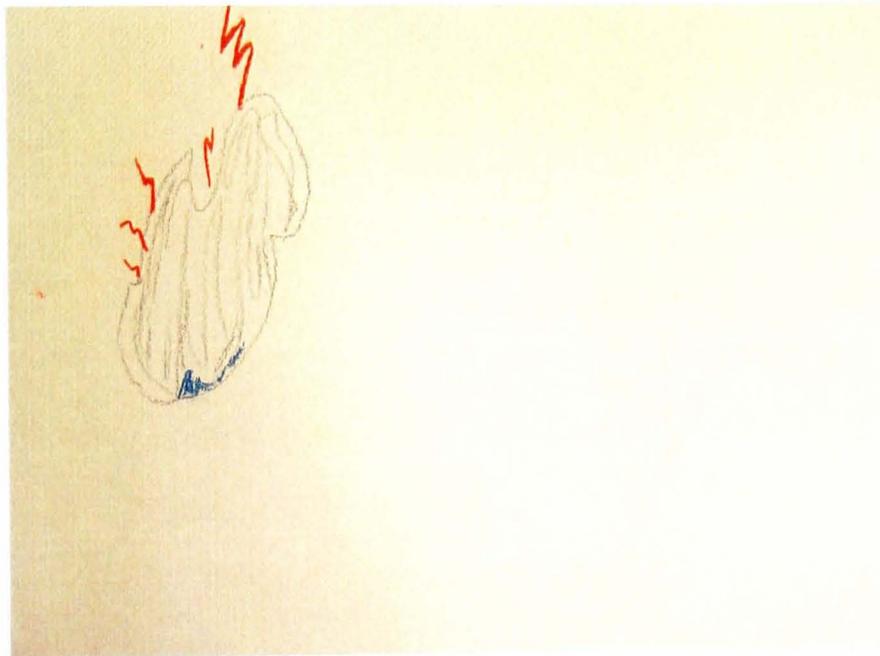


Fig 4



Fig 5
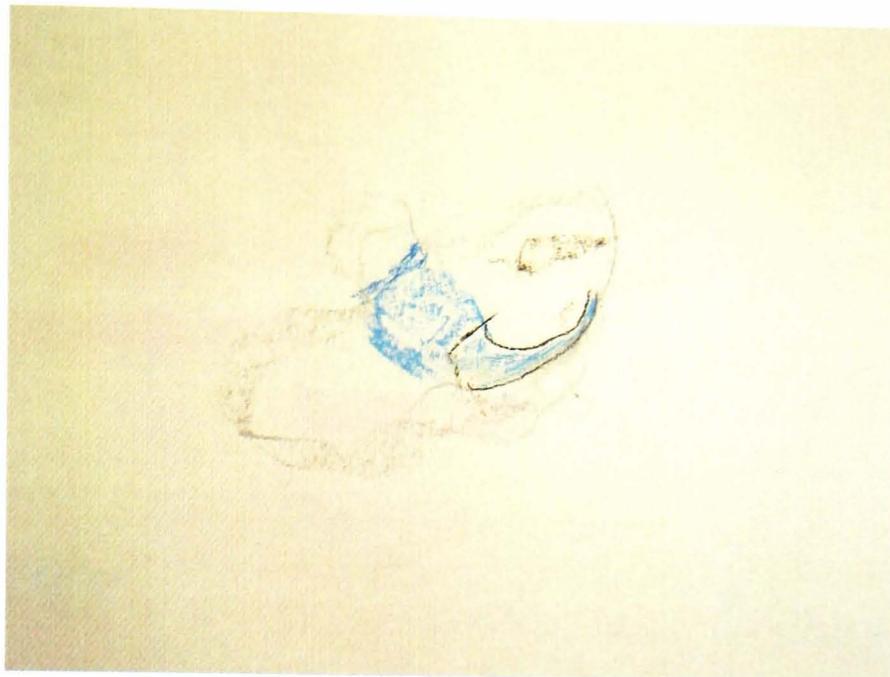
Fig 6


Fig 7

The final image in Kate's series describes vividly how she was able to open up her amoebic state and literally fly out of her misery. There is a wonderful ribbon-like passage of blue energy as the small bird takes flight, faintly drawn in the top right of the picture frame. The flowers have bloomed in place of the tangle of undifferentiated emotion that she had worked so hard to unravel and make sense of. Kate had struggled throughout her life, but in this image had recovered a connection with reality in a way that enabled her to restore her optimism and capacity to continue facing life with all its trials and tribulations.

Fig 8

## 4.7.5. Analysis

The series of drawings that Kate created in the art therapy sessions enabled her to explore a range of experiences that had caused her to develop a conflict between her ability to cope, and strong feelings that she could no longer suppress or resolve. As she discovered her own method of drawing with the pastels Kate began to engage with her own ethnographic imagination as she entered a dialogue with the art materials. Kate began to find a symbolic form that mediated the threshold of anxiety between experiencing her feelings and the fear of being overwhelmed. Her own cultural practice was a process of reworking her role as survivor through the articulation of undifferentiated form in her art work. Making this adjustment involved staying with the confusing and bewildering experience that comes with the process of transformation. Her abstract ephemeral images acted as mediation between bewildering emotion and moments of discovering a new way of coping.

The drawings became a site for psychic testing of the risks involved in revisiting memories and events from the past, combined with the flood of feelings she had been experiencing prior to our first meeting. The depressive feeling state that she had entered was accounted for by her inability, at this stage, to allow for the experience and expression of feelings of rage, sadness and grief. All her responses, once normalised and understood as intrinsic to the process of recovering from distressing events, gave Kate the ability to move forward. The meaning that she discovered through her art work gave her the imaginative capacity to reframe her problem (Schön, 1983) and discover an alternative way of understanding her experience. There was a sense in which the style of her images occupied a kind of peripheral vision. The lightness of their rendering with the pastel made the feelings tolerable, and gave her the psychic capacity to integrate these experiences healthily into her life. This process brought relief of her depression, and a recovery of a familiar role as someone who is able to cope under difficult circumstances. Yet, as Kate had been able to change her strategy by integrating these new realities into her life, her coping strategies were refined and given new strength. Kate was able to work through her initial confusion and, within the context of her own social milieu, to define her own progression forward so that she could continue living her life without feeling inhibited by her tracheotomy, and the uncertainty surrounding her future physical well-being after surgery.

By engaging with art-*in*-action, Kate was able to enter into the many and varied uses of art for her own purpose. The *socio-symbolic* relationship to her use of the art materials and the method of drawing she discovered was an experience of the reflective dynamic within the art-making process. Together we shared in the

knowledge discovered through our joint reflective engagement with the art-making and in our responses to the artefact. As Kate told her story I would listen attentively aware of the quivering ripples of her emotional adjustment taking place within the non-verbal dynamic emanating from the drawings. The therapeutic relationship became interwoven by the contextual frame of Kate's biographical account of her life experiences, her personality and attitude towards crisis and the immediacy of feeling to do with her current circumstances.

Reflective practice and art-*in*-action combine to produce in the here-and-now an ethnographic response that is imagined through the art-making. Kate had to discover her own form of meaning-making within the context of the therapeutic relationship. The drawings as artefact became the production of her cultural practice influenced by her own history, development and values. She reworked self through the use of a simple range of pastels, scuffed and rubbed up against a piece of white cartridge paper, to form abstract shapes that barely reached any kind of solid realisation. The power and significance of these images were not left wanting simply because of their rendering with the chosen medium. Whilst stylistic approaches (Simon, 1992) or analytic models for understanding symbolism in art (Schaverian, 1991) help to orientate the art therapist towards the meanings attributed to images, art works remain infinite in their rendering and the handling of the materials. There is an idiosyncratic nature to the signature of each person's use of materials, and the wide range of styles and methods of application restrain any attempt to be conclusive about the psychological importance of any art work. Kate made a variety of moves to find an expression to her inner experience. There may have been a progression for her to new levels of visual experience and art-making if she had felt the need or desire to

continue. She was able to arrive at a good enough recovery from her period of distress to continue managing her life. She had reworked her experiences imaginatively in order to orientate herself again within her changed world.

## 4.7.6. Spiritual and pastoral readings

Spirituality within the *enclosure* of art therapy practice is seen in the way Kate transformed her feelings through the engagement with art-*in*-action. The reflective praxis that lines the therapeutic encounter, facilitates a way of indirectly acknowledging and addressing a hidden or discreet flow of feelings that have been submerged within her psyche, and surfaced through the crisis of her circumstances. Pattison (2000, p250), comments that 'hiddeness' and 'partial revealing' are synonymous with the Christian religious tradition, and in this instance this view can be compared with the process of visual exploration in art therapy. In Kate's experience her visual reflection-*in*-action allowed subtle hints of feeling to be tolerated at a more conscious level of understanding. Combined with the gentle emergence of feelings that takes place within the intersubjective space offered by art therapy, spirituality also begins to fill spaces and gaps where meaning and purpose can be established and strengthened.

Praxis allowed spiritual meaning-making to emerge and circulate as Kate orientated herself to a newly-discovered sense of her inner constitution and character. She manoeuvred her way through the intersubjective space within the frame of art therapy to discover authentic aspects of herself within strange and unfamiliar territory. Kate's struggle was, in part, a tentative and cautious search for validation and affirmation.

The pattern and shape of her life had been formed by a complex history which was only glimpsed at within the period that she undertook art therapy.

Through a reflection of some aspects of her experiences from the past and the present she was able to retrieve some peace, integrity and purpose which she absorbed and integrated into her life. The cycle of pastoral reflection in Kate's experience can help to define the spiritual dimension to her engagement with the art-making process and responses to the artefacts she created. Lartey (2005, p132), defines the pastoral cycle as a process of five stages that focuses on experience and undertakes an analysis of the ordinary contexts of life from a theological perspective. Kate's experience in art therapy demonstrates that spirituality is inseparable from the art-making process, and reveals ways of seeing and images that have their equivalents in religion. Religion is replete with myth, metaphor, narrative and stories that can have symbolic significance in relationship to transitional and transformative moments in life. These moments can occur within the imaginative visual mode of understanding in art therapy, and are perhaps like points of faith development in keeping with Astley's (2002, p33) view that there is first '…some learning about the language of 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'.

Kate needed to discover a new level of faith in her competence and ability to cope with her circumstances. Many of these facets of meaning-making do not easily fall within psychological or psychodynamic terms of reference. They are *imaginal* and occupy a space that is sacred where being human and *humane* is prized and valued.

This intersubjective creative space can also provide a sense of location or homeliness that is grounded in belonging. For Kate, this was about being contained within her psyche, body, immediate home environment and matrix of relationships during a period of adjustment and transformation, such that she felt able and sufficiently fortified to continue to cope.

### 4.7.7. Summary

The series of images that Kate made demonstrates how the ethnographic imagination provides a way of recovering meaning in the midst of the loss of direction, orientation and identity: the feeling of being in a 'void' where sensations have become so overwhelming that the psyche cannot make sense of the flood of emotion. Depression can often be the result of the problem of not being able to experience feelings, such as rage and grief, when strategies for doing so are not immediately available. Kate discovered and explored meaning-making through the opportunity to tell her story and to engage in the process of reworking her feelings through art.

## 4.8. Case Study Seven

### 4.8.1. Background, context and therapeutic relationship

Kevin was in his early fifties when we first met, and had been diagnosed with lung cancer only ten days before the referral was made for art therapy by his specialist nurse. He was being treated with morphine and undergoing a course of radiotherapy. Kevin lived with his partner at their home on a large housing estate. Their home was furnished in a modern style and reflected Kevin's youthful, contemporary image. Our first meeting took place in the living room, which was to the right of the front door on entering the house. The stairs ran up from the front door and the kitchen was through the living room and looked out on a small garden. As we sat together Kevin smoked a cigarette as he gave an account of recent events. After our first meeting we would sit side by side on stools at the breakfast bar in the kitchen. I met with Kevin five times over a period of five weeks and he died in the hospice six days after our last art therapy session at the family home. He also managed to marry his partner on the Saturday preceding his death, which was a desire he had discussed in our first meeting.

Kevin had lived in the local area for most of his life and was well-known. He enjoyed socialising and was a frequent visitor to the pubs and clubs in the area. He described himself as having a bit of a reputation and that he had been in many scrapes in his past. Kevin was forthright and direct in his approach and he shared many aspects of his life in our meetings. However, with regard to his adjustment to the impact and implications of his illness, he expressed extreme anxiety and fear. Kevin understood

that his cancer was advanced and progressing quickly, and he talked openly and explicitly about dying. He was extremely worried about deteriorating into an undignified state where he would be completely dependent on others. He was particularly fearful of pain, and imagined that his last days would be spent in agony. Kevin needed much reassurance in order to reduce his fear and the accompanying tension that was producing ever-increasing levels of anxiety and disrupting his sleep. A major influence on his fear of pain was the memory of the deaths of his parents. Kevin suffered a range of side-effects from the radiotherapy treatment, and had periods of pain which were at times difficult to manage with medication.

Kevin was in a very difficult and distressing set of circumstances. No sooner had he begun to adjust to the news of his diagnosis, when very soon afterwards he had to cope with knowing that his condition was rapidly deteriorating. There was a sense of urgency about him because he wanted to do so many things before he died. This high level of anxiety became a source of conflict and frustration. It was as if the urgency of his circumstances stopped him in his tracks. He often felt exasperated by his limitations, and even taking a short walk exhausted him. Kevin also had a range of regrets, and a desire to set the record straight. Ensuring that the family affairs were in order and that his partner was financially secure, were the most important things he could do for them. He also wanted to marry his partner and they had begun to make plans for this.

Kevin was determined, despite all the issues with which he was struggling, to hold on to a positive outlook. He was able to do this more successfully as he gave himself permission to express his despair, anger and frustration. Kevin often reflected on a

desire to feel absolved of the ways he had behaved towards others in his life. He often expressed some guilt about his choices in life, and believed he could recompense for these regrettable decisions by making sure that he took care of his partner and family. Kevin maintained his sense of humour and self mockery, but simultaneously always wanted to be taken more seriously. His role in life had always been to be the life and soul of the party, but he did not allow anyone to get too close. During our meetings, Kevin talked about his beliefs and values and how life had taught him to watch his back and always be sure to prevent others from getting to you first. He spoke honestly about the vulnerability he now experienced, and that he felt a different person and wanted to understand why this should be so. Our meetings took place in a smoke-filled kitchen, often with the radio softly playing in the background, and with hot mugs of tea prepared for when I arrived. Kevin had many things to share about his life. He liked talking and could tell stories. I could imagine the yarns he would spin at the local pub. Despite being well known, Kevin had few close friends and regarded his partner as his only true friend.

Over the weeks that we met, Kevin discovered more confidence. He became less anxious about pain, and understood that some of his fears were related to having witnessed his father die painfully from cancer. Kevin confronted dying and death more directly, and he became less fearful as we worked through many of the anxieties that he was experiencing prior to our meetings. His major personal terror was of being in an undignified physical state and in agonising pain. Kevin became more resolved and confident about his dying after being given advice and reassurance about pain control and the care he would receive when he was no longer able to manage independently.

### 4.8.2. Introducing the art materials

Kevin informed me during our fist meeting that he enjoyed drawing and would often sit doodling at the kitchen table. He was familiar with using pencils and water colour paint, and had a small range of materials stacked on the windowsill next to the breakfast bar. He showed me a selection of sketches that he had completed and this gave me an opportunity to talk about the focus in art therapy. He understood that art could be a way of expressing feelings, as well as studying objects and making drawings of still-life or landscapes. I took with me my travelling kit of materials and Kevin would settle to making a drawing as we talked. He preferred to use a lead pencil and occasionally some colour.

### 4.8.3. Thematic content and visual narrative

The drawing I have chosen to focus on in this case study contains an abundance of ideas relating to dying and death. There is a clear and direct illustrative content to the image which facilitated the exploration of many issues to do with Kevin's fears and anxieties. The literal representation of a gravestone belies the difficult and subtle adjustments that Kevin was making to the reality of his very poor prognosis. He was facing death with boldness and defiance, and at the same time grieving over his many losses and overcoming his fear of physical suffering.

### 4.8.4. The art-making process and artefact

Kevin made this image as he shared many fears and anxieties about his circumstances and the distress relating to his physical illness. He worked on this image with intensity and focused concentration as he talked about his thoughts and feelings about death. He said he was prepared for death and that this was not what he feared most. It was the fear of suffering and pain which caused him the most anguish. In this drawing he uses a lead pencil to create a detailed and elaborate headstone. The grave is empty and waiting for him. There are three sets of footprints by the open grave where family will stand when they attend his funeral. The lightning strike, emanating from the pinnacle of the headstone, is given greater emphasis by the red line and drops of blood-like tears, in the bottom left-hand corner of the drawing.
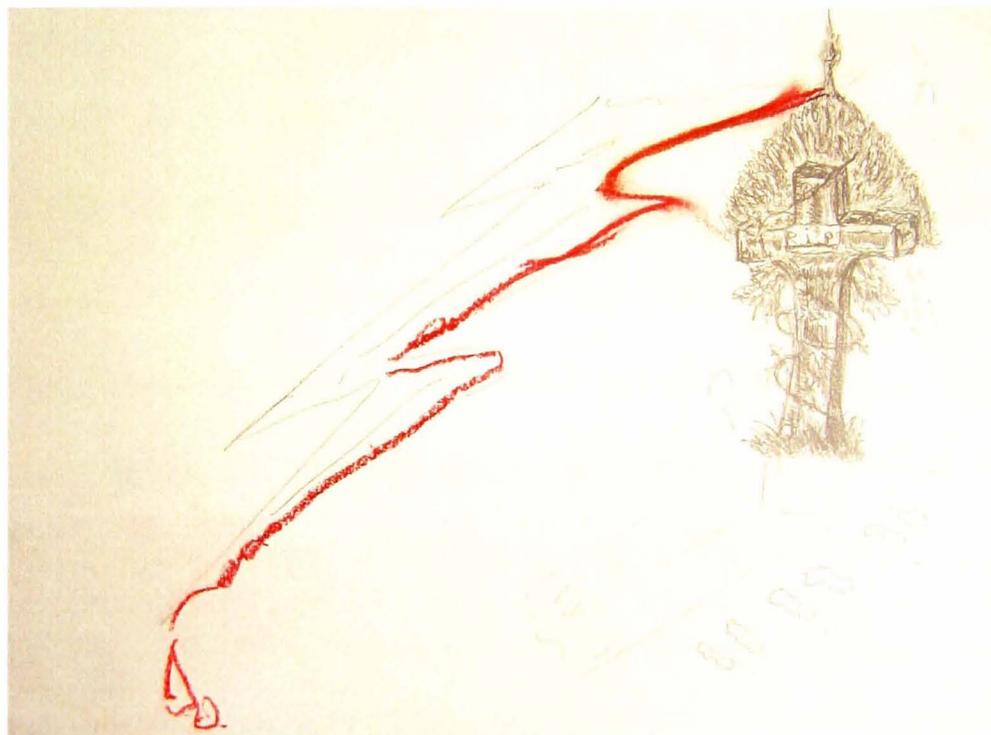


Fig 1

Kevin reflected on his diagnosis and the impact that this had so quickly on his life. He felt angry and powerless in the face of the rapid onset and progression of his illness.

There is a faint question mark hovering over the grave, just to the left of the headstone, as he searches for an explanation for his illness. He is also questioning the nature of death and what happens after death. Kevin believed in an afterlife, which at this time gave him some hope about his sense of connection and fidelity with his partner and children. Kevin worked with a sense of urgency as he felt, acutely, that time was against him. This was a realistic understanding given the rapid deterioration he experienced in the weeks ahead. Intermittently Kevin took a break from talking whilst he made his image, absorbed by his imaginative rehearsal of his own funeral through the image. He was trying to understand the feeling of others as they stood by his grave. Kevin was preparing himself for death, and his drawing gave him an imaginative frame within which to contemplate this existential challenge.

### 4.8.5. Analysis

Kevin engaged with the drawing process and the detail of his image, as a way of grappling with the existential imperative to understand his death and the dying process. In the context of his home environment, the ethnographic imagination reframes and reworks his fears and anxieties through the *socio-symbolic* meaning-making of his image. He brings to this image his personal world of meaning, and enters a visual narrative that helps him to contemplate the meaning of death for himself and his loved ones. He engages with the process of reflection-*in*-action and art-*in*-action to perform an imaginative graveside ritual, into which Kevin can place his own meaning, confront his fears, experience and integrate new meaning.

Kevin brings to the experience of drawing the whole of his biographic history and everything that has formed his personality and attitudes towards life. He becomes himself and does not have to pretend. He can be serious and deeply thoughtful. The more familiar role of superficial light-heartedness is put to one side, as he considers the seriousness of his destiny and holds onto the integrity of his soul. He has lived his life in a certain way and made choices and decisions that now reside in his memory. He will not be able to recover his old life-style, and is adjusting to the limited routine of the home and the relationships with his immediate family. Kevin's own ethnographic context is changing rapidly, so he imaginatively connects with the visual experience through drawing in order to rework the problems that have caused him much distress.

As we worked together in this meeting, Kevin and I reflected through our dialogue on the nature of suffering, dying and death. We were both confronted with the need to make sense of this imminent reality. Together we created an ethnographic frame of reference within the therapeutic relationship. We worked together around and through the mediation of the image, as our shared agency discovered meaning and understanding of permanent separation and loss through death. The folds of meaning are held within the co-habitation of Kevin's drawing for the duration of our meeting. Tea, cigarette smoke and the radio create an atmosphere that is congruent with Kevin's character and domestic situation. Meaning is contextual, and the symbolism of Kevin's drawing held within the ethnography of our shared realities, revealed experiences that have an impact on us both. The ethnographic imagination takes account of the therapist as reflective practitioner experiencing, discovering and being transformed by the intimacy of the encounter with the patient and their art work.

Kevin was able to find reassurance and resolve some of the initial fears that he presented at our first meeting. He was engaged fully in the art-making process and the artefact as the medium of meaning-making in art therapy.

### 4.8.6. Spiritual and pastoral readings

The tattoo-like religious iconography of Kevin's image is an example of accessible and common symbols: a gravestone, the emblematic cross, gothic ivy, bolt of lightening and flow of blood. There is an almost adolescent style to the image which may reflect Kevin's youthful, mischievous and playful character. Death is given a mute voice within the drawing that he creates. Kevin is either not yet in the grave or has been resurrected, and the footprints of mourners are all that remains. He hopes that there is life after death and he places himself spiritually at the liminal threshold of physical reality and the mystery of death and life beyond the grave. Kevin selects ideas that he can transform into an image of familiar symbols in order to describe complex thoughts and feelings about death and his belief in an after-life. This reflects Astley's (2002) discussion about taking account of the ways in which the ordinary circumstances and experiences of many people's lives are inscribed with spiritual and religious meaning. It is a matter of how the minutiae of each person's world is seen and interpreted, that allows spiritual and religious meaning to emerge and to be given due attention.

'Ordinary theology', as defined by Astley, offers a way of being able to discover the ways in which a person learns about theology, often from within disparate points of reference and fragments of religious symbolism. The process of learning that Astley

considers, is experiential learner-centred education within a community of established and recognisable practice. However, in Kevin's case, he remembers and gathers together some fragments of ideas, and puts them together to create his own spiritual and pseudo-religious image that offers up meaning and connects him to 'super-sensible realities' (Wakefield, cited by Astley, 2002, p39) or, an 'ultimate environment' (Fowler, 1981) through a process of 'correlation' (Graham, 2005). Kevin's image also provides him with the opportunity to deepen his sense of resolve and confidence in the face of dying and death. The image through agency and action became an instrument of meaning and purpose beyond the limits of aesthetic pleasure. The art-making was a fully engaged modelling of concepts and reframing of experience, in order to contain his fears and anxieties and imaginatively see for himself how death may appear.

Kevin takes an imaginative glance at death, and reflects on what it might mean to be permanently separated from loved ones until there is a reunion in death. This is the 'tangential influence' (Pattison, 2000, p232) that can occur when images, symbols and stories take hold of the imagination, and activate a core spiritual dimension to life. This then has the potential to open a process of potential exploration, discovery and transformation into faith development and perhaps towards the '…passionate taking hold of religion for oneself' (Astley, 2002, p33). For Kevin, art therapy was an *enclosure* where he created an image to explore spiritual and religious meaning. This also highlights the boundaries and limitations within art therapy practice and, for Kevin to have expanded on his ideas, it may have been helpful for him to have had contact with the chaplaincy service at the hospice or a local minister from his nearby faith community. As this line of thought did not arise in the therapy, it is also

important to acknowledge that such a recommendation would need to be based on the patient making some clear indication that they wished to discover more about faith and religion, and not an imposition by the therapist. There are now useful guidelines available on how to incorporate spiritual assessment into psychotherapy practice and the multidisciplinary team (Swinton, 2001; Schreurs, 2002; West, 2004; Cobb, 2005).

Kevin's graveyard scene suggests the lingering of the spirit above the grave, observing the empty space where his body lay, and the fading impressions that the mourners have left. The perspective of the viewer when looking at the image, gives the sense of the human 'spirits' leave-taking, mysteriously hovering to take a final glance. The questions, will I be remembered and for how long? Will anyone take my place? Will I like them or resent them? The existential answers to such questions may never fully be answered, and so Kevin undertakes the spiritual task of living with the unknown and uncertainties of death, and the anticipation of permanent separation from loved ones. These thoughts were held in balance with the challenge of maintaining a sense of his place and significance within the bonds of relationship that formed the social cohesion of his life.

### 4.8.7. Summary

The experience of working with Kevin over such a short period of time reinforced the significance and importance of meaning-making at the end of life. Through art-*in-action*, Kevin was able to discover a use and purpose for his own image beyond only aesthetic contemplation. He imbued his drawing with the climate of his emotional inner world, which saturated the therapeutic relationship and dialogue. We rehearsed

the grave-side ritual and explored the meaning of death through the reflective dynamic of shared engagement with his image. The signature of his hand remains within the marks of the drawing, as he gave detail to the foliage and ivy circling the head-stone. He moved his hand and arm in a rapid diagonal movement to create the drama of a lightning strike as death imposed its finality and fatality. Tears and blood mix to express the anguish of facing death as inevitable and unavoidable. Remembering and telling Kevin's story brings back the folds of meaning experienced in this meeting, in a way that revives the narrative of his life revealed within the short period between his diagnosis and death.

## 4.9. Case Study Eight

### 4.9.1. Background, context and therapeutic relationship

The community specialist nurse referred Terry for art therapy at a time when he was experiencing high levels of distress. He had experienced a number of episodes of panic and increased anxiety. The referral also explained that Terry was feeling trapped, and that he did not feel safe when left alone at home even for short periods of time. Twelve months prior to the referral he had been diagnosed as having cancer in the floor of his mouth, and he had a fungating tumour on his chin. The nurse informed me that Terry had difficulty speaking and was disfigured by the cancer, and that I would need to contact his wife in order to arrange a meeting with him. Head and neck cancer can often cause additional trauma due to facial disfigurement. This was so with Terry, and he was experiencing an intense level of psychological distress and suffering. When I visited the family home the interior was very simple with very few furnishings and a small number of pictures and ornaments. This scarcity was due to a recent move from their previous family home as a result of Terry's illness. They had needed a place that had easier access and so they decided on a bungalow. The move had been a great upheaval and they had not fully settled, so the bungalow did not feel established as a home.

On my arrival Terry was sitting in an armchair in the living-room, which was adjacent to a galley kitchen. The living-room had enough space for a small table, Terry's chair, the TV against the far wall to the left of the window, and a settee. I positioned an upright chair and sat to Terry's right. He was forlorn and extremely depressed. He

was able to tell me that he had coped reasonably well with his diagnosis for nearly a year, but that he was now finding day-to-day life difficult and was in greater discomfort. There was much tension and fear in his voice as he tried to describe, in short sentences, what had happened to him. The loss he had incurred through the uprooting of his world and the room he now occupied seemed to accentuate the despair he was feeling. In these moments I felt he was waiting to die, and that the room had become a space that was purely provisional. His wife was troubled and deeply saddened by his condition and their circumstances.

I met with Terry only three times, and he died within seven weeks of our first meeting. The emotional and psychological suffering he was experiencing was a huge challenge for me to enter and experience. His facial disfigurement and the trauma he endured were humbling to witness, and I felt quite helpless to know how I would contribute to alleviating any of his emotional and spiritual pain. Our second meeting was difficult and it was unclear whether Terry would be able to communicate his needs. His suffering was palpable and did not require words to explain or describe. Terry was interested in using the art materials, and had understood that art therapy was an opportunity to focus his attention on an activity that might give him some small measure of relief from the psychological stress he was experiencing. When I returned on the third occasion Terry was in considerable pain and discomfort. He was not well enough to sustain a conversation, and I later learned that he had been admitted to hospital and died a short time afterwards.

### 4.9.2. Introducing the art materials

During our second meeting I introduced my set of art materials to Terry, and he took a sheet of paper which I then pinned to a drawing board and placed on his knees. Terry was able to find sufficient energy to concentrate for the hour we sat together. He first chose an orange water-colour pencil and then moved onto a lead pencil. He then worked with the small set of water-colour paints. He discovered that with these materials he could begin to create an image, and soon became absorbed in the experience as he endeavoured to organise his choice of subject and to manipulate the materials, in order to achieve successful shapes and colours.

To experience Terry overcoming his limitations and finding the energy and concentration to focus on using the art materials, and to make a simple drawing, was testimony to his determination. He demonstrated a small measure of optimism and a degree of hope that enabled him to engage in art therapy, brief as it was, that would provide a level of connection with his inner world beyond his immediate suffering.

### 4.9.3. Thematic content and visual narrative

The content of Terry's drawing combined two ideas which from one perspective seem unrelated. He combined the idea of a large aircraft with a seascape and sailing boat. This combination may well have been a simple shift of interest and subject, within the hour of working together. The lines and shapes drawn, and the subjects defined along with the filled-in areas of water-colour painting, combine to present thematic content and a visual narrative that seem contradictory and confused. Perhaps, for Terry, there

was an intellectual and cognitive struggle to arrive at a clearer and more coherent combination of forms. With time he may have been able to develop this, and the initial disorientation may have subsided as he began to discover more confidence with the materials.

### 4.9.4. The art-making process and artefact

Terry pondered the white space of the paper, and selected an orange water-colour pencil to begin making a few marks on the page. He worked quietly and with concentration. We worked silently together, as I sat to one side supporting him in his use of valuable mental and emotional effort to engage in the art-making process. He first formed a shape that looked like a huge jumbo jet, heading straight towards him out of the white background of the page. Once Terry had completed this drawing he then turned to the use of a lead pencil and superimposed a circle to the right of the aircraft. It was as if he had changed the theme of his drawing a third of the way through our meeting, and worked carefully, instead, on a sailing boat that appeared to the bottom left of the page. His concentration remained resolute and he continued leaning into his drawing adding detail to the boat. Terry then continued with further pencil lines that suggested land to the right of the boat and under the large circle drawn earlier. The picture had now become a seascape with the sun or moon hovering over.

The juxtaposition of the aircraft and the light, nervous touch of the pencil-marks appeared incongruous. It was as if the huge jumbo was roaring over the relative tranquillity of the seascape now appearing beneath it.

Fig 1
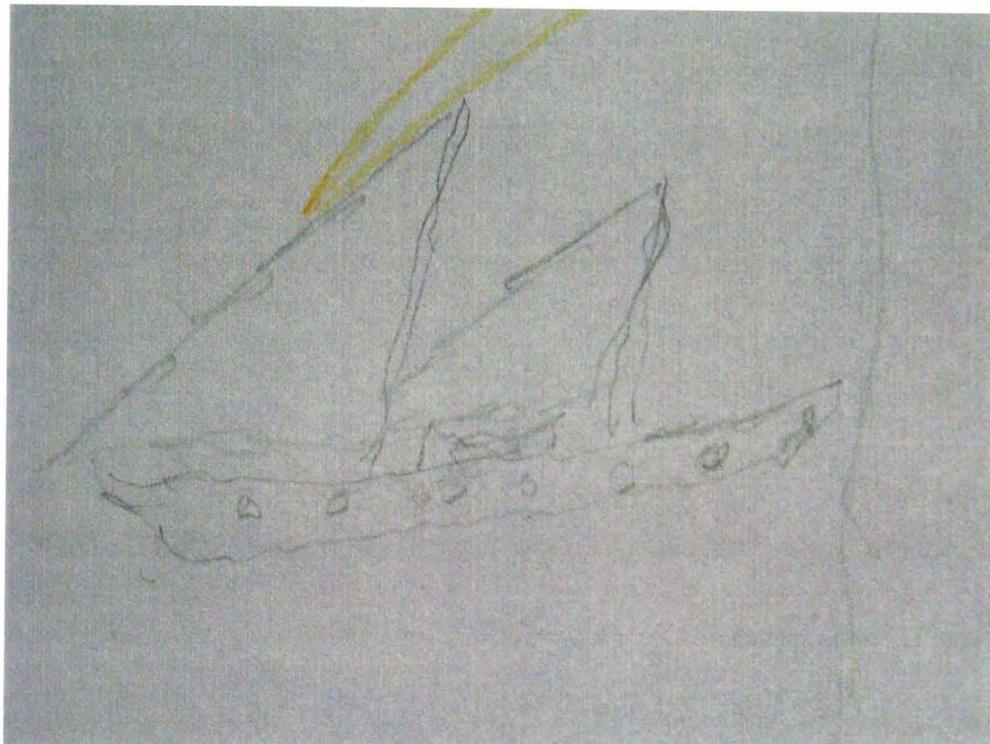

Fig 2 detail

The drawing appeared fragile and tentative, as Terry did not apply a great deal of pressure and weight to the pencil as he made his marks. He then turned to the water-colours and began to add a wash of blue and yellow to the page. This appears to be an attempt at filling what looks like a hillside, sky and sea. He became silently absorbed in his art-making throughout. As soon as he began to tire from his efforts, we agreed

to continue with this same image the next time we met. However, this was to be the only picture that Terry was to make in art therapy.

The brevity of our encounter did not diminish the importance of the work that Terry accomplished. He took the opportunity to engage in using the art materials despite his general malaise and the physical and emotional pain he was experiencing. He reached into himself to find the capacity to use his imagination and memory to compose two images that became imposed on each other. The aircraft and the seascape with boat seem unrelated and are perhaps two separate ideas. Yet they coexist as contradictions within the image.

### 4.9.5. Analysis

Terry existed in circumstances that were desperate in many ways. He was suffering emotionally and physically as the disease was progressing, and he was sitting anxiously enduring his situation. He had become indifferent to the living-room space as he had not felt able to invest a personal touch to his new home. For a short period of time in his life he took the opportunity to discover the ability to make an image from within the frame of his ethnographic imagination. The context of his social world had changed, and was in many ways irretrievable. He was alone in his struggle to cope, whilst at the same time dependent on his wife for constant reassurance and a sense of safety.

The drawing and painting that Terry was able to do gave to him a visual frame to discover meaning through the cultural production of art. He discovered a range of

ideas that captivated his imagination and enabled him to experience, perhaps, a memory and feelings associated with both the aircraft and the seascape. As the reflective practitioner, I imagined Terry flying away to a place where he could remember past events and experiences in his life. I also felt that the aeroplane was somewhat menacing and foreboding, and that it was crowding the nautical feeling of the faintly drawn sailing boat approaching the land to the right of the picture. The *socio-symbolic* meaning-making that Terry established was experienced through the sensual engagement with the art materials and the art-making process. Terry enclosed himself and the therapist within the ethnographic context of his world within the boundaries of the therapeutic relationship. He discovered himself, and found his place imaginatively within an environment that did not represent his life and relationship with his wife and their previous home. In his state of suffering he connected with his imaginative world and performed mnemonic and mimetic acts as art-*in*-action. He envisaged a world beyond his circumstances, where objects and events enacted their meaning conveyed through the non-verbal, visual narrative of his own art-making. He moved his hand across the page to delineate patterns of visual meaning that only he could fully comprehend.

### 4.9.6. Spiritual and pastoral readings

Suffering is revealed at the level of deep psychic pain as Terry endured the trauma of his condition in his final days. The totality of Terry's pain was spiritual in its height, breadth and depth. In this sense, the understanding of spiritual pain is that which encompasses all aspects of the emotional, psychological, physical and social world of the dying. It permeates all the fault lines, hairline cracks and fissures of the

personality. Spirituality is not in this sense limited to only an existential realm of self actualisation. The human spirit and spirituality (Swinton, 2001) has a range that is far reaching as it saturates the cultural and religious domain and horizon of all social beings. Terry took advantage of the opportunity to experience more fully his inner life and personal imaginative world. Art-*in*-action, here, serves to facilitate through the agency of Terry's determined effort and remaining energy, an engagement with the symbolic and spiritual content of his image. Despite his pain, Terry discovered resources within himself that he then employed to strengthen his sense of being and his connection with tangible realities, as he moved his pencil and brush across the page.

In the midst of suffering, the imagination and non-verbal faculties of creative energy make it possible to transcend such intense levels of distress. The supportive companionship of the therapeutic relationship increases the potential for the patient to discover inner resources and strategies. In this sense Swinton's (2000a, 2000b) emphasis on *friendship* is important as a reminder of the ethical nature of all therapeutic relationships where personhood is central to practice. The therapist is performing the role of interpretive companion, facilitating a conversation within the frame and boundaries of art therapy that allows improvisations, and surprising discoveries and intuitions to be experienced and understood. Terry gently and silently worked with his imagination within the holding, containing and supportive companionship of the therapeutic relationship.

The pastoral dimension to Terry's experience of art therapy is in the folds of praxis that enabled Terry to turn his attention and energy to delineate a constellation of ideas

that helped him transcend his physical context through his imaginative faculties. He surfaced from his pain, and was nautically housed above the sea, heading for dry land. Hope and purpose were kindled as he placed himself inside the narrative of his image. Despite some aspects of his picture being puzzling and perplexing, he found a narrative that was poetic and poignant to his circumstances and needs. This was a wholly spiritual move inside the intersubjective spaces of the mind and soul through the process of reflection-*in*-action, creativity and the imagination. The cycle of hermeneutical reflection-*in*-action is demonstrated as Terry opens up a visual space with which to take hold of familiar thoughts, feelings and objects, in order to begin making sense of a troubled and troubling personal world. This is where the principles equated with practical theology have similarities to the art-making process and the responses to the artefact within art therapy practice. Seeing and vision are intrinsic to art therapy and practical theology as modes of 'experiencing-as', or an 'onlook' (Astley, 2002, p82). It is this visual non-verbal mode of understanding that brings about a shift in perspective and allows the human spirit and spirituality to be accounted for, and given room to breathe and flourish. Human experience in this context is no longer determined by 'technical rationality' (Schön, 1983, p31) and the limits of diagnostic categories. Art therapy creates an intersubjective space where personal imaginative reworking of experience can take place.

### 4.9.7. Summary

Terry's experience of engaging with the art materials and managing in difficult and distressing circumstances to make a drawing, demonstrates the determination and energy that someone can discover despite their circumstances. He made a choice to

try and focus his attention on making a drawing that, for a brief period of time, captivated his attention and absorbed him in the symbolic process of his own cultural production in the context of suffering. Through his response Terry discovered and experienced himself meaningfully at a time when his world was shrinking and he had lost a sense of his own personal space. In trusting the non-verbal process and not pressurising him to explain himself or speak at length, he was free to work at his own pace and with the materials of his choice within physical limitations. His despondency and depression unavoidably affected the atmosphere of our meeting but, despite his psychological and emotional state, he reached beyond himself to enter into a brief encounter with his inner imaginative life of visual memory, and delineated his own story within the frame of the picture. Despite his tentative marks and the, perhaps, slightly disorganised and incongruent content of the image, he nevertheless formed lines and shapes that had meaning because they reflected back to him his agency and action as a lived experience within the therapeutic frame.

Terry wanted to continue with our meetings and explore his use of art therapy further, but sadly his illness progressed quickly and he did not have this opportunity. If he had remained well enough, his art-making may have developed and the emotional and spiritual significance of this experience may have deepened and broadened, to allow an inner *imaginal* space to be created in order for him to experience meaning in despair, depression and suffering, which is so vital for the person coping with a life-threatening illness and working through to the end of life.

## 4.10. Case Study Nine

### 4.10.1. Background, context and therapeutic relationship

Shirley was in her late fifties when she was referred for art therapy, following an admission to hospital with a life-threatening thrombosis. She was subsequently diagnosed with ovarian cancer. I met her several weeks after her return home from hospital. She was still recovering from the effects of her experiences in hospital, the confirmed diagnosis and follow-up chemotherapy treatment that she was receiving. Shirley had spent the period after her return home recovering from the loss of her ability to walk due to the thromboses in her legs. She was so weak that she couldn't climb the stairs and her bed had been moved down to the living-room. This was a difficult and extremely stressful time for her. She had been in a critical condition while in hospital, and was devastated by the impact this had on her physical health in general. The diagnosis of cancer further deepened her despair. Shirley was depressed and beside herself with frustration due to the loss of her independence and the changes to her life. There was some tension at home as Shirley had not anticipated becoming reliant on her partner who had moved into her home to care for her. Prior to this they had lived separately and had not planned to live together. Shirley was grateful for his support and care, but struggled enormously with the loss of her independence during her recovery. I worked with Shirley for just over two and a half years and experienced her coping with periods of depression, further hospitalisation and treatment. She died at the hospice after a gradual and emotionally painful deterioration.

Prior to her ill health, Shirley had been a fiercely independent person who took great pride in her physical health. She had led a very creative and varied life-style. Her life changed dramatically after her divorce from her first husband, and she often felt that life became more difficult and less dynamic from then on. She had the responsibility of caring for her two teenage children at that time, and ensuring that they were financially secure as a family. Over the following years, Shirley experienced many personal and family-related difficulties which she overcame with determination and great resilience. During the sessions that we shared throughout her illness, Shirley talked about many of her experiences and adventures from her past, her childhood and the relationship she had with her parents, family life and the impact of life-threatening illness. There were periods of deep sadness, despair and frustration for Shirley throughout her illness. There were several times when Shirley would be recovering her physical strength and stamina, only then to experience a relapse and further diagnosis of progression of her disease. On a number of occasions she expressed suicidal ideas and would reach a profound sense of hopelessness. She underwent several courses of chemotherapy and surgery, which added to her stress and anguish at times. Shirley was very outspoken and direct in her approach, often expressing her anger and outrage in a dramatic way. Her explosive temperament combined with episodes of depression profoundly affected her mental health. Shirley's approach to her ill-health was honest and direct. She would experience periods of success and achievement which she could enjoy and celebrate, only then to fall into deep despair. She would often weep bitterly cursing her illness, and express a desperate desire for it all to end. There were probably more expletives used by Shirley in our art therapy meetings than in any other therapeutic relationship I have known. Shirley engaged in the therapeutic work in a way that provided her with a space to work through the

many set-backs and disappointments that she experienced during her illness. She would often work through her despair to recover her determination and courage to face the next difficult period or challenge ahead of her.

### 4.10.2. Introducing the art materials

Initially Shirley was uncertain about the use of art materials. She had a vivid and lively imagination and often described her experiences in life with colour and drama. When it came to drawing or painting, she would often approach this with a concern for detail and precision, which during our earlier meetings would sometimes cause her to feel frustration. Nevertheless, she persevered and was always intrigued and surprised by her own efforts in the way that she managed to create images about a wide range of themes and ideas relating to her life in general, and to the many struggles with her ill-health.

Shirley used a variety of materials but often returned to a set of soft pastels and a piece of charcoal. She enjoyed the colours and the soft texture that enabled her to smudge and move the colour around with her fingers. Shirley entered fully into the use of images as a way of making sense of her circumstances and coping with a life-threatening illness. She would ask many challenging questions about the process of art therapy, and the theoretical principles underpinning its practice. Her creativity and intellectual needs were a significant aspect of our work together. It was important for her to explore ideas as well as to explore her feelings. She found this satisfying and rewarding at a time when many of the avenues in her life, that had previously enabled her to develop her creativity and intellect, had been unavailable for many years.

Shirley was intrigued by her own discovery of the way in which images could so poignantly embody meaning, and reflect thoughts and feelings that she had not previously considered. Whilst Shirley engaged fully with the art-making process, she would occasionally adopt a sceptical attitude, questioning the connection between her drawings and her personal inner life. These dynamics provided Shirley with a valuable therapeutic experience that gave her a space to challenge, engage with intellectual debate and be utterly forthright and direct with her immediate feelings in relation to the frustrations in her life and past experiences.

We always sat at the dining-room table where I would set out my art box. Shirley would take her familiar materials and begin a drawing as we talked. She would work with energy and great concentration. Shirley enjoyed conversation and there were very few lengthy silences during our meetings. She would draw and talk with eloquence and honesty. With hand and voice Shirley would perform and enact her tensions, fears, hopes and aspirations. Together we reflected on many issues and experiences stimulated by her drawings and the verbal descriptions she narrated.

### 4.10.3. Thematic content and visual narrative

Shirley's drawings, over the lengthy time that we met until her death, cover a large range of themes. Shirley went through many episodes of acute depression and despair and used our meetings to address her deep sense of anguish as she coped with the impact of the illness on her life. Her drawings were often ways in which she attempted successfully to recover her hope and to deal with the losses she incurred. They became a creative medium through which she could express her sadness, hopes

and dreams. Shirley liked to test me at times so as to discover whether or not I could accurately explain the meaning of her drawings. She understood that the meaning of her images would emerge through her own insights and responses to their content, but this did not deter her from imitating what became a mutually acknowledged game. Shirley enjoyed the playful aspect of the art-making and the dynamics in the therapeutic relationship. She was cynical and satirical about her illness and death, while simultaneously making images that contained great sensitivity and sensibility, reflecting aspects of her personality and attitude towards life.

The many hours we spent together at the dining-room table contained a visual dimension through her use of materials and the drawings she made, that held and sustained her ability to cope and be true to herself. Shirley revisited past family experiences and relationships through her art work, which enabled her to recover memories and events that reinforced her own sense of meaning at a time when she felt her suffering and anticipation of dying to be utterly meaningless and pointless. Her drawings were integral to the overall way in which Shirley and I sustained the therapeutic relationship. There were many meetings when she would need to talk and the art work was put on hold until the next time. She would always return to the images and re-engage with her own process of creative expression and understanding.

### 4.10.4. The art-making process and artefact

Figure one is the first drawing that Shirley made. It established our routine as we met regularly at the family home and located ourselves at the dining-room table. Shirley would greet me at the front door and we would make our way through to an open-plan

lounge leading into the dining-room. The house was often in a dishevelled state, and Shirley would complain about a variety of sundry items scattered in the hall and around the lounge that never seemed to get tidied away. The dining-room was also cluttered, and Shirley would have to remove piles of paperwork from the table and dump them unceremoniously on top of other piles of paperwork scattered around the floor, usually with a few expletives to add to the effect of exasperation.

The dining-room looked through into a conservatory which was bedecked with an assortment of plants, and also housed various objects such as the alloy wheels from her son's car. The conservatory-cum-storage area, led out onto a small garden. Shirley was exasperated by her home environment at times and, since she had become unwell had been unable to do practical chores around the home. During periods of recovery, Shirley managed to do some decorating and gardening. It was her ambition to try to organise the house before she died. However, these jobs were never quite completed as she would have another set-back with her health and then not have the energy or desire to continue with the task. It was a constant source of frustration to Shirley that she could not recover the level of mobility and physical stamina long enough to take control of the home and practical chores. The loss of control over her life in general, from the beginning of our meeting to her death, was a source of simmering fury which was often intensified when things went wrong at home or she was beset by another problem with her physical condition.

The gradual progression of Shirley's illness along with the prognosis of the disease reoccurring, several courses of chemotherapy treatment and surgery to palliate her condition, created a climate of raised hopes and desperate disappointments. Shirley

made the very best of the times when she recovered her well-being as they allowed her to increase her activities and gain some pleasure from life. Whenever her condition deteriorated she would struggle intensely, yet always managed to pull through.

Whenever Shirley did not feel like drawing she shared her thoughts, feelings, memories and opinions about her life and coping with her illness. Figure 1 began the process of art-making for her and it reflected, at the beginning, her concern for precision and some control. Shirley worked with great care and consideration, with inks, to compose this image of flowers. They symbolised two aspects of her experience at this time, which Shirley described as we reflected on her work. The purple flowers represented her sadness and the distress caused by her hospitalisation and the life-threatening circumstances she had experienced. The orange flowers expressed her efforts to feel sustained and optimistic about the future. Recovering a sense of control over her life would be a theme to which we would regularly return.



Fig 1

Figure 2 was again an attempt to control the medium and to try and keep the edges and boundaries of the shapes clean and neat. Shirley began with a black felt-tipped pen and then added colour with ink. This worked well for her until the ink began to bleed into the black felt-tipped pen as they were both water-soluble. Shirley referred to this image as her broken mirror. This opened up many aspects of Shirley's life that encompassed lost opportunities, dreams and aspirations. She was able to explore the way in which her diagnosis of cancer had shattered her world; she could not imagine how she would cope if she was never to recover her physical mobility. This represented her total autonomy without which life would be intolerable. Shirley often talked about ending her life if she was likely to end up in an undignified state of total dependency. In her last days Shirley was cared for in the hospice. She maintained her independence until a few days before her death. She sustained her autonomy with dignity, and despite the physical problems relating to the progression of disease, she managed to allow herself to be cared for throughout her gradual decline and death.
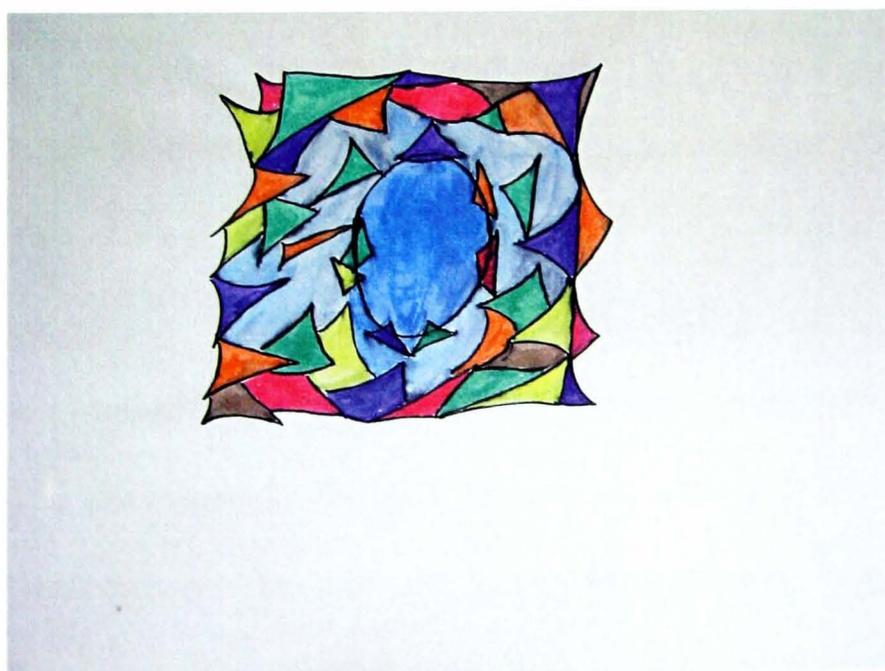


Fig 2

Shirley had led a varied and unusual life. She had been involved in the performing arts and was a very active sportswoman. Figure 3 was about trying to organise her life and identify different aspects of herself and her experiences, as a way of recovering from the chaos that had descended upon her. The objects in the drawing, made with felt-tipped pens, looked like sweets and represented the different parts of her life and experiences that had helped Shirley affirm her identity and confidence. It also helped her to recall and experience the vibrancy and vitality in her character.
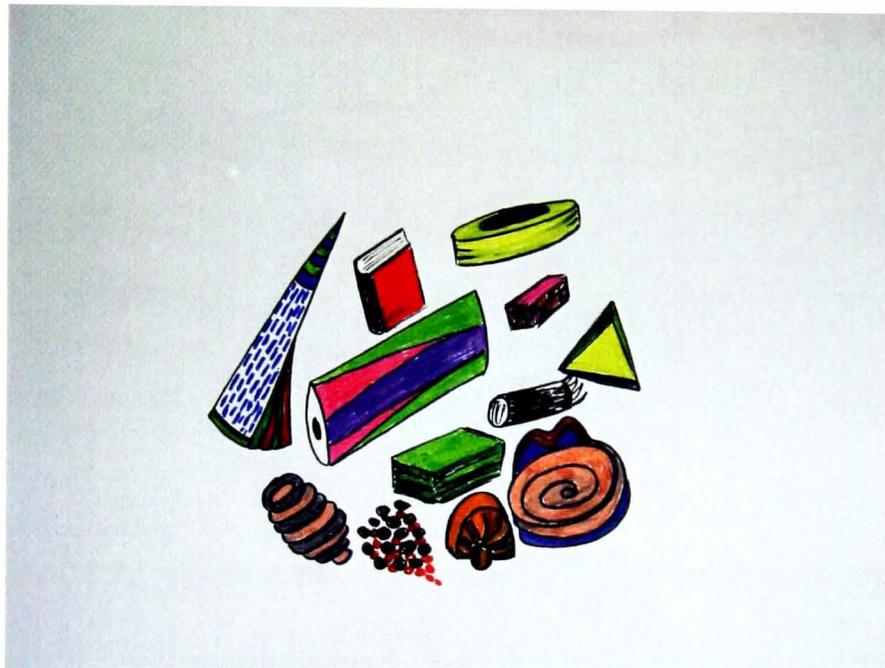


Fig 3

Shirley soon began to recover a sense of determination and, as her stamina and mobility increased, she was able to experience a greater sense of control over her life. Figures 4 and 5 provide contrasting ways in which Shirley engaged with the art-making and the visual narrative that unfolded with each picture. Figure 4 reflects a child-like, playful dimension to Shirley's imagination. The beehive represented an idealisation of the home environment, and created for her a sense of homeliness and contentment. There were many conflicts and difficulties that Shirley had to deal with in her relationship with her partner, her children and former husband. The image

seemed to capture some of the dreams and fantasies that Shirley had about a contented and happy life. It is almost like an illustration from a children's story book, which in itself encapsulated an aspect of Shirley's desire to recover the warmth of some of her childhood experiences and memories.



Fig 4

Figure 5 is reminiscent of her earlier preoccupation with order and control. Here she makes an image that enables her to project a sense of clearly-defined boundaries. The triangles intersect and connect creating a structure with neat edges containing different colours. It is as if Shirley is able to compose her feelings into an order that helps her feel integrated and whole. The composition and placing of marks, shapes and colours, becomes a way for meaning to be experienced at a cognitive level as well as an emotional level. Figure 4 suggests narrative and story, while figure 5 suggests adaptive strategies. Figurative and abstract visual modalities are experienced externally through the drawing and painting, as an impression of the inner psychic process of meaning-making. Meaning is established through Shirley's engagement with the art-making process, and deepened by the formal qualities of the image and

the inner-world realities contained within them. These meanings are accessed through the reflective non-verbal mode of relating and response, combined with Shirley's disclosure through verbal dialogue.
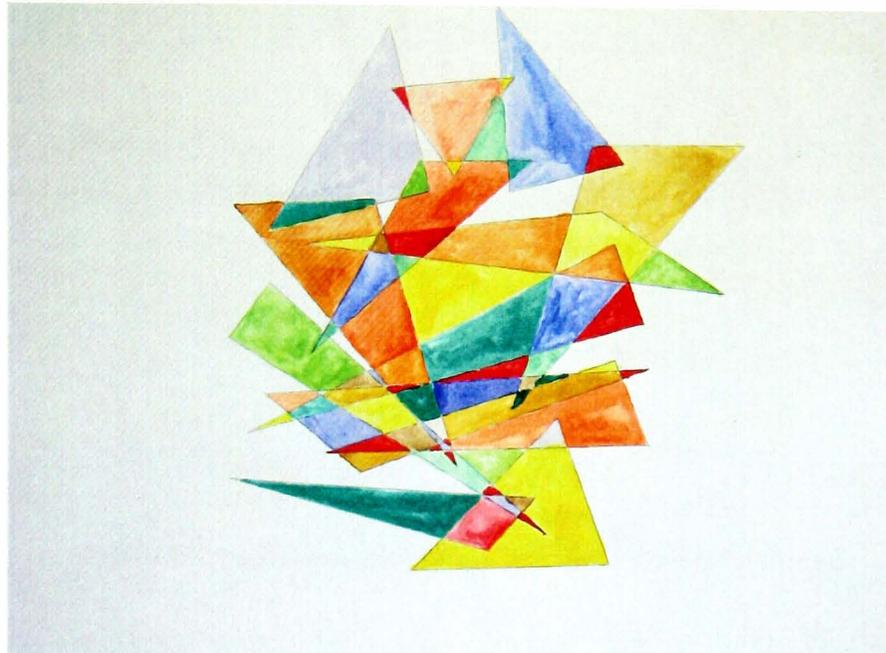


Fig 5

Childhood memories and the relationship Shirley had with her parents became an important theme during our meetings. She returned to a number of difficult events in her life around the family relationships, and made one of her most tender and significant drawings as she worked through these aspects of her life. Figure 6 was made as Shirley began to try to resolve some memories to do with the relationship she had with her parents and aspects of her childhood. The teddy bear was one of her favourite childhood toys. Apart form the specific issues to do with her family background, Shirley began to do some work on what it meant for her to be nurtured and cared for as a child, and now as an adult at a vulnerable time.

Fig 6

The crisis of a life-threatening illness can precipitate a return to childhood, or earlier adult experiences, that have not been fully resolved. Being childlike and vulnerable were also experiences that Shirley worked through. There were aspects of nurturing and parenting that entered the therapeutic relationship. This also opened up some dynamics to do with the paternal relationship, fatherhood, masculinity and sexuality. The teddy bear symbolised many aspects of Shirley's desire to return to the beginning and identify significant events in her life that contributed to her destiny. The image also had a feeling of warmth and a comforting quality about it that Shirley felt provided her with a sense of reassurance and hope for the future.
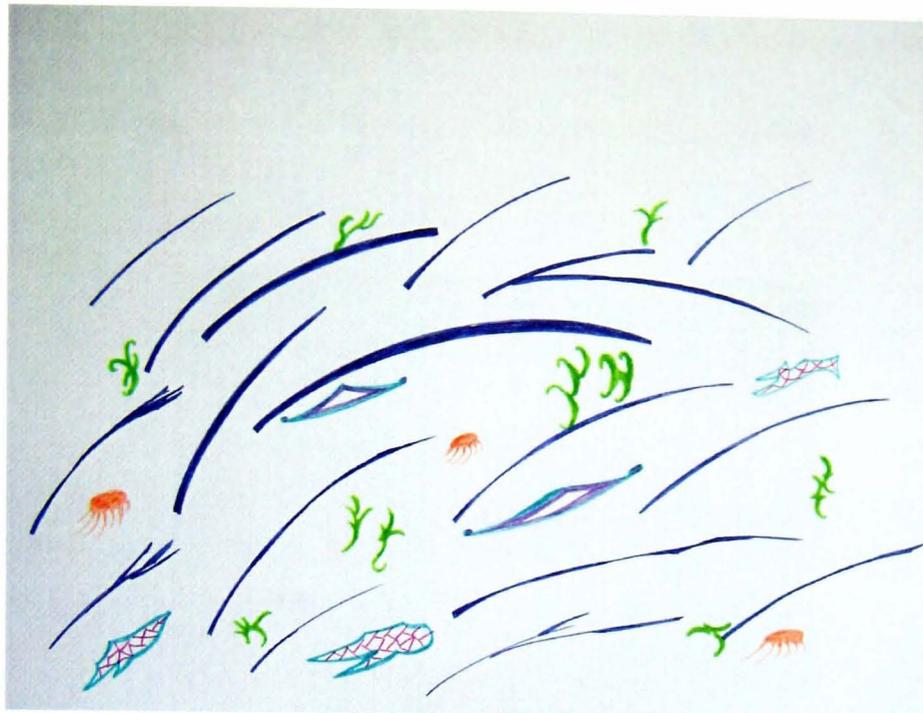
Fig 7
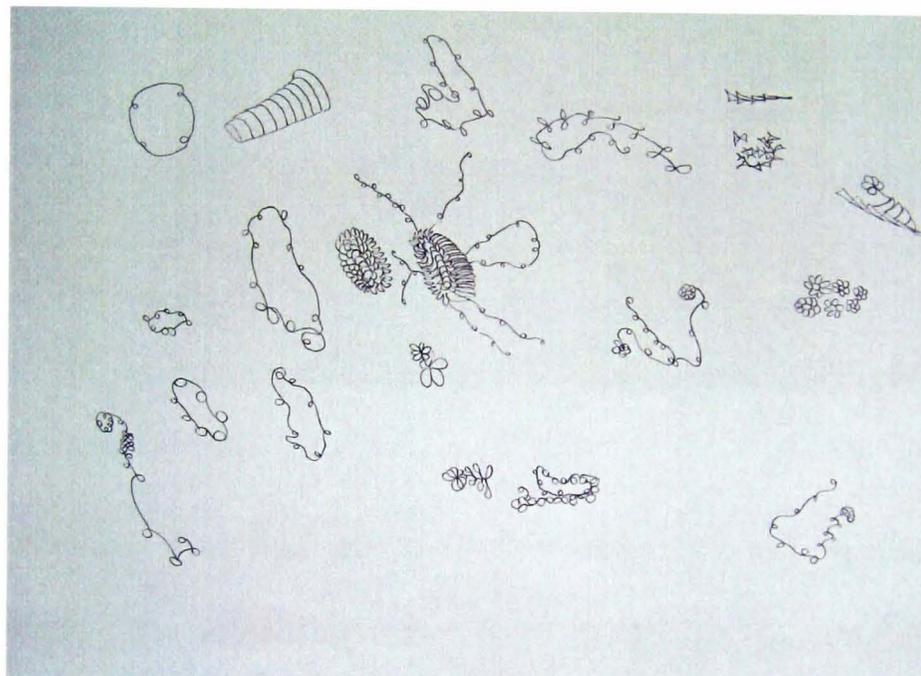


Fig 8

Figures 7 and 8 are examples of what Shirley referred to as doodles. She made these images as a way of playfully exploring how random and absent-minded kinds of drawing can suggest different meanings. They had a kind of nonsense about them which was intended to present me, as her art therapist, with a puzzle to fathom out. Shirley also felt she was being a little radical by not using the art materials on offer and instead choosing a black biro for figure 8. Shirley would enjoy being inquisitive about the process of art therapy, while engaging fully with the meaning her images

had in relationship to her thoughts and feelings about her life in general, and the ongoing challenge of coping in the face of a life-threatening illness.



Fig 9

The series of drawings from figures 9 to 15 represent a style and approach to the art-making that Shirley discovered and often returned to. She enjoyed the pastels and charcoal. As she shared her life experiences, her drawings developed a visual narrative that allowed Shirley to create stories and fantasies. They often suggest ideas to do with leafy enclosures, pathways and dream-like places. Figures 12 and 15 suggested a reflection on the cell-like nature of her diagnosis. Her images create a feeling of soothing painful realities and the intensity of her conflicting feelings.

Fig 10


Fig 11


Fig 12
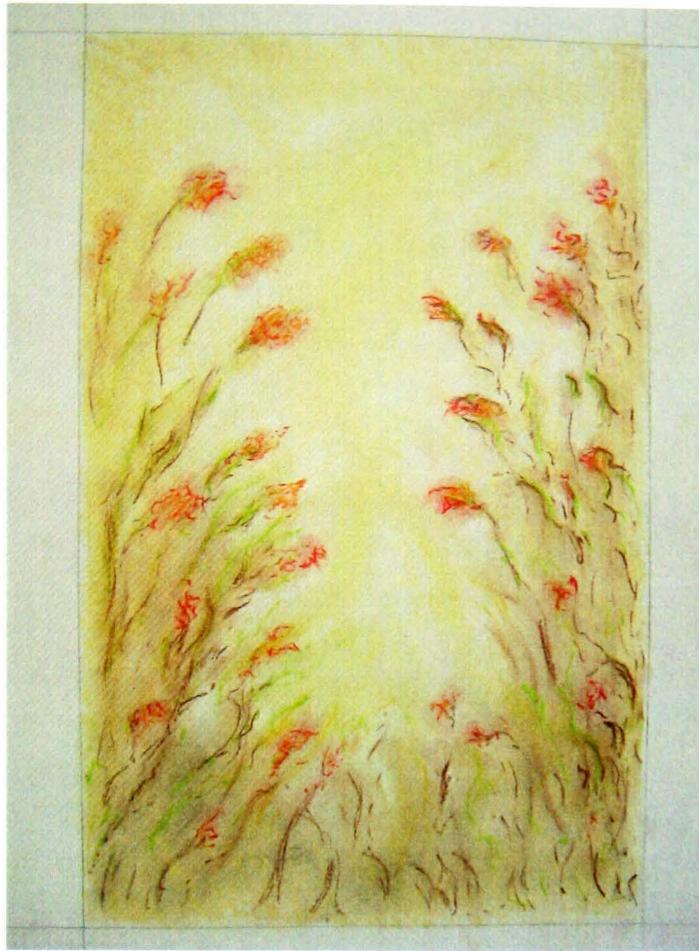
Fig 13



Fig 14

Fig 15

## 4.10.5. Analysis

Through art therapy Shirley explored a wide range of memories and feelings about her life and the difficulties of coping with her life-threatening illness. She engaged profoundly with the art-making process and the meaning contained in her drawings. Shirley's experiences from our first meeting through to her death in the hospice, were challenging, intense and extraordinary. She had strength of character and an independent spirit that carried her through some of her most painful and difficult times during her ill-health.

Sustaining a sense of meaningfulness was intrinsic to how Shirley worked within the parameters of the therapeutic relationship in art therapy. Establishing and maintaining a connection with meaning-making in art therapy helped her through periods of despair and outrage. The context of our meetings in the family home was a stimulating and significant part of how Shirley coped. The home represented the place where Shirley could exercise control over her life. This was often a source of intense

frustration, and the tensions and difficulties in her relationship with her partner added to the complexity of her needs. Shirley gauged much of her progress against her physical capacity. To have sufficient stamina and the ability to extend the distances that she could walk were goals that Shirley never surrendered. When I first met Shirley and she was only just beginning to recover her mobility, she was humiliated and utterly exasperated with her situation. During the time that we worked together she managed to extend her mobility and recover high levels of physical strength and independence relative to her condition. This was never enough, and the perfectionist in her always aspired to greater achievement.

Shirley would express her opinions and feelings directly and forthrightly. She was able to be brutally honest about her needs and the feelings she had towards professional carers, family and friends. She explored her thoughts and feelings about the dying process, death, and her beliefs about what happens after death. She would often express her desire to travel to Switzerland to receive euthanasia if her condition became unbearable and humiliating. The way that Shirley confronted and worked with her sense of hopelessness was by feeling liberated to express her feelings, desires and fantasies openly and explicitly, yet also in a rich, symbolic way through her drawings. Shirley's experience in art therapy can be understood as her own form of *socio-symbolic* meaning-making. The context and frame of art therapy provided Shirley with an environment, where she could discover and experience her authentic self through the reworking of her memories of childhood and family life, current relationships and the impact of a life-threatening illness. She engaged with the reflective process deeply and intensely. At times the rebellious elements in her character would attempt to dismiss the seriousness and creativity of her thoughts and

feelings. Her mode of engagement opened her inner world to be expressed with child-like fairy tale imagery and a delicate sensitivity of feeling and handling of materials as seen in figures 4, 10 and 13.

Meaning-making occurs in the ordinary day-to-day context of the home environment where, for Shirley, all the contradictions of life are housed. Her home, as for most people, symbolised so many aspects of her life. It was the environment of safety where she was cared for and dependent. It also contained her deep insecurities and the resentment she felt about the loss of independence. Here, her desire to live and accomplish, at times unrealistic goals, combined with her rage and helplessness in the face of the gradual progression of her illness. Facing death was only possible if she did not contemplate her worse fears about the dying process. Shirley struggled with feelings of resentment, regret and self doubt about her choices and decisions in life. She used the art materials to rework and reflect on the immediate day-to-day meaning of her existence, within the fragmentation of her world caused by the devastating experience of serious physical ill-health.

The ethnographic imagination in art therapy provides a way of understanding Shirley's sensual engagement with the art materials, the images she made and the therapeutic relationship. She embodied her art-making and the creative process as a way of charging her inner world with energy and a sense of empowerment, so that she could cope and survive the ordeals of treatment, diagnosis of recurrent disease, further treatment, surgery and the many symptoms and physical limitations caused by all these problems. She frequently needed to make subtle psychic adjustments in order to preserve her sense of being a whole person. It was also her way of defending herself

against the terror and anxiety regarding the dying process and the finality of death at a time when she was not ready to accept this.

The folds of meaning that fertilise image-making in art therapy reveal Willis's 'artfulness of life' and Wolterstorff's view that 'artistically man acts', referred to in chapter two. Shirley engaged in the process of art-*in*-action so as to open up the many and varied uses and purposes of her drawings as artefact, in order to rediscover, affirm and develop meaning. She embodied the experience symbolically, in a way that enabled her to rework and reset the ongoing problem of a life-threatening illness. This is why art therapy practice does not easily work to limitations imposed on the length and frequency of therapy. Meaning emerges over time. Short-term work is inevitable with people at the end of life, as referrals for art therapy can be made towards the later stages of a patient's illness. However, timeliness and readiness to undertake the work that enables meaning-making to be experienced in art therapy does not conform to constraints imposed by a clinical agenda that can impose a restrictive sense of chronological time. Shirley moved through her experiences, discoveries and transformative realisations and insights with a performance of her own meaning-making through art. We turned and folded the repertoire of her non-verbal dialogue through art-making within the sensual, intersubjective space of the therapeutic relationship. The intersubjective dynamics of the shared encounter in art therapy bring into action the process of reflection-*in*-action and knowledge-*in*-action, as discussed in chapter two. The perpetual heuristic and hermeneutical loop of non-verbal interaction and responsiveness surfaces meaning from within the dual psychic realities of the patient and the therapist, and in the image as artefact in art therapy. This makes the therapeutic work a lived experience in the here-and-now, with the

phenomenological horizon constantly in sight. The artefact is the ethnographic imagination at work, casting the eye back and forth between inner and outer realities, both for the patient and the art therapist.

Shirley demonstrates, through her sensual engagement with the art materials and making images as artefacts, that she can transcend her 'position and context' as Willis suggests (see chapter two). To rework the meaning of everyday life is to rework, through cultural production, the material circumstances of the environment. Shirley's *imaginal* world of cultural production in art therapy has deep psychic significance. Image and the inner life are interdependent psychic structures. Shirley's experience of coping with a life-threatening illness, dying and death is moulded and formed through the ethnographic frame of *socio-symbolic* meaning-making. End-of-life care is not about the end of living. Living out life unto death fully engaged with the 'artfulness of life' is the way that dying and death can be transformed through a 'new imaginative relationship' to it (Fuller, cited in McDonald, 1993, p45-46). Shirley gave voice to her experience in art therapy from out of the reservoir of all her natural emotional, psychological and spiritual resources, imaginatively and creatively.

### 4.10.6. Spiritual and pastoral readings

Shirley was cynical and highly sceptical when reflecting on religion and the question of the existence of God, yet was profoundly spiritual in many of her attitudes, values and beliefs. Her spiritual concerns and experiences were closely related to her creative personality. She had a vivid imagination and was continually frustrated by the loss of opportunities to express her artistic life. Shirley's images are full of mysteries and

meaning that mix continually with heightened emotional states of anger, grief and optimism and her psychological ruminations. Shirley was not content to take anything less than handfuls of life and transform them to her advantage. There was an underlying aggression and she would attack situations that thwarted her efforts to live as fully as possible. Her art-making and the artefacts she created, were experiences of visiting and examining episodes in her life to restore from the chaotic, senseless and pointless nature of illness, a sense of remaining intact.

The way that Shirley responded to her experiences in art therapy encapsulated the emphasis on images, stories and narratives in practical theology (Pattison, 2000, p232) and provided tangential, oblique perspectives on life that opened up and created a spiritual space for Shirley. She was always intrigued by the possible meanings that could be attributed to her images, and often hoped that they might reveal some hidden truth or novel and dramatic insight despite her scepticism. Shirley wanted to experience otherness and a freedom from the mundane difficulties of her circumstances. She would strive to bring order to her home life, and was constantly frustrated by the lack of progress with various alterations and redecorating that she wanted to do herself. Art therapy provided an intersubjective space where she could revisit and re-examine her life and aspirations. In many ways she used the art-making and artefacts she created to transport herself to a world that was beyond the ordinary, and this filled and nourished her at times when she felt bleak and lost. Astley (2002, p33) refers to the 'passionate embrace' when discussing the potential for progression from learning about faith, the '...taking hold of religion for oneself'. Shirley's faith progression could be seen in her 'passionate embrace' of life viewed from her imagination. Creativity and freedom are equated, here, in the romantic tradition of the

artist liberated from all conventional constraints. Shirley had to continue coping within her own conventional constraints, but was able to engage fully in the many and varied purposes of art-*in*-action. Shirley experienced her human spirit and spirituality (Swinton, 2001) in a way that deepened her sense of autonomy and independence of thought.

Triumphing over limitations and defying her illness and death, gave her a zeal at times that would knock 'seven bells' out of anything or anyone in her path. She was also a deeply sensitive person who was also easily wounded, and nothing had been more wounding than her diagnosis of cancer and its impact on her life. Her spirit thrived beyond the indignity of physical limitations, treatment, unpleasant and enduring symptoms and periods of despair. Shirley was continually trying to free herself from the constraints of life. When life became too conventional she would introduce something to offset the mundane routine. She could not outdo death, but she certainly gave death a 'bloody nose'. Shirley found spiritual sustenance, nourishment and validation through the reworking of her imaginative responses and interpretation of past life events and the immediate challenges of her illness, through a rich variety of images in art therapy.

### 4.10.7. Summary

Shirley fully expressed and communicated her humanity through the medium and mediation of the art materials and artefacts she created. Her engagement with art therapy reveals the potential for meaning-making and the resource that this became in order to help her live with a life-threatening illness. Meaning-making is an affirmation

of the profound realities of human existence when potentially shattered by the impact of terminal illness. The therapeutic relationship is the context of transformation through art. The agency of the patient and therapist works collaboratively to explore and discover meaning from out of the intersubjective space. Complexity, uncertainty, instability, uniqueness and value conflict (chapter two, p111) are acknowledged and held within the context of art therapy in creative suspension, allowing the raw material of intrapsychic processes to be reworked and reframed. Shirley was able to work with her inner conflicts and turmoil in order to contain and re-vision her inner world so that she could fulfil her desire to live as fully as possible.

**Chapter 5.**

**Death, Dying and Dignity**

**5.1. Introduction**

> Death is, after all, precisely the unthinkable: a state without thought; one we
> cannot visualize - even construe conceptually. But death *is*, is *real*, and we
> know it. (Bauman, 1992, p14)

> Through the work of belief the imaginary masks as the truth, while the true is
> detoxicated or banished from consciousness. We live *as if* we were not going
> to die. (Bauman, 1992, p17)

Making sense of death and understanding suffering is essential to the way in which
humans sustain their dignity in the face of such awesome aspects of life. The reality of
death and the ability to live '...*as if* we were not going to die', is a remarkable human
achievement. Being diagnosed with an incurable illness, such as cancer, and the
immediate implications regarding prognosis and longevity, is one of the most
traumatic and distressing experiences that a person may have to face. The adjustment
to such circumstances is a complex and tumultuous experience that introduces a
conflict between the awareness of death as *real* and the protective layers of natural
inner psychic defences that make it possible to live in the face of death.

In an art therapy meeting, David described his experience of witnessing the suffering and deaths of a number of fellow patients while he was being treated for leukaemia in a local hospital. Since his own recovery he had heard of the deaths of another two patients, one a teenager and the other a man in his late fifties. David also talked about his experience of family members who had died of cancer and recalled two deaths of work colleagues. One man had died when falling from a crane and the other, in his early forties, known for his fitness and passion for football, died suddenly from a heart attack. These accounts of the deaths of family members, acquaintances, workmates and fellow patients reflect a deep searching for meaning in the face of sudden and unanticipated death through accident and heart failure, and the prolonged suffering experienced by those enduring treatment and terminal illness when there is no certainty of cure, and palliation of disease is the only remaining intervention.

The analysis undertaken in chapter four provides evidence of the way in which art therapy is able to facilitate the expression of thoughts and feelings about dying and death. The context of terminal illness means that the awareness of mortality is always a factor within the experience of art therapy. The need to make sense of the impact of life-threatening illness on all aspects of life becomes a key therapeutic goal. The creative process of art-making and the artefacts described and analysed in the case studies reflects many aspects of the ways in which patients explore and reflect on the difficult and challenging nature of prognosis, uncertainty about the future and end-of-life concerns and needs. The following discussion is a further elaboration of the themes to do with dying and death that emerge in art therapy with the terminally ill. This chapter will address a range of concepts that provide ways of being able to enter into a much more comprehensive understanding of the nature of dying and death for

the purpose of more effective interventions, not only in art therapy but in palliative care in general.

## 5.2. *Little Deaths*

Making sense of death and suffering for David had become a difficult and challenging experience in his life, at a time when he was in remission from leukaemia yet continuing to wrestle with his own prognosis. Remembering and telling the stories of the deaths of others, is a way in which a necessary process of mourning takes place. There is a level of grieving that is experienced not only for those who have died but for the loss of aspects of self. The loss of health and all other subsequent losses caused by the impact of serious illness, individually and socially, can be extensive. These are *little deaths* that accumulate and require regular attention to ensure the process of grieving and adjustment can take place in a timely way. *Little deaths* can create much anxiety and disorientation when not addressed on a regular basis. Loss of a familiar routine and a significant long-established role, the erosion of inner resources and identity all constitute *little deaths*. The ability to adjust, recover and progress beyond *little deaths* is dependent on the individual and family dynamics and on culture and the constellation of support and care that is available.

Accumulated losses can increase the fear of death, as they can become a measure of success in overcoming the illness, the effects of treatment and the impact on physical independence, life style and routine. The progression of illness through periods of remission, recovery, relative health and then relapse, re-diagnosis, further treatment and ill health is deeply demanding and stressful. The hyper-vigilance that can develop

when the slightest ache or pain is scrutinised as an indicator of progression of the disease symbolises the anxiety and fear of deterioration and death. The loss experienced by *little deaths* is often provisional, and is an important aspect to the process of adjustment. The grief is not debilitating or obstructive to progression through loss when acknowledged and worked with. This process can lead through to points of adjustment that are adaptive. This enables the patient to reconfigure their emotional and psychological strategies for coping with suffering and the awareness of death, in order to maintain a sense of integrity and composure. Fear and anxiety are alleviated to a manageable proportion, congruent with the realties of their circumstances.

## 5.3. Big Death

Exploring and discovering meaning in the face of these deeply existential and spiritual dimensions to life in general and specifically related to living with a terminal illness, become imperative as part of the care of the dying. A female patient I met with gave an account of a memory of the death of a relative in a car crash, and another patient talked at length about the death of a family pet. Many of these stories about the deaths of loved ones, acquaintances, colleagues or anonymous individuals are often ways in which the terminally ill patient searches for meaning when contemplating death, dying and suffering. The question often arises, is it better to die suddenly with no awareness or anticipation, or to die slowly acutely aware of an uncertain future? A pain-free death with no awareness of its occurrence is often a fantasy explored by many patients.

There is a perception that if death can be cheated of its pain it is less terrifying. This also brings to mind the question as to the notion of a heroic or passive death; is it better to die young, with an arrow through the heart saving others from disaster or to die peacefully, in old age, in ones own bed, surrounded by family and friends? Infancy, childhood, youth and old age evoke all kinds of responses to death and its relationship to dignity. Feelings of injustice and punishment can accompany the struggle to make sense of dying and death. The conflicting feelings of responsibility and fate can create tension and anxiety, fuelling fears that can become obstructive and menacing. When death occurs, is it in circumstances where dignity is ensured or is it humiliating and offensive, depriving the dead and living of essential rites and rituals?

In his discussion about Aristotle and Greek Tragedy, John Jones (1962, p54) describes the attitude of the ancient Greeks toward death, '…the Greeks present us with a most brilliant awareness of personal identity which by and large they did not pursue beyond the grave; they just felt, and said, that death awaits life at the last'. When contrasting this with the contemporary experience of death, the individual and social identity in the modern context is often eroded and dismantled by the terror of death primarily because of the methods, events and circumstances in which death can occur. Jones (1962,p 99) goes on to say that '…the death of a man does not hold great power over Greek intelligence and imagination; and this is not surprising since death does not present them with the fearful alternative of personal immortality and personal annihilation. It is the perfect solitude brought upon each of us by the thought of dying that makes death the tragic fact we know'. Death is regarded as being perpetually on the fringe of life (Jones, 1962, p169), instead of being '…that single climactic effect which the modern West learned from Christianity, death surrounds…humanity like a

sea, inscrutably responsive to every contradiction of mood from terror to joyous hope, from abhorrence to desire; and this rich confusion is enfolded within the single certitude of the unknown neighbour whom we shall all meet; of that within the chances of life, is equidistant from all'.

Death does not take account of age, good or bad, healthy or unhealthy, and is often perceived as at the end of a long life rather than as constantly present. Death is immanent in a way that it can visit without warning. It is frequently un-dignifying and traumatic and invades our sensibilities regarding innocence, youth and a long fulfilled life. Making sense of death is also making sense of the 'perfect solitude' that Jones refers to. This echoes the remark made in Chapter four about an unfulfilled longing when living with dying and facing death. Solitude and longing are an existential search for meaning in the *aloneness* and *loneliness* of an illness that can only be experienced fully by the dying, and understood within limitations by those intimately involved in their care. Suffering, dying and death bring into focus this sense of aloneness and loneliness, because to befriend the 'unknown neighbour' is a solitary communion with mortality.

## 5.4. Dying as a *Solitary Withdrawal* from Life

The experience of solitary longing can be a deeply painful transition towards the ability to tolerate the imminence of death and its approach. For some this pain may not be alleviated, and there is a responsibility to remain attentive and offer as much balm as possible by remaining in relationship and sustaining communication. Jean, a woman in her fifties, who died only months after being re-diagnosed with cancer after

years of remission, responded to her diagnosis with insurmountable anguish and despair. She was unable to defend herself from the impact of her diagnosis and prognosis and withdrew, barely able to communicate any of her inner torment to those she loved. She functioned in her daily interactions, but with an edge of apprehension and anxiety that was only in small measures relieved. Jean also had two children under the age of six. Her pain was intense, primarily due to the unbearable thought of permanent separation from her children. This was intolerable and unacceptable to her. In my brief contact with Jean she had become so defensive with regard to reflecting on her thoughts and feelings about her poor prognosis, that attending to her pain felt as if I were the one who was no longer waving but drowning (Smith, 1985, p303).

There are times when coping with dying and death can only be endured through a withdrawal, a partial leave-taking when intimacy becomes too painful. The feeling of drowning in the face of another's suffering is a palpable reminder of the limitations of care. Sustaining involvement which requires the ability to maintain relationship and communication becomes a challenge to the inner resources of the professional carer.

Keith, a man in his late thirties who was cared for at the hospice throughout the final weeks of his life, presented many similar difficulties and challenges to the staff. He was diagnosed with a brain tumour only weeks before his hospice admission, and became withdrawn and communicated minimally with those around him. Keith occupied a room which became his sanctuary, and he assertively managed all his relationships in the way that enabled him to keep sufficient distance to tolerate the pain of his circumstances. It was as if he was unable to engage in a level of intimacy that represented and reflected the huge loss that he had incurred. He was single-

minded and determined in his effort to maintain autonomy and integrity, and the staff discovered that by allowing him plenty of space with an unobtrusive response to his needs, sustained a dignifying atmosphere for all involved. His world had been reduced to a small room in the hospice with occasional walks up and down the corridor. It was sufficient that he was able to contain himself within the environment of the hospice, in a way that was congruent with his emotional and psychological withdrawal. This was a withdrawal to a place of safety within himself, which made it possible for him to approach death and manage his world within physical limitations constructively and meaningfully on his own terms.

## 5.5. The Dying Role

The patient's responses to the activities of care are an important measure by which the professional carer assesses the benefits of the support they are delivering. This is often a difficult process of evaluation that needs to be undertaken within the context of a multidisciplinary team, which functions within a culture of open critique and reflective practice. Tony's choices and behaviour challenged the expectation that he would engage more fully and offer a more amenable response to the care provided. Lawton (2000, p93) refers to the apathy and withdrawal of some patients being rooted in '...their declining ability to act in embodied ways, rather than a knowledge of impending death *per se*'. The impact of terminal illness on the whole experience of life can reduce the sense of being able to function independently. When physical limitations increase, including possible damage to neurological functions, poor mobility and cognition can become causes of frustration and withdrawal. Being able to fill the space within the body and the mind with a full sense of self, identity and

personhood, is an internal and external realisation of physical and psychic presence in the world. Solitary withdrawal can be related to the feeling of disconnection and dissociation from self and others as dependency increases. Loss of role, employment, familiar day-to-day activities and the home environment are but a few aspects that place the terminally ill patient ever deeper within the frame of the 'dying role'.

In this sense it becomes increasingly important to be constantly attentive to the metaphors that patients employ to describe themselves as ways to 'construct and rationalise their experience'. Schreurs (2002) reference to 'spiritual root metaphors' is useful when considering the way in which patients communicate the meaning of their experience, so that carers do not make the mistake of making assumptions based on stereotypical ideas of the 'dying role'. Awareness of the religious, spiritual, cultural and social dimensions to the care of the dying, provides a way of preventing idiosyncratic responses to the 'dying role', that prejudice the attitude of carers and the institutions of care towards the terminally ill patient. The professional carer can maintain an attitude of self-reflection much more effectively when the culture of an integrated whole person care approach has adequate systems of regular evaluation of the attitudes, beliefs and behaviours demonstrated towards the dying as part of the system of care. These issues are discussed more fully in the conclusion to this study.

## 5.6. *Images* of Death

The flood and exposure that we are accustomed to through the media, of images of death and suffering, says something about our fascination and dread of death, when it happens in the context of brutality devoid of dignity, when even the simplest

memorial is not made possible. Loss and grief become protracted or condensed when the context of death leaves no opportunity for anticipation or adjustment by survivors. Susan Sontag (2003) provides an interesting discussion about the plethora of images available of death and suffering in her book Regarding the Pain of Others. Images of war, destruction and death are widespread, and have established a repertoire of visual horror that enters living-rooms and the minds of a domestic audience. When discussing how photographs serve to remind, Sontag comments:

> All memory is individual, unreproducible – it dies with each person. What is called a collective memory is not a remembering but a stipulating: that *this* is important, and this is the story about how it happened, with the pictures that lock the story in our minds. Ideologies create substantiating archives of images, representative images, which encapsulate common ideas of significance and trigger predictable thoughts, feelings. (Sontag, 2003, p76-77)

The thoughts and feelings that images of death represent are also enshrined in the museum where an illustrated narrative of suffering (ibid, p78) has become a powerful mechanism for remembering and telling the stories of individuals, communities and nations.

### 5.7. *Little Deaths* as the *Voices* of Big Death

Death, suffering and loss are always dimensions to the experience of the terminally ill, that are present to a greater or lesser degree. The context of diagnosis and all the subsequent events that take place as disease progresses, treatments are received and

prognostications are made, impact on the life of the patient in a formidable way. Making sense of suffering, dying and death is a lining to the experience of the terminally ill patient from the outset. At the time of diagnosis, prognosis may not always be considered in full, but is addressed at different points within the unfolding circumstances of the patient. Equally, prognosis may also have an immediate and direct impact following diagnosis. Survival, cure and remission from active disease are delicate considerations as the patient adjusts to the implications of their particular diagnosis. The impact of diagnosis in relationship to prognosis will influence how the patient begins to adjust to their anticipation of life from that point on. Mortality, longevity, dying and death invade consciousness in a way that may have never been considered or contemplated before. Even the experiences of another's death, either family members or friends and acquaintances, will not assuage the deeply painful experience of being told that the illness is not curable and the future is uncertain.

Death often has a number of preliminary voices that become part of the inner adjustment to terminal illness. These voices can be the experience of a new and intense level of uncertainty, the thought of permanent separation from loved ones, the pain experienced by others caused by diagnosis and prognosis, the responsibility of care and fundamental changes to self, family and role in society. *Little deaths* are in this sense the *voices of death*. Loss of physical autonomy, stamina, independent function and changes to body image are signs read as indicators of 'how well am I doing?' Inside many of these experiences, patients are working with tensions and conflicts that are closely related to a process of reworking and reframing their understanding of their day-to-day wellbeing and future health. Coping with symptoms, pain and the side effects of treatment adds further layers of stress, and the

calling on inner resources of resilience, determination and long-suffering. Receiving a lengthy course of chemotherapy whilst enduring long waits in the hospital reception, travelling across the city every day, feeling grim and jaded the following morning and having to make the journey again is gruelling, arduous and exhausting.

Death is ever present in the form of its many voices, which infiltrates the natural and important defences established so that life can be sustained largely untroubled by the finality of death. These defences protect the psyche from the fear of annihilation. When death becomes the 'unknown neighbour' whose voices are now heard in a way never considered before, the world is perceived in a very different light. There is a need to provide creative ways of improvising new subtle psychic strategies for allowing death to speak, while remaining sufficiently distant to tolerate death's voice.

In the experience of working with the patients described in chapter four, there is an underlying theme in all these encounters that is about listening to these voices. Paying attention to the anxiety and fear as it emerges and recedes in the art-making process, artefact and therapeutic relationship is a contextual dimension to practice. The context is imbued with the presence of death on the fringe of experience. Death may enter the therapeutic experience metaphorically and symbolically in the image-making, but may also be hidden in the facture and handling of the materials. An unsteady, anxious mark-making may express the anxiety and fear of death. Death is often at the periphery of vision. In the same way as a patient begins the process of exploring painful emotional, psychological and spiritual adjustments death is like a shadow that is just visible out of the corner of the eye. Elizabeth's drawing of her 'worry bird' (Fig 6, p251) is an example of the indirect way in which death can appear in the art work

of patients undertaking art therapy. This reminds me of a passage from Mitch Albom's book Tuesdays with Morrie:

"Everyone knows they're going to die," he said again, "but nobody believes it. If we did, we would do things differently."

So we kid ourselves about death, I said.

"Yes. But there's a better approach. To know you're going to die, and to be *prepared* for it at any time. That's better. That way you can actually be *more* involved in your life while you're living."

How can you ever be prepared to die?

"Do what the Buddhists do. Every day, have a little bird on your shoulder that asks, 'Is today the day? Am I ready? Am I doing all I need to do? Am I being the person I want to be?' "

He turned his head to his shoulder as if the bird were there now.

"Is today the day I die?" he said.

(Albom, 1997, p81)



Fig 1. Elizabeth.

Elizabeth had her own small bird to ask, and in many ways she was able to respond by being as much herself as possible in the face of dying and death. Death was able to be present in a way that did not create debilitating fear, but the lived experience of creativity, image and feeling.

## 5.8. Death and Life's Defences

### 5.8.1. Mortality salience

Kearney (2000, p17) refers to terror management theory developed from the work of Ernest Becker (1973), and provides a definition of 'mortality salience' as '...the ability to be aware of ones own mortality. This awareness generates 'terror', which [is not] an intense fear of death, *per se*, but rather...a profound and usually unconscious dread of death as absolute annihilation'. Kearney (2000, p18-19) acknowledges the way in which the defences of the psyche operate to protect the self from this unconscious 'terror'. However, this defensive response can potentially become an obstacle to discovering deeper healing resources within the psyche. This is particularly relevant when working psychotherapeutically to enable patients to make subtle psychic adjustments at significant points in their experience of living with a terminal illness.

Kearney also acknowledges how this defence can work institutionally within the medical profession, when rational and technical modes of understanding are prioritised over the intersubjective focus of depth psychology. This can contribute to the split between the medical and therapeutic approaches to the 'deep mind'. The

defences of those caring for the dying may be profoundly influenced by the inability to tolerate mortality salience of patients in their care. In the same way that it is important to avoid stereotypical assumptions about the 'dying role', it is also necessary not to inhibit the important adaptive work at a deep psychological level when responding to the mortality salience of others. This work can be curtailed or suppressed by the professional carer's defences against the intrusion of the *voices of death* into their own patterns of meaning.

Kastenbaum (2000, p140) discusses the nature of 'mortality salience', as the cause of increased levels of fear and anxiety in relationship to the development of individual inner resources and cohesion with meaningful social institutions. In this sense, self-esteem and social institutions act as buffers against an above 'normal' level of death awareness and the defensive responses based on heightened levels of fear and anxiety. Kastenbaum suggests that '...mortality salience has penetrated our society's defences through war and terrorism while traditional societal institutions have seemed to falter (or even taken the side of destruction)...The individual therefore may be exposed to mortality salient situations without resources of a firm developmental basis for self-esteem or a secure world view'.

'Mortality salient' situations are often determined by the unique circumstance in which a person becomes aware of death as an imminent or a pending threat to life. If 'mortality salience' is more prevalent in contemporary Western society, then it is important to understand the difference between death-related situations where there is a healthy adaptive level of fear and anxiety, in contrast to events that are traumatic and debilitating leading quickly to dysfunctional and maladaptive responses.

Kastenbaum (2000, p153) has observed '...that people caught up in immediate life-threatening situations have very different types of responses depending on the opportunity to engage in some kind of instrumental action'.

When considering the opportunity for 'instrumental action' in relationship to end-of-life care, it is also a useful consideration when providing psychotherapeutic support at different stages of a patient's illness. There are many points throughout the experience of illness when 'mortality salience' increases. This does not necessarily happen when expected, such as when told of a poor short-term prognosis or physical deterioration. Mortality salience can intensify, and the subsequent levels of fear and anxiety can increase at potentially any time. David, a patient referred to at the beginning of this chapter, was addressing a period of mortality salience when he needed to work through the anxieties and fears evoked by the deaths of fellow patients. He was at a point of relative physical health, yet the distress that these events had caused appeared at a superficial level as incongruent with his circumstances. For David mortality salience presented death as *real* and he knew it. He, along with many of the examples in the case studies in this study, such as Steven (case study two, p193) and Shirley (case study nine, p294), illustrate the importance of considering the individual inner resources that make it possible to tolerate a mortality salient level of fear and anxiety, until it subsides or is transformed in conjunction with adaptive processes of adjustment. There is also the importance of exploring and reinforcing the social connections with those institutions that remain stable, and are not faltering, such as the family and the home environment.

Steven and Shirley approached death in ways that can only be considered as uniquely their own. The two images below suggest the symbolic use of a mountain and a bridge, in which to contemplate the potential threshold between life and death. Climbing a mountain and crossing a river are perhaps familiar motifs for the process of transition. Awareness of mortality and the ability to accommodate the reality of death, and address the underlying fear and anxiety can be significant non-verbal layers of meaning-making within the process of art-making in art therapy.

In Steven's picture, there is the visual narrative of a large sailing boat with a huge multicoloured sail, approaching a landscape topped with a mountain with a steaming volcano, puffing out a plume of smoke at its peak. Midway between the lowlands and the mountain there is a small house nestled on the edge of the cliff face. This conveys a rich constellation of meaning about journeying, being housed and the fiery mountain high above the small dwelling.

Shirley makes a drawing of a dreamy, softly-rendered bridge crossing a gently-flowing river. There is an ephemeral quality to the picture, suggesting a less solid world where objects and nature are not so clearly defined by their materiality. As with Steven's image, the objects float in the space of the white paper and the marks create an anxious deliberation within the composition of the drawings. In both images, the handling of the materials and the symbolism of the content allow for the consideration that mortality salience and the assimilation and integration of death into life is taking place within the ethnographic imagination of the art-making process.

Fig 2. Steven.                                    Fig 3. Shirley.

## 5.8.2. Death anxiety and *edge theory*

Kastenbaum (2000, p153-155) proposes the *edge theory* of death anxiety. This is an attempt to moderate between Freud's idea that we cannot fear death, and Becker's view that we are continually trying to avoid being consumed by the fear of death. Edge theory acknowledges that death anxiety is the '…psychological, self-aware side of a complex organismic response to danger, to feeling ourselves to be at the edge of what is known, familiar, and safe. One step further and there may be destruction'. Kastenbaum interprets this more as a process of 'preparation'.

Recognising that there is a 'normal' level of anxiety in most mortality salient circumstances, perhaps this anxiety is a resource which, if utilised, facilitates the transformation towards preparedness and readiness through the ability to engage in 'instrumental action'. If instrumental action is not an available solution to the response to risk and danger, then psychological and emotional resources are needed to maintain important and necessary defences against the approach of death.

335

Understanding the dangers inherent to mortality salient situations, requires an understanding of symbolic meanings and relationships in context. The *socio-symbolic* meaning–making at the heart of this thesis, is given relevance in relationship to Kastenbaum's psychology of death anxiety and Kearney's depth psychology in relationship to the care of the dying. Applying the ethnographic imagination to mortality salience and *edge theory* provides an intersubjective model of interpretation when addressing the deep psychic work of adaptation and adjustment to dying and death. Meaning can be explored, discovered and transformed when the threshold of risk and danger can be approached, whilst being attentive to the pressure under which important psychic defences can be placed. Resetting the problem of mortality in the face of death is the way in which meaning can be affirmed, re-evaluated and transformed to enable the psyche to retain a sense of integrity, stability and integration.

The *edge theory* that Kastenbaum offers as a solution to the polar views of ego psychology and existentialism also provides a way of accounting for the nature of the psychological defences required to hear, perceive and experience inwardly at a symbolic and metaphorical level the *voices of death*. This I would define, as an *imaginal* veil of translucent psychic defence. The value of the art-making process and the artefact in art therapy is the way in which death can be approached symbolically and metaphorically in ways that the ego can tolerate, assimilate and incorporate into the self. When defences become rigid and opaque the opportunity for exploration, discovery and transformation is severely restricted. The attitudes of carers can reduce the potential for deeper psychological work to take place when there is the imposition of stereotypical attitudes towards the dying role, and a projection of mortality salient

fear and anxiety towards the patient. This can happen not only in the relationship between the individual practitioner and the patient but also at an institutional level within the systems of organised care.

It is important, therefore, to maintain a reflective model of practice within the care of the dying, and specifically as an aspect of the practice of art therapy. Art therapy can facilitate the expression and working through of fear and anxiety, that may be activated at a manageable level that aids adjustment to the approach of death. This then contributes to addressing the spiritual pain Kearney (1996, 2000) discussed in chapter three, which lies very closely to the experience of mortality salience. The search for meaning in the face of death can also be imbued with fear and anxiety, aloneness and the solitary reflection of mortality, longevity, dying and death. The meaning that is discovered and experienced in art therapy is a constant reflection of 'the beauty of ones whole moral being', and the integrity and integration of the soul in the face of dying and death. Every fragment of life can be gathered up through the *socio-symbolic* meaning–making that occurs in art therapy, so that which constitutes the composition of inner life and personhood can be recovered and re-*formed*. The process of re-*forming* is at a non-verbal imaginative level of understanding. The images made in art therapy are the imaginative re-*forming* of experience, in order to revision and reset the problem of mortality salience in relationship to living a fully integrated life in the face of death. This contributes to addressing the many dimensions to the process of adjustment listed and defined by Kastenbaum (2000, p227 -239). Especially relevant here is the reference he makes to the 'cognitive model' or 'coping repertoire', that may not have developed because of the new and

unfamiliar territory of terminal illness, and all the subsequent experiences that disrupt the inner established and well rehearsed modes of making sense of self and life.

Defences may also become problematic and may well need careful exploration. Modes of defence may require adjustment so that a more effective coping strategy can be established and maintained until further re-evaluation needs to take place. The process of non-verbal meaning-making in art therapy also aids these very necessary adjustments that may have to occur at a deep psychic level before instrumental action becomes available. There can be a subtle and delicate transition from identifying defences, undoing them and allowing for new modes of cognitive and emotional coping strategies to be formed. Working to the principle of *edge theory* helps to acknowledge that there is a threshold not too dissimilar from the concept of 'liminality' discussed by Sibbett (2005), when there is a point of departure from the familiar to an unknown destination not yet reached. In this transition defences are potentially translucent with the risk of becoming opaque if the level of fear, anxiety and stress increases and the defences lose their viability as an intrinsic aspect to the process of adjustment and integration. The imaginative faculties, when given expression through art, are the means by which the intersubjective space in art therapy provides the opportunity for the safe exploration of defences and the move from familiarity to the unknown.

## 5.9. Dignity in dying and death

In 1999 a survey was conducted as part of the *Pallium* project (Janssens et al, 2002, p81). The survey was sent to participants of the Congress of the European Association

of Palliative Care (EAPC) in Geneva. Across a spectrum of disciplines the survey demonstrated '...adherence to specific values within palliative care...Notions such as quality of life, acceptance of human mortality and total care were considered important or extremely important by over 90 percent of the respondents, whereas for instance the four general moral principles of biomedical ethics (autonomy, beneficence, non-maleficence and justice) all ranked considerably lower'. Human dignity also figured in the top four values that were highly rated primarily by medics, nurses and a range of other practitioners.

Since the development of the modern hospice movement and the subsequent global implementation of palliative care, as defined by the World Health Organization (WHO), human dignity remains a significant dimension to the care of the dying. Maintaining dignity in the face of dying and death is, one hopes, the outcome of many strategies and interventions conducted within the frame of 'total care', which places equal value to the psychosocial aspects of illness as to the medical care provided. The emotional, psychological, spiritual and social constellation of need sets the context of much valuable medical and nursing intervention and support. Dignifying and dignified care depends on the adherence to values that require a constant process of reflection. Regularly returning to the core principles of integrated whole person care helps professionals to remain vigilant about ethical practice and standards. In order to sustain an environment of genuine care, individual practitioners from all disciplines need to be able to function in a structure and atmosphere of self-reflection and open non-judgemental critique.

There are innumerable examples as discussed briefly in relationship to Sontag's reflection on images of war, that uncompromisingly demonstrate how dignity can soon be eliminated from the experience of suffering, dying and death. Within the institutional boundaries of hospitals and hospices, dignifying and dignified care is paramount to ensure that the ideals of 'total care' and the principles of palliative care are maintained. In this sense, services need to build into their regimes an adequate range of support networks through clinical supervision and reflective practice so that *care* remains caring and the dying, dead and bereaved experience a dignifying response.

The drawings below from the case studies reflect something of the dignifying and dignified response within the context of art therapy. The drawings by Terry, Walter, Tony and Kate all provide a tangible reflection for their creators of the connection with memory, personal experience and the environment, in a way that affirms their inner world.
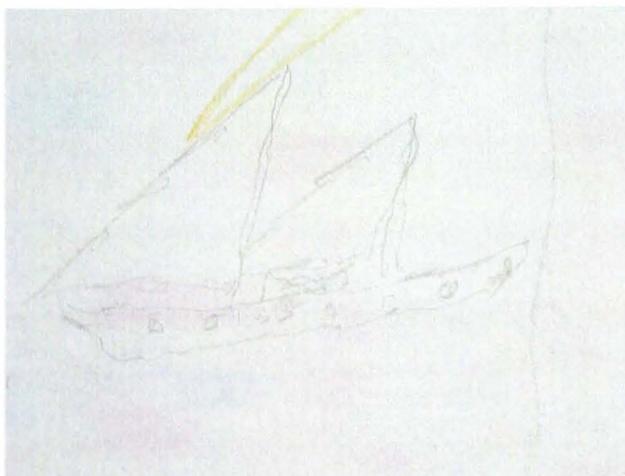


Fig 4. Terry, p288.

Fig 5. Walter, p219.

Fig 6. Tony, p234.                    Fig 7. Kate, p267.

These drawings, as with all the images in the case studies, come in sequences that follow certain themes and issues being explored in the context of the therapeutic relationship in art therapy. Taken on their own terms, they are imbued with the particular circumstances and handling of their creators and, in this sense, are firmly rooted in the principle if human dignity, quality of life, the acceptance of human mortality and total care.

The contemplation of the 'beauty of one's whole moral being' through creativity and the imagination in art therapy, affirms and validates the interior psychic life of the patient. This is profoundly dignifying as it facilitates the agency and actions of the dying within an ethnographic context. The symbiosis of the ethnographic imagination, reflection-*in*-action and art-*in*-action in art therapy practice, works to allow through meaning-making the dignifying of human suffering, dying and death.

## 5.10. Summary

De Hennezel says:

> Life has taught me three things: The first is that I cannot escape my own death or the deaths of the people I love. The second is that no human being can be reduced to what we see, or think we see. Any person is infinitely larger, and deeper, than our narrow judgements can discern. And third: He or she can never be considered to have uttered the final word on anything, is always developing, always has the power of self-fulfilment, and a capacity for self-transformation through all the crises and trials of life. (De Hennezel, 1997, p19)

> I knew, in my heart of hearts, that death in and of itself is nothing so very consequential, just a passage into a mysterious dimension. What was absolutely of consequence, however, was the agony of separation, and, for some people, dying without ever having truly and intensely lived. (De Hennezel, 1997, p21)

In De Hennezel's work, as with many other personal accounts of the experience of working closely with the dying (Kearney 1996; Johns 2004), there is the reminder in her reflections of the values inherent in such care. This reflects a tradition within hospice and palliative care (Kübler-Ross 1970; Saunders et al 1981; Barnard et al 2000; Clark 2002) that has always been about dignity and compassion rooted in the detailed attention to the needs of the dying. It is life-enhancing not life-diminishing

and interprets death as integrated into life. The current debate about euthanasia highlights the tensions regarding the nature of suffering and its alleviation, even through assisted death. It is therefore vital that there is further reflection on the ethos of palliative care.

> The ideal of a choreographed death on command which is an effect of being-in-control and enjoying-independence has become one of the culturally idealized icons of our time. By abstaining from euthanasia, palliative care takes a critical stance towards these disputable societal developments. After all, the ethos of palliative care admits that life and death are phenomena that are ultimately beyond our control. Hence, if palliative care workers were to start performing euthanasia in situations in which fear of loss of control and fear of dependency play a pivotal role in developing a wish for euthanasia, this would be against the ethos of palliative care. Palliative care would thereby disavow its original ideals. Perhaps instead it should help contribute to a critical reassessment of the idea that a life is worth living only as an independent individual fully in control and not in need of any help from others. (Gordijn et al, 2002, p195)

'Working with Suffering in Living and Dying', the subtitle of Kearney's book on approaches to care of the dying, is at the heart of the palliative care worker's practice. Understanding death is a shared human dimension to the experience of suffering and dying. This inevitably creates an environment and atmosphere of care, where collaboration and intimacy with the dying requires an awareness of the meanings attributed to death by all those involved in palliative care. Death is 'equidistant' to all

no matter what position, expertise and authority we have within the multidisciplinary team caring for the dying. Death brings to consciousness the interdependency and constellation of relationship that constitutes our communion with human dignity.

**Conclusion**

**1. Introduction**

In the introduction to my study I outlined six questions which I intended to answer focusing on the benefits of art therapy for people receiving palliative care. In conclusion I will return to these questions in relationship to the retrospective analysis undertaken within the frame of the ethnographic methodology defined in chapter two. The following discussion demonstrates that the case study analysis supports the evidence drawn from the literature review and the exploration of spirituality and religion in chapter three, that meaning-making in art therapy is a significant aspect of support for the terminally ill. This study also provides evidence of the way in which spirituality can be understood in art therapy and, within the context of an integrated approach to care, is recognised as an important therapeutic dimension to practice in this field. This is further discussed in relationship to the nature of dying and death in chapter five.

The conclusion will also address the implications of this study in terms of related issues in palliative care. It will emphasise the importance of a reflexive, interpretive approach that maintains a culture of open critique at the collective level of organisations and individual practice. By introducing an aspect of practical theology spirituality is identified as a key aspect to the experience of the terminally ill and end-of-life care. The focus of this thesis is on the practice of art therapy, the benefits to patients of this approach and the profession's place in palliative care. The methodology used offers a potential model for further research in art therapy within

the context of hospice and palliative care, and possibly within other areas of need such as adult mental health and learning disabilities.

## 2. Research Questions Revisited

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.*

Integrated whole person care continues to be a relevant and contemporary ideology in palliative care. Total care, human dignity, quality of life, and the acceptance of human mortality are understood to be the pinnacle of a constellation of values held by palliative care programmes worldwide. In order to provide accurate and appropriate care to the terminally ill and dying, it is considered essential that detailed attention is given to the emotional, psychological, spiritual and social dimensions of care in equal measure to medical and nursing interventions. Art therapy is therefore an approach that responds well to the needs of the dying in the context of hospice and palliative care, as both an in-patient and community-based service.

The case study analysis in chapter four demonstrates, through an ethnographic research methodology, that meaning-making substantiates the claim of palliative care to be an approach that is intimately engaged with the intricate nuances of each person's experience. Patients, therefore, require substantial and comprehensive

support in general and, more specifically, through allied health professions such as art therapy. Meaning-making, from the perspective of the ethnographic imagination employed in this study, is a realm of experience that is considered to be profoundly located within the issues confronted when working with the experience of terminal illness, suffering, dying and death. Facilitating the experience of meaning-making in art therapy contributes to the understanding and alleviation of emotional and spiritual pain at the end of life.

The research presented in this thesis contributes to the evidence-based practice required by the NHS to validate specific interventions. A qualitative ethnographic research methodology is a dynamic way of demonstrating that art therapy is an effective intervention in palliative care. It is an approach that preserves the integrated psychosocial model, supported by the principles and practice of palliative care. Art therapy practice complements the medical and nursing dimension of the multidisciplinary team, by remaining attuned to the ethical and spiritual aspects of the individual patient's needs.

The practitioner-orientated, art-based, reflective character of art therapy practice in palliative care provides a creative, reflexive perspective on the individual needs of the patient, their family, the context of care and the multidisciplinary team. Art therapy can contribute to 'adding quality of life', as it is an approach that is able to work dynamically within a culture of non-judgemental critique and reflective practice.

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.*

The intersubjective space in art therapy is created through the triadic relationship between the patient, therapist and the art-making process and artefact. In this space the *socio-symbolic* meaning-making at the centre of the ethnographic imagination is the context of intimate attention to the inner life of the patient. The meaning-making that takes place through the use of art materials and the making of images through drawing and painting is of profound significance for the terminally ill and the dying and can be of substantial benefit.

In the face of suffering, dying and death the combination of existential distress, death anxiety, mortality salience, physical and psychic pain means that palliative care provides patients with a full range of opportunities to address such complex needs. Art therapy is able to offer a creative intersubjective space that is mindful of the wider context of the patient and their beliefs and values. Art therapy is therefore an effective form of support that contributes to a fuller communication for the patient receiving palliative care.

The description and analysis of patients' experiences of engaging with art therapy in chapter four, demonstrates how rich and varied the response can be to such an approach to care of the dying. Inner and external dimensions of the patients' experience are given expression, are explored and transformed through the reflective

engagement with art-*in*-action in the context of a psychotherapeutic relationship. Physical limitations are overcome and the self can be experienced as embodied fully, even within the constraints and limiting effects of physical suffering and pain, and the inevitable bodily deterioration and disability that occurs as disease progresses.

This is reminiscent of Lawton's (2000) discussion about how the self and the body are dealt with in hospice care.

> [S]elfhood is fundamentally tied to bodily capacity, with a loss of self occurring as patients [lose] the bodily ability to perform tasks for themselves...[P]ersonhood depends upon agency, and agency depends upon a notion of action, of being able to 'do' and act for oneself. (Lawton, 2000, p101)

The inner life and the body are considered in art therapy as an integrated whole. If the body breaks down, then the soul housed within will suffer unless forms of 'instrumental action' can be improvised. In many ways, the physical activity of using art materials locates the body and the psyche within the imaginative intersubjective space of the artefact, which is a tangible sign of existence and physical actuality. The threshold between inner and outer realities can be explored through the creative attention given to the soul, the mind and the body.

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.*

Spirituality is a composite part of the whole experience of meaning-making in art therapy. Spirituality has been considered a significant concern within a British Romantic tradition in the visual arts. In many ways art therapy practice has inherited this tradition despite its allegiance to the developments in psychoanalytic psychotherapy and ego-psychology. Increasingly, spirituality and religion are being considered as important aspects of psychotherapeutic practice as identified in chapter three. Theory and practice in psychology and psychotherapy and some examples of art therapy practice, are demonstrating that this is an area that has been neglected and requires more detailed consideration.

Spiritual care of the dying has been intrinsic to the modern hospice movement and remains a significant aspect of current palliative care practice. Art therapy is a way of responding to the spiritual dimension of need in palliative care, as it contains within its art-based practice transcendent possibilities. The imagination and *imaginal* interiority of the psyche is given priority, and art therapy provides a means of externalising and transforming deep emotional, spiritual and psychological processes. The methodology used in this study takes account of the intersubjective context in which creativity, the imagination and non-verbal modes of understanding are experienced. The reflexive, retrospective ethnographic analysis undertaken, provides evidence of the ways in which spirituality is expressed and the importance this has for patients as part of the process of making sense of suffering, mortality, dying and death in art therapy.

The interest of Jung (2002), Hillman (1977) and Moore (1992) in spirituality and soul-making discussed in chapter three contributes to the lineage within art therapy practice of theory and therapeutic approaches that attempt to account for the 'personified' character of the soul and the sacredness of the everyday. In contrast to the mythological and aesthetic interpretation of soul, Fontana (2003) and Schreurs (2002) provide a way of accounting for an orthodox religious perspective that many patients bring to their experience of psychotherapy. Spirituality is interpreted and understood from a variety of perspectives. Art therapy practice is able to respond well to the idiosyncrasies of individually-defined beliefs and values that may either be located in religious traditions or from a non-religious view of life. The reference made to a 'correlational model' drawn from practical theology provides an additional way in which spirituality and religion can be defined, understood and worked with in art therapy. The context of integrated whole person care and the attention given to the complex inner-world of the patient in art therapy provides opportunity for the creative expression, re-evaluation and affirmation of beliefs and values that have a spiritual and religious significance.

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.*

The intersubjective space in art therapy harnesses the many and varied modes of non-verbal expression and communication. Art therapy extends the range of ways in which the terminally ill and dying can give voice to their experience through the sensual engagement with art. The unique characteristics of the art-making process and the meanings attributed to the artefact in art therapy widen and extend the repertoire of expression available to the dying. Visual modes of understanding and the realm of the imagination are recognised as a rich terrain of meaning that can provide insight and facilitate transformation.

Art therapy theory and practice has developed from a position of valuing the subjective, sensual and expressive creative potential within the individual. Art and inner psychic processes are intimately related. Images and feelings connect and open up the dynamics of deep psychic modes of adjustment and adaptation that are necessary when living with life-threatening illness. Not only is the focus on adaptive processes, but also on the realisation of potential growth and development through new levels of understanding and insight. Coping strategies are interwoven with established beliefs and values which may change and need to be evaluated. Art therapy provides a therapeutic approach that can facilitate the exploration and discovery of alternative ways of coping.

Focused attention on personhood and the inner validation of self are integral to the experience of art therapy. The case study analysis demonstrates that in the face of

dying and death, patients can experience a deep sense of worth and meaning to their lives. The triadic relationship in art therapy supports this through the emphasis on non-verbal imaginative reflection-*in*-action and art-*in*-action. The analysis in chapter four also demonstrates through this process that the use of art materials and making drawings and paintings acts as a medium for the agency and actions of the patient and therapist. This facilitates a deeper and richer range of communication and enhances the therapeutic relationship so that a wider range of verbal and non-verbal dynamics can be accommodated.

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.*

Companionship and interpretation are understood in terms of the psychotherapeutic relationship in art therapy. Companionship is an attitudinal stance that is sensitive to the intimacy and shared humanity of the therapeutic relationship with the terminally ill. This has some similarities to the accounts of working closely with the dying (De Hennezel 1997; Kearney 1996). Interpretation of the experiences of the terminally ill in art therapy is considered in relationship to the theory and practice of art therapy and aspects of the 'conversational' and 'transformational' model referred to in pastoral care (Pattison 2005). The 'interpreting companion' is therefore, with regard to this study, a significant dimension to the role of the art therapist and is equated with

Schön's (1983) reflective practitioner and the process of reflection-*in*-action. The meaning-making that occurs in art therapy is explored in this study within the frame of the 'interpretive stance' (Shapiro and Carr 1991) of the ethnographic imagination, reflection-*in*-action and art-*in*-action.

The art therapist brings to the therapeutic relationship and the context of the patient receiving palliative care a reflexive, interpretive response. This is not an imposition of predetermined assumptions, but a mode of continually resetting and reframing the problems that are presented in art therapy requiring understanding and a response. The therapist as 'interpreting companion' forms an ethical relationship and endeavours to remain sensitive and congruent to the needs of the patient.

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.*

Quality of life remains high on the agenda of palliative care. Art therapy contributes to 'adding quality of life' as the improvement of the wellbeing of the dying patient is inherent to the therapeutic experience it provides. Attending to the psychosocial

spectrum of needs within palliative care is a function of art therapy, as it resides firmly within the frame of integrated whole person care. The experience of meaning-making and the wide-ranging benefits to those who enter the experience of art therapy is supported by the results of this study. To witness and validate another in their suffering at the end of life is an affirmation of a quality of life that touches the patient, carers and professionals alike.

## 3. Good Dying and Good Death

The constant challenge for palliative care practitioners is to ensure that the dying and their relatives have access to a range of support that facilitates the best care throughout the experience of dying and death. 'Good dying' and 'good death' are as difficult to define thoroughly and comprehensively as is 'quality of life', yet these are standards that the principles of palliative care continually aspire to. Sandman (2005) provides a useful critique of the principal values upheld by palliative care services. Sandman addresses a range of attitudes towards death within the provision of palliative care from a consequentialist position, citing Lawton (2000) and her anthropological study of hospice day care and in-patient care.

Good dying and good death according to Sandman (2005), are values that cannot be taken for granted. The modern hospice movement and palliative care requires internal mechanisms for evaluating its response to dying and death, not only within the advancements of medical technology but within the frame of ethics and through the humanities. Qualitative research within a sociological paradigm has been a particularly important source of valuable insight into changing attitudes towards death

from a historical, ethical and cultural perspective. The Open University Press 'Facing Death' series of publications provides evidence of this. Sandman (2005) and Lawton (2000) provide some of the more challenging questions facing current palliative care practitioners.

Sandman (2005) profiles normative aspects of the care of the dying, the dead and bereaved in order to illustrate how assumptions and preconceived ideas can soon become established. Lawton (2000) examines this in the way in which the 'dying role' and the body are treated in a hospice environment. The hidden order of the hospice environment and culture of care can sometimes disguise individual and organisational attitudes and beliefs that are not necessarily congruent with the authentic needs of the patient and their family. Palliation can also run the risk of becoming a 'cloak' concealing the messy, unpredictable and irrational dimensions of dying and death. The intersubjective space of the hospice environment of care and the ethos of palliative care teams working in patients' homes, need to be able to tolerate complexity, uncertainty, instability, uniqueness and value conflict (see chapter two) when working with dying and death.

Sandman (2005) provides a useful model to consider when reflecting on the provision of care for the dying. Meaningful dying and meaningful death are dependent on a multitude of factors that do not necessarily remain consistent in the life of the patient and their 'close ones'. The context and influences (biographical, historical and current) on the experience of the patient throughout their illness through to death, is an inter-play of many variable elements that require constant attention so that practitioners remain adequately attuned to the dying, their inner world and the body in

an integrated way. Sandman's example of how to construe dignity, illustrates some of the subtle differences that may be encountered from person to person. *Human* dignity is differentiated from *contingent* dignity. *Contingent* dignity is a more complex composition of personal qualities that influence a dignified death. Sandman concludes that:

> [H]uman dignity could...function as a foundation for a general goal of providing good life to people in the palliative phase...[and] contingent dignity [can be related to, first] certain personality traits or character traits; for example, that we are solemn or controlled...Second, we can have a certain social standing or role in society – the dignity of being a bishop or a professor. Third, we can have a certain effect on other people – that we inspire awe or respect in them...Fourth, we can have a certain way to relate to ourselves – in having self-respect or self-esteem. (Sandman, 2005, p48)

Citing the work of Momeyer, Sandman (ibid, p53) draws out four categories which define contingent dignity that in effect underpins human dignity per se; consciousness and rationality, self-determination, bodily integrity and self-esteem. Sandman returns to the theme of self-esteem as a consistent value that emerges in the concern of palliative care to achieve good dying and good death. Self-esteem and self-worth appear frequently as significant themes in the case study analysis in chapter four. The value of these inner-world experiences is not dependent on what may appear to be a level of physical suffering that might be perceived as having eroded any remnant of self, irrespective of there being any note of esteem or worth left intact. As Lawton (2000) has claimed, the loss of embodiment and 'social death' are the causes of the

diminishing of self-hood, and these are often consequences of a régime of 'care' that 'cloaks' the reality of suffering, rather than mediating its expression and allowing its presence as fully as possible.

> [W]e have to be attentive about what the philosophy of palliative care context signals in terms of what a dignified death is in order to allow the patient's own views on this to be accorded with; and we should also be attentive about our own opinions on what a dignified death is, especially if these opinions or this philosophy are supportive of a view on dignity that is experienced as repressive by the patient. (Sandman, 2005, p57)

Art therapy is well placed to offer an intersubjective space where the individual patient's thoughts, feelings and interpretations of dying and death can be explored. The experiences that are dignifying for the patient can be interpreted and understood within the context of their unique experience, beliefs and values. Images and non-verbal dynamics form part of the repertoire of inter-personal and intra-psychic forms of expression in art therapy and contribute to the therapist being able to remain sensitive and congruent to the meaning-making that takes place. In the wider context of the multi-disciplinary team and the institutions providing palliative care it is important for the art therapist, along with other professions, to reflect and critique the interpretations of the dying process and death. This then contributes to minimising assumptions and encourages an approach that makes every effort to ensure that the dying have opportunity to define 'good dying' and 'good death', in meaningful and dignifying terms of their own.

## 4. The 'Interpretive Stance' and the Interpretive Companion

The 'interpretive stance' (Shapiro and Carr, 1991) combined with the reflective practitioner (Schön, 1983), supports a quality to the role of the therapist in art therapy that is the *interpreting companion*. This reflects the importance for practice in maintaining a balance between compassionate distance and respectful intimacy in the care of the dying. In view of Sandman's (2005) critique of the good death, adopting an interpretive stance, in the context of hospice and palliative care, is an effective way of establishing a culture of vigilance towards attitudes and behaviours rooted in practitioners' personal values and beliefs that can sink to an unconscious hidden order within the dynamics and systems of organisations and the institution of care. Surfacing these values and beliefs that manifest themselves in patterns of behaviour, within the delivery of care through an interpretive stance sustains, even if imperfectly, a culture of open non-judgemental critique.

The interpretive stance is essentially 'speculative, imaginative and heuristic', and '...allows the possibility of proceeding from one hypothesis to another hypothesis rather than from uncertainty to certainty' (Shapiro and Carr, 1991, p78). The interpretive stance makes it possible for the practitioner within their role to '...disentangle, context and personal experience quickly enough to achieve integration needed to act effectively, or indeed even to think clearly' (ibid, p76). The concept of *relatedness* is important to understand, as being that sense of connectedness that only resides in the mind rather than actual personal contact through relationship (ibid, p83). The concept of *task* is also discussed as a key focus for improving the function of practitioners within their designated role. If awareness of *relatedness* (our mental

images and thoughts about others and the relationship we have with them), a focus on *task* and construing hypothesis through the interpretive stance, are applied instrumentally within organisational structures, then it makes for a more creative, sensitised and ethically responsive ethos and directly influences approaches to care. This steers the instrumental practice of care through day-to-day revision and reworking of responses to the dying individually and collectively. Making time for 'talk back' amongst practitioners within the multidisciplinary team has the potential to establish a 'conversational/transformational' model of reflection-*in*-action and knowledge-*in*-action.

Reflective practice (Johns, 2004) and the interpretive stance (and perhaps system-centred strategies focused on *role, goal* and *context*. See chapter one), contribute to the ability to understand and remain fully inside a role within organisations and systems of care. Art therapy practice in palliative care when operating within a frame of reflective practice, is an approach that mediates between the idiosyncrasies of the individual patient's response to terminal illness, dying and death, the sociological context of family life, bonds and relationships with 'close ones' and the context of care. Becoming an interpreting companion is perhaps an aspect of a 'critical and imaginative ethnography' of psychotherapeutic practice, focused on the art-making process and the artefact in art therapy. The everyday encounters with dying and death within the routine of practice, flow in and out of the specific frame of an art therapy intervention. The interpretive companion is also a generic image of care of the dying which may well be shared by all practitioners.

Authority and control over the range of support to which the terminally ill patient gains access, are also issues that become significant for the art therapy practitioner. The normative principles of assessment and referral procedures within the palliative care system of service delivery can create limits to the opportunities available to patients to address their psychological, emotional and spiritual needs at the right time. Art therapy is only accessible through St. Luke's hospice via referral from other key roles such as the community specialist palliative care nurse or the hospice in-patient unit. External referring agents such as general practitioners, medical consultants, hospital-based specialist nurses, district nurses and community matrons and the specialist nursing roles as part of the hospice, also exercise degrees of authority and control over the availability of art therapy to the dying.

These agencies filter the needs of the dying through assessment and referral to other services provided by the hospice. Art therapy lies within this matrix of support, and will become accessible to the patient at some unpredictable point along the care pathway of the patient, guided and influenced by a range of services and practitioners involved within the tertiary and primary sectors of care. The values, beliefs, attitudes and behaviours of a range of practitioners will all contribute to the professional decision-making that facilitates access to art therapy. If the dying person is to be given the opportunity to experience the kind of meaning-making that occurs in art therapy, as demonstrated through the case study analysis in chapter four, there needs to be an improvement in the understanding of art therapy within nursing and medical practice. More specifically palliative care ideals need to be infused into all roles, so that there is a full commitment to integrated whole person care via a wide range of disciplines.

All roles have limitations, so dialogue between practitioners should be a cultural norm and part of all operational systems such as MDTs (multidisciplinary team meetings), management supervision, clinical supervision, reflective practice, audit and research. Once practitioners lose interest in shared dialogue, and institutionalised attitudes and behaviours solidify and sink into a hidden order of organisational dynamics, care becomes routinised, restrictive and oppressive. Lawton (2000) and Sandman (2005) have been able to identify critical issues in palliative care that suggest that a subterranean culture of hidden assumptions and preconceived ideas about dying and death can soon become established. As such, these ideas can calcify in the same way that the loss of shared dialogue, mutual exchange of perceptions through assessment and critique of care, obstruct the task of palliative care to support meaningful dying and meaningful death. Issues of authority and control over assessment and decisions about the roles that are made accessible to the patient, need to be continually addressed to avoid a repressive culture that is more likely to be a reflection of the defences, values and attitudes of practitioners in the face of dying and death.

The interpreting companion is a pastoral image of care that, if encouraged and adopted, may help the practitioner to remain fluid, open and aware of self inside a given role. Differentiating between personal experience and context helps to affirm the practitioner in their role as a fully humanised agency of care. Companionship and interpretation reside within the boundaries of professionalism, and the organisational task as the humane flesh and blood of *care*.

## 5. Meaning-Making in Art Therapy

The experience of meaning-making in art therapy highlights an ethical approach that is conscientious about the meanings palliative care practitioners attribute to good death, the body and the mind. The inner distress experienced by Terry (case study eight, p284) and Shirley (case study nine, p294), reveals something of the contingent dignity that Sandman is proposing as a more effective way of addressing the definition of good dying and good death. To respond flexibly and be able to adapt care to meet the unique dynamics, influences and values of the dying in the best way, requires an ability to remain open to the shifts and moves that the patient may make within their changing context of physical wellbeing, mortality salience and what qualifies as a good life in the face of death (chapter five, p318).

Meaning-making in art therapy *is* working with 'suffering in living and dying'. Working with the messiness and unpredictable nature of much of the experience of a life-threatening illness and its impact on the body and the soul, is the context of art therapy practice. The intimate encounters with patients in art therapy, as described in the case studies, show how each person responds uniquely to the opportunity to use art materials and make images as part of a therapeutic relationship. Each person's interior life and the depths of their psychological, emotional and spiritual realities emerge, symbolically and metaphorically through the artefacts they create. Meaning is established from the outset as a therapeutic relationship is formed and then deepens and diversifies as the work unfolds. The hermeneutical and reflexive process of analysis in this study defines the meaning-making that then takes place in art therapy practice.

Peter (case study one, p179) explores the use of a simple range of different coloured felt-tipped pens to establish a repertoire of themes and visual narrative, to reflect on his world enclosed by the impact of his diagnosis on his immediate environment and the integrity of his inner life. As he worked with his chosen medium in the same way that Walter (case study three, p210) worked with his pens and Kate (case study six, p257) worked with her sharpened pencils, thoughts, feelings, memories, hopes and dreams are worked with non-verbally and visually. This is an image-based reframing and reworking of the familiar, and an exploration of the threshold of unfamiliar and previously unknown realities.

Creativity and the imagination are faculties that are given an opportunity to be experienced and deployed, in order to engage and participate in the many uses and purposes of art in art therapy. To stay aligned to the *imaginal* and locate the process of interpretation within the fine layers of non-verbal intersubjectivity, is to extend and deepen the encounter with the terminally ill. The art-making process and artefact are additional modes of expression and harness within the therapeutic relationship the *socio-symbolic* meaning-making revealed through the retrospective ethnographic approach defined in chapter two. Meaning-making at the end of life is an essential and affirming experience that also allows room for the expression of emotional, psychological and spiritual pain.

## 6. Pastoral Cycles of Meaning-Making in Art Therapy

The intra-psychic and sociological context of art therapy practice has similarities to the models of pastoral care as described in chapter one. A psychosocial approach to

art therapy practice in palliative care incorporates a working knowledge of psychodynamic processes integrated with an ability to work reflexively within a paradigm of reflection-*in*-action and art-*in*-action. This model of practice is in keeping with Willis's 'critical and imaginative ethnography of the everyday' (see chapter two). *Socio-symbolic* meaning-making in art therapy is self-validating as it transcends 'position and context', through the sensual reworking of the material world. Experience and feelings are visualised and imaginatively moulded and shaped to bring about understanding and transformation. This is embodied lived experience through the sensual use of art materials within the context of a therapeutic relationship.

When working with the relationship between physical and psychic suffering, the principle of embodiment becomes an essential dimension to psychotherapeutic interventions in palliative care. Maintaining the therapeutic frame while remaining flexible to the context of care supports the central focus of attention on the inner life of the patient. If deep psychological work has begun at the level of past difficulties and painful experiences, then therapeutic boundaries and structures have to be sustained with integrity in order to allow the process of healing to continue, despite physical deterioration and the environment of care. Home, hospital or hospice all have their own unique cultures, values and dynamics which impinge on the psychotherapeutic work undertaken. The art therapist, therefore, has to reframe and reset the purpose of therapy in response to the changing needs and circumstances of the patient. Being aware of the relational dynamics with the patient's 'close ones' and professional carers is also necessary, in order to remain congruent with the beliefs, values and priorities of the patient in their dying and in their death.

Pastoral cycles of meaning-making help further define the province of art therapy practice in palliative care. The 'correlational model' of practical theology with its emphasis on praxis and context provides a further lining to the 'interpretive stance'. The 'interpretive stance' referred to earlier is the ability to evaluate personal experience and interpret that experience in relationship to context. As discussed earlier, Shapiro and Carr (1991, p75-87) provide a model of interpretation in relationship to role function within organisations.

The 'correlational model' of practical theology provides a way of identifying meaning in context within a Christian frame of understanding and belief. In order to validate the religious influences and spiritual meaning that patients bring to their experience of art therapy at the end of life, practical theology and psychotherapeutic models of practice orientated towards spirituality are significant developments to take account of when caring *for* and working *with* the terminally ill. Pastoral models often have direct practical application as it requires practitioners to get involved and enter, in an anthropological sense, the centre of cultural and community life. It requires getting inside the contextual frame of reference and adopting a 'critical and imaginative ethnography of the everyday'.

Image-based narratives are reworked in order to discover further layers of meaning. This is a form of cultural practice that is relevant to palliative care. Dying and death are only good and meaningful if practitioners remain aware of their responses as deeply influenced by their own values and beliefs, and whether these values and beliefs match the palliative care ideals of total care, quality of life, acceptance of human mortality and human dignity (chapter five). In this sense, art therapy practice

in palliative care is a 'pastoral-psychosocial' intervention. This is an approach that is borne along by 'images' of suffering, dying and death worked with tangibly through the artefacts created in art therapy and the imaginative metaphorical descriptions of living with a life-threatening illness. The 'artfulness' of art therapy practice is its location within a continually transformational creative and imaginative response to dying and death. This is a pastoral cycle of meaning-making that surfaces hidden values and beliefs through praxis and critique. This also provides a way of being able to work with spirituality and religion when patients reveal these aspects of their experiences of terminal illness in art therapy.

## 7. The Ethnographic Imagination and 'Phenomenological Sociology': Towards a Research Methodology for Art Therapy in Palliative Care

The methodology used in this study focuses on the ethnographic imagination (Willis, 2000) and the analysis undertaken in chapter four remains firmly with this frame. The discussion in chapter one relating to the influence of phenomenological philosophy on research in palliative care is an acknowledgement of the wider debate about appropriate research methodologies in end-of-life care. The practice of art therapy in palliative care has been the primary focus of this research. A theme throughout the discussion has been the context within which the dying are cared for and their lives as a whole. Ferguson (2006) provides a valuable and relevant analysis of the relationship between phenomenology and sociology in view of understanding contemporary issues in society.

Ferguson presents a useful and rich description of the historical developments of phenomenology, the interdisciplinary exchange with sociology and its potential for a contemporary form of 'phenomenological sociology'. Ferguson (ibid, p24) says that phenomenology is '...the consciousness of a particular something...Phenomena are immediately present to us; they are nothing other than themselves...[It is] not a new way of studying reality but the consciousness of a new reality'. In this sense Ferguson argues that *phenomena* is that which is perceived in reality, in a picture or in the memory and the sensations experienced through looking, remembering and imagining.

The aim of phenomenology is to gain *insight* into the *essential* character of phenomenon; that is to say into the essentially phenomenal character of reality. Insight is gained when phenomena are grasped as self-evident. (Ferguson, 2006, p26)

[T]he central insight of phenomenology: that reality is given to us as experience, and all experience is the experience of something; something there...[T]he puzzle of intersubjectivity is not a problem of knowledge at all. Intersubjectivity, rather makes itself *felt*, moves in us, and through us as *feeling* and value.(Ferguson, 2006, p85)

Ferguson elaborates on the way in which phenomenology and sociology have shared objectives and argues for a fuller evaluation of their mutual benefits. Ferguson (ibid, p104) links phenomenology to sociology through embodiment:

The embodiment of modernity is...the *experience* the body gains of itself

through its activity in the world. It is, and not just a product of, an 'ensemble

of social relations'...Phenomenology...is not just about consciousness, which

is the embodiment of modernity; and sociology is not just about society, it is

the way in which we experience the world, including ourselves'. (Ferguson,

2006, p108)

Having launched phenomenology and sociology on a shared trajectory, Ferguson then

focuses on his conclusion that modern experience is 'trinitarian' in that there are

distinct regional ontologies separated by their mutual incompatibility. Ferguson (ibid,

p119-125) identifies *sensing, willing* and *feeling* as ontological regions of experience

that are the focus of phenomenological sociology. This is then extended and

developed in his argument creating a triad of *sensing/representation/exchange,*

*willing/presentation/production* and *feeling/presence/consumption.*

The recognition that consciousness *is* a social phenomenon, and that society is

institutionalized *as* experience, is the shared insight at the root of both

phenomenological and sociological investigations of modernity and precludes

any prejudicial judgement. The process of institutional differentiation, the

parallel development of various forms of culture, and the separation of distinct

regions of experience, however, unfold over a lengthy period and only in

retrospect offer themselves as a coherent development. (Ferguson, 2006, p160)

Ferguson provides a context for considering the ethnographic imagination as a model

of research for art therapy in palliative care. Consciousness and experience become

co-dependents within the field of phenomenological sociology that capture the attention of research interest. Ferguson (ibid, p197) suggests that modern life, through the abandonment of God, nature and a loss of selfhood, has turned experience out of the body to become a force of sensation that floods the surface skin of contemporary life. It is as if phenomenological sociology in theory and research practice is a way of re-inhabiting a lost world and discovering a more fully embodied future world.

The case study analysis in chapter four reveals how each person engaged in art therapy at the end of life explores and discovers a form of habitation and embodiment. This is a process of affirmation of self-worth and self-esteem, when the body is ailing and its treatment as the host of disease, dying and death potentially draws away the self from its core location. The experience for each patient on their own terms of reaching for a medium and making marks on a flat two-dimensional surface, is phenomenological, seen and grasped through a 'critical and imaginative ethnography of the everyday'. This brings to mind Sudnow's (2001) anthropological reflection of his experience of learning to play improvised jazz. The use of the hand in art therapy, or the mouth, or feet to make images is a process of improvisation, bringing about instrumental action through the inner agency of sensing, willing and feeling.

Richard was living with advanced motor-neurone disease, with no movement of his body from the neck down, and was helped in the year 2000 to learn how to paint with his mouth by an art therapy trainee based at the hospice. He continues, to date, to paint finely detailed watercolours from his wheelchair, seated in front of an easel which he designed for himself. Imran, also living with motor-neurone disease, whilst resident in a small council bungalow on an urban estate, used his right hand and arm

with much difficulty from the confines of his wheelchair. He produced drawings that he used as physical exercise as well as symbolic expressions of his thoughts and feelings. His family would visit from Pakistan and he would proudly show them his art work as testimony to his power of control and the vitality of his agency and action. Peter (case study one, p179) and Tony (case study four, p225) also demonstrate the determination to overcome physical limitations, in order to experience the 'ways of the hand' and to realise, as fully as possible, the experience of their agency and action through the art-making process and reflection.

The ethnographic imagination, reflection-*in*-action and art-*in*-action are the methodological units that provide a theoretical and instrumental art-based practitioner research methodology. This is the 'tool kit' which an art therapist can employ to identify specific phenomena that is revealed methodologically and analysed textually. A prospective study of art therapy practice in palliative care applying the principle of 'following the phenomena', would generate data that would have a more immediate currency in analysing the benefits for patients of experiencing art therapy at the end of life. The study presented in this thesis offers a retrospective analysis that highlights the importance and profound value of meaning-making at the end of life. It demonstrates that within art therapy practice in palliative care meaning-making can be given additional creative and imaginative expression.

Meaning-making in art therapy at the end of life is a reversal of Ferguson's (2006, p198) negative appraisal of modern life. The possibility of a '...settled ethical life determined by choice and a clear goal of self-realization' may still hold true and have the potential to '...raise the individual into a meaningful region of life interest'.

'Perhaps', as Ferguson (ibid, p212) concludes is the opportunity that keeps open the possibility of new perceptions and a 'consciousness of new realities'. The experience of patients living with a life-threatening illness who undertake art therapy is meaning-making-*in*-action through the use of art materials and creating drawings and paintings. The patient follows the phenomena of their own lived experience through exploration, discovery and transformation. Art therapy practice is about holding open the threshold of an unfamiliar destination. Art and life are inseparable, and the artfulness of art therapy practice is a reflection of the artfulness of life. Drawing on the end of life is meaning-making-*in*-action, on the whole validating and affirming, yet often difficult and painful.

## 8. Art Therapy: a Future in Palliative Care

Palliative care and the hospice are now synonymous and represent care of the dying as a collaboration between the NHS and the independent voluntary sector. Hospital-based palliative care teams and community palliative care teams linked with hospices and primary care trusts, are establishing a more comprehensive network of support for people diagnosed with malignant or non-malignant diseases such as heart failure and motor neurone disease, the chronic sick and frail elderly.

Specialist psychological support for patients requiring palliative care has been recognised as an essential part of the care they receive. Combined with the principles of total care developed by the hospice movement, psychosocial support requires resources and commitment to sustain the principles of integrated whole person care demonstrated through the multidisciplinary team. Alongside the national concern to

increase the availability of 'talking therapies' to increasing numbers of people experiencing anxiety and depression, it is important that 'talking therapies' are available to the terminally ill who are likely to experience higher levels of anxiety and depression in comparison to the population as a whole.

Art therapy has established a place within hospice and palliative care. Its position within the palliative care team is dependent on the integration of psychological and psychotherapeutic support as part of the overall strategy of service provision. Nursing and medicine continue to dominate much of the approach to care with physiotherapy, occupational therapy, social work, chaplaincy (pastoral care), complementary therapies and psychological therapies providing further layers of support. The psychosocial dimension of care requires commitment from service managers and stakeholders, in order to maintain the ideals of the hospice and the principles of palliative care. Additionally, to maintain an appropriate constellation of disciplines within the multidisciplinary team, a holistic ethos of leadership and management fully conversant with integrated whole person care is required. This is an ethical model of management that is able to incorporate an open culture of reflective critique towards the delivery of palliative care within the pressures of economic and bureaucratic constraints.

Palliative care services, managers and practitioners from nursing, medicine and allied health professions are now subject to appraisal, meeting standards of practice, providing an evidence base and continuing professional development. In order to respond to the ethical dimension of palliative care (Ten Have and Clark, 2002) and the practice of palliative care (Lawton 2000; Sandman 2005), it is important to remain

vigilant about preventing institutionalised patterns of behaviour towards the dying becoming established. In order for palliative care to maintain its holistic ethos, art therapy stands as an example of the importance of the arts and humanities as part of the ongoing future developments in care of the dying. Art therapy contributes to the accumulative knowledge and expertise relating to the experience of incurable physical illness, dying and death.



"I probably wouldn't be around now if I hadn't had art therapy because I wouldn't have been able to manage my emotions. I would have given up…To be told you have cancer is a big shock…I've had it for 17 years and I was carrying the trauma of all those years until I started this therapy. I was able to address the terror and the shock of what had happened and how I was treated socially…The therapy has helped me to reconnect with myself emotionally, mentally and physically. What I can't articulate comes out in the different colours I use and the different materials I work with. It has been my lifeline

and given me a positive attitude, as well as a realistic one". (Perveen cited by Stuart, 2004, p8)

Khalida died in 2006 having coped courageously with her illness for many years. The above extract is from an interview she gave to the Independent newspaper and published in September 2004. The interview was conducted during her stay as an in-patient at St. Luke's Hospice and was a feature focusing on the benefits of art therapy. Khalida engaged fully in the experience of art therapy and discovered many layers of meaning that helped sustain her as a single parent who had coped with many difficulties in her life as well as her diagnosis of cancer. It was a privilege to have known her as is the case with all those who permit another to enter their world at the end of life.

The discussion and case study analysis in this research has shown that meaning-making is intrinsic to the practice of art therapy in palliative care. Spirituality is also identified as a core element of experience for the dying that can be explored and understood in art therapy. Art therapy is able to provide an intersubjective space where the needs of the terminally ill can be addressed in a creative and imaginative way, and the patient's context is accounted for and considered in relationship to an integrated, holistic approach to care. Art therapy therefore has an important role to play in contributing to palliative care and can provide valuable insights into the experience of terminal illness, dying and death. These insights can also add to knowledge and practice in hospice and palliative care settings.

## 9. A Brief Return to the Case Studies

### 9.1. Peter: case study one


Fig 1

Peter made tentative marks with a lead HB pencil. His hand was slightly tremulous and his line quivered as he pressed the point of the pencil to the paper. The tree appeared grounded by a faint pencil line with tiny flowers barely visible at the base of the trunk. He added chalky-brown shading to fill the tree, and small stitches of red and green to adorn the tree with foliage. The tree became more solid and less ephemeral. There was life, sustenance and body to the tree. It stood in the page not quite grounded but present and real.
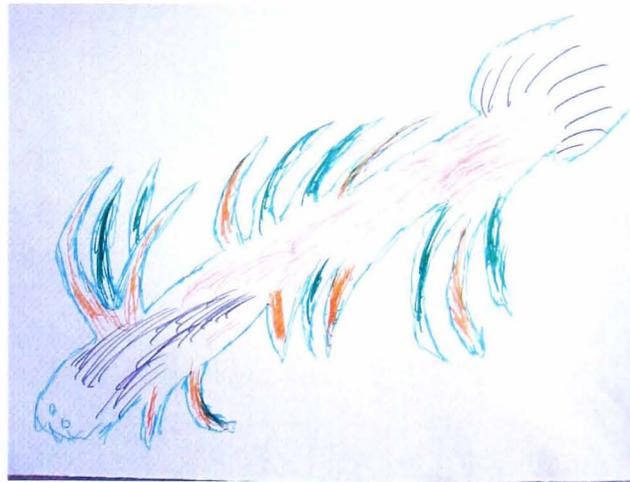
## 9.2. Steven: case study two



Fig 2

Steven chose his medium, a set of cheap felt-tipped pens, and kept them throughout his art therapy meetings. The pens were returned to the hospice still in a bundle held by the original elastic band. They were left at the reception desk after his death with a note of thanks from his mother. In the drawing the creature appeared through the scratchy, awkward marks of the pen. Steven was quiet and thoughtful as he worked. He was amused by his creature and intrigued by the prospect of discovering more through the art-making. He was struggling at that time with fears and anxieties about the future. He was aware of his prognosis and the uncertainty ahead: what did death look like? The creature was composed of anxious yet energised marks. Worry and trepidation were contained within this strange and previously unseen creature.

## 9.3. Walter: case study three
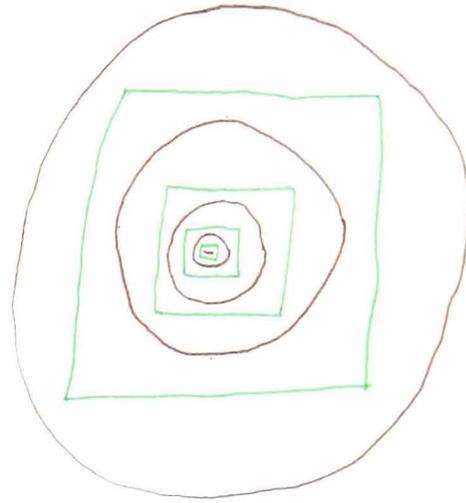


Fig 3

Walter set himself a challenge. Making sense through meaning-making was a cognitive and emotional challenge. Walter organised himself and prepared himself to enact his intentions. His image contained him within a world which in many ways had become strange and unfamiliar. Walter's squares and circles were reminiscent of some intrinsic human need to *present* self in relationship to everything other than self (Simon, 1992). Cancer and MSA were eroding his bodily and cognitive functions. Locating self within a world changed and changing is meaning-making-*in*-action. It is a way of orientating the self in the face of unfamiliar and disorientating experiences. Walter's hand firmly applied the pen and made tangible his presence in the world.
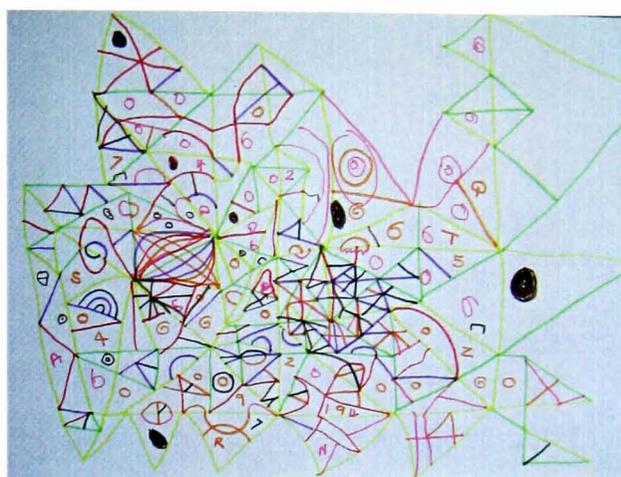
## 9.4. Tony: case study four



Fig 4

Tony's optimism and determination held him together under the pressure and stress of adjustment following a stroke. Wheelchair-dependent and unable to speak other than yes or no to closed questions, he worked with enthusiasm and commitment with a range of materials producing a prolific range of images. Conversations with Tony were non-verbal, intimate, enlightening, confusing and frustrating. We worked alongside each other, my right elbow often touching his left arm as we made our joint images. Grappling with understanding each other the relationship flourished. When Tony decided to finish meeting he was living life and coping well. He continued his interest in art-making. The nature of relationship, communication and understanding when verbal language is not possible is complex, diverse and a rich territory of meaning.

## 9.5. Elizabeth: case study five



Fig 5

Elizabeth loved her garden and nature. Her home was her sanctuary and gave her reassurance and stability. Elizabeth lived with a level of anxiety that she had to learn to manage. This was intensified by her prognosis. She wasn't ready to die and worked hard to remain focused on living as fully as possible. This was not an easy goal to achieve as she worked through the tension caused by her awareness of new realities about her future physical health and wellbeing. She worked on her potted plant as a way of reworking her sense of being at ease with herself. This was a comforting reassuring image that helped her feel integrated at a time when the progression of her illness and death were invading her equilibrium and inner sense of cohesion.

## 9.6. Kate: case study six



Fig 6

Kate resolved to find meaning in her circumstances by addressing past hurt and sadness. The crisis of her circumstances following the diagnosis of cancer, had begun to undermine established coping strategies and her role in life. Kate experienced a level of unresolved grief and the pain of previously difficult times in her life. From out of her family of flowers, the ribbon of healing sets her free to recover her identity and measure up to coping with her diagnosis of cancer. Kate rediscovered familiar strategies, but with a new resolve that was affirmed through the transformation of long-repressed feelings. Her images gave her an acceptable and tolerable way of pulling back the veil of past events and experiencing the feelings she had held onto for many years.
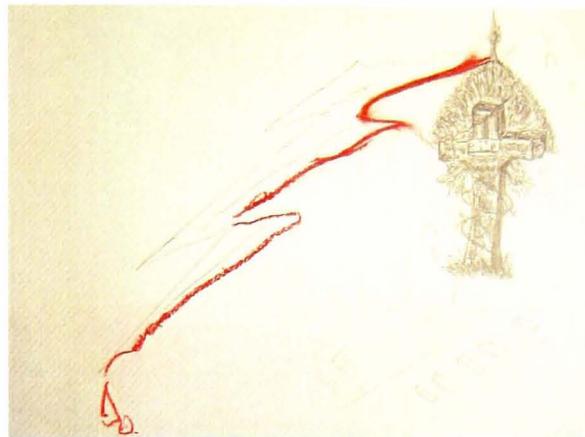
## 9.7. Kevin: case study seven

Fig 7

Kevin confronted his experience of facing dying and death with boldness and with honesty about his fear. He was intensely fearful of pain and imagined that he was going to die in intolerable pain. Kevin explored meaning-making in art therapy through his direct and open attitude towards death. He worked up the detail of his own headstone creating a gothic atmosphere with lightning strike and needle-point vein of blood to add drama to the scene. Kevin engaged in the art-making imaginatively and in terms that enabled him to rationalise his fears and confront death on his own terms.

## 9.8. Terry: case study eight


Fig 8

Terry's psychological and spiritual pain was palpable. There was an element of social death when considering Terry's circumstances, and the sense in which his world had been reduced to a room that he could no longer personalise. He was enduring and holding firm in the face of deterioration, loss of independence and physical pain. He found energy and inspiration to respond to the offer of doing art therapy, which was a testimony to his effort to create meaning in his difficult and distressing situation. He engaged and participated in meaning-making through his use of drawing materials and a small set of water-colour paints, to delineate an image that was within his imaginative range to articulate in his picture. There wasn't time to develop any further the potential that was realised in the single occasion when he used the art materials. He was able to experience meaning through his agency, and action in the context of art therapy, within the environment of his newly-acquired, yet impersonal, living room.
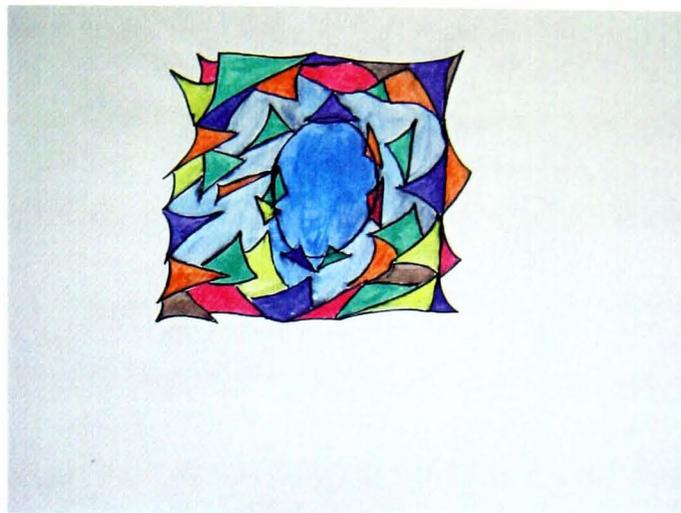
## 9.9. Shirley: case study nine



Fig 9

Shirley faced her illness, dying and death with a mixture of abject despair and ecstatic hope. She explored many deeply-troubling and painful experiences in her life as a whole, as well as the impact of cancer on her day-to-day routine. The image of a broken mirror emerged early in the art therapy and symbolised a shattered world. The mirror still holds together despite its many shattered pieces, and appears as an aperture onto a space beyond that could be the sky where there are no landmarks on which to focus the eye. Infinite space and an unknown world lie beyond. The mirror also has a fairytale quality about it, as if it has magical properties and might reveal the future, cast a spell or make a wish come true. Shirley had a richly imaginative fantasy life. She was forthright, sometimes aggressive, and deeply passionate about her views, opinions, beliefs, attitudes and feelings. Her art-making was meaning-making-*in-action* coloured by scepticism, cynicism, intellectual and emotional inquisitiveness. As with so many patients, she also left an indelible impression on the art therapist.

## 10. Closing remarks

The patients who undertake art therapy, their experiences and the stories they tell at the end of life, are challenging and deeply rewarding. The impact of their lives on the art therapist leaves a store of memories, insights and knowledge that become the rich soil out of which art and life grow. Suffering, dying and death are integral to life and meaning-making sustains that life, if imperfectly. Meaning-making and spirituality have been identified as core aspects of the work of the art therapist in palliative care. There needs to be greater clarity as to how spiritual care is delivered within the multidisciplinary team. There are anxieties about how to negotiate and respond to what is sometimes perceived as too personal. Yet intimacies and personal aspects of patients' lives are encountered all the time in the care of the dying. Perhaps spiritual care opens a boundary between the values and beliefs of practitioners and the values and beliefs of patients. The vulnerability of all involved in the lives of the dying, within the environment of the hospice or other palliative care services, is a little exposed in a way that demands a high level of honesty, humility and self-awareness.

This research provides evidence of the value and benefit of art therapy to many people living with a life-threatening illness. There is a range of implications for possible future research. The importance and relevance of an art-based therapeutic approach in palliative care provides opportunity to explore creativity and the imaginative faculties at the end of life. This may have much wider benefits for the terminally ill, and additional research would increase the evidence base to support the integration of the arts and humanities into palliative care and, more broadly, medicine and nursing.

The emphasis on spirituality provides the basis for further enquiry into belief, faith and religion in the experience of the dying. An ethnographic approach to research in this area, focusing on the rich content of imagery produced in art therapy, may offer yet more territory for analysis. The human spirit, spirituality and religion are all areas of significance within health care, and a prospective ethnographic study of the art-making process and artefact in art therapy could yield further perspectives and insights about this area of need within the principles of integrated whole person care.

Images and the *imaginal* are closely related to current concepts being developed in practical theology which is an approach that can add further texture and depth to the ways in which spirituality is expressed and interpreted in art therapy. A 'critical and imaginative ethnography of the everyday' examining the visual, non-verbal modes of understanding within the arts and humanities, would add to the repertoire of approaches to research in palliative care discussed in chapter one. Art therapy, when placed within a psychosocial model of care where the sociological context is considered alongside hermeneutical and ethnographic research methodologies, may provide a locus of experience that reveals ever-greater subtleties regarding meaning-making and its relationship to spirituality and faith development. The development of a research methodology congruent and sympathetic to the practice of art therapy and to the needs of dying people who are extremely vulnerable, would also contribute to the evidence base that would support the continued recognition and inclusion of art therapy as part of palliative care and hospice services.

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