

ATHABASCA UNIVERSITY

THE EXPERIENCE OF GRIEF: A NOVICE ART THERAPIST'S EXPLORATION

BY

NALINI IYPE

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DEDICATION

For Mum, who never let go of my hand in the tunnel, especially when I could not see the light at the end. Your courage, strength, and optimism inspire me. And for Papa, who I miss dearly, and love more than I ever thought possible.



GRADUATE CENTRE FOR APPLIED PSYCHOLOGY

COMMITTEE MEMBERS

The members of Nalini Iype's final project committee are:

Name of Supervisor	Name of Second Reader
Dr. Ronna Jevne	Dr. Paul Jerry

ABSTRACT

Art-making is one way to help process the complex set of emotions that occur with grief. It is a useful method for art therapists who are experiencing personal grief while practicing therapy. Examining their self-awareness and the countertransference effects may have both personal and professional implications. This inquiry examines the questions: *What is the experience of grief as expressed by an art therapist? How is that experience of grief related to my work as an art therapist?* The literature review examines the topics of grief, art therapy, self-awareness, and countertransference. A heuristic inquiry of my personal grief as an art therapist is also presented, including my art and writing. Implications and possible future research are discussed.

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CHAPTER I: INTRODUCTION

Rationale and Focus of the Inquiry

As an art therapist my self-awareness is a central component to maintaining an empathic relationship while monitoring my projections onto my clients. It allows me to acknowledge “[my] own parallel experience and can [help me] keep this within the boundary of containment in a compassionate separateness and deep connectedness” (Lett, 1995, p. 315). My need and desire for self-awareness became more profound as I faced the immense experience of personal grief while practicing art therapy.

Since I trust in the exploratory and revealing nature of art-making, I chose to engage in an extremely personal and creative investigation of my grief as not only a source of my own self-awareness but also as an academic inquiry into the nature of grief itself. The focus of the inquiry was the following research questions: *What is the experience of grief as expressed by an art therapist? How is that experience of grief related to my work as an art therapist?* The project comprises of an in depth literature review of the topics of grief, art therapy, self-awareness, and countertransference issues, which serves as a basis and rationale for the exploration of the experience of grief. A personal, qualitative, heuristic, and arts-based inquiry of grief and countertransference issues is the heart of the project consisting of my original artwork and writing, followed by a *creative synthesis* which serves to demonstrate the themes and meanings derived from the experience.

My Grief

I had not experienced any major grief in my life until recently, although several smaller losses had occurred over the past several years. I was aware of the impact of those losses, and was conscious of my countertransference as an art therapist. It was not until I

experienced major loss and I was practicing art therapy with a variety of populations, including geriatric clients, that I realized more clearly that grief was the nature of some of my strongest countertransference.

My father was diagnosed with Progressive Supranuclear Palsy (PSP), a degenerative brain disease, in the fall of 2007. It is a rare disease that has no treatment or cure, and currently no definitive cause has been determined. His symptoms include deterioration of mobility, sight, and balance, choking while swallowing, mild dementia, slurring of words, apathy, and major changes in his personality amongst other things. I witnessed him deteriorate in all aspects of his life, and personally experienced loss throughout. Since my father was still alive, it felt difficult to see my pain as real grief. The *ambiguous loss* of not having a definite closure to the pain, of having a father who was physically present but who was in many ways already gone due to severe personality changes, imbued me to fully explore my experience of grief as it was unlike any kind of loss I had felt before. I was certain that this ambiguous loss would also have an impact on my work, as I strived to be “centered within [my] own experience” (Stark, 1999, Introduction section, p. xx) when practicing art therapy.

Choosing research that investigated my experience of grief became more than just a research project for me. It became a way to articulate my emotions and to share my pain and knowledge with others. It also became an opportunity to understand to a greater extent my sense of self. This was important to me, as I knew that exploring my sense of self could have lasting effects, both personally and professionally. My continuing experience of loss, as an art therapist and as a human being was made visual in the form of this inquiry and opened a window into the complex and encompassing world of grief in which I exist.

Organization of the Research Project

The research project is organized into five chapters. The first chapter is the introduction, which includes the rationale and focus of the inquiry, including the specific research questions of this project. The first chapter also includes a description of my grief, to provide context to my experience. The second chapter is the literature review, which focuses on the topics of grief, art therapy, self-awareness, and countertransference. The third chapter comprises a description of the heuristic methodology, its validity, and my experience of the process. The fourth chapter, which is the explication phase of the heuristic method, contains images of my art and my writing, including poetry and prose. Finally, the fifth chapter is the creative synthesis as well as the implications of the findings, possibilities for future research, and my concluding thoughts.

CHAPTER II: LITERATURE REVIEW

Methodology and Organization of the Literature Review

In order to search for relevant sources for this literature review, several methods of information gathering were utilized. The electronic databases searched include: PsycINFO, Academic Search Complete, and Ebrary. The Internet search engine “Google Scholar” was used, along with the library catalogues from Athabasca University, University of Toronto, and the Toronto Public Library. Key terms employed include: grief, bereavement, art therapy, self-awareness, and countertransference. The years 1987-2009 were set as the parameters for the search, although preference was given to more recent documents, peer-reviewed journals, and to primary sources. Secondary sources were only used when primary sources were unavailable or inaccessible. Reference sections of sources found were also used to obtain further resources. In order to ensure a valid and accurate review, an attempt was made to only include books, journal articles, and websites that met stringent criteria including the reliability of the sources, the strengths of the studies, and validity of the results. However, an effort was made to include those of a qualitative or phenomenological nature, and those by marginalized or oppressed sources.

The literature review is organized into four sections. The first section considers the topic of grief, including a look at theories, the expression of grief, and different types of grief. Following is the second section on art therapy, which includes the theoretical orientations and an overview of the two branches of art therapy. The third section is a discussion on using art therapy to explore the grief process. These three sections support the rationale for the first research question: *What is the experience of grief as expressed by an art therapist?* The fourth section of the literature review supports the second research question:

How is that experience of grief related to my work as an art therapist? This section, on self-awareness and countertransference of therapists, involves a discussion of the nature of self-awareness and the effects of countertransference on clients. And finally, conclusions and implications of the literature review are discussed.

Grief

Definition

Grief is borne from loss of any kind (Servaty-Seib, 2004). Grief may be defined as a complex set of reactions to these losses, including physical, emotional, behavioural, and spiritual changes (Kübler-Ross, 1969). Grief is a “natural human reaction, since it is a universal feature of human existence irrespective of culture, although the form and intensity its expression takes varies considerably” (Archer, 1998, p.1).

There remains a taboo surrounding death and grieving in Western culture that sometimes prohibits individuals from feeling safe and comfortable to express deep emotions (Giblin & Hug, 2006; Hooyman & Kramer, 2006; Kübler-Ross, 1969). Individuals are expected either to grieve in private so as not to upset those around them, or at the very most to grieve openly for a short period and then resolve their sadness quickly (Auger, 2000). In some cultures, grief may be seen as a natural part of life and so it is accepted and even welcomed in the adaptation to loss (Giblin & Hug; Hooyman & Kramer).

Theories of Grief

Freud’s theories brought the subject of grief into the forefront as he examined the effect of loss on human development. He believed that grief was the act of removing one’s attachments and libido from a love object (as cited in Bradbury, 2001; Field, 2006; Lister, Pushkar, & Connolly, 2008). Bradbury believed it to be “a rather mechanistic description” (p.

217) of the stages of grief, which Freud explained as occurring over the course of a couple of years (as cited in Lister et al., 2008). Freud believed that grief was an active process and consisted of a “struggle to give up the emotional and internal attachment to a love object, a process which takes up much time and energy” (as cited in Archer, 1998, p. 15). This was later considered *grief work*.

Kübler-Ross’ (1969) seminal work on grief elucidated the stages of grief, which she first derived from her work with individuals who were facing their own death. She discussed the five stages as pertaining to the grief of caregivers of terminally ill patients and has since operationalized these stages to include all forms of loss, regardless if there is an actual death. The five stages are (a) denial and isolation, (b) anger, (c) bargaining, (d) depression, and (e) acceptance. The stages do not always occur in that order, and may at times occur simultaneously.

Criticism of Kübler-Ross’ theory of grief has led to other theories of grief becoming more prominent in the literature. One theory focuses not on stages, but rather on tasks that must be completed throughout the grief process. This *process perspective* is a complex interaction between emotions, thoughts, and behaviours and enables individuals to move through the mourning period. Worden (2003) described the four tasks as (a) accepting the reality of the loss, (b) experiencing the pain of grief, (c) adjusting to the new separation, and (d) withdrawing emotional energy and reinvesting in other activities.

Other theories of grief have focused less on tasks to be completed, and more on the construction of meaning of the experience. The dual-process model is based on the idea that grief is a fluctuation between the two orientations of loss and restoration (Lister et al., 2008). The loss-orientation is a concentration on the primary loss and restoration is the process of

adapting to secondary losses incurred (Stroebe & Schut, 1999). Neimeyer's (2001) meaning-reconstruction model has a more deliberate focus on individuals' needs to create personal meaning of the loss. This constructivist approach concentrates in large part on individuals as playing an active rather than passive role in their grief process by developing new self-definitions, relationships, and meanings based on their narrative of the loss. "Both the Dual-Process Model and the Meaning-Reconstruction Model view the process of bereavement as a life-long process" (Lister et al., p. 247).

Expressions of Grief

The expression of grief as a reaction to loss can occur in many ways and as individualized as is each person (Archer, 1998). Some of these expressions may include emotional, physical, and behavioural permutations. These expressions are sometimes an outwardly portrayal of pain, but it is sometimes also how "humans show various ways in which they seek to minimize or avoid the psychological pain of grief" (Archer, p. 65).

Some of the more common emotional expressions of grief may comprise of anger, sadness, anxiety, guilt, or numbness (Archer, 1998; Kübler-Ross & Kessler, 2005). These emotions may serve as an *intervening variable*, "an internal state which mediates a disposition to act in a particular way" (Hinde, as cited in Archer, p. 92), or as a means to derive meaning from the loss in a tacit manner (Neimeyer, 2000). Regardless of the reasoning, these expressions of grief in an emotional way are generally considered a normal and healthy response to loss (Kübler-Ross & Kessler; Worden 2003).

The physical appearance of grief may be visible through difficulty in sleeping, fatigue, and changes in appetite, among other ways (Worden, 2003). The physical reactions of grief are not often discussed as much as the emotional reactions and therefore individuals

are more likely to consider them as an indication of an underlying medical problem as opposed to the grief itself (Lindemann, as cited in Worden, 2003). These health impairments may prevent individuals from processing their grief and acknowledging it as such.

The expressions of grief may be different even when individuals are grieving the same loss. For example, an individual may react to a death in the family by exhibiting signs of emotional distress, whereas other family members may express their grief by immersing themselves in other duties (Kübler-Ross & Kessler, 2005). The differences in people's grief coping strategies may be related to personality, circumstances, and perceived personal growth. Riley, LaMontagne, Hepworth, and Murphy's (2007) study of bereaved mothers found that "more optimistic mothers reported less intense grief reactions and less distress" (p. 277). The mothers who actively faced their grief situations also perceived greater personal growth.

Complicated Grief

Although each person must work through grief for one loss or another throughout his or her lifetime, not everyone is able to naturally move beyond it. In certain instances, grief may become persistent and an individual may become unable to function properly with daily living. At such times, it is thought that the individual is experiencing *complicated grief* (Hooyman & Kramer, 2006). Complicated grief may be defined as "frozen or stuck in a state of chronic mourning. Much of [the] mental anguish stems from [the] psychological protest against the reality of the loss and a general reluctance to make adaptations to life in the absence of the loved one" (Zhang, El-Jawahri, & Prigerson, 2006, p.1188).

Approximately 10 to 20 percent of people who are grieving experience complicated grief (Bonanno, 2006; Hooyman & Kramer, 2006). What makes complicated grief

distinguishable from normal grief is not the presence of different emotional indicators, but rather the intensity and duration of them (Worden, 2003). Persistent sadness, a dependant relationship on the deceased or absent person, and traumatic distress are some of the symptoms that characterize complicated grief (Hooyman & Kramer).

Freud (as cited in Bradbury, 2001) conceptualized complicated grief as “the ambivalent nature of the relationship towards the deceased when living has led to an obsessive state in which the mourning individual feels that they have somehow willed the death” (p. 217). He believed that complicated grief implied that the detachment of libido had not properly occurred. If the image of the deceased is internalized then negative emotions may become turned on oneself, especially if the relationship with the deceased was ambivalent, thereby leading to complicated grief (Harvard Medical School, 2006). Bowlby (as cited in Field, 2006) however, believed that if the attachment to the deceased was not properly adjusted, the incorporation of the loss could not be attained in a healthy manner.

Present theories suggest that maintaining an emotional connection to the deceased or absent person may in fact be healthy. Therefore some symptoms, which used to be thought of as complicated grief, may now in effect be considered normal (Hooyman & Kramer, 2001; Klass, 2006). There remains those whose complicated grief is so overwhelming, and whose coping skills are not adequate, that their grief cannot be resolved without intervention through grief or bereavement counselling (Neimeyer, 2000).

Anticipatory Grief

Anticipatory grief was named by Lindemann in 1944 to explain the grief experienced by those when there is a threat of death of a loved one, or when the death is impending (Duke, 1998; Kehl, 2005). As with normal grief, it is a complex and multifaceted experience

that may affect the bereaved in many ways. It may include psychological, emotional, spiritual, and interpersonal changes (Kehl, 2005). Also, the presentation of anticipatory grief may be affected by factors such as “the relationship to the dying/deceased person, circumstances to the illness/death, presence of additional life stressors, and availability of social supports” (Gilliland & Fleming, 1998, p. 543).

There exist various theories surrounding the concept of anticipatory grief. For instance, whether it is the grieving of losses of the future, or whether it is a reconciliation of the present losses of an imminent death (Kehl, 2005). This oscillation is similar to the dual-process theory of grief (Stroebe & Schut, 1999). The anticipatory grief enables a caregiver to grieve the losses of their present situation, while still accepting the changes in roles that may occur (Duke, 1998).

Another theory of anticipatory grief is that the grieving process that takes place before the actual death may in fact lessen the bereavement after the death (Kübler-Ross, 1969). During the process of grieving the anticipatory loss, individuals may begin to detach from the loved one as a means of coping and letting go (Kehl, 2005). However Duke’s (1998) study of individuals whose spouses had terminal illnesses suggested that grief is not divided between pre- and post-death, but rather that the many changes associated with the experience of grief are continual across the time of both illness and bereavement post-death.

In some cases, anticipatory grief may produce stronger reactions and symptoms than conventional grief. Gilliland and Fleming (1998) discovered that anticipatory grief was related to more intense levels of symptoms including higher levels of anger and loss of emotional control. Saldinger and Cain (2004) also found that anticipatory grief created greater stressors for spouses preceding the death. Perhaps for those reasons, anticipatory grief

cannot be determined as either functional or not (Fulton, 2003). In fact, Weiss (as cited in Duke, 1998) questioned whether anticipatory grief can even exist, “arguing that grief is exclusive to loss by death and cannot be experienced in advance” (p. 829).

Ambiguous Loss

A relatively new theory that may affect the grief process of some individuals is the notion of *ambiguous loss*. It may be defined as a loss where there is “uncertainty or a lack of information about the whereabouts or status of a loved one as absent or present, [or] as dead or alive” (Boss, 2007, p. 105). This uncertainty prevents people from having closure and from moving fully through the grief process, as they must face the “paradox of absence and presence” (p. 105) of their loved ones. The ambiguous nature of a loss can be seen in many different situations. For example, it may be seen by youth whose parents are deployed in the military during war (Huebner, Mancini, Wilcox, Grass, & Grass, 2007), by parents of children with autism (O'Brien, 2007), or by couples dealing with cognitive impairment in old age (Blieszner, Roberto, Wilcox, Barham, & Winston, 2007).

Boss (1999) described two different types of ambiguous loss. The first is when a loved one is physically present but psychologically is absent, such as through dementia or cognitive disabilities. The second is when an individual is physically unavailable but psychologically present, such as a child who has been abducted or run away, because there is no definite answer if the person is really dead or alive. Both types of ambiguous loss may be stressful for families in part because they may not have the normal rituals of grief that are available for more finite losses such as funerals or recognition from other family members (Boss, 1999, 2007; Luster, Qin, Bates, Johnson, & Rana, 2008). Either type of loss may produce grief that is accompanied with high levels of stress and a sense of immobilization (Luster et al.).

Ambiguous loss may make some individuals unable to grieve the changes in their family roles, which may in turn affect their ability to adjust to the new situations and their beliefs in their ability to endure them. This was true in O'Brien's (2007) study with families of children with autistic spectrum disorders where mothers had difficulty in changing their normal routines due to the ambiguity of the loss of the children they thought they would have.

The topic of grief is a central component of this project, especially the sub-topics of anticipatory grief and ambiguous loss, as they are directly related to the type of grief explored in the heuristic process. As the modality of expression is through art, it is fitting to include a review of the literature on art therapy. The next section therefore addresses the topic of art therapy. A definition of art therapy will be presented, followed by a discussion of the theoretical orientations, the use of art in psychotherapy, and the use of the art process as the means to therapeutic change.

Art Therapy

Definition of Art Therapy

Since art is such a loosely defined word, it is evident that the term art therapy should have many definitions as well. Art therapy can include anything from the use of drawing and painting, to sculpture and journaling (Allen, 2005; Capacchione, 2002). Art therapy is the use of visual arts to help individuals express themselves using methods not available through other therapeutic methods (Kramer & Ulman, 1992; Ulman, 1992). It “combines the creative process and psychotherapy, facilitating self-exploration and understanding. Using imagery, colour, and shape as part of this creative therapeutic process, thoughts and feelings may be expressed” (Canadian Art Therapy Association, n.d.). For the purpose of this review, the

definition of art therapy shall encompass the use of all visual arts as a means for attaining therapeutic goals.

Theoretical Orientation

Art therapy did not become recognized as a profession until the 1940's, as it stemmed from the combination of art and psychoanalysis (Eisdell, 2005). It was asserted in Freudian theory and object relations theory that one existed in relation to other objects or people, either internal or external (Arlow, 2005). Art-making could then be seen as a transitional object between the client and therapist (Henley, 1991). This was especially true for clients who had difficulty with attachments either due to their external or internal object relations (Henley). Art-making was also seen as an alternative to free association, a key component of psychodynamic theory (Eisdell). Instead of vocalizing thoughts without constraints, the creation of images could serve that purpose, without the limitations of vocabulary.

The emergence of art therapy began with the work of Carl Jung (Douglas, 2005; Eisdell, 2005). The analytical view of art-making was considered by Jung to bring forward the unconscious thoughts in a ways that were tangible and expressive. It allowed the consciousness to obtain a sense of control over thoughts and images that might otherwise be difficult to integrate into the self (Douglas).

Two of the major pioneers who established art therapy as a recognized field were Edith Kramer and Margaret Naumburg who had differing views on the process of art therapy as a whole (Malchiodi, 2002). Naumburg (2001) followed a more psychoanalytic viewpoint and believed that the foundation of art therapy lay in the thoughts and feelings of the unconscious mind that emerged through visual imagery. She felt that the unconscious did not always have to be vocalized verbally as the images in the art could serve as symbolic speech

(Naumburg, 2001; Ulman, 2001). These symbols were able to represent the fears, conflicts, and repressed thoughts of individuals. She believed that the images were also able to serve “as a more primitive and direct mode of personal expression than words” (Naumburg, 1973, p. 51). Naumburg essentially believed that the therapeutic function of art therapy was the use of art *in* therapy.

Kramer was much more attuned to the process of creativity (Kramer, 1971; Ulman, 2001). She felt that the source of therapeutic value of art therapy was the psychological processes that took place through the experience of creativity (Kramer, 1971). One of Kramer’s main philosophical beliefs was that of *sublimation*. She described sublimation as the process of transforming the content of thought and drives into creation and images (Kramer, 1971; Malchiodi, 2002). It is the therapeutic means of turning primitive urges into more complex and more socially productive expressions in a creative manner (Kramer, 1979). Kramer was also focused on the quality of the art produced. By quality of art however, she referred to the “economy of means, inner consistency and, evocative power” (Kramer, 1971, p. 50). In great contrast to Naumburg, Kramer was more concerned with the therapeutic value of art *as* therapy.

Two branches of art therapy grew from the theoretical beliefs of Naumburg and Kramer (Edwards, 2004). Whether art therapists believed in art in therapy or art as therapy, they generally considered that the use of art could be a powerful form of healing (Malchiodi, 2007). The following sections look more closely at the two branches of art therapy.

Art in Therapy

One of the main ideas explored in art therapy is that art can be used to connect clients to their unconscious thoughts and behaviours (Malchiodi, 2007; Naumburg, 1973). Based in

psychoanalytic theory, individuals have both conscious and unconscious processes that yearn for integration (Rubin, 2001). Clients reveal their unconscious as a process of self-actualizing. The unconscious naturally emerges into the individuals' conscious as a need for wholeness and individuation (Case & Dalley, 2006; Rubin). Healthy and well-adjusted functioning is when individuals allow the process to occur, and invite the awareness of self-actualization into their lives (Case & Dalley).

This theory supposes that the therapeutic nature of art therapy can be found when the client's unconscious processes are explored within the relationship between the client, the art therapist, and the art (Edwards, 2004). The emphasis on each part of the triangular relationship may change or shift depending on the revelations of the unconscious (Schaverien, as cited in Edwards, 2004). The art therapist's goal within the relationship is to guide clients to further explore their unconscious and integrate it into their present selves (Rubin, 2001).

One way in which the unconscious can be explored in art therapy is through *spontaneous creativity*. By allowing clients the opportunity to freely express themselves, they are more likely to let their unconscious emerge and discover new meanings and symbols (Naumburg, 1987). Much like psychoanalytic theory, the transference of feelings onto the therapist can reveal much about the clients' unconscious (Edwards, 2004). In art therapy, if the art is created through spontaneous expression, it is thought that clients' projections may reveal themselves in the art produced as well (Edwards). Not all clients are open to spontaneous creativity however, and in those times, it is necessary for the therapist to give directives to relieve the clients' tension of being stuck in the process (Malchiodi, 2007).

Therapists may suggest activities such as scribble drawings and specific themes in order to make clients more comfortable with the art-making process (Malchiodi; Naumburg, 1973).

Another technique of exploring the unconscious is by allowing free association to even further reveal clients' projections (Coleman & Farris-Dufrene, 1996; Malchiodi, 2007; Naumburg, 1987). Free association occurs when the art therapist encourages "the person to free associate feelings, fantasies, and perceptions about the images created" (Malchiodi, 2007, p. 223). By allowing clients to express themselves without constraints, it enables them to verbalize and create deeper meanings for their images, as well as present their authentic selves (Malchiodi). Eisdell's (2005) study found that free association not only allowed the ability of the authentic self to emerge but that an emotional vocabulary developed as well.

Through free association, the art produced can serve as a symbolic representation of clients' thoughts and feelings. The symbolism and metaphors facilitate individuals' ability to explore their unconscious processes and learn how to verbalize them as well (Malchiodi, 2007). It can also allow people to know themselves at a deeper level (Allen, 1995).

Art as Therapy

The idea that clients' therapeutic gains in art therapy are a result of the process of art-making and the opening of creative paths is gaining acceptance (Capacchione, 2002; McIntyre, 1990). McIntyre viewed the healing of art therapy as the "creative transformation of pain" (p. 16) and that the transformation occurs in the process of art-making. She also saw the process of art-making to be a secure and comfortable place in which emotions may surface.

Kramer (1971) put the emphasis on the creation of art above all else, and did not believe that a transference relationship should be encouraged between client and therapist.

She felt that it was the clients' personal balance between fear and desire that created change, rather than the relationship between client and therapist (Kramer, 1971, 2001). Hanes (2000) also believed that the balance of fear and desire could be expressed through art. Examining the pent up emotions from fear could also result in a cathartic release of emotions. This was clearly demonstrated through his case study of cathartic release. The process of creating art itself served as a strong emotional release for an adolescent girl who had been sexually abused.

The use of art as therapy has also been given support in the literature related to populations who have limited ability to communicate verbally or to ascertain insight into their own lives. For example, art as therapy may be particularly useful for children with autism (Epp, 2008; Gabriels, 2003; O'Brien, 2007), for adults with schizophrenia (Crespo, 2003), and for individuals experiencing dementia (Innes & Hatfield, 2001; Kamar, 1997; Wood, 2002). Within all of those groups, individuals are able to experience therapeutic change by the manipulation and use of art materials. Although there may be some discussion of the experience of the art process, it is the art-making, not insight into the unconscious that makes the difference (Kramer, 2001).

Both strands of art therapy discussed have been used to explore a myriad of issues. Among the possibilities for the use of art therapy is to explore the process of grief. The following section will address more specifically the relationship between art therapy and grief.

Art Therapy and Grief

There exist several reasons indicated by the literature that denote the benefits of applying art therapy processes to the treatment and management of grief. First, the flexibility

and creative openness allowed by art therapy can provide individuals the means to access affect, which is at the core of all grief (Simon, 1981). As discussed earlier, grief can be a powerful and confusing set of emotions. If these emotions are not explored or expressed, there exists a potential for more serious outcomes to occur (Turetsky & Hays, 2003).

Individuals may be scared of the negative emotions, such as anger and rage that accompany grief, and art therapy can serve as a protective container to hold those emotions (Malchiodi, 2007).

Art therapy is beneficial in the treatment of grief as it is a means for externalizing feelings, sometimes more than one at a time (Keeling & Nielson, 2005; Lister et al., 2008). Some people may find their vocabulary is limited when vocalizing their interconnected and sometimes conflicting feelings, and may benefit from drawing or painting an image that explores all of the emotions at once (Speert, 1992). Raymer and McIntyre (1987) believed that art provides a sense of balance when individuals are dealing with conflicting emotions.

Grief naturally incurs a sense of loss (Hooyman & Kramer, 2006; Kübler-Ross, 1969). Art therapy is a way to achieve a sense of mastery and self-nurturing behaviours to cope with those losses (Davis, 1988; Goodman, 2002; McIntyre, 1989). It can also help individuals grieve at their own pace, illustrating the personal elements of their losses that are most important to them (Schimmel & Kornreich, 1993). Both the metaphoric visual imagery and the process of art-making itself can instill in people a greater self-esteem and a belief that they are capable of handling the enormous changes associated with loss and grief (Rubin, 2001).

Art therapy may be particularly appropriate for both anticipated and ambiguous grief due to its concreteness. It may allow grieving individuals a tangible product to view their

emotions in situations where the grief may be unclear (Schimmel & Kornreich, 1993). This can be accomplished by creating a series of artwork may make it possible to view the changing of grief over the course of time. It may also make it possible to continually revise one's relationship to the grief and create meaning from the losses (Irwin, 1991; Schimmel & Kornreich).

Validation of Using Art Therapy to Explore Grief

The research on using art therapy for the exploration of grief is growing. Although there are more studies being conducted, in the past they have mostly been case studies, which limit the generalizability of the results. Recently however, some studies that were conducted on a broader scale have investigated the effectiveness of using art therapy with grief counselling. For example, Graham and Sontag's (2001) study used art-making for grief in group bereavement counselling and Speert (1992) studied grief following perinatal death. Both studies found art therapy to be effective and supportive in dealing with the grief process. Art therapy was effective when working with children and grief as well (Finn, 2003).

Although the support for art therapy as a therapeutic modality is developing, it is difficult to determine the exact cause of its effectiveness. Odell-Miller, Hughes, and Westacott's (2006) study of the effectiveness of art therapies is a good example of the difficulty in determining whether it is the process, or the outcome and eventual interpretation of art that determines therapeutic change. They completed a qualitative study that examined the effect of one of four art therapies on a treatment versus control group. Their study indicated that variables such as the therapists' active participation in the interpretation, the type of art therapy, and even the clients' previous experience with the art medium all

impacted the effect on clients. Due to the small sample size (n=15), their results must be examined with care and may not be generalizable at this time.

As discussed, the literature provides support for using art to explore the experience of grief. This is particularly useful for art therapists who are experiencing their own personal grief, as they may be more inclined to use art to process their emotions. It is also important to examine how personal emotions influence art therapists' work. The topics of self-awareness and countertransference will be discussed in the next section to address this issue.

Self-Awareness and Countertransference

Definition of Self-Awareness

Self-awareness may be defined as a development of insight into oneself and an expanding consciousness (Newman, as cited in Vandemark, 2006). It is an understanding and appreciation of the therapist's own *inner experience*, including thoughts, feelings, and behaviours. Within the inner experience are such subtleties as the valence and intensity of those feelings (Gelso & Hayes, 2007).

Components of Therapist Self-Awareness

The literature denotes a strong link between therapist self-awareness and a better sense of health and wellness (Consoli & Williams, 1999; Dlugos & Friedlander, 2001; Norcross, 2000; Valente & Marotta, 2005; Vandemark, 2006). Due to the nature of therapeutic work, therapists may be affected by stressors on a regular basis (Norcross, 2000). These stressors can create issues both inside and outside of the therapeutic session. It can also lead to therapist burnout and lack of passion for their career (Dlugos & Friedlander). This may be in large part due to therapists focusing on others' emotional well being while ignoring their own (Valente & Marotta). Through self-awareness, therapists can derive a

sense of balance in their own lives, which may in turn prevent burnout (Valente & Marotta). Developing self-awareness for therapist wellness can occur through formal training procedures (Vandemark), through leisure activities (Dlugos & Friedlander; Norcross; Valente & Marotta), and through creative means (Allen, 1995; Malchiodi, 2007).

Self-awareness is also necessary for therapists for ethical reasons. Jennings, Sovereign, Bottorff, Mussell, and Vye (2005) studied the ethical values of master therapists and found that self-awareness was considered one of the nine most important. They believed that there were two issues of self-awareness that were ethical in nature: “(a) understanding and fulfilling their personal, emotional and physical needs; and (b) awareness of their own unfinished business, personal conflicts, defenses, and vulnerabilities” (p. 42). The master therapists believed that to not develop self-awareness as therapists meant that the quality and effectiveness of therapy was compromised. In fact Dlugos and Friedlander (2001) found that self-awareness was related to competence of therapists.

Finally, there was a link between self-awareness and spirituality in the literature. Self-awareness, although often connected to the immediacy of thoughts, feelings, and behaviours, may also be linked with an even greater sense of self. Spirituality is one way to connect to one’s core beliefs and issues of identity. It may be in tune with what therapists believe are the centre of human wholeness and wellness (Helmeke & Sori, 2006). Therapists’ spiritual awareness was also found to be a key component in being engaged and involved in therapy work as well as in providing a sense of balance to one’s personal life outside of the therapeutic realm (Allen, 1995; Bishop et al., 2004; Dlugos & Friedlander, 2001; Jennings et al., 2005; Valente & Marotta, 2005).

As previously discussed, there are many personal, professional, and ethical reasons that

make the development of self-awareness a necessary practice for therapists. Another reason for self-awareness is the ability for therapists to monitor and understand their personal reactions to clients. This phenomenon of countertransference will be discussed in greater detail below.

Definition of Countertransference

Countertransference may be defined as “therapist reactions to clients that are based on the therapist’s unresolved conflicts” (Hayes, 2004, p. 23). Where once the definition of countertransference included only negative reactions to clients, the definition being used for the purpose of this review includes reactions both positive and negative. The countertransference reactions of the therapist to the client are due to personal and inner conflicts and are different than the reactions of other factors, such as fatigue or lack of experience (Hayes).

Countertransference first appeared in the psychoanalytic literature in the early 1900’s. Since it was thought to be a negative product originally, a type of narcissism of the analyst, countertransference was not talked about openly (Gelso & Hayes, 2007). In fact, “in Freud’s view, counter transference was essentially an obstacle to be overcome” (Gabbard, 2001, p. 984). Present day theories of countertransference now view both client and therapist as being involved in its creation. The client may act out certain behaviours either conscious or not that invoke the unconscious conflicts of the therapist, resulting in the countertransferential effect (Gabbard).

Management of Countertransference

The management of countertransference in the therapeutic relationship was discussed in the literature and denoted several topics. Self-awareness was seen as a key component,

both in the appreciation of the existence of countertransference and also in its management (Bishop et al., 2004; Gelso & Hayes, 2007; Hayes, 2004; Vandemark, 2006). Without self-awareness, therapists might not be able to differentiate their own unconscious conflicts from those of their clients (Gelso & Hayes). Self-awareness is also necessary for therapists not only in the overall work of a therapeutic session, but also in the moment-to-moment attentiveness (Bishop et al., 2004; Williams & Fauth, 2005). However, Fauth and Williams's (2005) study on therapist-trainee self-awareness during sessions showed that if there was too much self-awareness, the therapist-trainees attempted distracting techniques and the countertransference effect was negatively felt by the clients.

Another widely discussed element of the countertransference literature is the notion of therapist self-disclosure. Some therapists believed that therapist self-disclosure should never occur in the therapeutic session, as that may put undue pressure on the clients to take care of the therapists' needs (Gelso & Hayes, 2007). Others believed that therapist self-disclosure of countertransference issues should occur sparingly, and that self-disclosure about issues such as professional experience or to increase similarity to their clients is more appropriate (Edwards & Murdock, 1994). Those who believed that self-disclosure in certain situations is acceptable seem to be in consensus that therapists must consider beforehand their motivation for self-disclosing in the first place (Edwards & Murdock; Hanson, 2005; Knox & Hill, 2003).

Another belief was that countertransference self-disclosure of therapists may be used as a tool to develop the therapeutic relationship. It may be used to challenge clients during the session on what unconscious behaviours they bring to the therapeutic process (Stark, 1999). Stark described therapists as authentic people within the therapeutic alliance, and that

by sharing their authentic selves to their clients, they can use the here-and-now engagement to create new healthy relational experiences. This can be done in art therapy by creating art alongside the clients during the sessions, or to show them post-session art that may have arisen from countertransference reactions (Moon, 2001).

Effects of Countertransference

Many studies have been done to examine the effects of countertransference on clients. Hanson (2005) found that clients were open to disclosure of countertransference if it made them feel more connected to their therapists. And in cross-cultural counselling, clients felt comforted by therapist self-disclosure about racial and oppressive biases when they were talking specifically about cultural issues preceding the disclosure (Burkard, Knox, Groen, Perez, & Hess, 2006). However, these preferences for countertransference disclosures may have occurred in a positive alliance between therapist and client. In Myers and Hayes's (2006) study of therapist disclosure and therapeutic alliance, therapists were seen as having less expertise and the sessions as more shallow if there was a more negative working alliance.

Although the literature describes in detail the effect of countertransference when feelings and emotions are communicated to the client, there is little research which points to the effect of countertransference that is not overtly communicated, such as through body language of the therapist. Some qualitative research and case studies are beginning to explore the effect of therapist life crises and resulting countertransference on clients (Gerson, 2001). However, it is the therapists' responsibility and ethical obligation to vigilantly monitor what effects their countertransference might have on their ability to be effective therapists (Jennings et al., 2005).

Conclusions of the Literature Review

The review of the literature supported my belief that art therapy, either with a trained art therapist, or through self-therapy, is an appropriate modality in which to explore the experience of grief. The literature denoted many reasons why creating art could help the processing of the deep and sometimes conflicting emotions. While it may not be the only way to process grief, creating art can have a therapeutic effect and also act as a visual representation of the inner experience. This may be particularly useful for art therapists who are experiencing their own personal grief. This is especially important, as the literature supported the notion that self-awareness and countertransference issues are crucial, both professionally and ethically to the profession of art therapy.

The connections between the personal experience of grief of art therapists, using art to process the grief, and the importance of self-awareness and countertransference have several implications. Although art therapy is generally taught experientially, art therapists may discontinue their own art-making due to focusing on their clients or believing that they are more of a therapist than artist. As Moon (2001) suggested, creating the artist identity in an art therapist is not only helpful, it is essential in keeping the creativity within alive. The connections are also valuable for art therapy supervision, as it supports the view that therapists can use art to explore their own emotional process, not only as a service for themselves, but also as a way to monitor their countertransference to their clients. Finally, the association between therapists' art-making and self-awareness can serve as an example not only for instruction in art therapy, but also for other helping professions, as alternatives for therapists to develop greater self-awareness and to understand its necessity in the therapeutic realm.

CHAPTER III: PROCEDURES

A desire for an exploration of my internal experience of grief produced the research questions of this project: *What is the experience of grief as expressed by an art therapist? How is that experience of grief related to my work as an art therapist?* As a result, the chosen methodology needed to reflect the ability to access and evaluate my inner awareness and self-discovery. Moustakas (1990) believed that “emphasis on the investigator’s internal frame of reference, self-searching, intuition, and indwelling lies at the heart of heuristic inquiry” (p. 12). The heuristic process was an appropriate fit as it allowed me the specificity to focus on a relevant topic to my chosen field and also provided the flexibility to include my art-making as a viable research component. The heuristic methodology also supported the inquiry of my grief experience as a process that may ultimately “throw a beginning light onto a critical human experience” (p. 11).

This chapter includes a discussion of the validity of the heuristic methodology, followed by a description of the heuristic process. The process is described in detail including an explanation of the first four steps of the methodology, as well as my experience of them. The fifth and sixth steps, the explication and the creative synthesis are included in the following chapters.

Validity

The validity of the heuristic process is not determined using quantitative methods, nor is it established using traditional measures in qualitative designs (Moustakas, 1990). The validity of heuristic research is based on the question: “Does the ultimate depiction of the experience derived from one’s own rigorous, exhaustive self-searching . . . present comprehensively, vividly, and accurately the meanings and essences of the experience?”

(p.32). In essence, the validity of heuristic research is whether the researcher has achieved meaning. This can be established by returning “again and again to the data to check the depictions of the experience to determine whether the qualities or constituents that have been derived from the data embrace the necessary and sufficient meanings” (p. 33). Although meanings can only be determined by the researcher, and is therefore subjective, the validity lies in the fact that all experiences are subjective.

For example, Frick (as cited in Moustakas, 1990) studied the symbolic growth experience, which may be defined as “a sudden, dramatic shift in perception, belief, or understanding that alters one’s frame of reference or world view” (p. 99). His work, which was based in the heuristic process, addressed the significance of symbolic growth in individuals, in particular how it was connected to identity development. He stressed that individuals may experience subjective internal growth that is based in the context of an external event but that there may not be any causal connections between the two. Essentially, internal growth through subjective experience can only be measured by the person who grows.

There is some critique of this method, likely since focus on the subjective is contrary to most traditional research methods where the researcher is objective (Sela-Smith, 2002). The heuristic process focuses on the researcher as being an integral part of the research, not as an observer, but as part of the research itself. Sela-Smith described the heuristic process as a paradox since the methodology requires the researcher to delve deep within oneself as if there was no methodology. I found this critique to be true through my own experiences with this research and I also profoundly agree with Etherington (2004) that the heuristic method ultimately led to my personal and professional development.

Heuristic Process

Moustakas (1990) described six stages in the heuristic process. The six stages are (a) initial engagement, (b) immersion, (c) incubation, (d) illumination, (e) explication, and (f) creative synthesis. The first four stages and my experience of them are described in greater detail below. The explication and creative synthesis will be presented in the following chapters.

Initial Engagement

The initial engagement is the first connection with the research question. Moustakas (1990) explained that this stage is where the researcher would “discover an intense interest, a passionate concern that calls out to the research” (p. 27). Although some research may start through an engagement with an outside experience, heuristic research begins and continues with an inward experience. It involves “inner receptiveness” (p. 27) and “tacit awareness and knowledge” (p. 27).

My initial engagement with my research question came before I even learned of the heuristic process. The topic of grief had begun to fascinate me years earlier through discussions with other therapists and colleagues. We had noted that grief was an underlying theme with most of our clients, an issue that I did not forget throughout my further academic courses and practicums. I began to notice the expressions of grief by my clients and also my countertransference reactions to them.

Although I have always used creative means such as painting for self-awareness, it was not until I was immersed in my art therapy classes, taught experientially, that I began to understand the powerful ability of art to help express strong emotions that might not otherwise be verbalized. I was dealing with the grief of my father’s illness by that time and I

started to learn through creating art in my classes how all encompassing my grief was. I was also introduced to the idea of making my own art as a means of determining the effects of my personal experience on my countertransference. I was encouraged to keep making art regularly, and in particular to make art pre- and post-session to enhance my self-awareness as an art therapist even further.

I had not specifically considered exploring my own grief as an art therapist until it was a deep and profound experience in my life. It was in the middle of my practicum, that through supervision and my own intuition I began to question how my grief over my father's illness was affecting me as a therapist. I was also curious about my own grief as a process in and of itself. It was shortly thereafter that a friend told me about the heuristic research design and my research questions were determined.

Immersion

Moustakas (1990) described the immersion stage as just that, a full immersion into the research question. It comprises of fully living the topic, in all aspects, by being attentive to the chance of discovering understanding and meanings through conversations, interactions, and all experiences of everyday life. "Virtually anything connected with the question becomes raw material for immersion" (p. 28). It is also a chance for the researcher to "[pursue] intuitive clues or hunches" (p. 28).

My immersion process took place as I began to look deeper into my experience of grief. I read many academic and non-academic books that discussed the process, the symptoms, and the effects of grief. I spoke openly with friends and family about what I was learning about my own process and how that process was changing me. I especially became focused on my physical and mental reactions to emotional triggers in both my work and

everyday life. It was at that time that I began the creative process of the heuristic design, by creating art on a regular basis.

I used every chance I could find to immerse myself into all of my thoughts, feelings, and experiences connected to my grief. This was not an untimely experience as it was difficult to separate myself from the all-encompassing feelings anyway. Thus, this period consisted of lively discussions with colleagues, which led to even more engaging self-dialogue through the form of thought and journal writing.

I found the immersion process to be exhausting and overwhelming at times. I tried to balance the pain I felt with my work as a therapist, and still maintain the energy and motivation to delve further into self-exploration. Although the emotions were chaotic at times, it was also a period when insights began to develop. The insights provided little comfort but were at least able to help delineate the depth of the question.

Incubation

The stage of incubation “enables the inner tacit dimension to reach its full possibilities” (Moustakas, 1990, p. 28). It occurs when the researcher is removed from the topic, to allow knowledge and understanding to emerge. It is a time when “the inner workings of the tacit dimension...continue to clarify and extend understanding on levels outside of the immediate awareness” (p. 28).

My period of incubation followed seamlessly from the time of immersion. My body and mind needed a break from the intensity of living the research question, and so I turned to focusing on other areas of my life. It was at that time that I began to shift my attention and energy on learning new skills as an art therapist through new practicums, spending time

creating art for my own pleasure, and enjoying the beginning of a beautiful relationship with my newborn nephew.

It was not that I was unaware of what was happening with my experience of grief, but that I was allowing the understanding and knowledge to grow into my awareness. This was not always an easy task, as there were moments that I wished for greater clarity and perceptions into the process. I recognized that giving myself a chance to move away from the direct exposure of my pain would allow me a better chance to come in contact with the experience and forced myself to focus elsewhere when needed. This was partly done by my own accord but also with the guidance and support of my supervisor, friends, and family. I struggled in part with this period because of feelings of guilt that I was avoiding not just the grief but that I was somehow doing a disservice to my father and his illness by allowing myself to enjoy other aspects of my life. At those times, I reminded myself that it was part of the heuristic process and that my *creative awareness* would be developing in incubation without me necessarily being conscious of the fact.

Illumination

During the stage of illumination, there is a “breakthrough into conscious awareness of qualities and a clustering of qualities into themes inherent in the question” (Moustakas, 1990, p. 29). This stage is when understandings, which may have been misunderstood, are clarified and the experience is understood with greater truth. It is also the time when “a new awareness, a modification of an old understanding, a synthesis of fragmented knowledge, or an altogether new discovery of something” (p. 29) can occur.

This period began without a conscious decision to examine the themes of my grief, however that is what emerged into my awareness. I found new words to describe my

feelings, and new understandings of what those feelings meant. I could clarify some of the themes that I had experienced through the incubation period but could also discover new interpretations and implications as well.

During this time, I was fully immersed in a practicum working with children and youth. I had also recently visited my father so both the experience of my grief and the countertransference I was having were at the forefront of my thoughts. It was a time of awakening of my mind and my body as I dealt with my grief with greater clarity than I had before. There were also moments I felt a deepening of my self-awareness and greater enlightenment as the meanings broke into my consciousness.

Summary

Experiencing the first four stages of the heuristic process pushed me into exploring the depth of my grief in a way that I did not even know existed. The self-reflection in which I engaged allowed me to discover insights into my grief and my work as an art therapist. Although Moustakas' (1990) heuristic research methodology gave me guidelines by which to follow, inherent in the process was also the chance to explore the depth of my experience, wherever it took me. This was both a scary and exciting voyage to undertake, partly because it exemplified the depth of my inner experience. Since one of the rationales of this research was to demonstrate the experience of grief for others to observe, the subsequent chapters will attempt to illustrate that which has been my inner experience of grief through the explication and creative synthesis.

CHAPTER IV: EXPLICATION

The fifth step of the heuristic process, the explication stage, is the time “to fully examine what has awakened in consciousness, in order to understand its various layers of meaning” (Moustakas, 1990, p. 31). This can be done using whatever methods allow a concentrated focus on the themes that emerged through illumination. Moustakas believed that “focusing and indwelling” (p. 31) were especially important in this stage since it would allow the unearthing of “nuance, textures, and constituents of the phenomenon” (p. 31).

Art-making provided an ideal way of exploring and illustrating my experience of this stage as inherent in the creation of art and the art product are the ability to be nuanced and to discover texture (Malchiodi, 2007). Creating the art was sometimes difficult due to exposing such a personal side of me that I felt uncomfortable even to discover myself. This stage pushed me to reveal the most vulnerable aspects of myself. At times, I got caught up in the idea that others were going to see my art, and therefore I had to make it visually appealing. It was in those moments that I reminded myself that the purpose of the research was to explore my innermost experience of grief. And to do so meant that I had to allow my authentic self to emerge, vulnerabilities and all.

Description of the Creative Process

Moustakas (1990) explained that the depiction of the data should comprise of “exemplary narratives, descriptive accounts, conversations, illustrations, and verbatim excerpts that accentuate the flow, spirit, and life inherent in the experience” (p.52). My original intention, as stated in the letter of intent, was to examine my research questions through art and dialogue every two or three weeks, or as needed to illustrate my experience of grief. Although I did not follow a strict schedule, my art-making sessions occurred fairly

regularly on a bi-weekly basis, beginning in the fall of 2008, while I began my art therapy practicum. I approached my sessions from the standpoint of art-making as a necessity to process my grief, rather than from a necessity to engage in the heuristic process. For that reason, there were times when I engaged in the art-making outside of the prescribed times.

The art-making occurred mostly in my home studio but also occurred directly after a session with a client in which I was the art therapist, using the leftover art materials from the client. These sessions were done based on intuition of strong countertransference reactions relative to my own grief process. I then transferred the art created back to my home studio. I also created art simply for the joy of creating art, knowing that my grief would also emerge through images created.

The art was sometimes created in one session, however there were some art pieces that were completed over the course of several days. This occurred sometimes due to technical reasons such as needing paint to dry, but also at times because the art-making became physically and emotionally exhausting. I did not make a decision beforehand as to what materials would be used, and thus followed my creative desire in the moment. Approximately once a month I photographed the art produced using a black background and downloaded the pictures onto my computer.

The Choice of Witness

The original intention of my project was to write a dialogue using the art as an imaginary voice. Approaching the act of observing and then interacting with the art as a *witness* provided a great sense of withholding judgment of the experience, thereby deepening the experience as it occurred. This was in line with Moustakas' (1990) view that "dialogue is the preferred approach in that it aims toward encouraging expression, elucidation, and

disclosure of the experience being investigated” (p. 47). I chose to include the act of witness described by Allen (2005), which incorporated imagined dialogue with the art.

The act of witness transpired in several stages. The first step was to observe the physical aspects of the image and record them through writing. Allen (2005) described this step as a chance “to honor, and to really look, really notice” (p. 62) what has been created. It was in the moments of observing the image and recognizing the subtleties and complexities of its physical appearance that may have not been observed during the art-making process that I began “a conscious return from the place of all possibilities that is artmaking to the present moment, to the one particular image that [had] arrived” (p. 61).

The second step of the act of witness was to notice my emotional response to the image. I took a few moments to observe my felt emotions and my body’s reactions, after which I named my image based on those observations and the image. Although Allen (2005) cautioned against naming the image too early in the process of witness as it may imply judgement, I felt a strong sense of connection, both physically and emotionally, to my own art after naming it. Following the naming of the image, I wrote for several minutes, mostly in the form of dialogue with my image, but sometimes as poetry or as prose. I wrote without censoring myself. At times when I felt judgement towards my art, I wrote with my non-dominant hand, an art-therapy technique described by Capacchione (2001) as a method to connect with the inner wisdom of my right brain, including my ability to explore my thoughts and feelings which were repressed or unexpressed. By writing as part of the act of witness, I allowed the “image to reveal its deepest truth” (Allen, p. 66). My writing, including the dialogues, served both as a context of the image created, but also as a mediation of “the separation of [myself] from the image as the artmaking time” (p. 66) ended. Writing as

witness allowed me to ease back into the conscious world, while still maintaining a deep connectedness to my images.

Finally, the last stage of the witness process was to emotionally integrate the experience of creation, the image, and the writing response. It was at that time that insight and meaning were sometimes discovered, although not intentionally. It also became clear that meaning would sometimes reveal itself at later times after periods of separation when I returned to review the image and writing again. It was the entire procedure of creating the art, and witnessing the image including describing the physical image and my emotional reactions, dialoguing, and extricating meaning, that eventually served as a useful and engaging way to explore the experience of grief in greater depth.

Moustakas (1990) and Allen's (2005) processes are essentially similar in that they both include the notion of immersing oneself into the experience, taking time to deduce inherent themes, and dialoguing to illuminate further expression. The main difference is that Moustakas described focusing, indwelling, and tacit knowing as procedures to uncover data, while Allen gave specific directions on how to do so. Both processes complemented each other and provided a useful and reproducible methodology for future research.

The following section is the explication stage, consisting of my art, which is the data of the heuristic research design. Since it is both the data and in some ways the results of this research methodology, the art is included in the heart of this paper, as opposed to an appendix. Moustakas (1990) believed that "the deepest currents of meaning and knowledge take place within the individual through one's senses, perceptions, beliefs, and judgments" (p. 15). For that reason, the explication is of vital importance to my experience of grief, and therefore to the research questions.

Despairita



Figure 1, Despairita, mixed media on canvas.

Darkness. Shadows. Deep red hues. Textured. Vague.

Witness:

Me: I don't know where to begin today.

Despairita: Why don't you begin at the beginning?

Me: I feel lost and my brain feels cloudy like I can't think or see anything clearly.

Despairita: You are heavy and thick like me, but that's not a bad thing. I am working through the muddy mix in front of me.

Me: So where are you going? How do you get through the thickness?

Despairita: I don't think you have to worry about that right now. The first step is accepting that there is thickness and fog in front of you.

Me: I want it to go away. Can you just wish it away?

Despairita: Unfortunately not. This is just how it is for now. I wish I could paint you a prettier picture. I wish I could tell you everything is going to be ok. But I don't know that. All I know is that it is cloudy and foggy and thick and I can't see anything in front of me. But I also know that that is exactly how it's supposed to be.

Me: So I just accept it?

Despairita: You don't really have a choice at this point. It's just the way it is.

Shattered Man



Figure 2, Shattered Man, clay and glass.

Thick man. Pale. Protruding Glass. Spikes. Faceless. Sturdy and strong.

Witness:

Me: You must be in so much pain.

Shattered Man: I am. The glass rips through my skin, punctures my heart, slits my throat. But I'm ok. I am shattered, broken, but still standing.

Me: You actually seem rather unperturbed by it all.

Shattered Man: Well, if you notice, right now only small pieces are sticking into me. Most of it is pointing outward. I'm making the pain go out.

Me: The pieces are pointy but not that sharp.

Shattered Man: The purpose is not to cut or hurt others. But it does not make it any less necessary.

Me: How come you have no face?

Shattered Man: Because the pain is leaving through my body. Sometimes it comes out in little pieces, sometimes bigger, but it has to come out.

Me: Your body is so big, so strong.

Shattered Man: You'd be surprised what the body can withstand.

Malti



Figure 3, Malti, clay, paint, feathers, aluminum foil.

Pretty and Ugly. Depth. Celebratory but not. Fear to acknowledge that it is pretty in case it is not. Colourful.

Witness:

Me: I want to love you but I feel like I can't. I both love you and despise you.

Malti: You can feel whatever you want to feel towards me. That is my beauty. My feathers will catch all your thoughts.

Me: I am angry.

Malti: At me? Because you can be.

Me: I am. I hate the way you are imperfect. Ugly even.

Malti: But what really is perfect? How we look? How we act? How we feel? I am proudly imperfect.

Me: I want to be proudly imperfect. I want to let go of the perfections I *should* be.

Malti: Maybe start by letting go of the perfections *others* should be.

Me: I am stuck because I am caught in thinking everything and everyone, including myself, should be. That I should grieve a certain way, love a certain way, live a certain way. What would happen if I let those shoulds go? I'm not sure what I would be.

Anonymous



Figure 4, Anonymous, mixed media on canvas.

Black and white photos. Anonymous rage. Old canvas ripped in previous anger. Eyes that see everything. Frozen with emotion.

Witness:

Me: I feel anxious just by looking at you.

Anonymous: Because I'm not hiding anything. I'm being vulnerable. I'm letting it all show.

Me: It scares me to witness your rage.

Anonymous: Why?

Me: Because your rage is my rage.

Anonymous: I hurt. Scratching. Screaming. Knife right through me.

Me: Stop!

Anonymous: You must face this. It's ok.

Me: No it's not. It's scary.

Anonymous: Of course it is. Who would ever want to feel what's on my face. But you have to.

Me: I'm not ready.

Anonymous: You are but you choose not to.

Me: I'm scared. It feels wrong to choose anger.

Anonymous: It's ok. You're safe.

Me: No, I'm not. If I choose this then I choose pain. Excruciating pain. I choose other.

Anonymous: There is no other. To move forward you have to move through.

Me: Anything but this.

Anonymous: Your pain especially doesn't have to be anonymous. You're right in feeling this way. Let me witness it, your pain.

Clients' Voices

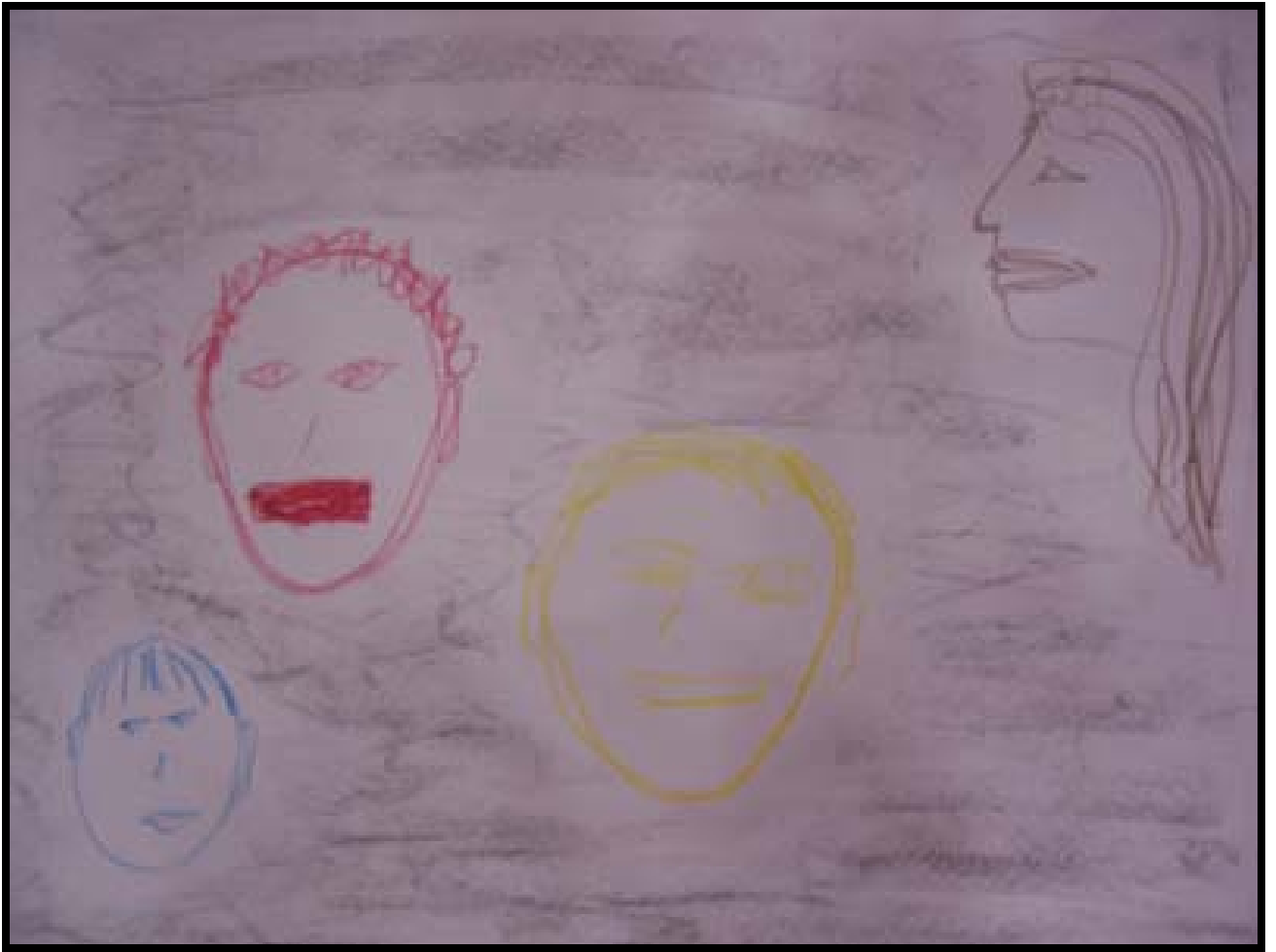


Figure 5, Clients' Voices, pastel on paper.

Smooth pastels on paper. Floating faces. Fast and furious. Coloured feelings.

Witness:

Red: I love you. I hate you.

Blue: Save me. Keep me safe.

Brown: I ache. See my pain? I can't hold it anymore. Hold it for me please.

Yellow: Don't come near me.

Me: Stop it! I want to help you but I can't. Or I am but not enough. Or I can but I won't. There's too much pain.

Red: I see your pain. That's why sometimes I don't want to talk or make art with you. But then sometimes I don't care and I still need you to play with me.

Me: I know you do. And I'm trying to stay with you through your play.

Brown: But you don't show your pain to me. Why is that? Why to them and not to me?

Me: Because our pain is so similar. Or maybe it is because I see you trying to fight your pain and I admire it.

Blue: And what about me?

Me: I want to protect you. My heart aches when I see you needing me. I will protect you as best as I can.

Yellow: I still don't want you to come near me.

Me: I'm sure it's partly because I'm not trying to. It just seems to take so much work. And I'm so tired. Physically and mentally. It's easier for me just to stay where I am sometimes.

Blue: But will you leave me? Will you leave us?

Me: That's the least I can promise you right now. I won't leave you.

Golden Lady



Figure 6, Golden Lady, acrylic on canvas.

Shades of Blue. Layers of paint. Transparent. Stoic face.

Witness:

Me: It took awhile for you to emerge.

Golden Lady: That's true. There are three images beneath me, but you kept covering them up.

Me: They didn't feel good enough or pretty enough. So I hid them with more colours, more layers.

Golden Lady: But then I emerged from the depths, at least my silhouette. Look at my face. I hold no expression. I just am.

Me: That never seems good enough

Golden Lady: Of course it doesn't. That's why you keep adding layers, rather than just mining down to the simple.

Me: I noticed you're naked.

Golden Lady: I wanted you to see how beautiful nakedness can be.

Me: You're not embarrassed? Afraid of letting your nakedness show?

Golden Lady: In my mind I'm not but in reality it's still hard to do. I want to show my body and my breasts and revel in the gold of my skin. I will with one step at a time. For you too.

Me: I'm not ready.

Golden Lady: You will be. Maybe even soon.

Drip Melt



Figure 7, Drip Melt, acrylic on canvas.

Light background. Dotted paint. Drips and drips.

Witness:

Me: You seem to have given up a little, not really into this.

Drips: I'm tired of it, putting everything out there for the world to see. It's not like people understand.

Me: You don't feel understood?

Drips: No, the exact opposite actually. I think people would rather that I shut up, not bring up all these tough issues. That's why I'm dripping. I don't have the energy to do what's right.

Me: Me neither. Even with my clients it's like a chore sometimes to hold their space.

Drips: I am disinterested, removed and...confused.

Me: You seem to have given up a little, not really into this.

Drips: I'm tired of it, putting everything out there for the world to see. It's not like people understand.

Me: Confused?

Drips: Yes, I want to keep caring but I just don't have the energy.

Me: Do you mean caring for yourself or caring for others?

Drips: My blue and brown dots and smudges look like I'm trying to care for others but the orange drips are for me. That is the only thing I am capable of right now.

Rest in Peace



Figure 8, Rest in Peace, glazed ceramic.

Bronze. Smooth. Shapely.

Witness:

I just want a moment of rest. A moment of peace. Body sinking down and relaxing. A respite from the confusion and sadness.

What would that feel like to remove myself from the endless chatter, bright colours and toothy smiles? To relax into my state of being?

I would like to say joyful, but I actually think it makes me more afraid.

If there were no pain, no sadness, no one to blame, then it would be up to me to find the peace in all of this.

It would be up to me to find the hope.

It would be up to me to find the joy.

And what if I can't do it? Then what? Does it mean this moment of rest is fleeting? Am I destined to feel anxiety forever?

I'm not sure in what to take comfort. That's the scariest part of all.

Ghosts from the Past and Present



Figure 9, Ghost of the Past and Present, acrylic on canvas.

Thin wisps of silver smoke. Blue figures emerging. Faceless.

Witness:

Me: I miss you.

Ghosts: We miss you too. We're so sad we can't be together anymore.

Me: I feel disappointment, regret at what could have been.

Ghosts: Well, that's how it has to be.

Me: Narcissistic fucking fools. You care more about yourself and I'm left to pick up the pieces. You need me, want me, then you push me away. Now I'm the one in pain because I love you. And I don't know if my pain is visible to you as you drift away. I love you.

Ghosts: We love you too.

Me: My heart aches for you.

Ghosts: It's not that we don't care. We care about you so much, you have no idea. But we are hurt and sad and in our own pain. We don't know how to reach out to you. It doesn't mean we don't love you though.

Me: Is that supposed to make me feel better?

Ghosts: I'm not sure. Is that what you think our role is? To make you feel better?

Me: I guess not, but it doesn't seem like this is helping either.

Ghosts: Really? Is that what you really believe?

Me: I guess not. My heart aches but at least it's aching out of love. To know that I can feel that kind of love is wonderful. I just don't feel like going through all this pain too.

Ghosts: We know. We wish we were capable of feeling that kind of love. We are mere ghosts of what we want to be. But you are breathing love into all of yourself and everyone else. It really is something to behold.

Outer Mother and Inner Child



Figure 10, Outer Mother and Inner Child, clay.

Rough Edges. Mother kissing the head of her baby. Loving form.

Witness:

Me: My heart is expanding when I see the way you love your child. It is so beautiful.

Mother: I will protect her at all costs. Look at my sweet baby. She is at once vulnerable yet strong. She is my inner child so I love her as I love myself, as she is me.

Me: I always thought you had to love others...that I had to love others.

Mother: Of course you do. But it's like you said, your heart will expand when you witness this love.

Me: So you're saying I must love my inner child?

Mother: Yes. How else can you survive? Grief is loving and losing. Losing not only what and whom you love, but a part of you as well. How do you expect to keep living and loving if there is no love left for yourself? It's vital. You have been opening yourself to the power of grief. But have you been opening yourself to the love? The spirit is moved with healing energy and loving embrace, but it can only happen with an open heart.

Me: You look a little sad as you kiss your baby.

Mother: It's not sadness. I am humbled by the worthiness of the baby in my arms. She is beautiful.

Me: She is indeed.

Old Man



Figure 11, Old Man, clay.

Large nose. Crooked mouth. Old man's face.

Witness:

Me: Old Man, what can you teach me?

Old Man: I have much to teach you but I have not much time. I am dying.

Me: I can see that, but I thought we had more time.

Old Man: Everyone always thinks there is more time, and then suddenly there is not. That's why it is important to make use of each day and to live in the present. I don't have much time but in a sense neither do you. You seem to be waiting for something more to happen, for the big moment to arrive when life really starts. What is it that John Lennon said? Life is what happens when you're busy making other plans. You can't stay in this perennial state of waiting. Especially when you are waiting for someone to die.

Me: So you just expect me to live my life and not think about it?

Old Man: That's not what I meant. Your grief will always be there. It's a part of you, but it's not all of you. You are more than the sum of your feelings. You are love and laughter and sadness. But you are also hope and desire and the possibility of more and more and more.

Me: When I look at you, I get scared. Not just of you but also of my own existence, my own death and all that is in between.

Old Man: I can understand that. But all these thoughts about death are included in the work of living life. Think about when you talk to your clients. Are they not scared of the future? Hiding from the past?

Me: Yes.

Old Man: So why should it be any different for you? You are only human. So you feel human things. You love and you grieve.

Me: Is that it?

Old Man: There is more. And you will experience it all. But you are to stay in the present. And live your life as it is now, in all of its fullness and emptiness.

Cracks in the Surface



Figure 12, Cracks in the surface, digital photograph.

Cold blue warmth. Opaque. Lines.

Witness:

I see the cracks in the surface.

Bold.

Crisscrossing in front of me

Like an opening into a new world.

Not a real hole as of yet,

Not even a hint of despair underneath,

But a possibility of what is to come.

A crack in the shell of sadness?

Abiding expectations of hope

Shall not fade.

Visible in the fissures

Of life and in love.

Holding my Heart



Figure 13, Holding my Heart, clay.

Hard. Hearty. Thick. Heavy.

Witness:

I felt numb. So many losses this week. So much sadness avoided just to survive.

I was mad at myself for feeling scared of the pain.

Back to feeling withdrawn, numb, alone.

I'm being so hard on myself, for feeling numb – for not feeling.

For not being a good enough daughter, sister, therapist, friend.

For not being prepared enough. For feeling scared and stupid. For not feeling enough. For feeling like I'm not good enough.

I pounded the clay. Released the anger. Pushed the numbness away.

Feel something!!

And then there it is.

My heart in my hands. I have to be more gentle, more loving to my own heart.

Maybe it's ok to be numb today.

Birdie



Figure 14, Birdie, acrylic on canvas.

Purple sky. Golden Bird. Depth. Serene.

Witness:

Me: Hello little bird. To be honest, I'm a little surprised to see you.

Birdie: Why are you so surprised?

Me: I think it's your simplicity that amazes me.

Birdie: My simplicity is needed, I think. To remind you to go back to the source, through the chaos. See the purple sky? It's dark and light all at once, a blend of both. And yet I stand out on my tall spindly legs. They hold my weight and my presence.

Me: You do have quite a presence.

Birdie: Unapologetically so. I do not have grand plumage, or large eyes, or colourful character. But I'm here, and seen, and worth being appreciated. I tell you this not because I seek others' appreciation, but because I can appreciate myself.

Me: That's the part I have trouble with. Others, they love me, I know they do. But then they leave me and I wonder how I will survive. Who will appreciate me and love me?

Birdie: You will survive. I know you don't understand completely yet, but you will. The moment you stop looking to others, is the moment you will feel safe again.

Momentary Abandon



Figure 15, Momentary Abandon, mixed media.

Colourful. Tall. Textured.

Witness:

Me: You're standing so tall. I'm excited for you

Momentary Abandon: I'm kind of excited too. I feel a little relief, a little bit, dare I say, happy?

Me: I feel scared to feel happy. Like if I do it means that I'm doing something wrong. Shouldn't I be feeling sad? Shouldn't I be feeling bad?

Momentary Abandon: You shouldn't be feeling anything except what you feel. Plus not only that, you are allowed to feel happy because you deserve to.

Me: Why do I deserve to? I haven't done anything.

Momentary Abandon: That's just it. You don't have to do anything. You have a right to feel happy because you are alive.

Me: That doesn't really make sense to me.

Momentary Abandon: I'm not surprised it doesn't. You're not used to believing that. Especially now when there are reasons to be sad all around you.

Me: So what do I do then?

Momentary Abandon: I know this sounds funny, but you're just going to have to fake it for now.

Me: Fake it? That doesn't sound very authentic.

Momentary Abandon: Strangely enough, it will help you to become authentic but you need to first believe that you deserve.

Me: Deserve what?

Momentary Abandon: Anything you want. Feeling happy, being loved, existing in peace. So for awhile you just need to fake that you deserve it, and eventually you will see that you do.

Shame

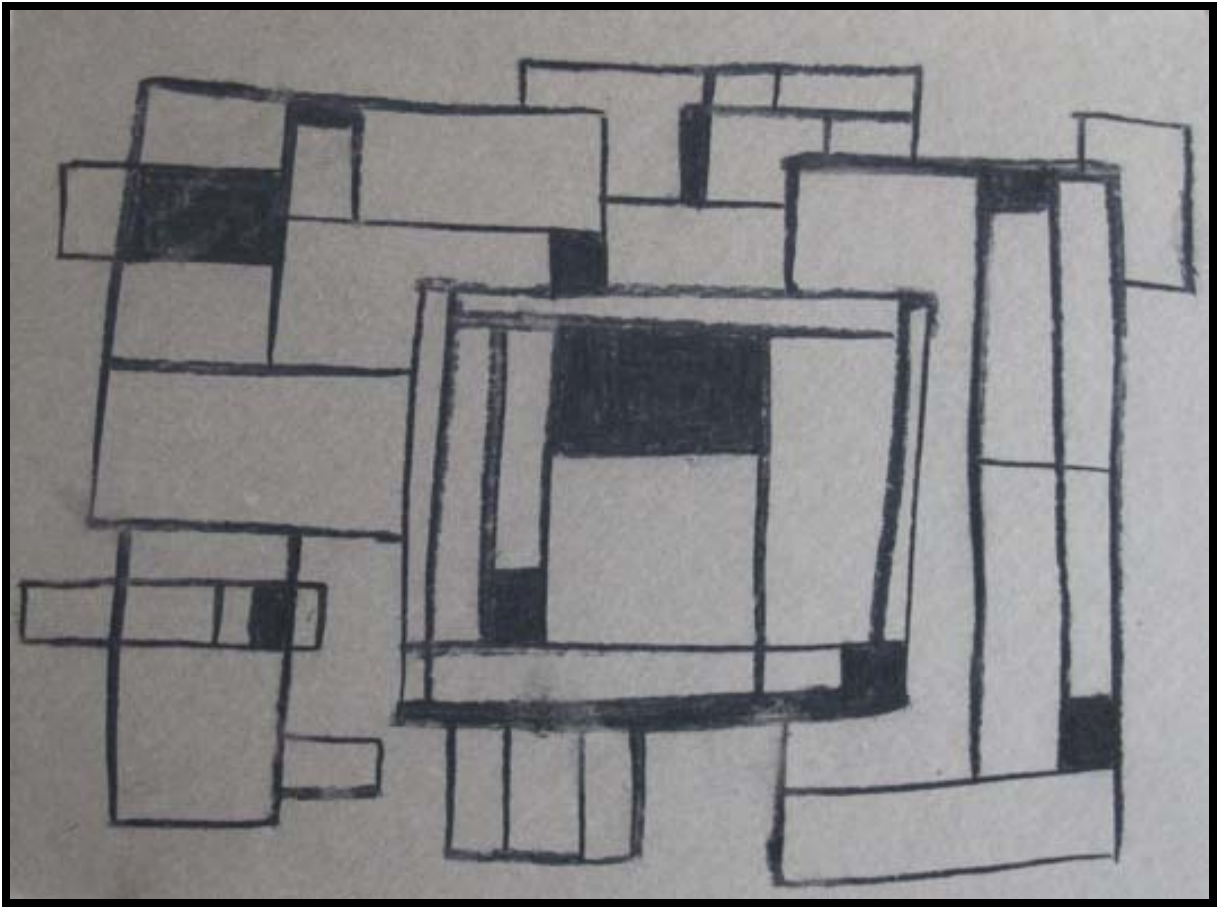


Figure 16, Shame, charcoal on cardboard.

Black boxes. Dark. Closed in.

Witness:

I feel such a sense of shame.

That somehow I am not worthy.

Because if people can die or walk away or leave me, then how can I be worth it?

The common denominator is me.

There must be something more that I can do.

Poor me. Poor me. Grahhhhhh!!! Even I don't like myself.

I am whiny and annoying and tiresome.

Why can't someone save me from me?

Conversations with God

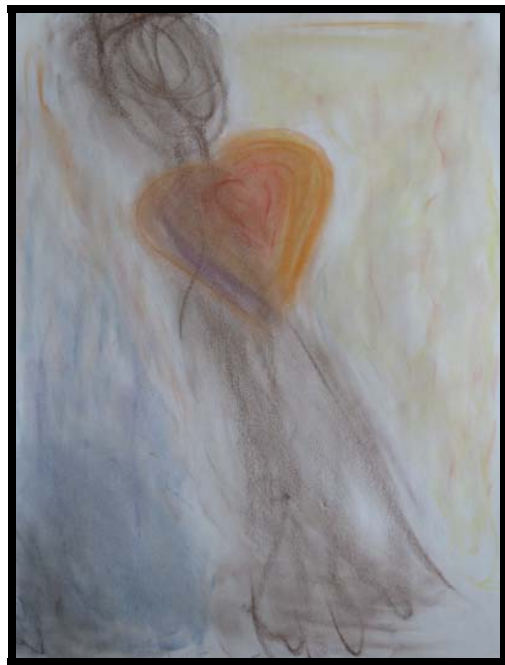


Figure 17, Conversations with God, pastel on paper.

Soft. Gentle. Open.

Witness:

“...our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our light, not our darkness that most frightens us.’ We ask ourselves, Who am I to be brilliant, gorgeous, talented, fabulous? Actually, who are you *not* to be? You are a child of God. Your playing small does not serve the world. There is nothing enlightened about shrinking so that other people won't feel insecure around you. We are all meant to shine, as children do. We were born to make manifest the glory of God that is within us. It's not just in some of us; it's in everyone. And as we let our own light shine, we unconsciously give other people permission to do the same. As we are liberated from our own fear, our presence automatically liberates others.”

~Marianne Williamson, 1996

Reflected Self



Figure 18, Reflected Self, acrylic on canvas.

Penetrating eyes. Tired lines. Sadness.

Witness:

Me: I think I'm starting to get it. This is it. This is how it has to be and it's never going to change.

Reflected Self: I'm afraid so. You had to give up your relentless hope that things could ever change. That they could ever change. You are not just grieving a death, you are grieving a fantasy of what you wish things could have been. And not just from the future, but from the past too.

Me: Why is that I'm not sobbing with sadness? I'm only letting a few tears drop?

Reflected Self: You are protecting yourself from the pain of letting go of the fantasy. You choose to hold on, clenched muscles and all.

Me: But I am scared of the pain. I feel like I could die from it.

Reflected Self: Feeling the pain is the only way to survive. And nobody can save you from it. Nor can you save other people from their own pain.

Me: The depth of my aloneness amazes me. Nobody is here with me. I am all alone in my pain.

Reflected Self: You are. Except that I am here with you. And I shall never leave you. And I believe in you because I know all that you can be. You are worth being loved.

Me: I know that in my head, but I'm still learning that in my heart.

Reflected Self: It can hurt to love others right now because love is equal to loss. But it will not always be that way. You will grow through your own love and through the love of those who believe in you...but you must stop fighting the pain. Open your heart and let the pain wash through you.

Sacred Woman



Figure 19, Sacred Woman, clay, flowers.

Robust. Steady. Powerful.

Witness:

Me: You look so beautiful, although not completely happy.

Sacred Woman: It's not about being completely happy. And what is happiness anyway? Is that all that you seek? If that's it, then you're missing out on the depth of what is in you.

Me: That's not everything, but aren't I allowed to want happiness?

Sacred Woman: Of course you are, and you should get all the happiness you deserve. But I'm saying it's not just that. The bliss of being unaware is overrated. You know more. You feel more. You can't give that back.

Me: I don't want to give that awareness back.

Sacred Woman: You couldn't even if you wanted to. All you can do is keep moving forward and stepping out as the woman you are...I'm not sure who is going to love me and where and how, so I've put out flowers as a celebration of myself.

Me: The flowers are beautiful.

Sacred Woman: Yes they are. Little by little I keep showing myself that I deserve love. I choose me because when people die or move away or leave, the only person who can take care of me is me.

Me: I've been stuck for so long. Looking for an escape. But I see that the only way is the path that leads me forward.

Sacred Woman: Forward, up and down, and a few steps around. The path is never straight. But that is the nature of what is happening in your life. I am confident that you can handle whatever is in your path and that you will find your way.

CHAPTER V: CREATIVE SYNTHESIS AND IMPLICATIONS

The creative synthesis is a fusion of the themes and meanings derived from the entire heuristic process. Moustakas (1990) described the creative synthesis as the final step in the process that occurs after the researcher has explored the full experience and is “familiar with all the data in its major constituents, qualities, and themes and in the explication of the meanings and details” (p. 31). It encapsulates the experience in a creative format and “usually takes the form of a narrative depiction utilizing verbatim material and examples, but it may be expressed as a poem, story, drawing, painting, or by some other creative form” (p. 31). It brings together the critical elements in a representation of the experience itself. The creative synthesis is derived through “the tacit dimension, intuition, and self-searching” (p. 31). It is more than a summary, as it deepens and clarifies the nuances of the phenomenon.

As I began to think of ways to illustrate and synthesize my experience of grief and how it was related to my work as an art therapist, I asked myself the question: What do I know? This was not simply a rhetorical question. It was a genuine attempt to identify and qualify all that I had expressed and learned through my self-examination, demonstrated in the explication stage of the heuristic process. This question was also partly derived from reading the book *Art is a Way of Knowing: A Guide to Self-Knowledge and Spiritual Fulfillment Through Creativity* by Pat B. Allen (1995). The book, a personal account of Allen’s use of art to explore her own life experiences, served as an inspiration to me throughout the heuristic journey of exploring my grief. She titled each of the sections of her book with what she knew, as in *Knowing Depth*, for example. When choosing a structure for my creative synthesis, I decided to borrow two of her section titles, *Knowing Projection* and *Knowing*

Transformation as I felt they resonated with my own experience, as well as adding two of my own: *Knowing Ambivalence* and *Knowing Love*.

The ideas and meanings presented in each of the sections reflect the four themes that I derived from the heuristic inquiry. The themes are not distinct as they overlapped in certain areas of content. The four sections also overlapped in their presentation during my experience of grief. Although the themes are not meant to represent stages that occurred consecutively, there was still an overall arch to my experience. Therefore, the creative synthesis will be presented in the following order: *Knowing Projection*, *Knowing Ambivalence*, *Knowing Transformation*, and *Knowing Love*.

The creative synthesis also includes a painting to integrate the four sections into one creative presentation. The painting is an integration of the themes derived and represents the culmination of my research inquiries: *What is the experience of grief as expressed by an art therapist? How is that experience of grief related to my work as an art therapist?* Each section includes a portion of the painting that expresses that particular theme of knowing.

Creative Synthesis



Figure 20, The Experience of Grief, mixed media.

Knowing Projection



Figure 21, Projection, mixed media.

Coming to terms with and identifying my own projections was definitely one of the hardest themes to understand throughout this heuristic process. My projections were my thoughts, feelings, and behaviours that represented the countertransferential reactions I had to not only my clients, but also to other individuals in my life as well. As I experienced a whole gamut of emotions, I was not fully aware in the beginning of how I was reflecting those emotions out into the world. During the course of the inquiry, I began to discover how my grief evoked unconscious reactions and how I literally projected them onto others. At the time, all I knew was that I needed to release the feelings that were so strong and powerful inside of me.

In some instances the result was a release of pure rage, as demonstrated in the case of “*Anonymous*”:

Anonymous: I hurt. Scratching. Screaming. Knife right through me.

Me: Stop!

Anonymous: You must face this. It’s ok.

Me: No it’s not. It’s scary.

However, it was in the image of “*Shattered Man*” and the accompanying dialogue that I believe my projections were first demonstrated:

Shattered Man: Well, if you notice, right now only small pieces are sticking into me. Most of it is pointing outward. I’m making the pain go out.

Me: The pieces are pointy but not that sharp.

Shattered Man: The purpose is not to cut or hurt others. But it does not make it any less necessary.

I did not want to hurt others with my projections of my pain onto them, but I also was not ready to face my feelings myself. If I faced my grief in its deepest sense, I would have to acknowledge the enormity of my loss, and I was not able to do so. I felt helpless in my inability to stop my own pain, and that feeling of helplessness was projected onto my clients as demonstrated in “*Clients’ Voices*”:

Red: I love you. I hate you.

Blue: Save me. Keep me safe.

Brown: I ache. See my pain? I can’t hold it anymore. Hold it for me please.

Yellow: Don’t come near me.

Me: Stop it! I want to help you but I can't. Or I am but not enough. Or I can but I won't. There's too much pain.

Red: I see your pain. That's why sometimes I don't want to talk or make art with you. But then sometimes I don't care and I still need you to play with me.

Me: I know you do. And I'm trying to stay with you through your play.

Brown: But you don't show your pain to me. Why is that? Why to them and not to me?

Me: Because our pain is so similar. Or maybe it is because I see you trying to fight your pain and I admire it.

By projecting my feelings onto my clients I pushed them away as their pain became too much to bear. However, it was only afterwards that I realized it was actually my own pain that was too much to bear.

My projections and avoidance of my true self-awareness isolated me from others. I created a wall around me in an attempt to protect myself from more pain, but in doing so, it prevented me from being close and connected to my friends, family, and clients. The intimacy and comfort that I so craved was not possible since I was still looking for an escape from the pain. It was not until I began to face the depth and truth of my emotions that I was able to decipher what were my projections and what were my true feelings of grief.

Knowing Ambivalence



Figure 22, Ambivalence, mixed media.

I understood my ambivalence as expressed by my conflicting emotions when I looked back on the art I created over a period of time. In the moment, I was aware that my emotions were sometimes fluctuating and were sometimes simultaneous, although I do not think I was always able to identify the contrasts inherent in the nature of my grief. Some of the ambivalent contrasts included sadness and joy, as well as despair and hope. What struck me the most was the intensity and expanse of the emotions that occurred.

The greatest force of ambivalence in my grief was the dichotomy of love and hate. I was not even sure who or what I was loving and hating. All I knew was that the two emotions felt strong enough to do me harm if I felt them to their fullest extent. To love and to hate felt at that time that they would be the end of me. I wondered how it was possible to feel such

strong emotions all at once. There were moments when I was able to handle them, but undoubtedly, if I felt overwhelmed then I became numb. Numbness became a great protector from the ambivalence of grief as illustrated in the witness of “*Holding my Heart*”:

Back to feeling withdrawn, numb, alone.

I’m being so hard on myself, for feeling numb – for not feeling.

For not being a good enough daughter, sister, therapist, friend.

For not being prepared enough. For feeling scared and stupid. For not feeling enough.

For feeling like I’m not good enough.

It was in those moments of numbness that I felt farthest away from those who were most important to me, including my family, my friends, and my clients. My ability to feel empathy was diminished as I languished in my confusion and avoidance. Surprisingly, it was not the pain and sadness of grief that troubled me the most, but rather the inability to feel when I became numb. I learned that I preferred to feel pain than nothing at all.

Through much reflection, I recognized that the ambivalent emotions were not only indicative of the complexity of addressing death, but that they expressed the complexity of what it meant to live. I could not feel one emotion without recognizing the presence of the other. In the witness of “*Old Man*”, I touched upon this ambivalence:

Me: So you just expect me to live my life and not think about it?

Old Man: That’s not what I meant. Your grief will always be there. It’s a part of you, but it’s not all of you. You are more than the sum of your feelings. You are love and laughter and sadness. But you are also hope and desire and the possibility of more and more and more.

Me: When I look at you, I get scared. Not just of you but also of my own existence, my own death and all that is in between.

Old Man: I can understand that. But all these thoughts about death are included in the work of living life. Think about when you talk to your clients. Are they not scared of the future? Hiding from the past?

It was this demonstration of the ambivalence in life that would stay with me. I learned to welcome the intricacy involved in maneuvering through emotions since it became clear that there is no escape from them. Both the light and darkness that existed had to be accepted in order for a transformation to occur.

Knowing Transformation



Figure 23, Transformation, mixed media.

I think I began to experience a transformation before I became aware that I was. It was subtle and at times understated, yet it was no less significant than if I had purposefully tried to change. Looking back, I can see that my transformation began the moment I accepted the necessity and normality of ambivalence within my grief. It was the beginning of realizing that my grief was more than an experience of sadness. It was an experience of change.

The change began in subtle ways when I recognized a glimmer of hope. The hope was not a belief that the grief would go away, that my father would become healthy, or that I could escape from the pain. The hope was that I would not only survive the experience of grief but that I would even thrive afterwards. I also hoped that I would come out on the other side with a greater understanding of myself in relation to others and specifically as an art therapist.

Hope was not easy to believe in when it first appeared. It felt foreign and evoked a sense of guilt to be thinking of my own happiness of the future when I was otherwise surrounded by sadness. In the witness of "*Cracks in the Surface*", I first began to believe in my own hope:

A crack in the shell of sadness?

Abiding expectations of hope

Shall not fade.

Visible in the fissures

Of life and in love.

I began to believe that it was all right to feel hope and that I was not doing a disservice to the enormity of my loss by claiming my right to hope.

The transformation was also predicated on recognizing that I was grieving more than the ongoing loss of my father. I was grieving every major loss that I had ever experienced, including the loss of past friends and other loved ones. At times I was even grieving something greater than myself – grieving the pain inherent in living life. When I felt engulfed in that pain, I pulled away from my clients. However once I acknowledged that my grief was pain in its purest form, and that I could grow through it and with others, I could allow the transformation to occur.

The transformation was an understanding that by working through my grief, I was letting go of parts of myself, and allowing a new self to emerge. My old self was based on my previous identity of who I was before experiencing major loss. But watching my father slowly disappear helped me to see that that identity was no longer valid. I had to grieve the end of that self in order to accept who I am now. Understanding who I am now will likely be an ongoing process, but recognizing that I was changing was the first step.

It was quite a surprise to realize that my grief could create such a huge transformation within me. I observed how the new transformation and my new self-identity affected me personally and professionally. It was then that I turned to the words of Marianne Williamson (1996) that I have always loved which I included in the witness of “*Conversations with God*”. In knowing my transformation, and the effect it had on others, the final sentence of that witness resonated with what I knew to be true:

“And as we let our own light shine, we unconsciously give other people permission to do the same. As we are liberated from our own fear, our presence automatically liberates others”.

By accepting my transformation, including my humanness to feel and survive grief, I would then be more capable of witnessing and guiding the transformation of others. This was a profound insight as the ripple effect could touch all those I loved, especially my clients.

Knowing Love



Figure 24, Love, mixed media.

Before I explored my grief, I thought that its sole purpose was engaging in the process of experiencing loss. I was astonished to learn that my experience of grief and the transformation that occurred as a result produced a capacity to love that I could not have imagined. They were catalysts to understanding that grief served a greater purpose than what I had originally believed. Although I was undoubtedly learning how to let go of my current

major loss and all of the smaller losses preceding it, I was also discovering that grief was a mechanism to learn how to hold on.

I learned how to hold on to love in all of its permutations. This included loving my father, although he could no longer be present with me psychologically, in a way that I had never loved him before. I was aware that time was running out for me to feel and express that love to him, even if he could not express it back to me. I knew that my love for him would extend to the end of his life and into time beyond. But what surprised me even more was my capacity to love those who pushed back against it. I felt my heart open to them, conscious of the depth of their pain. For that reason, it was in grieving that I really felt the magnitude of my love for my clients.

The experience of grief also taught me about knowing love for myself. This was demonstrated in the witness of “*Sacred Woman*”:

Sacred Woman: I choose me because when people die or move away or leave, the only person who can take care of me is me.

Me: I’ve been stuck for so long. Looking for an escape. But I see that the only way is the path that leads me forward.

Sacred Woman: Forward, up and down, and a few steps around. The path is never straight. But that is the nature of what is happening in your life. I am confident that you can handle whatever is in your path and that you will find your way.

I realized that loss is inherent in life. So it was necessary for me to know that the love for myself is the love that will help me to survive through the grief I am experiencing now and the grief that I will encounter in the future. I recognized my aloneness of being human

and my aptitude to survive, armed with my self-love. Ultimately, it is this love that will nurture and sustain me as well as help me to nurture and sustain others.

Implications of the Inquiry

The culmination of this research project included a literature review on the topics of grief, art therapy, self-awareness, and countertransference. To further demonstrate the interaction of those four topics, I also conducted a heuristic inquiry into my experience of grief and how it affected me as an art therapist. Although at first glance, the inquiry may seem as only a personal account of my experience of grief, there may be greater significance of the results on a broader scale due to its adherence to the heuristic methodology.

My experience of grief, although a personal one, may serve as an example in several ways. First, by demonstrating my grief through visual means, it may act as an illustration of how therapists or other individuals in helping professions can process their own emotional selves. Since exploring one's self-awareness was addressed in the literature as both a means for competence and as an ethical responsibility for therapists, it may be beneficial to see examples of how to do so. Although personal art-making is taught and supported in the art therapy field, it may be useful for individuals in other helping fields as an alternative means of developing self-awareness.

The second implication of the inquiry is that I found personal grief to be a transformative experience as an art therapist, which profoundly changed the way I viewed myself and my relationships to my clients. There was a small amount of literature that described the association between personal grief of therapists and the negative aspects of their countertransference reactions. However there was a scarcity of literature that described personal grief as having positive countertransference aspects that influence the therapeutic

relationship. I hope this inquiry will illustrate to other therapists how personal grief can be used as a transformative experience to enhance their practice and how they may be able to guide their clients through their own transformative journeys, particularly using art as a means to do so.

Finally, as suggested by Frick (as cited in Moustakas, 1990), the symbolic growth experience may not be easily measured using externally measured processes. The changes that I experienced throughout my grief were internal and at times very subtle. This research project validates the use of the heuristic methodology, as I believe it accurately and candidly illustrated my experience of grief and how it affected me as an art therapist. Although my results may not be generalizable to all art therapists experiencing grief, as the experience is uniquely my own, it has provided a truthful account of the experience. This account therefore is a source of meaning and may consequently serve as a catalyst for other therapists to derive meaning from their own grief.

Future Research

The heuristic process allowed me to examine my experience of grief both personally and professionally. I believe future research could follow two different paths. There could be a focus in using heuristic research to examine clients' experiences of grief to determine further possibilities for providing effective grief counselling. For example, what is an adult child's experience of grief after losing a parent? Or what is an individual's experience of grief as it relates to ambiguous loss? There could also be a focus in future research towards understanding therapists' self-awareness, particularly grief-related, and how it affects their professional work. This could include a research question such as: How do therapists maintain connectedness to their clients while experiencing personal grief? Finally, both paths

of future research could also serve to address the use of art-making as a viable means for data retrieval and for therapeutic gains.

Conclusions

Although this research methodology was at times trying and laborious, due to the emotional nature of the work, I believe I have experienced a transformation that can serve as an example for other therapists. The research helped demonstrate the priority that therapists need to place on exploring their own self-awareness and the possibility for using art to do so. Through this research, I not only feel that I better understand my own grief, but that I am also more prepared to help others when dealing with theirs.

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