An Art Therapist’s Shared Grief Experience at a Children’s Bereavement Art Therapy Group: An Art-based Heuristic Study

Deanna Taylor

A Thesis Submitted in Partial Fulfillment of the Requirement For the Master of Arts in Art Therapy Degree

Department of Art Therapy in the Graduate Program
Saint Mary-of-the-Woods College
Saint Mary-of-the-Woods, Indiana

December, 2017
ABSTRACT

As a wounded healer, an art therapist may be confident that exposure to art therapy would heal their own pain as it had done for clients (Bardot, 2008). This heuristic researcher focused this art-based study on her own experiences while grieving the untimely death of her daughter, during an internship at a children’s bereavement art therapy program. She created many art pieces that held great meaning as she transitioned on her journey through grief. The study followed Moustakas’ (1990) six steps of heuristic research, reflective narrative, and artwork creation. Emphasis was placed on knowledge of art-based interventions for grief. The researcher noted five themes relating to grief including: (a) powerlessness, (b) physical symptoms, (c) psychological symptoms, (d) grief, and (e) art. The researcher discussed these themes and the implications they may have. This study will add to the literature on the effectiveness of art therapy with adults suffering from grief. Finally, by emerging into the art therapy directives used in a bereavement program, the researcher experienced healing benefits.

Keywords: Art Therapy, Grief, Heuristic Arts-Based Research.
ACKNOWLEDGMENTS

It is with the deepest respect and thankfulness that I would like to acknowledge the people who have supported me in this art therapy journey. To the graduate art therapy staff members and professors, thank you for sharing your wisdom, knowledge, and experience. To Dr. Susan Ridley, Dr. Jill McNutt, Kathleen Sullivan, and Mark Taylor, I am grateful for your steadfast guidance, correction, expertise, and encouragement. I will forever cherish my family, friends, and cohort members, who offered their support, love, laughter, and prayers. Finally, with most importance, I thank God for His faithfulness in providing me with the strength, perseverance, and grace to accomplish my goals.
# TABLE OF CONTENTS

- ABSTRACT .................................................................................................................. 2
- ACKNOWLEDGEMENT ................................................................................................. 3

## I. INTRODUCTION........................................................................................................ 7
  - Problem Statement .................................................................................................. 8
  - Research Questions ............................................................................................... 9
  - Basic Assumptions ................................................................................................ 9
  - Statement of Purpose .......................................................................................... 10
  - Hypothesis ............................................................................................................ 10
  - Definition of Terms ............................................................................................ 11
  - Justification of the Study ..................................................................................... 11

## II. LITERATURE REVIEW............................................................................................ 12
  - Trauma and Loss .................................................................................................. 13
  - Cycle of Grief ...................................................................................................... 13
  - Grief and Support Groups .................................................................................. 21
  - History of Arts ..................................................................................................... 24
  - Art Therapy as a Form of Expressions .............................................................. 24
  - Wounded Healers Revelation Moments ............................................................ 28
  - The Expressive Therapies Continuum ............................................................... 30

## III. METHODOLOGY .................................................................................................. 31
  - Participants ........................................................................................................... 32
  - Heuristic Journey ................................................................................................ 33
  - Heuristic Study .................................................................................................... 34
  - Qualitative Heuristic Research Design .............................................................. 35
  - Four Basic Rules .................................................................................................. 35
  - Data Collection .................................................................................................... 36
  - Qualitative Data Analysis ................................................................................. 38
  - Validity and Reliability ....................................................................................... 39
  - Ethical Implications ............................................................................................. 40
  - Researcher Bias ................................................................................................... 41

## IV RESULTS .................................................................................................................. 41
  - Theme 1: Powerlessness ..................................................................................... 49
  - Theme 2: Physical Symptoms .......................................................................... 51
  - Theme 3: Psychological Symptoms ................................................................. 52
  - Theme 4: Grief ..................................................................................................... 52
  - Theme 5: Art ......................................................................................................... 53

## V. DISCUSSION ............................................................................................................ 54
  - Limitations ........................................................................................................... 57
  - Recommendations .............................................................................................. 58
Conclusion ................................................................................................................................. 58

REFERENCES .................................................................................................................................. 59

APPENDICES .................................................................................................................................... 74
  Appendix A: Art Directives ............................................................................................................. 74
  Appendix B: Inventory of Feelings .................................................................................................. 82
LISTS OF TABLES

Table 1. Thematic Analysis ........................................................................................................39
Table 2. Thematic Coding........................................................................................................80
Table 3. Inventory of Feeling....................................................................................................82
LIST OF FIGURES

Figure 2. Hidden tears.................................................................................................................42
Figure 3. Tears revealed..................................................................................................................42
Figure 4. Wake up..........................................................................................................................43
Figure 5. Sudden............................................................................................................................43
Figure 6. Lifeless .............................................................................................................................44
Figure 7(a) Tears............................................................................................................................45
Figure 7(b) Turmoil .........................................................................................................................45
Figure 8. Lost Identity.....................................................................................................................45
Figure 9. Physical Symptoms ........................................................................................................46
Figure 10. Emotionally Upside Down ...........................................................................................47
Figure 11. Equilibrium ...................................................................................................................47
Figure 12. Grief Stricken ................................................................................................................48
Figure 13. Poem: I Cry.....................................................................................................................48
Figure 14. Poem: Grief .....................................................................................................................49
Figure 15. Cognitive and Emotional .............................................................................................49
Figure 16. Grief Wordle..................................................................................................................50
Figure 17. Lost Identity...................................................................................................................51
Figure 18. Holy Spirit.....................................................................................................................51
Figure 19. The New Me...................................................................................................................51
Figure 20. Good Bye.......................................................................................................................52
Figure 21. Contained.........................................................................................................................53
Figure 22. Released.........................................................................................................................53
Figure 23. Free................................................................................................................................53
CHAPTER 1

Introduction

This was a Heuristic study of the researcher’s own grief journey. Grief has been known to have a negative impact on people’s lives (Laakso & Paunonen-Ilmonen, 2002). Death is inevitable. Everyone will experience a loved one dying in their lifetime. In fact, 15% of all psychological disorders were due to unresolved grief (Laakso et al, 2002). Death has been seen as a subject often avoided in our society because death brought to light that life was brief (Ogrodniczuk, Piper and Joyce, 2004).

Parental grief has been recognized as the most intense and overwhelming of all griefs (Gudmundsdottir, 2009; Oliver, 1999). Parental grief is influenced by many factors such as identity, gender, cultural, health and mental issues (Hobfull, 2001). The loss of a child impacted each of the spouses differently, and the parental dyad experienced it differently than society itself (Davies 2004). Similar psychological and physical symptoms occurred in parents and seniors while grieving (O'Connor, Nickerson, Aderka & Bryant, 2015). As result of bereavement, parents and seniors experienced physical symptoms and health deterioration (De Cinque, Monterosso, Dadd, Sidhu & Lucas, 2006). For example, emotional pain has been seen to manifest itself as physical pain such as headaches, stomach-aches, and body pain (Gudmundsdottir, 2009; Van Der Kolk, 1994). Following the death of child, parents have described their grieving body as feeling mutilated and carrying a burden (Cohen-Liebmann, 2003; Gudmundsdottir, 2009).

Grief was seen to add one more burden, to the many losses that were associated with aging (Clark, 2004). The senior population often experienced physical and family changes.
They also experienced shifts in occupational and social roles, as well as in their social and mental functioning (APA, 2004).

The researcher anticipated the use of art therapy might bring concealed grief to the surface for healing. Using art therapy has been seen as appropriate for grieving seniors and adults because it accomplished the goal of stimulating several senses, enhancing the experience of internal and external sensations, and may promote a sense of well-being and calm (Hardy, 2005; Riley, 2001; Malchiodi, 2012). Art therapy has assisted in the grieving process (Barinder, 2011; Bloogardge&Netzer, 2011).

**Problem Statement**

For parents, the death of a child can be a life-altering event, leading to grief that is individual, intense, and long lasting (Becvar, 2000). Marital problems have been seen to occur with increased friction, arguments, hostility, and breakdown in communication with increased divorce rates (Alam, Barrera, D’Agostino., Nicholas, & Schneiderman, 2012).

People who experienced grief often feel isolated due to society’s lack of awareness of the grief process (Price & Jones, 2015). The deaths of spouses, close relatives and friends leave many elders wondering why they were still here. Even though the loss of an older adult’s spouse is considered by society to be an expected death, the survivor typically enters a world that is strange, lonely and sometimes unwelcoming (Williams, 2009). Differences were also found in grief reactions based on gender (Ogrodniczuk, et al, 2004). Men tended to express their mourning through actions instead of words or recognizable emotional signs of grief (Oliver, 1999). Expressive therapy such as art, music, play, and drama has been seen as a natural tool to use with people grieving (Green & Connolly, 2009). For the elderly, art activity also encouraged the client to reminisce about their life, which may help put their life in perspective. This has
helped them to maintain their dignity, increasing both strength and social interactions (Liebmann, 2004).

**Research Questions**

The researcher performed a systematic self-reflective exploration of her personal art making for coping with the effects of grief. This study was guided by the questions, *What can the researcher learn by immersing herself in an art-based inquiry on the topic of grief? Can art therapy have clinical benefits for the therapists and clients simultaneously? How has applying art therapy directives benefited the researcher’s grief?*

**Basic Assumptions**

Worden (1991) identified four tasks of mourning. These included (a) accepting the reality of loss, (b) working through the pain of grief, (c) adjusting to an environment in which the deceased was missing, and (d) emotionally relocating the deceased and move on with life. The children’s bereavement art therapy group sessions were designed to go through the symptoms of grief, denial, anger, anxiety, fear, depression, and finally acceptance (Liebmann, 2004; Kubler-Ross, 1969; Riley, 2012). This researcher believed that art therapy directives could enhance the grieving process for children, adults, elderly, and adolescents.

Wadeson (2010) stated that art making allowed for the direct, nonverbal expression of traumatic memories and sensations. Art therapy provided a safe place to grieve. Art gave a visual desensitization of the trauma and built expressive language by symbolic expression (Ramseur & Wiener, 2003). Lusebrink (2004) indicated that real substance from the client's media process happened when the metaphor images began to appear on the paper unconsciously revealing hidden emotions. “Metaphors are used as a vehicle to access abstract thoughts of reality” (Jamrozik, McQuire, Cardillo,& Chatterjie,2016, p.1080).
Umphrey and Cacciatore (2011) suggested that bereavement support groups could enable meaning making for both parents through the integration of telling their story and listening to other parents’ stories. Art was seen as able to help those suffering from grief to express their painful experiences by penetrating the client’s defense system, in order to relieve pain (Lister, Pushkar & Connolly, 2001). The use of images produced a picture of the client’s inner world (Malchiodi, 2012).

Statement of Purpose

This heuristic research focused on what the researcher learned by immersing herself in an art-based inquiry on the topic of grief. The researcher recreated several pieces of artwork, originally created while an intern at an art therapy bereavement group. While doing so she expressed both the feelings and long-term effects of repressed grief. The data from this study may help to inform the development of an art therapy based grief group.

Anticipated Results

The researcher wanted to understand the essence and meaning of delayed grief. It was anticipated that drawings about the deceased would help with the grieving process. It was also anticipated that being engaged in art therapy may be able to help acknowledge and actualize the death of the loved one through expression.

Definition of Terms

Bereavement. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association, APA, 2013) defines bereavement as being deprived of someone you love. Losing someone you love to death is the greatest loss a person can experience (Davies, 2004). When the symptoms of grief become prolonged or increase in
severity in response to the death of a loved one, an individual may need to seek professional help (APA, 2013).

**Grief.** To mourn the loss of someone or something (APA, 2013).

**Death.** A permanent termination of a person’s physical, emotional, and cognitive function and “The end of life” (Farlex, 2002, p.15).

**Art therapy.** Combines psychological theories and techniques, with visual arts to provide a distinctive approach for helping clients improve emotional health, intellectual abilities, and sensory-motor functions (American Art Therapy Association, AATA, 2013).

**Non-verbal communication.** Non-verbal communication was defined as the use of any or all five senses to communicate or express thoughts and ideas without speech (Burgoon, Guerrero & Floyd, 2016). The arts transmit unconsciously through body postures, gestures, and drawings (Ramseur & Wiener, 2003). Art provides a method of communicating feelings without experiencing verbal reactions (Franklin 2010).

**Justification of the Study**

This study is important because of the researcher’s engagement in art therapy and how it helped her come to terms with her own grief following the death of her daughter. By releasing the researcher’s delayed grief, contributed toward her authenticity when counseling people with grief. Art therapy offered the researcher a way to express her thoughts and feelings by releasing her hidden grief. Using the creative processes was both healing and life-enhancing for the researcher (APA, 2013).
CHAPTER II

Literature Review

Parents Grieving the Loss of a Child

American society continues to overlook grief, which is an important process of life (Falkenstein, 2010). In American society the bereaved often felt pressure from family and friends to accelerate their grief by incorporating a timetable (Alam et al., 2012). In many other cultures, death is not hidden. In fact, it was celebrated as a normal part of life (Falkenstein, 2010). Culture and gender can influence the grieving process. Yet, the impact of a child’s death remained universally devastating (Wijngards-de Meij, Stroebe, Stroebe, Schut, Van Den Bout Van DerHeijden. & Dijkstra, 2008).

Cultural Differences

According to the natural order in life, children are not supposed to die before their parents. Children are considered to be a gift in which to carry their parent’s legacy. Parents feel a hole in their heart that remains continually. The death of a child stays forever with a parent until it becomes part of them (Roger, Floyd, Seltzer, Greenberg, & Hong, 2008). Some good can come out of the death of a child, it can cause parents to search for their purpose in their life (Siegal & Hartzell, 2003). However, a parent losing an only child in a cultural dependent on their children can not only be emotionally devastating, but can also cause financial hardship.

A large of number of Chinese parents have been faced with unusual circumstances, due to the policy and cultural context of their government. For the past 33 years, “the family planning policy” or “the one-child policy” restricted the number of children born to Chinese families (Goodwin and Pfaff, 2001, p. 282). Death of an only child, in a culture relying heavily
on children for the care of the aging generation, shifted a stressful situation to a traumatic episode. Losing a child shattered the parents’ world, represented the loss of both their present, and future, leading to reduced quality of life over a long period (Stryker and Burke, 2000). Aside from the debate about the violation of human rights, there are indeed several risks a one-child family must face. One of them is the death of the only child, which is even more difficult if the child dies when the parents are older (Zheng & Lawson, 2015). The issue of loss emerged recently because those who complied with the policy decades ago are now in their late fifties or sixties and aging with grief (Zheng & Lawson, 2015). In China, Shiduers are parents who have lost their only child.

**Trauma and Loss**

Losing a child from natural causes was hard enough. But having your child experience a violent death can intensify the loss. In Norway, an Utøya terrorist attack of July 22, 2011 caused the deaths of 69 individuals primarily young people who were killed suddenly and violently (Dyregrov, Dyregrov and Kristensen, 2016). Bereaved individuals were at higher risk of experiencing complicated grief reactions, compared with bereaved following non-violent losses (Dyregrov et al, 2016; Goodwin, Pfaff, 2001).

**Parents Cycle of Grief**

Within the first two weeks, after losing a child, parents experienced intense grief and shock, then two months of very strong grieving, and a slow recovery of around two to four years (Becvar, 2000). Rogers et al. (2008) suggested that a definitive timeframe is not appropriate for those grieving a loss of a child. Reilly et al. (2008) agreed and suggested that parental grief remains intense for at least four years following their child’s death.
Prolonged Grief Depression (PGD) and Post-Traumatic Stress (PTS) can occur in grieving adults (O’Connor et al, 2015). The sense of overwhelming loss has caused internal anxiety and depression (Serlin&Cannon, 2004). This could stop the grieving person from going through the stages of grief. Too often grief causes people to experience mental blockage, removing their ability to recognize their needs past their present state (Liebmann, 2004).

Some of the signs of PGD were disruptive detachment, excessive bitterness, depression, and anxiety. PGD and PTS in relation to grief have had an affect on individuals’ health, initiating progressing through grief (SpuijReiz, Prinzie, Stikkelbroek, Roos&Boelen, 2012). Sterner (2015) stated people may not show an emotional response to grief and loss. Instead, they complain of physical discomfort resembling stomach and headaches, identifying areas of the body where emotions are typically experienced (Gillespie, 2001). Often griever have trouble putting feelings into words; they began displaying irritability, aggression and had difficulty sleeping (APA, 2013b; Van Der Kolk, 1994).

People suffering from grief can have a wide range of emotions, guilt, anger, shame, and worry about their own death (Isaac, 1977). However, adults, and teen can used isolation, promiscuity, substance abuse, and reckless behavior to deal with death. This behavior alienated them from receiving the needed support (Sherner, 2015).

**Gender differences.** The traumatic death of a child can result in considerable challenges for a couple’s relationships, due to the father’s and mother’s different ways of grieving. Friction was caused by loss of sexual intimacy, a temporary pause in communication, and general irritability between spouses (Stroebe, Finkenauer, Winjingarde-de Meij,Schut, Van De Bout,& Stroebe, 2013). Little information has been was provided on male grief. Mothers discussed experiencing a lack of support from their spouses, explaining that this
was possibly a result of gender differences in grief, coping, and a lack of awareness regarding male bereavement needs (DeCinque et al., 2004).

Parents grieve differently. Women generally had better outcomes in both supportive and interpretive short-term psychotherapy compared to men. There seemed to be a lack of commitment on the men’s part to join a parent support group because women displayed emotions during grief to which men couldn’t relate (Hardy, 2005). Men felt more comfortable among male peers (Ogrodniczuk et al, 2004). Men had a distinct way of mourning that differed from that of women. Men, mourned the loss later than women, some men mourned the loss of their home and children more than the loss of their wives (Oliver, 1999).

Bereaved parents also showed gender differences on functioning with grief. Woman had higher chances of depression (Umphrey & Cacciatorre, 2011). Men were more likely to suppress negative emotions by withdrawing. Parents can influence each other in the grieving process. For instance, men would not show their grief to appear strong so as to protect their spouse (Stroebe et al, 2013).

According to Martin and Doka (2000) there were two ways people focus on grief: loss-oriented grieving where the individuals focused on the loss; and, restoration-oriented focus, in which attention was on restoring life. Mothers were more likely to engage in loss activity with fathers more inclined to be involved in restoration grieving (Wijingards-de meij et al, 2008). Alam et al. (2012) suggested that mothers displayed attributes of intuitive grievers and fathers were instrumental grievers. In 18 months after the death, mother’s grief expressions seemed less intense, whereas fathers appeared more open about their feelings (Stryker & Burke, 2000).

However, both parents felt that the death of their child has left them exposed to a discontinuity, not only in the relationship, but also in the identity of the self. Roles attached to
family life are central for personal identities (Zheng & Lawson, 2015). Reilly, Huws, Hastings and Vaughan (2008) researched two central features of parental grief. One was a loss of self. Parents have equated the loss to an amputation, as part of them was gone. Secondly, the loss of their role as parents to that child which threatens their parental identity (Reitzes & Mutran, 2002). Despite the gender difference, emotional support has been found to both directly and indirectly protect mental and physical health for both parents from the effects of death (Alam et al, 2012).

**Grief and the elderly.** There were many challenges an art therapist might encounter when assessing older adults experiencing grief (Van Zomeren, Spears, Fisher, & Leach, 2004). The senior population may have other ailments such as depression, memory loss, loneliness, and health issues that could possibly interfere with the grieving process (Kho, Kane, Priddis & Hudson, 2015). The elderly should have their cognitive function measured for possible dementia and other potential memory loss. Likewise, there was a need to evaluate any physical challenges such as hearing, vision, and dexterity issues (Billings & Moos, 1981). To alleviate isolation an art therapist could encourage an art therapy group. The therapist must also be mindful of any potential biases they may have towards the aging population, so awareness about transference and countertransference was imperative to ensure they can provide appropriate care for the elderly with grief (APA, 2004; Malchiodi, 2012).

**Grief and Spirituality**

Khashab, Kivi and Fathi (2017) stated that adding a spiritual component to coping with bereavement can have significant impact on the healing process and well-being of a person. Zaphir-Chasman (2001) said suffering included both spiritual and psychological components. Society cannot control disasters and suffering. To instill hope, emphasis would have to be placed on survivors (Koepfer, 2000). Corbett (2011) wrote that “suffering forces us to discover
our real spirituality” (p. 262). Farrelly-Hansen and Franklin (2001) conveyed that” psychotherapy was a form of spiritual self-awareness magnified through dreams” (p.75). Psychotherapy focused on thoughts and feelings, whereas, spiritual direction focused on our prayer life and having a religious relationship with God. “Surrendering the ego produced healing” (Farrelly-Hansen, & Franklin, 2001, p.77).

Furthermore, health care studies have shown active spiritual and religious practices such as prayers, meditation, and attending church, played a significant role in a person’s well-being (Corbett, 2011; Koepfer, 2000). Riley (2001) felt that an art therapist must know the spiritual beliefs and cultural background of the client in order to treat them effectively. Because art therapy brought out the self’s higher power through symbols, an art therapist needed to be aware of the symbol’s spiritual meaning (Wiener, 2001). “Dreams must be a focal point, as they are a larger consciousness of self” (Zaphir-Chasman, 2001, p. 99).

During emotional distress, spirit is led by the psyche, which can manifest as dreams, images, and symbols in art therapy (Dunne, 2000). Having an awareness and exploration of the spiritual and religious worlds were key elements in how art could be used as a form of treatment (Farrelly-Hansen, & Franklin, 2001). When life became hard for the client the art therapist guided them through art to their higher power and provided hope (Wiener,2001). Doing instilled a feeling of safety for the client and reassurance that they were not alone (Koepfer, 2000).

Grief and Support Groups

Yalom (2005) through research believed that joining a homogenous group setting would create a healing environment and provide support for children, adolescences, and adults helping them to learn from each other through creating art. Discovering that others have the same fears
and anxieties helps to create a safe place to share similar experiences (Liebmann, 2004). Moon (2010) stated that there were twelve essential therapeutic benefits to forming an art therapy group. These included reducing isolation, expressing fear, pain, and difficult feelings. Art groups can remove social and verbal barriers that came from experiencing death (Schut et al., 1996). Peer relationships helped established goals and were found to be therapeutic. Which created a learning environment to meet all the participants needs (Moon, 2010).

Art therapy groups created a collaborative disposition, a place of equal exchange of ideas, communication, and respect (Riley, 2001). The art group created an area to shares stories and experiences. Joining an art therapy bereavement group provided grieving clients a support group. Where clients can feel accepted and understood, by people who have the same issues (Cain & LaFreniere, 2015). Engaging in art therapy is an imaginative, supportive, and positive environment for a grieving people (Jongsma et al., 2014).

An art therapy support groups helps people express anxieties and conflicts constructively in a less threatening environment. (Packman, Beck, Van Zutphen, Long, & Spengler, 2003). Most grief-stricken individuals used both cognitive and affective strategies in adapting to bereavement. Bereaved persons experienced both internal and external pressures to grieve (Wijngaards-de Meij et al, 2008). Packman et al. (2003) recommended the art therapist not try to move the client away from the intense feelings of grief but instead help the client express the depth of these emotions by creating the various emotions through art. The therapist would be attuned to not only the negative changes but any positive changes that may have emerged after the death (Lister, Pushka, & Connolly, 2008).

Support groups aided with isolation and grief. Barinder (2011) suggested that grieving parents may feel isolated. Limited social contact was also a reality for some older adults,
regardless of their lifestyle. Even those in assisted living and nursing homes can be very lonely. Seniors living independently may be isolated because of the lack of transportation, limited mobility, or the loss of family, friends and neighbors after a move. Even those seniors who live close to children and grandchildren may still feel isolated because the family does not visit often enough (Williams, 2009).

After care, remains a very important element of social support for parents that were grieving the loss of a child. Several hospital policies call for bereavement follow-up and intervention. A study in Finland with 86 bereaved mothers examined the mothers’ experiences of a follow up bereavement intervention which included an information pack, and peer and professional support (Nikkola, Kaunone, & Aho, 2013). Findings indicated a need to further develop bereavement programs, improve staff education and support, and increase the availability of resources in this area. Future research requested exploration of the needs of bereaved families, as well as the range of services and evaluation methods that could be implemented as the baseline for ‘best practice’ hospital-based bereavement programs (DeCinque, Monterosso, Dadd, Sidhu, & Lucas, 2004).

The Use of Art in Depicting Suffering

Shapiro (2004) wrote about the history of art and suffering. Throughout history, tragedies have always been expressed in some form of art, be it poetry, painting, music, or plays. Humanity had a history of pain and suffering. Art connected humanity to suffering and supported reduced feelings of helplessness from perceived fragile state of broken hearts, the grief of a loved one, sickness, and pain (Malchiodi, 2012). Shapiro (2004) explained that art transformed the suffering to pleasure if only for a mere moment. To focus on the art, not the pain reminded about vulnerability. The act of witnessing art redeemed losses (Le Count & Lang,
2000). Art helped people work through their grief by coming to terms with what was lost. Engaging in art therapy turned passive grief into an active transformation. Art transformed a loss suffered into a creation (Malchiodi, 2012). The concentration and focus on creating art moved the griever into the present, the here and now. Thus, putting distance from the pain that allowed for healing (Hinz, 2009).

**Art Therapy as a Form of Expression**

After the World Trade Center tragedy, 70,000-100,000 people suffered significant psychological injury. Of these, 11% of the people developed Post Traumatic Stress Disorder (PTSD) and 15% acquired Agoraphobia disorder (Berberian, 2003). DiSunno, Linton, and Bowes (2011) stated that imagery was an alternative to words to articulate pain and grief. Art created a haven for grief work. Art therapists helped the survivors of 9-11 piece their lives together while mourning their loved ones (Gross, 2013).

The disaster gave birth to art in public spaces. Parks were filled with mural drawings as New Yorkers found solace with others to express their grief (Goodwin & Pfaff, 2001). Creating produced healing for both the therapist and the community (Van Der Kolk, 1994). Cognitive capacity to verbalize and contemplate consequences of loss life had a larger impact on the children (DiSunno et al., 2011). The children in New York City watched their parents and other adults become helpless during the tragedy of 9-11. The parent’s behavior affected their children’s emotional response to death (Hobfoll, 2001). They felt that people must acknowledge and accept their realities of pain, or grief festers. Suppressed pain and fear was at risk of erupting without warning, possibly causing permanent damage (Lusebrink, 2004).

In New York, eight art therapists formed the Children Mural Project to meet the needs of a wounded community. They had the children draw or paint their face on a huge mural. The
face, the most expressive part of the body, represented the children’s emotional identity to the traumatic occurrences (Green, Connolly, 2009). Research by Billings and Moos (1981) suggested that people who were actively involved in problem-solving after a traumatic situation gained self-esteem (Goodwin & Pfaff, 2001). Their research concluded that designing an art piece gave people time to process the event, which enabled them to take back their power instead of succumbing to victimization (Packman et al., 2003). Through art, expression restored their hope and faith in their community (Hardy, 2005). The Christian Children Group joined the project, which enabled 22 countries to participate. Children from all over the world painted their faces and sent them to New York City. The mural turned out to be 20 feet high 160 wide (Berberian, 2003).

Utilizing both cognitive therapy and art therapy approaches seems to bridge the barriers to grief (Schut, De Keijser, Van Den Bout & Stroebe, 1996). Some clients may not be ready to talk about the death of a loved one (Gross, 2013). So, using imaginary activation methods to reduce symptoms of PGD seemed an appropriate way for emotional expression (Spuij et al., 2012; Worden, 1991). Art therapy helped people find balance in their behavior by creating new ways to communicate through art interactions (Malchiodi, 2012).

Thomas and Engram (2014) explained that traumatic events were stored in the brain in a nonverbal form. Drawings were seen as able to retrieve the information through nonverbal means (Koepfer, 2000). Trauma was stored in the brain as a sensory feelings and emotions (Lusebrink, 2004). Creating art used both sensory and emotional stimuli, and created a beneficial vehicle to manage a distressing occurrence (Van Der Kolk, 1994). People given the opportunity to express difficult emotions through the arts, were less likely to suffer PTSD (Magwaza, Killian, Petersen, & Pillay, 1993).
Images provided insight into a person’s coping mechanism, their level of trauma, and their emotional reactions to their specific abuse (Cohen-Liebman, 2003; Pearlin & Schooler, 1978). Drawing and storytelling established a playful non-threatening relationship with a grieving person while unveiling the traumatic event (Handler, 2014; Malchiodi, 2012). When the survivor repeated the trauma, they became desensitized and mastered their emotions. Telling the traumatic narrative redirected the grief to empower the client’s emotional energy and regulated its effectiveness (Handler, 2014). The art therapist who encouraged them to be creative, could inspire the person to take a day off from grief (Falkenstein, 2010). The results from this research indicated that art assisted in identifying areas of the body where emotions were typically experienced. (Gillespie, 2001). Art therapy stands as a nonverbal way for parents grieving to express the loss of their child (Schut et al, 1996).

In art therapy the art therapist utilizes the Expressive Therapies Continuum (ETC) in the art directives to provide understanding of death and art, on a level that anyone could understand (Gulshen, 1997; Lusebrink et al, 2012). The art therapy directives instilled structure by addressing the unresolved and out of control feelings surrounding death (Rozum, 2012). Communicating with words was difficult for children, adolescences and adults during the grieving process (Becvar, 2000). Engaging in art lessened the pain of death and transports the clients to the here and now (Yalom, 2005). In fact, clients were enabled to acknowledge and actualize the death, through planned art directives, which aided in releasing their suppressed emotions (Worden, 1991).
Art therapy a Form of healing

Art for Self-Care

The most important lesson the researcher learned through the grieving process was self-care. Art provided the perfect vehicle in which she could release her pain. Art therapy provided a place of healing for caregivers dealing with prolonged exposure to trauma and loss. Engaging in art tasks aided in dealing with the feelings of grief (Liebmann, 2004; Riley, 2012). Visually expressed art helped identify the hidden discomforts of feelings and symptoms of grief. “Out of the ashes of loss and death a phoenix-like process of internal restructuring may be set in motion which can have a liberating, regenerative effect” (Serlin & Cannon, 2004, p. 314). Turetsk and Hays (2003) engaged the nurses in making a community quilt. They built a model for the oncology unit for expressing grief by using art therapy. Creating art increased team morale, established community support, and provided emotional healing (Green & Connolly, 2009). Art therapy created a circle of healing for both the nurses and the patients (Serlin & Cannon, 2004; Shapiro, 2004).

Grieving parents are subject to burnout just like other caregivers. Every day they face an overload of traumatic events. Naff (2015) spoke on the vulnerability of oncology nurses to burnout. Not processing their emotions of grief care while caring for others has caused a 40% percent turnover in the oncology units (O'Connor, 2015). The nurses became frustrated, experienced a loss of identity, and fatigue dealing with terminal illness. They needed a safe place to express their emotions. Art therapy provided a haven of empathy and compassion for caregivers. The oncology unit saw a correlation between nurse burnout and patient evaluations stating negative quality of care (Naff, 2015; Packman, 2003).
Additionally, in an HIV clinic, art therapy sessions were made available to the staff to prevent burnout. The staff suffered from high levels of stress related to taking care of patients with deteriorating physical conditions resulting in death. As a result, the administrator of the clinic implemented a monthly art therapy group for staff. Creating art freed the staff’s burdens by releasing their negative energy, enabling them to be healthier caregivers (Elkinson-Griff, 2013; Ziff, Pierce, Johanson, & King, 2012).

Response Art

The researcher used response art during this grief study. She did so as not to create countertransference with her future clients. The researcher was able to confound her hard issues of grief through response art (Fish, 1989). Art therapists used response art to address difficult topics, express their experiences, and process countertransference (Fish, 2012). Countertransference may be confusing and overwhelming to the art therapist. However, it can offer clarity to the client’s treatment plan. Engaging in response art can aid the therapist to investigate herself which will reveal personal insight into their own issues (Liebmann, 2004).

The art acted as a mediator to a resistant client. Creating art in front of a resistant client showed the therapist understood their problems. Using such non-verbal interactions with the client may decrease their resistance (Moon, 2011). The art materials can lead the directions, emotions, insights, and purpose the therapy should go (Kapitan, 2010). “Art can hold the sadness or joy of life” (Moon, 2011, p.79). Creating response art helped the art therapist get objective distance while differentiating their feelings from the client (Riley, 2001).

Art for transformation. The researcher felt the transformation from sadness to acceptance as she engaged in creating art. Just as art transformed anger into energy for change, creating response art has been seen to change sadness into hope (Franklin, 2010). Producing art
protects the therapist and caregivers from vicarious traumatization from the everyday effects of trauma (Jones, 1983). One of the techniques art therapists have used in the transformation process is doll making. They realized making dolls aided in bringing reality to the creator and assisted in focusing on goals. By fashioning a simple representation of the traumatic event, the person could visualize their growth. The creation of a doll was beneficial for both client and the therapist from indirect trauma (Hastings, 2003). Acceptance of the loss through art expression provided space for positive emotions to arise (Bardot, 2008).

**Art for a spiritual awakening.** The researcher experienced firsthand a spiritual lifting of her sadness when she painted. Especially when she prayed and painted, her spirit underwent complete mesomorphs from despair to peace. Hardy (2005) wrote that it was essential that an art therapist seek out support and supervision to help deal with their own wounds. In doing so, the art therapist would maintain empathy, and nurture the therapeutic bond between themselves and the client (Moon, 2011).

However, to “draw from one’s suffering and use it in the service of the client requires the therapist’s continual attention to his/her own wounds” (Hays, Yeh, & Eisenberg, 2007, p.351). Each new death caused the healer to revisit their own personal losses and the meaningfulness of life (Serlin & Cannon, 2004). As Bardot (2008) stated, art therapist must deal with how they respond emotionally to intense life and death situation because of their daily consistent exposure to such elements. As wounded healers, an art therapist may be confident that exposure to art therapy would heal their own pain as it has done for their clients (Bardot, 2008). “Wounded Healer” was a Jungian term which represented 75 to 80 percent of therapists pursuing a healing profession (Smith, 1999, p.202). Due to their own experiences of emotional suffering, the
therapist was said to be more aware of the suffering of others (Dunne, 2000; Moon, 2011; Elkinson-Griff, 2010).

**The Expressive Therapies Continuum**

The Expressive Therapies Continuum (ETC) was a conceptual framework for the organization and understanding of interactions with art media (Hinz, 2009; Kagin, & Lusebrink, 1978; Lusebrink, Martinsone, & Dzilna-Silova (2012). The structure of the ETC utilizes an assortment of media to encourage functioning within the different levels and components. The ETC was composed of four levels that organized media interactions in a developmental hierarchy from simple to complex. The first three levels were comprised of bipolar components that represent ways of information processing, while the fourth level could occur at any level or through an integration of all levels (Kagin & Lusebrink, 1978; Lusebrink et al, 2012). Each component of the ETC has unique healing and emergent functions that signify the utilization of the component. The healing function is prescribed as the therapeutic activity that is distinct to each component. Similarly, the emergent function is specified as the specific process that resulted from the use of each component (Kagin & Lusebrink, 1978; Lusebrink, et al, 2012).

**Kinesthetic/Sensory level.** This level of ETC represented the simplest form of information being processed. Information was be gathered through movement, rhythm, and sensory experiences (Kagin & Lusebrink, 1978). The kinesthetic component denoted by the therapeutic expression of energy and movement. The healing function of this component was the release of energy and reduction of tension. The appearance of form or emotion was the function that emerges from kinesthetic activity (Hinz, 2009; Kagin & Lusebrink, 1978). The sensory component used information gathered through the five senses of sight, sound, taste, smell, and touch marked the healing function of the sensory component, which focused on the
awareness of internal sensations (Lusebrink et al, 2012). The emergent functions of this component were labeled as the emergence of calm or emotion (Hinz, 2009).

**Perceptual/Affective level.** This designated the level of the ETC, and marked the perception of form and expression of emotion (Kagin & Lusebrink, 1978). The perceptual component emphasized the visual elements of artistic expression. This led to the component’s healing function of imposed limits and boundaries on overwhelming thoughts or emotions. Increased cognitive functioning and self-understanding were the emergent functions at work within this level (Hinz, 2009; Lusebrink, et al, 2012). The affective component encouraged the expression of emotions. This increased the awareness of appropriate affect, and, in turn, enabled the recognition and verbal labeling of feelings (Hinz, 2009).

**Cognitive/Symbolic level.** This level of the ETC represented the most developmentally sophisticated level of information processing (Kagin & Lusebrink, 1978). The cognitive components were marked by complex thought processes. The healing dimension of utilizing the components higher level of information processing enabled the individual to generalize one experience to other situations. While an increase in cognitive problem-solving skills and cause-and-effect thinking emerged (Hinz, 2009).

The symbolic component was comprised of symbol expression and realization, metaphorical, self-oriented aspects of expression (Kagin & Lusebrink, 1978). Work in this component promoted the realization of personal meaning within a larger context and the integration of new aspects of self. Symbolic experiences aided in discovery and integration of new facets of self-emergence (Hinz, 2009; Kagin & Lusebrink, 1978). A unique relationship existed between these first three levels of the continuum. The bipolar components on each level had a curvilinear relationship. According to Hinz (2009) these levels have a bipolar relationship...
when functioning within one another. For example, when the kinesthetic component increases the sensory component will decrease.

**Creative level.** Kagin and Lusebrink (1978) explained that this level was viewed as a synthesis of the other three levels, but also had its own unique characteristic. The creative experience was able to develop within any of the other levels of the ETC (Hinz, 2009; Kagin & Lusebrink, 1978). In this level, a creative synthesis of expression occurs. The healing function of the Creative level transpired through inventive and resourceful interaction with the environment and materials, and led to the emergence of discovery of new ways of expression and experiencing oneself (Hinz, 2009).

**Media properties and mediators.** Media dimension variables, material mediators, and reflective distancing were used to describe interactions within the art media. Media dimension variables included the complexity and structure of the task, as well as the properties of the art materials (Hinz, 2009; Kagin & Lusebrink, 1978). In order to evoke each level of the ETC, the art directive must have offered both fluid and resistive characteristics along a continuum. The choice of media influences enhanced the transitions between the ETC levels in visual expression, while contributing to a change in information processing. It also gave the individual the ability to reflect on or think about an expressive experience (Hinz, 2009; Kagin & Lusebrink, 1978). In order to elicit and control client response, the media should range from fluid to resistive. Fluid materials have less inherent structure and facilitate emotional responses, while resistive materials provide structure and encourage cognitive processing (Hinz, 2009; Kagin & Lusebrink, 1978).

**Task complexity and task structure.** The number of instructions and the specification of the response required may yield high task complexity, while a specific response yielded high task structure. High task complexity and structure encouraged cognitive functioning, while low
task complexity and structure evoked more affective and symbolic responses (Hinz, 2009; Kagin Lusebrink, 1978). Material mediators are tools used in the interaction with the art medium, such as a paintbrush or ceramic knife. The mediator added distance between the individual and the art medium, which increased reflection. Reflective distance enabled individuals to organize and give meaning to expressive experiences. Increased reflective distance allowed individuals to think about the meaning of an experience (Hinz, 2009). All of these variables were manipulated in order to influence the individual’s experience at different levels of the ETC. High reflective distance allowed the individual to process the meaning of an expressive event, while low reflective distance offered a more immediate experience (Hinz, 2009).

**Applications in art therapy.** Lusebrink, et al, 2012 explained that the development of the ETC model was based on several different theoretical approaches to art therapy including art as therapy, gestalt, phenomenological, psychodynamic, and cognitive art therapy. These theoretical approaches expanded the ETC’s effectiveness in a variety of art therapy settings. Within the field of art therapy, the ETC served as a framework that assessed and organized an individual’s preferred manner of functioning in order to provide art interventions tailored to individual needs (Hinz, 2009).

Lusebrink (2004) stated, “The sequence in which an individual moves along the levels of the ETC can be conceptualized as reflecting increased complexity of visual information, processing, and corresponding brain structures and functions” (p. 173). When a client struggled with a certain component of the ETC this may have suggested a disconnection of systems or difficulty with transitioning between levels of information processing (Kagin & Lusebrink, 1978). Individuals sought treatment when one component of the ETC was overused or blocked (Hinz,
Once an individual’s level of functioning was determined, the structure of the ETC provided direction for future sessions.

**Bereavement Theory**

Bereavement has not been seen to end after some magical number of years; it has been seen as a lifetime of reworking the death, the relationship, one’s identity, and future relationships. Grief work is a process that over time becomes integrated into the self and the life. Therefore, the integration looked differently for individuals and differs over time. The art therapist, however, needed to be receptive to where the client was in relation to the time since the death, as well as the myriad of other factors, which played into negotiating the loss. If a client came to the art therapist ten years after the death, the art therapist should not assume that the grief is over (Lister et al., 2008).

Lister et al. (2008) suggested that the art therapist could facilitate the client engagement in answering questions about the deceased person, and the nature of the relationship. Further inquiry can be made on how they had coped with the death until this point? How have any personal support system helped or hindered their grief? What they imagine they were looking for in exploring the loss? Art therapy was well situated to externalize the components of the loss and the narrative so that the client could relate outside themselves (Waller, 2002). Thus, the client began to integrate the new relationship with the deceased person and brought this forward into their ongoing lives (Lister et al, 2008; Gushen, 1997).

In summary, death and grief will transpire in our lifetime. Being aware of the symptoms of grief, and how people grieve, gives the therapist an insight on how to facilitate the client approach to recovery. This can be achieved by a balanced lifestyle, self-care with a spiritual
component, and creating art. Having overcome grief, and transforming mourning to joy, the researcher discovered she possessed the authenticity and ability to be a wounded healer.
CHAPTER III

Methodology

Art-based and heuristic methods of inquiry were utilized to examine the topic of grief. The art-based research paintings and heuristic inquiry methods helped this researcher reflect on her own lived experience. Art therapy was used as a form of pre and post grief and loss resolution.

Wounded Healer’s Revelatory Moment

Moustaka’s philosophy specified that "in every learner, in every person, there are creative sources of energy and meaning that are often tacit, hidden, or denied" (Moustakas, 2009, p.121). The researcher began this heuristic inquiry within the context of her own experience. The researcher experienced, firsthand, the creative process called illumination while writing this thesis, through an “aha” moment, the recognition of grief denial (Kapitan, 2010).

However, the researcher wasn’t ready to explore the explication step. Attaining a deeper level meant the researcher had to come to terms with her personal experience of grief (Moon, 2011). The feelings of grief lied dormant in the background of the researcher’s mind. The researcher wanted the memory of grief to perish into non-existence. Yet, grief did not disappear. Indeed, when the time was right, the researcher experienced this huge revelation that the she must face her own grief (Bardot, 2000; Hardy, 2005). For the longest time, the researcher believed that the saying “healer heal thy self” (Dunne, 2000, p85) was a meaningless concept found only in professional literature. After all, the researcher had been effective at ignoring the grief for several years. Why would the researcher want to address it now? After considerable reflection and exploration, the researcher realized she would never be able to
understand the experiences of others grief unless she reexamined her own experience of it (Bardot, 2008; Harvey, 2005).

**Participant**

The researcher is a 67-year-old woman of Chilean/Syrian descent. She was a practicing artist with a Bachelor degree in Studio Art. She was the only participant in this heuristic study. The insights gleaned here enhanced self and contextual knowledge for this researcher, and enabled the potential for a future pilot art therapy program for grieving children, adolescents, and adults (Kapitan, 2010). The researcher wanted to understand the essence and the meaning of delayed grief. The researcher realized that qualitative research would allow the researcher to make sense of, or interpret, the phenomena in terms of the meanings that people bring to their experiences (Creswell, 2014).

The researcher knew only through confronting and resolving her own grief, she could be emotionally whole (Moon, 2011). The researcher gained clarification that dissociation happened in life when individuals were faced with painful experiences. People who suffered from complicated grief experienced a sense of persistent and disturbing disbelief regarding the death of a loved one. There was also resistance to accepting the permanency of death. This caused intense yearning and longing for the deceased person, frequent pangs of painful emotions, distressing intrusive thoughts related to the death and avoidance of a wide range of situations and activities that served as a reminder of the loss (Shear & Shair, 2005). Suppression of grief led to increased anxiety and distortion of the truth of the death’s occurrence. This kept the memory of the deceased in an unrealistic state of acceptance. On the other hand, reexamination of the grief had no negative influence on memory and might even improve it. In addition, assessing the grief led to a reduction of it as an emotional experience (Gross, 2013).
Researcher’s Engagement in Art Therapy

The researcher participated in art therapy as an art therapy student intern by working with grieving children. The researcher used a process called the art therapy grief weaving project she learned during her internship with children. During the use of the weaving project, she experienced the healing power of art. The researcher discovered that the immersion processes of both art interventions and writing poetry were useful combinations to contain the grief. As a result, it was determined that the researcher, a grieving person, needed an incubation period to process the grief (Moustakas, 1990). The researcher engaged in self-care as a process of incubation by creating art. In time the researcher would look at the art and the pain would slowly release. The illumination period arose after weeks of creating art (Moustakas, 1990). The cloud of grief lifted from the researcher which sped up the explication process. That was why, despite many emotional challenges of grief, the researcher chose to do a study using creative synthesis. The researcher used art therapy directives that were designed to address the symptoms of grief, denial, anger, anxiety, fear, depression, and, finally acceptance. (Kubler-Ross, 1969; Gulshen, 1997).

Creativity

The researcher’s core center value was focused on creativity. Everything created, thought, and felt, was expressed in her paintings. She also explored her spiritual past, present, and future with her art. The pain and pleasures of life always magnified itself in her art. Her art depicted whatever emotion she felt during the moment of creation. The researcher remained in flow and would spend a large amount of time in this state of mind when painting. Many emotions were released during this period; she felt creativity pushed her into places that were overwhelming and scary at times, but also challenging and rewarding. Creating art continually
developed the researcher’s hidden potential, revealing parts that were unknown to her. As a result, the researcher became self-aware of the necessity to continue to explore her inner most being (Ziff et al, 2012).

**Heuristic Study**

Heuristic research using qualitative methods was based on a methodology which has been developed at the University of Hamburg, by the American psychologist, professor, researcher, and writer (Klening & Witt, 2000). Heuristic studies were used to examine self-reflective questions (Moustakas, 1990).

There were six systematic steps that the researcher followed in the creative process. These included: (a) the initial engagement where the researcher turned in to the deeper parts of self to discover the hidden truths; (b) immersion where a researcher did soul searching and had a sense of heighten awareness; (c) incubation was a period where the question was put aside, so the mind could rest and regroup. Allowing the researcher to focus on everyday concerns this allowed the researcher to be able to dig deeper into the questions later; (d) illumination was where the “ah ha” moments occurred, provided the mind was in a relaxed state. Revelations and hidden secrets could emerge; (e) explication was a process of critical thinking used to discern the meaning of the study. Where reflection of central themes appeared, and reviewed for their meaning; and (f) the creative synthesis was where the core themes of the study immersed through artistic expression (Kapitan, 2000).

Qualitative inquiry was defined as a type of phenomenological inquiry into the personal insights of the researcher (Kapitan, 2010; Patton, 2002). The researcher struggled to understand oneself and the world in which one lives (Kapitan, 2010; Moustakas, 1990). The concepts of the research process involved an exchange of ideas as a specific form of interaction. An integrated
part of the methodology was verification procedure with tests of validity, reliability, and range of findings (Klening & Witt, 2000). Explorative methods and procedures have been around for centuries, but have been resisted by behavioristic and deductive measurements, that are concerned with prediction, control, responses, and their consequences (Moore, 2010).

The qualitative heuristic tried to bring back qualities of exploration, into academic research. The qualitative heuristic research explored and tried to be aware of the human condition (Patton, 2012). Through a series of questions designed to provoke thought and holistic understanding the researcher developed topics and ideas to better expose the purpose of the study (Klening & Witt, 2000).

**Four Basic Rules to Optimize the Chance for Discovery**

There were four rules in the heuristic research using qualitative methods that were all dependent on each other (Patton, 2002). The first two rules were an interaction between researcher and topic. The second pair of rules was the relationship of data collection and data analyses. All four rules of heuristic study heightened the researcher’s probability of inner awareness and personal discovery (Klening & Witt, 2000).

**Rule 1.** The researcher must be open to new concepts and have the willingness to change perceived ideas when confronted with contrary data. The researcher was required to reconsider their position in the light of the discovery of contradictory belief, especially when the data was not in agreement with the researcher's basic beliefs. The opposing position enables the exploration to begin (Klening & Witt, 2000).

**Rule 2.** In research topics, may change. Only through exploration can the researcher know when themes change. Changes can overlap with other problems, be a different problem, or just disappear altogether. The researcher must continue under new headings. Change can be a
positive sign of accumulation of knowledge. “Many great discoveries have been made by chance” (Klening & Witt, 2000, p. 25).

**Rule 3.** Data should be collected by various perspectives. The researcher should be mindful of the one-sidedness of the topic. Variations of questions should be presented, and several answers should be investigated. “Structural variations mean to obtain data that reflects different situations, times, cultures, and methods. Obtain samplings of positions from the past and present” (Patton, 2002, p. 40).

**Rule 4.** The analyses are directed toward finding commonality and to overcome the difference. The researcher groups all similar parts of the data together, creating headings that turns into concrete topics causing the overall patterns of a structured topic to emerge. Using open-ended questions allowed the researcher to examine the text from many perspectives. “In testing the results, the 100% rule states that if data is reliable it can be imputed to the same categories” (Klening & Witt, 2000, pp. 35-38). The researcher must test the limits to prove the results are valid.

**Arts-based research.** Kapitan (2010) indicated that art based research instruments have three parts: (a) “theory-driven”, that has a historical inquiry which relates to forms, themes, and issues in the artwork; (b) research that uses visual means to gather and interpret data; (c) art-based research was grounded in sensory based learning. Art offers insight into understanding the human condition (Kapitan, 2010, p. 35).

The researcher intended to use an art-based research instrument as a base of self-discovery (Ziff, Pierce, Johanson, & King, 2012). The researcher utilized personal art developed while an intern student at a children’s art therapy grief program.
**Procedures for Data Collection**

The researcher followed the four rules in the heuristic research using qualitative methods, which were all dependent on each other. Klening & Witt (2000) claimed that research topics could be changed, deleted, or turned into a different topic. The researcher was flexible and willing to embrace the new topic, so self-discovery could occur.

The researcher collected data from personal notes, observation, and personal paintings completed during a seven-week grief intervention while working at an internship site with children in a bereavement art therapy group. Only the researcher’s art interventions will be analyzed and explored for visual themes of grief. No children's artwork will be included in this study preventing any ethical issues of consent, confidentiality, or privacy. The researcher utilized the services of the co-researcher as an objective voice to help process concerns and themes that arose. Finally, the researcher was enabled the chance to gain some distance for the heuristic study.

**Analysis of the Data**

Analysis of the data involved identifying and describing both implicit and explicit ideas of the heuristic study (Guest, MacQueen, & Namey, 2012). Topics addressed were diverse, including understanding experiences, perceptions, practices, and causal factors underlying phenomena (Clarke & Braun, 2013). One methodological tool as a result of an qualitative research was self-reflection. Reflection was the researcher’s response to the data uncovered in the heuristics study.

The researcher used a reflective journal to document the reasoning in finding themes, personal experiences, and the resource data. The researcher identified some themes and visual features in artwork to better understand how working with grieving children affected the
researcher as art therapist student. Reflexivity exposes recognition of self, recognition of others, and the truth of your discovery, that could leave the researcher vulnerable (Pillow, 2003). This would allow for analysis of data by finding codes that recurred. The researcher then clustered them together. Then the researcher began the interpretation, but only with the understanding that the codes or patterns may have shifted and changed during the process of analysis.

**Table 1. Thematic analysis chart**

**Validity and Reliability**

Creswell and Miller (2010) wrote that it was essential for a qualitative researcher to demonstrate the credibility of their studies. Obtaining feedback from a co-researcher and two additional professors provided some objective distance for the researcher. The researcher carefully reviewed the literature available before engaging in the heuristic process. The exploratory method of heuristic research design suggested that it was the best method for the
researcher to collect information through personal experiences to discover the meaning of the phenomenon studied (Moustakas, 1990).

**Ethical Implications**

The researcher anticipated that this arts-based heuristic study would have minimal risk to her well-being. Possible risks included emotionally challenging reactions to the difficult subject matter of grief. The researcher protected herself from unfavorable thoughts or feelings that surfaced by participating in weekly art therapy sessions with her personal therapist, a licensed Art Therapist Board Certified (ART BC) and a Licensed Professional Counselor (LPC). The therapist helped the researcher resolve the feelings that came up during the study about her, identity, trauma, and repressed grief.

**An Art Therapist’s Responsibilities.** Undertaking the work of an art therapist the researcher must come to terms with their own grief. Past and present losses liberate and regenerate healing, which affect both client and the therapist (Bardot, 2000). As a wounded healer, the researcher counts on the power of art therapy to express the inexpressible. Allowing the child to naturally heal their pain, the art therapist experiences their own healing (Bardot, 2000). Art therapist must seek out their own support system to address and manage their losses (Hardy, 2005; Waller, 2002).

Above all, the researcher absorbed that being an art therapist has considerable care of another’s psychological well-being. She must be compassionate, sensitive, and empathetic. Words have the power to inspire and lift client's emotions or be a hindrance in their process. The researcher never realized the hesitant feeling was repressed grief.

The way an art therapist uses their interpersonal skills gives grounds for positive or negative reactions from their clients and trainees. An art therapist must define who they are by
being whole in their intellectual, spiritual, and emotional well-being. When taking on an art therapist role, the researcher must understand the position, values, and norms, to able to empathize to other’s perspectives Moon’s (2006). The qualitative research design brought up questions of the researcher professional identity and creative synthesis. The researcher incorporated self-care in her schedule by engaging in some form of art every day. Doing this released the researcher’s negative emotions and increased competency. Above all, as an art therapist student, the researcher must invest in oneself to be able to invest in others. Therefore, it is essential as an art therapist to continuously practice self-examination of my motives, emotions, and thoughts to be able to work from a place of compassion. The creative process supports and enhances my understanding of the self, others, and the world (Hinz, 2009; Moon, 2006).

**Researcher Bias**

Rogerson, Gottlieb, Handelsman, Knapp, and Younggren (2011) explained that a lack of awareness of Bias Blind Spot and Self Severing Bias, could inadvertently harm clients. In the Bias Blind Spot the art therapist may not be aware or acknowledge their responsibility for the damages they can cause by their actions. Whereas, in Self-Severing Bias the art therapist justifies looking out for their own needs and not being concerned on how they affect others then claiming they didn't mean to harm the client. Also, the researcher’s own belief in art as a therapeutic modality, and personal experiences of grief could cause bias. For all these reasons, the researcher sought advice from faculty members reviewing the thesis.
CHAPTER IV

Results

Results of the Heuristic Study

During this study the researcher kept a reflective journal to record details about her heuristic experience utilizing grief art directives. The primary themes derived from coding the data consist of, (a) powerlessness, (b) physical symptoms, (c) psychological symptoms, (d) grief, (e) art.

Powerlessness

This theme encapsulated the feelings of the researcher struggling to deal with the effects of grief. The researcher experienced self-blame and guilt of the deceased. Figures 2 and 3 represent the visual manifestation of despair and helplessness. In Figure 2, the researcher used the color black to shield the dark pain of grief from others. The opening in the black construction paper revealed small parts of the emotions felt during the death. In Figure 3, the abstract represented the researcher’s body of tears. The colors blended together to form clusters of paint falling and illuminating waterworks. These images represented the kinesthetic component of the ETC through movement, rhythm and sensory experiences (Hinz, 2009).

Figure 2. Hidden tears. 
Figure 3. Tears revealed.
Figure 4, Figure 5, and Figure 6 illustrated the researcher’s acknowledging the death and accepting the reality of loss. In Figure 4 titled “Wake up,” the lips on the face occurred distorted symbolizing a somatic condition. The researcher’s daughter had trouble breathing. The researcher believed her daughter could wake-up because she just went to the house to change her shirt for church. In Figure 5 titled “Sudden,” the image colors appeared blurry with the head and body receding together abruptly like the death. The sudden death made the researcher realize a person can be here one moment and gone the next. In Figure 6 titled “Lifeless,” the colors became translucence revealing the lifeless body. The researcher’s daughter’s death seemed like a dream. These images utilized the symbolic component on the ETC. Symbolism was a link between reality, human behavior, and thought. This art activity released unconscious, repressed emotions, helping with their identification and caused transformation for the researcher (Hinz, 2009; Lusebrink, 2010).

*Figure 4. Wake up.*  
*Figure 5. Sudden.*
In Figure 7(a) Tears the colors and marks on the outside of the mask revealed the shock the researcher felt when confronted with her daughter’s death. In Figure 7(b), the dark colors inside the masks symbolized the shreds of agony, loss, and despair. At the time no words could express the researcher’s feelings colors and marks on the outside of the mask revealed the shock the researcher felt when confronted with her daughter’s death. The turmoil of the dark colors inside the masks symbolized the shreds of agony, loss, and despair. The grief mask utilized the Symbolic component of the ETC. The healing properties deepened personal meaning through understanding positive and negative parts of self. The emergent function revealed inner strength through symbolic discovery (Hinz, 2009). Figure 8, “Lost Identity” showed the researcher’s identity change.
Physical Symptoms

Figure 9, illustrated the physical symptoms the researcher experienced in her suffering which resulted in health deterioration. The researcher showed the emotions she felt in her body at the time she found out about the death of her daughter. These emotions created havoc in her physical body; negative emotions triggered headaches, stomachaches, and other body pains. The body outline applies the perceptual/affective component of the ETC. This art directive showed the how emotions can be related to physical symptoms. Furthermore, the expression of emotions may have led to a reduction in the frequency, intensity, and duration of physical symptoms.
(Hinz, 2009). Images stimulated the brain and restored the cortex of the brain that regulated emotions to recover the right and left brain connection (Gantt, 2009; Lusebrink, 2004).

*Figure 9.* Physcal symptoms body mapping.

**Psychological Symptoms**

The researcher experienced mental stress. She became resistant to accepting the death, which caused intense yearning and longing for her deceased daughter. Her feelings materialized in frequent pangs of painful emotions, distressing intrusive thoughts related to the death, and avoidance of a wide range of situations. She expressed the emotions of grief through Figure 10, “Emotionally Upside-down” and Figure 11, “Equilibrium.” In these Figures, the body was distorted, and the lines were going in all directions, indicating confusion. The researcher remained emotionally unstable during and after the death of her daughter. In these figures, the lines and colors implied unsteady feelings. The researcher tried to find balance and her identity.

*Figure 10.* Emotionally upside down.  

*Figure 11.* Equilibrium.
as a mother. The three self-portraits of the past, present, and future utilized the symbolic component on the ETC. Symbolism is a link between reality, human behavior, and thought. This art activity released unconscious, repressed emotions from the internal and brought them to the surface, which allowed for transformation (Hinz, 2009; Lusebrink, 2004).

**Grief**

The response to loss produced difficult emotional and feelings of sorrow, shame, and anger in the researcher. A lot of these emotions were displayed in Figure 12, Grief Stricken, and the poems (Figure 13 and Figure 14). These two poems exposed the researcher’s mental state during the grief process. Using poetry created a supportive technique for self expression and fostered a sense of control over the sorrow for the researcher. In Figure 15, the colors and facial expression suggested grief. The lines and colors of the brain represented control. The heart colors signify emotions. These organs together gave the researcher stability. The researcher contemplated that her emotions were ruled by her thought life. Controlling her thoughts with positive input would control her emotions. In Figure 16, the researcher created a Wordle from her reflective journal and mask making to see what words stood out when dealing with grief. A Wordle is created using a web-based tool to create a visual depiction of the words contained in a piece of text (Feinburg, 2014).

Figure 12 “Grief Stricken”
Fig. 13. Poem I cry.

I cry
when I paint
My tears reveal
The dark places in my soul
Where sorry and heartache reside
My hope is in God’s promises
He will wipe away
All my tears
sorrow, death, or pain
Will be no more
God’s word is trustworthy and true
Never returning void
Until that day comes
When I paint I cry
I cry when I paint

Fig. 14. Poem grief.

The death of a loved one
Empty arms and broken hearts
Hope and dreams shattered
Plans for the future lost
I wonder.
Will my heart remain fractured
Will my spirit remain bitter or will it invoke
A sweet compassion
Dear Lord heal my broken heart
Renew my hope, with plans and dreams
Remove my tears; fill my heart with your love, joy and Light
God you know my pain, your son died for me
God heals the brokenhearted and binds up their wounds
Rise up all you griefstricken, God has a word:
The flames of grief may burn,
But He will make beauty from your ashes
Response Art

Figure 15. Cognitive and emotional.

![Cognitive and emotional image](image1.png)

Figure 16. Grief wordle.

![Grief wordle image](image2.png)

In Figure 17, the image symbolized releasing her daughter and putting herself in front to administer self care. Doing so aided the researcher in living without her daughter, giving her a
new normal. In Figure 18, the dark colors of grief are fading away, renewed by bright colors and textures, which represented God’s softness, peace and acceptance. The researcher released her daughter into God’s hands, knowing one day they will be together again. In Figure 19, the colors in the image symbolize the recovery of grief to hope, peace, and renewal of self. The researcher released these emotions to create a new identity as an art therapist. Her goal is to heal and aid those who may be dealing with pain and grief with the use of art.

*Figure 17. Lost identity*  
*Figure 18. Holy spirit*

*Figure 19. The new me future self*
In Figure 20, the researcher said goodbye both cognitively and emotionally; writing the letter finalized the death psychologically. Creating the watercolor released all the emotions she felt during the loss of her daughter. The weave formulated a private moment for the researcher, which became a very important part of healing. No one could see the letter or her thoughts. She experienced this grief journey alone. The colors symbolized release, peace, and acceptance. This theme created a stable structured environment, a safe place to grieve. Art aided the researcher to investigate herself deeper to revealed personal insight into her grief (Moon, 2011). Engaging in art activities released unconscious, repressed grief from the researcher.

For the researcher imagery was an alternative to words that articulated her pain and grief. Art created a haven for her grief work. Joy and sorrows, pleasures and pain always magnify itself in the researcher’s artwork. This art directive employs both the cognitive and kinesthetic components of the ETC. The cognitive component existed when writing the letter, which promoted cause and effect thinking, going from one experience to another. The Kinesthetic component remained in the abstract painting, with healing properties of self-soothing through rhythm and movement, and emergent function of form (Hinz, 2009; Kanter, 2005).

Figure 20. Goodbye
In Figure 21, the colors in the picture seemed full of life. This art piece showed the researcher watching over her four children who were contained for their own protection. In figure 22, her children transformed in to butterflies ready to spread their wings with the Lord’s help. In figure 23, the researcher must set her youngest child, her only daughter, free. The soft hue of colors gave the impression of peace.
CHAPTER V

Discussion

The researcher used text-based and visual themes from remembered memories working with grieving children. All artwork was the solely the researcher's creation. The artworks reflected the past and present exposure from working as a student intern at a children’s art therapy bereavement program. The themes discover from engaging in the artwork where (a) powerlessness; (b) physical symptoms; (c) psychological symptoms; (d) grief, and, (e) art.

Powerlessness

Grief created the feeling of helplessness and loss of control, especially when the person was depended on the deceased for help (Zeng & Lawson, 2015). The feelings of helplessness combined with a broken heart are some of the emotions felt when grieving a loved one (Malchiodi, 2012; Sharpie, 2004). McDonald (2002) stated through the loss of a family member a person’s whole identity and family dynamics can change. The feeling of losing their identity is common among parents (Naff, 2014). Equivalent to the research, the researcher also experienced her whole family identity changed when her daughter died. She instantly went from being a grandmother, to being a parent to her daughter’s children. She also suffered guilt and self-blame for out living her daughter.

Physical Symptoms

Physical pain can become magnified in people suffering from grief. Such manifestations have included body aches and pain, headaches, stomachaches, and others illnesses (Gillespie, 2001). Not processing the emotions and difficult feeling of grief has also led to physical pain (Naff, 2014). Painful emotions and intrusive thoughts have reminded survivors of their loss (Shear & Shair, 2005). Likewise, the researcher experienced some body aches and pain when she
was holding on to the grief. Through writing poetry and painting the researcher was able to release the symptoms associated with grief. There are other health implications, as the result of PGD and PTSD, that can seem to have increased the probability of both physical and psychological symptoms in the researcher (Spuij et al, 2012)

**Psychological Symptoms**

Emotional stress was reported to effect a grieving person from not wanting to particcate in activities (Olive, 2007). Similar to the study, the researcher expeienced a lack of desire to be social she isolated herself from her friends. Mental symptoms presents as anxiety, excess crying, sleep problems, depression, lack of concentratation and PTSD (Liebman,2004). Psychological disorders have been caused by unrsolved grief (Ogrodniczuk, Piper & Joyce, 2004). Nurses experiencing life and death situations can suffer from emotional stress causing them to miss work (Bardot, 2008). The researcher found herself crying all the time, having trouble sleeping and it was difficult to concentration on any task for a length of time. As a result of her prolonged grief she expeienced signs PTSD.

**Grief**

According to Moon (2010), death can cause sorrow, anger, shame, difficult emotions and feelings. The most important thing the researcher discovered about grief was not to suppress it. Unexressed grieve can make intimate relationships difficult and cause a person to stay emotionally blocked by prolonging the mourning process (Olive, 2007). Depression can set in due to grief which has caused isolation (Walker & Schaffer,2007). Reckless behavior such as taking drugs can occur during the grieving process, especially in teens (Sterner, 2005). People can have decreased focus and concentration because of being obsessed with grief (Martin & Doclea, 2000).
The researcher purposefully distracted herself from starting the grief process by getting her grandchildren involved with multiple activities. This caused her to become an introvert with close family and friends, and apprehensive in developing new relationships. The decade long journey through multiple art programs at several higher learning institutions served as a treatment and coping mechanism.

**Art**

Through the conception of art self-reflection can be produced (Hinz, 2009; Riley, 2012). Creation of symbolic images formed a vessel to store the grief, which generated self-insight. Symbolism was a link between reality, human behavior, and thought (Malchiodi, 2012). Art activity released unconscious, repressed emotions from the internal and brought them to the surface to identify and transform them (Hinz, 2009). Art directives emphasized the commonalities of emotions expressed (Kanter, 2005), as well as identified the hidden discomforts of feelings and symptoms of grief (Malchiodi & Rozum, 2012). Creativity can put a person in a state of flow. Being in flow brings a peaceful state of mind that can aid in working through grief (Chilton, 2013). Coming to terms with grief provides insight, resilience, healing, and growth (Serlin & Cannon, 2004).

The use of all arts reframes negative mental warfare on the patients and clinicians spirit alike (Moon, 2011). Art lifted the hopelessness, emotional and physical symptoms of grief in the researcher. One module of the arts was poetry writing (Bowman, Sauers & Halfacre, 1994). There were three aspects of healing fostered by using poetry, reflection, spirituality, and discovery of meaning in the world (Coulehan & Clary, 2005). Writing poetry and painting have contrasting healing capability, which means the brain was able to hold opposite thoughts at the same time. Clinicians often time look at themselves as the healer, the disease as the adversary and the
patients as a victim (Bloomgarde & Nestzer 2011). Using poetry in therapy transfers both the patients and the clinicians experience into a collective effort. This written medium assisted this healer to have empathy, to fully recognize their patients by standing beside them in a compassionate way (Coulehan & Clary 2005; Hayes, 2003). Art journaling created narrative truths through forming a scenario of the loss in making sense of the grief for the researcher (Lister, Pushkar, & Connolly, 2008).

Limitations

Inherent limitations of a heuristic study means that results cannot be generalized to others. The heuristic study was the experience of the researcher, who sensed and felt the healing power of art therapy. The internal reflective study limits the sample study, and threatens the validity of data gathered (Carolan, 2001). Kaptain (2010) advised, through the supervision of the researcher’s advisor and faculty, all bias and ethical considerations be viewed so as not to jeopardize the validity of the study. This can be defined as the meaning attached to something was contextual. Heuristic research begins with the researcher’s own experience before it invites others to comprehend its meaning.

The primary requirement for conducting an heuristics research study demands the researcher’s personal connection to the topic. Investment of labor intensive research must come from a place of passion, promote personal development, and be an essential element in the art therapist’s professional growth (Bloomgarde & Netzer, 2011). The process leading to discovery included the researcher’s self-reflective exploration. The art therapist was required to examine her own experience with therapeutic art making and to trust her experience, intuition, and tacit knowledge (Fish, 2012). Moon (2006), Malchiodi (2012), and Fish (2012) all believed that art making was a fundamental tool in art therapy training.
Recommendations and Future Studies

The researcher realized she had to sometimes be isolated in research for self-reflection. Isolation enabled the researcher to gain insight, and to share experiences with others (Moustakas, 1990). The results from the data have created a question for the researcher who now wishes to conduct interviews with other art therapists on their personal experiences with grief. Also possibly engaging in a co-researching project with other therapist in order to expand the understandings of art therapy and grief.

Some questions have arisen, during this heuristic research, that the researcher would ask answers from other art therapists. Where have the images lead them in their own grief work? How has grief work enabled them to seek self-care in creating art themselves? How response art making aided in countertransference from their client’s grief? What are the benefits of using art therapy for grief for children compared to conventional therapy? Would educating parents on the benefits of art therapy and children’s grief encourage them to utilize art therapy when they seek treatment for their children? Further studies could arise in the medical field among nurses, doctors, and other caregivers that are dealing with death and trauma. Further education on the effects of art therapy is recommended for the medical community in caring for the critically ill.

Conclusion

Upon completion of this Heuristic study the researcher came to terms with her own grief. The researcher realized that art therapy not only relieved the client’s grief, but also alleviated the researcher’s own fears, loss, and vulnerability (Bardot, 2008). Writing this thesis has brought self-awareness to the researcher. She realizes that she is on a journey assisting others in grief work; however, the researcher must remember to disengage from her own loss in order to renew herself and address her own brokenness (Hayes et al, 2007). The literature review indicated that
art therapy was an effective intervention for individuals suffering from grief and loss including caregivers. Thus, advancing the public’s awareness of the benefits of art therapy would enhance art therapy usage among this population. Leo Tolstoy (1890) stated “Only people who are capable of loving strongly can also suffer great sorrow, but this same necessity of loving serves to counteract their grief and heals them” (p. 109). Only people who love hard will grieve hard. It is my mission to take the knowledge gained from my personal experiences and combine it with my education to effectively guiding people through the grief process using art therapy.
References


Billings, A. C. & Moos, R. H. (1981). The role of coping responses and social resources
in attenuating the stress of life events. *Journal of Behavioral Medicine, 4*, 139-157.


Dyregrov, K., Dyregrov, A., & Kristensen, P. (2016). In what ways, do bereaved parents after terror go on with their lives, and what seems to inhibit or promote adaptation during their

http://dx.doi.org.ezproxy.smwc.edu/10.1080/07421656.1995.10759127


http://dx.doi.org.ezproxy.smwc.edu/10.1080/07421656.2012.701594


http://dx.doi.org.ezproxy.smwc.edu/10.1080/07421656.1999.10129671


APPENDIX A

In Appendix A(#1) The researcher will engage in five art therapy modalities designed to help process and accept the reality of loss (a) To acknowledging the death and to accept the reality of loss; (b) Retelling the story by remembering the deceased and adjusting to an environment in which the deceased is missing; (c) The feelings of grief was to work through the pain of grief; (d) The emotions of grief expressed to work through the pain of grief, and, (e) Adjusting to a new normal to emotionally relocate the deceased and move on with life. It will take about seven art therapy sessions consisting of three hour per session. Thirty minutes to set up an activity, thirty-minute for cleanup, ninety minutes for creating the art inventions and thirty minutes for discussion. In Appendix B (#2). There are six systematic steps that an art therapist will follow in the creative process. The researcher will require about two hours or longer for reflection on addressing the six steps.

1(a) Acknowledging the death. Helps grieving persons accept the reality of loss (Gulshen, 1977).

Procedure: In the art directive, the researcher created a collage answering the following questions: Who died? What do you remember about this person? How did the person die? What are your favorite memories? The researcher wrote two poems to integrate the intellectual reality of the loss.

Rationale. This art directive employs both the Cognitive and Kinesthetic components of the Expressive Therapies Continuum (ETC). The Cognitive component existed when writing the poem, which promotes cause and effect thinking, going from one experience to another. The Kinesthetic component remains in the abstract painting, with healing properties of self-soothing through rhythm and movement, and emergent function of form (Hinz.2009; Kanter 2005).
(b). **Retelling of the story.** Retelling the story enabled the participants to actualize the death (Gulshen, 1977).

**Procedure:** The Art therapist has to be very mindful of the emotional reactions from the client in giving this directive, as the client’s perception of the cause of the traumatic event may be distorted with self-blame. They are always in a negative state of fear, horror, rage, and shame. The client displays avoidance of the places, people, and memories that may bring back the traumatic event. Therefore, it is recommended this activity be given in several sessions. Ask the client to describe the traumatic story by creating images that show its history (Malchiodi, 2012; Riley, 2001).

**Rationale:** The art directive Chronological Trauma Narrative uses the Cognitive component of the Expressive Therapies Continuum (ETC) (Malchiodi, 2012; Hinz, 2009). Discussing the traumatic event moves the events into the past tense; it desensitizes the survivor and allows them to master their emotions. The Cognitive component will restore the cortex of the brain that regulates emotions and recovers the right and left brain connection (Gantt, 2009). Repeating the narrative externalizes the problem by separating the problem from the person. Using images integrates the right and left brain by activating awareness and perception (Malchiodi, 2012; Riley, 2001). The long term goal of recovery for the grief stricken client comes in three phases: stabilization of symptoms; trauma processing, and; integration of positive effective and behavior (Gantt, 2009). The goal is to terminate destructive behaviors by implementing coping skills that promote healing and restoration of clients life to pre-tauama function (Malchiodi, & Rozum, 2012).

(c) **Emotions of grief:** Feeling boxes are used to continue to focus on outward expression of feelings. This art directive normalizes and validated the pain of grief emotions (Gulshen, 1977).
**Procedure:** Ask the participants to share their feelings. Have them choose images from magazines to illustrate those feelings and glue them to the outside of a box. Ask the participants how they feel inside. Choose images to convey these feelings and then put inside the box (Gulhen, 1977).

**Rational:** The feeling boxes utilized the Symbolic Component on the ETC. Symbolism is a link between reality, human behavior, and thought. This art activity releases unconscious, repressed emotions, helping with their identification and causing transformation for the participants (Hinz, 2009; Lusebrink, 2010).

(d). **The Emotions of grief.** Body posters are used to identify the body part affected by the death (Gulhen, 1977).

**Procedure:** The researcher created four body posters using sensory memories of what was heard, touched, smelled, and tasted on the day of the death. Ask the client to use different colors to express the emotions on the body they felt mad, sad, angry, and afraid (Riley, 2001).

**Rationale:** The art directive will be a Body Outline in a somatic approach to discover and alleviate experiences of stress in the client (Malchiodi, & Rozum, 2012). The body outline applies the Perceptual/Affective component of the ETC. This art directive shows the client how emotions can be related to physical symptoms. Furthermore, the expression of emotions may lead to a reduction in the frequency, intensity, and duration of physical symptoms (Hinz, 2009). Images will stimulate the brain and restore the cortex of the brain that regulates emotions to recover the right and left brain connection (Gantt, 2009).

(e). **Feelings of grief.** Articulating the grief through an art directive, gave the participant an outlet to express their feelings (Gulshen, 1977).
**Procedure:** The researcher created a mask and answered the following questions: What feelings did you show when the person died? How did your face look? The researcher created a grief mask depicting the facial expression about her feelings of the death. Also, the researcher kept an inventory list of feelings to identify and illustrate feelings (Gulshen, 1977; Riley 2001).

**Rationale:** The grief mask utilized the Symbolic component of the ETC. The healing properties deepen personal meaning through understanding positive and negative parts of self. The emergent function revealed one’s inner strength through symbolic discovery (Hinz, 2009).

(f). **Adjusting to a new normal.** Creating three transformational self-portraits of her past, present, and future of grief (Gulshen, 1977).

**Procedure:** The first portrait answered this question: What do you look like from your negative experience of grief in the past? The second portrait answered: How do you see yourself living with grief today? The third portrait answered: How do you want to change? This piece looks to the future for your ideal self. The researcher was instructed to look at all three pieces together and see if any elements showed transformation that happened and/or will happen in the future. Creating the three self-portraits allows for self discovery of negative and positive parts of oneself (Gulshen, 1977).

**Rationale:** The three self-portraits of the past, present, and future utilized the Symbolic Component on the ETC. Symbolism is a link between reality, human behavior, and thought. This art activity releases unconscious, repressed emotions from the internal and brings them to the surface, which allows for transformation for the participants (Hinz, 2009).

(g) **Acclimating to Life without the Deceased:** Creating a grief weaving focuses on the expression of feelings (Kantner, 2005; Gulshen, 1977).
**Procedure:** The researcher completed the grief weaving in two stages. The first stage involved a wet on wet watercolor of a rainbow. The colors of the rainbow corresponded with the feelings experienced at the funeral service. The second phase involved the use of a gel color pen on black construction paper to write the deceased a goodbye letter. The grief weaving used tactile deconstruction by tearing the watercolor and written letter. Both art pieces are altered, cut into strips and woven together to construct a new form (Kantner, 2005).

**Rationale.** The grief weave utilized both Kinesthetic and Cognitive components of the ETC. Writing the good bye letter moved the client from their left brain memory of the death (writing) to the right brain emotional experience of the loss (watercolor) (Kantner, 2005). Tactile, sensory memory is enhanced. Right and left brain integration of the experience is attained (Kantner, 2005; Hinz, 2009). The rhythm and movement in shredding and tearing the watercolor released the emotions of the death by self–soothing (Lusebrink, 2010). The cognitive component enhances all executive functioning and cause and effect thinking (Lusebrink, 2010; Hinz, 2009). Creating the art piece normalized and validated the pain through the narrative and watercolor imagery (Siegal & Hartzell, 2003).

2. There are six systematic steps that an art therapist will follow in the creative process. They are initial engagement, immersion, incubation, illumination, explication, and creative synthesis, (a) initial engagement is the starting point of inquiry where the researcher accesses deeper parts of self to discover the hidden truths, (b) immersion was where a researcher does soul searching and has a sense of heighten awareness, (c) incubation is a period where the question is put aside, so the mind can rest and regroup, and to focus on everyday concerns, (d) illumination is where the ha ha moments occur where revelations and hidden secrets emerge, (e) explication is a process of critical
thinking which is used to discern the meaning of the study, where reflection of central themes appears, and reviewed for their meaning, and (f) creative synthesis is where the core themes of the study immerse through artistic expression. The data from this study will be used in the development of an art therapy based grief group as well as to promote personal development, an essential element in the art therapist’s professional growth.
## LIST OF TABLES

### Thematic Coding

**TABLE 2**

<table>
<thead>
<tr>
<th>Category: Powerlessness</th>
<th>Category: Physical Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code: Self-blame</td>
<td>Code: Poor health</td>
</tr>
<tr>
<td>Code: Helplessness</td>
<td>Code: Bodyaches and pain</td>
</tr>
<tr>
<td>Code: Depair</td>
<td>Code: Headaches</td>
</tr>
<tr>
<td>Code: Overwhelmed</td>
<td>Code: Stomachaches</td>
</tr>
<tr>
<td>Code: Guilt</td>
<td>Code: Sickness</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category: Psychological Symptoms</th>
<th>Category: Art Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code: Mental shut down</td>
<td>Code: Safe place</td>
</tr>
<tr>
<td>Code: Anxiety</td>
<td>Code: Healing</td>
</tr>
<tr>
<td>Code: Depression</td>
<td>Code: Support</td>
</tr>
<tr>
<td>Code: Lack of social function</td>
<td>Code: Spiritual</td>
</tr>
<tr>
<td>Code: Low energy</td>
<td>Code: Self-Reflection</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category: Grief</th>
</tr>
</thead>
</table>
The following is an inventory of feelings and words that appeared from creating the mask and entered in the researcher’s reflective journal:

<table>
<thead>
<tr>
<th>Shock</th>
<th>Bawl</th>
<th>Paralyzed</th>
<th>Heartache</th>
<th>Bad Dream</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anguish</td>
<td>Misery</td>
<td>Cry</td>
<td>Angst</td>
<td></td>
</tr>
<tr>
<td>Distress</td>
<td>Affliction</td>
<td>Unfair</td>
<td>Torment</td>
<td></td>
</tr>
<tr>
<td>Fear</td>
<td>Worry</td>
<td>Shame</td>
<td>Worry</td>
<td></td>
</tr>
<tr>
<td>Wail</td>
<td>Trouble</td>
<td>Unbelief</td>
<td>Sorrow</td>
<td></td>
</tr>
<tr>
<td>Anger</td>
<td>Overwhelmed</td>
<td>Regret</td>
<td>Affliction</td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td>Weep</td>
<td>Moan</td>
<td>Agonizing</td>
<td></td>
</tr>
<tr>
<td>Sorrow</td>
<td>Shame</td>
<td>Anger</td>
<td>Aching</td>
<td></td>
</tr>
<tr>
<td>Rage</td>
<td>Hate</td>
<td>Panic</td>
<td>Hurting</td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td>Stunned</td>
<td>Pain</td>
<td>Mourn</td>
<td></td>
</tr>
<tr>
<td>Horror</td>
<td>Suffering</td>
<td>Misery</td>
<td>Yell</td>
<td></td>
</tr>
</tbody>
</table>