Memory Book: A Journey of Healing through Scrapbooking

Tina Williams, MA

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

Department of Art Therapy in the Graduate Program
Saint Mary-of-the-Woods College
Saint Mary-of-the-Woods, Indiana
January 2015
ABSTRACT

Grief and loss are universal human experiences. For some, the pain of grief and loss can be experienced more intensely. When people have issues processing grief in a normal manner, complicated and unresolved grief issues may develop. Individuals who experience complicated and unresolved issues of grief and loss can develop serious mental health issues. This study examined how scrapbooking can be used to help individuals who were experiencing grief and loss in their lives using a cognitive-behavioral and narrative approach. This six-week study used scrapbooking to preserve memories and life events. The study utilized a pretest design, a discussion questionnaire, as well as reflections from the participants. Results indicated that scrapbooking was meaningful and cathartic for participants. This study contributes to the field of art therapy through an exploration of how scrapbooking can benefit individuals experiencing grief and loss.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>2</td>
</tr>
<tr>
<td>LIST OF FIGURES</td>
<td>5</td>
</tr>
<tr>
<td>I. INTRODUCTION</td>
<td>6</td>
</tr>
<tr>
<td>Statement of Problem</td>
<td>6</td>
</tr>
<tr>
<td>Research Question</td>
<td>7</td>
</tr>
<tr>
<td>Basic Assumptions</td>
<td>8</td>
</tr>
<tr>
<td>Purpose of the Study</td>
<td>8</td>
</tr>
<tr>
<td>Hypothesis</td>
<td>9</td>
</tr>
<tr>
<td>Operational Definitions</td>
<td>9</td>
</tr>
<tr>
<td>Justification of Study</td>
<td>10</td>
</tr>
<tr>
<td>II. REVIEW OF LITERATURE</td>
<td>11</td>
</tr>
<tr>
<td>Complicated and Unresolved Grief</td>
<td>11</td>
</tr>
<tr>
<td>Related Grief Processes Through Culture</td>
<td>12</td>
</tr>
<tr>
<td>Theories of Grief and Loss</td>
<td>13</td>
</tr>
<tr>
<td>Art Therapy, Grief and Loss</td>
<td>16</td>
</tr>
<tr>
<td>Using Narratives with Grief and Loss</td>
<td>17</td>
</tr>
<tr>
<td>Photography as a Healing Process</td>
<td>19</td>
</tr>
<tr>
<td>Memorializing Grief and Loss</td>
<td>20</td>
</tr>
<tr>
<td>Grief and Support Groups</td>
<td>21</td>
</tr>
<tr>
<td>Scrapbooking and Art Therapy</td>
<td>22</td>
</tr>
<tr>
<td>III. METHODOLOGY</td>
<td>27</td>
</tr>
<tr>
<td>Participants</td>
<td>27</td>
</tr>
<tr>
<td>Research Design</td>
<td>28</td>
</tr>
<tr>
<td>Analysis of the Data</td>
<td>30</td>
</tr>
<tr>
<td>Validity and Reliability</td>
<td>31</td>
</tr>
<tr>
<td>Ethical Implications</td>
<td>32</td>
</tr>
<tr>
<td>Researcher Bias</td>
<td>32</td>
</tr>
<tr>
<td>IV. RESULTS</td>
<td>33</td>
</tr>
<tr>
<td>Impact of Event Scale-R (Questions and Responses)</td>
<td>33</td>
</tr>
<tr>
<td>Thematic Analysis</td>
<td>38</td>
</tr>
<tr>
<td>Sense of Community</td>
<td>38</td>
</tr>
<tr>
<td>Honoring Memory</td>
<td>39</td>
</tr>
<tr>
<td>Meaningful Impact of the Creative (Scrapbooking) Process</td>
<td>40</td>
</tr>
<tr>
<td>Negative to Strength-base Experience (Group)</td>
<td>40</td>
</tr>
<tr>
<td>Researcher’s Heuristic Thematic Analysis</td>
<td>41</td>
</tr>
<tr>
<td>Reflective Memory</td>
<td>42</td>
</tr>
<tr>
<td>Yearning</td>
<td>43</td>
</tr>
<tr>
<td>Container For A Open Wound</td>
<td>43</td>
</tr>
<tr>
<td>Negative to Strength-base Experience (Heuristic)</td>
<td>44</td>
</tr>
</tbody>
</table>
V. DISCUSSION .................................................................................................................. 46
  Limitations .................................................................................................................. 49
  Recommendations ...................................................................................................... 50
  Conclusion .................................................................................................................... 50

REFERENCES .................................................................................................................. 51

APPENDICES .................................................................................................................. 61
  APPENDIX A Impact of Event Scale ............................................................................. 61
  APPENDIX B Scrapbooking Intervention ...................................................................... 63
  APPENDIX C Reflective Journal Form .......................................................................... 67
  APPENDIX D Relaxation Techniques ........................................................................... 68
  APPENDIX E Journal Journey-Homework .................................................................. 69
  APPENDIX F Discussion Questionnaire ...................................................................... 71
  APPENDIX G Informed Consent .................................................................................. 72
  APPENDIX H Consent to Photograph/Audiotape ......................................................... 73
  APPENDIX I Art Responses/Reflections ...................................................................... 74
    Group ......................................................................................................................... 74
    Heuristic ................................................................................................................... 77
LIST OF FIGURES

Figure 1. The Loss Cycle ................................................................................................................. 14
Figure 2. Thematic Analysis – Group Image Map ............................................................................. 38
Figure 3. Participants’ Story Transformation .................................................................................... 41
Figure 4. Thematic Analysis – Heuristic Image Map ....................................................................... 42
Figure 5. Art 1 Participants’ Written Reflection ............................................................................... 74
Figure 6. Art 2 Participants’ Written Reflection ............................................................................... 75
Figure 7. Art 3 Participants’ Written Reflection ............................................................................... 76
Figure 8. Art 4 Researchers’ Written Reflection ............................................................................... 77
CHAPTER I:

Introduction

Can I see another's woe,

And not be in sorrow too?

Can I see another's grief?

And not seek for kind relief?

From On Another's Sorrow by William Blake (1908)

Statement of the Problem

Grief and loss are universal human experiences. No one experiences these emotions in the exact same way; the more significant the loss, the more intense the feelings. Many associate grief with the death of a loved one, which often causes the most intense grief, but any loss can cause grief. When people have issues processing grief in a normal manner, complicated and unresolved grief issues may develop. This can become problematic, resulting in a reduced quality of life. The risk factors for experiencing serious symptoms of grief can be connected to the physical and emotional health of the individual. Horowitz, Wilner, Marmar, & Krupnick (1980), reasoned that the processes of uncomplicated and unresolved grief often linger and can’t be assimilated or accommodated, but instead, lead to fixed repetitions and extensive disturbances of healing. “It is the intensification of grief to the level where the person is overwhelmed, resorts to maladaptive behavior, or remains interminably in the state of grief without progression of the mourning process towards completion” (Horowitz et al., 1980, p. 1157).

Scrapbooking can be a great modality to use for individuals coping with grief. The process of scrapbooking incorporates the elements of journaling including investigation of ideas and feelings, illumination of thoughts, and the acknowledgment of a traumatic event and how it
affects an individual (Karns, 2002). According to Karns (2002), scrapbooking can be a great coping method for many of life’s challenging events. Junge (1985) concurred, and added that creating a memory book in a family system can be ameliorating and a preventive measure against family dysfunction and the development of psychopathology resulting from the non-resolution of grief (p. 8). To date, neither a review of the literature nor the researcher’s experience has provided evidence of the systematic inclusion of evaluations involving scrapbooking as a creative treatment modality for individuals suffering from grief and loss.

The researcher’s decision to conduct this study was based on much personal experience. Over the course of the researchers’ life, there has been much grief and loss experienced, which included the death of loved ones (grandparents from natural causes and mother, uncle, sister, and a brother from substance or alcohol abuse). During these times, and in most of these occurrences, the researcher was appointed as the point person in charge of handling the funeral arrangements. Because of this, the opportunity to fully process the researcher’s own grief and loss in some of these instances may have been challenged. Hence, as an art therapist in training, the researcher was curious as to how art therapy could be used as an intervention to help individuals work through their own grief and loss. Little did the researcher know that during the course of this writing she would also experience another major loss (her husband) and that this thesis would serve to be a benefit to assist in supporting and assisting with that grief.

**Research Question**

Narrative therapy has been used in multiple studies to effect change in many peoples’ lives. It has been incorporated in treatment for family therapy (Silver, Williams, Worthington, & Phillips, 1998), major depression (Vronams & Schweitzer, 2010), and autism (Cashin, Browne, Bradbury, & Mulder, 2013), just to name a few. Scrapbooking can be used as a narrative
approach to treating individuals dealing with grief and loss. This study was guided by two questions:

- How does scrapbooking affect the process of resolving feelings of grief and loss?
- What are the benefits of scrapbooking for those suffering complicated and unresolved grief?

**Basic Assumptions**

Reactions to grief involve emotional, behavioral, and cognitive components (Stroebe, Hansson, Stroebe, and Schut, 2001). The assumption of this study was that by changing a person’s thought process and emotional processes when they are dealing with grief and loss can change how they engage with the outer world around them. New thought patterns produce new emotional responses and new coping skills so a person can live a richer life.

**Purpose of the Study**

The purpose of this research was to show how scrapbooking can be used to help individuals who have or are in the process of experiencing grief and loss. The goal of this study was to identify how scrapbooking can be used as a beneficial art therapy intervention for those suffering grief and loss. The objectives of the study included:

1. Helping individuals to express their feelings about loss in safe environment as evident in participants’ responses during the scrapbooking process.
2. Giving individuals an opportunity to tell their story and resolve unfinished business about loss, which will be measured via a post data interview questionnaire.
3. Helping individuals learn new coping skills to reduce stress as measured via a pre-test and post-test grief/loss questionnaire.
4. Developing new connections and support, which may be formed by the process of
creating art in a group setting, as measured by a post data interview questionnaire.

**Hypothesis**

According to Malchiodi (2007), “visual memorials” remember and honor those who have died, explore the loss of a relationship, and further self-development (p. 143). Likewise, this researcher hypothesized that through the process of scrapbooking, participants would generate new thoughts and feelings about their expressions of grief and loss. Worden (2002), suggested that there were four tasks when grieving: (a) accepting the reality of the deceased’s absence; (b) feeling and working through the pain of the loss; (c) finding new meaning in life, and (d) memorializing the loss while investing in new relationships (pp. 39-53). By connecting with a scrapbooking process, individuals will have the opportunity to explore these specific tasks.

**Operational Definitions**

**Complicated Grief.** Grief that has escalated to problematic proportions (Jeffreys, 2005).

**Grief.** Pain of mind resulting from something that occurred in the past; mental suffering arising from any cause, such as misfortune, loss of friends, misconduct of one’s self or others, sorrow, and sadness (“Grief”, 2015).

**Loss.** The act of losing; failure; destruction; privation; as, the loss of property; loss of money by gaming; loss of health or reputation (“Loss”, 2015).

**Narrative.** Of, or pertaining to narration; relating to the particulars of an event or transaction supported by a plan; sketch, model or pattern (“Narrative”, 2015).

**Narrative platform.** This was the technique of telling a single story or a story experience across various platforms and formats (Cobb and Negash, 2010). Utilizing a scrapbooking process is one such platform.

**Scrapbook.** A book with blank pages to which you attach photographs, letters,
newspaper stories, etc., that help you remember a person or time (Webster, 2015).

**Trauma.** A very difficult or unpleasant experience that causes someone to have mental or emotional problems, usually for a long time (“Trauma”, 2015).

**Unresolved Grief.** Unresolved losses from a person’s earlier life that are impinging on their present functioning (Worden, 2002).

**Justification of Study**

This study will contribute to the field of art therapy through an exploration of how scrapbooking can benefit those experiencing grief and loss. Scrapbooking was an ideal methodology for treatment when working with individuals encountering grief and loss because art therapy offers individuals a way to express their thoughts and emotions utilizing creative processes that are both healing and life-enhancing. At the time of this research study, there appeared to be very limited resources or information regarding the use of art therapy that incorporated scrapbooking as a means to helping individual work through issues of unresolved or complicated grief and loss.
CHAPTER II:

Review of Literature

Complicated and Unresolved Grief

According to Lindemann (1944), grief was a normal reaction to loss. During his research, Lindemann, who was one of the first researchers to study grief, found that there were related patterns that were characteristic of normal grief. These patterns included:

- Preoccupation with the image of the loss.
- Somatic or bodily distress of some type.
- Hostile reactions.
- Guilt relating to the deceased or circumstances of the death.
- The inability to function as one had before the loss.

Grief processes biologically within, and affects physically, mentally, emotionally, and spiritually (Hart, 2012). However, there was evidence that an estimated 5 to 20% of people who experience grief and loss will develop serious mental health issues such as separation anxiety, PTSD, depression, difficulties accepting the loss, preoccupation, and recurrent images of the lost person that cause extensive deficiencies in functioning, that can last for least six months (Auster, Moutier, Lanouette, & Zisook, 2008; Prigerson et al., 2009). According to Bolen (2010), complicated grief (CG) and unresolved grief (UG) develop and endure through three interconnecting processes: (a) Inadequate elaboration of the reality of the loss, resulting in a lack of integration of this reality with pre-existing knowledge about the self and the lost person stored in autobiographical memory; (b) persistent negative thinking, specifically negative assumptions about global themes (self, life, and the future), and catastrophic misinterpretations of one’s own grief-reactions (e. g., “If I express my feelings, I will go mad”); and (c) avoiding stimuli that are
reminders of the loss (called anxious avoidance) and avoiding activities that could facilitate adjustment (called depressive avoidance; p. 50).

People who had difficulty grieving in the past have severe difficulty dealing with the present. According to Simos (1979), “past losses and separations have an impact on current losses and separations and attachments and all these factors bear on fear of future loss and separations and the capacity to make future attachments” (p. 27). Crenshaw (1990) suggested that if the grief process was “skipped, avoided or interrupted before closure, the person is at risk for manifestation of either delayed or distorted grief reaction” (p. 26). According to Bowlby’s (1980) theory of attachment, the mourning of a child for his mother, seen in early childhood, was a characteristic that hallmarked pathological mourning in an adult.

**Related Grief Processes through Culture**

Because of the universality of grief and loss, there is a vast diversity of how different cultures process grief. The cultural lens through which individuals understand and cope with the loss is based on cherished values, beliefs, and traditions (Anderson, 2010). Each culture has a particular methodology or reaction to their loss; the specific cultures’ convictions, values, expectations, expressions, ceremonies, and rituals influence grief and loss in different ways (Anderson, 2010; Parkes, et al. 1997). For instance, as Americans we look for quick solutions that will help us move through grief, so we do not cause others to feel uncomfortable seeing emotional pain. “In American culture, pain is seen as something that can and should be avoided, instead of being viewed as an inescapable part of being human” (Hooyman & Kramer, 2006, p. 19). In other cultures, showing grief, including wailing, is expected from bereaved people in light of the fact that the more crying expressed for an individual represented how much more the individual was loved. In different cultures, minimal displays are normal. In Japan, it is
important to not show one's feelings regarding grief. Death is thought of as a time of freedom and not distress, and loss should be embraced with strength and acceptance. In Islamic nations like Bali and Egypt, the Bali women are strongly discouraged from crying, while in Egypt women are seen as abnormal if their emotional displays of grief do not appear to incapacitate them physically. In Latino cultures, the women are expected to cry, while the men are expected to be unmoved, which helps them maintain their “machismo” (Carteret, 2011).

Cowles (1996) conducted an analysis of the concept of grief with six focus groups of different cultural backgrounds. It was found that although the mourning rituals, customs and behavioral expressions of grief may be different, both individual and intrapersonal experiences of grief were similar across cultural boundaries (Cowles, 1996). Kuehn (2013) also conducted a study that looked at cultural coping strategies and their connection to grief therapy modalities for children. Kuehn (2013) found that her results could easily be applied with children as well as adults. Kuehn (2013) stated that “Rituals were found to be an important concept within the data as valuable ways in which children and adults can express their grief as well as celebrate and honor their deceased loved ones (p. 46). It is important that therapists understand how cultural mourning practices affect individuals when applying culture-sensitive care to their clients (National Cancer Institute, 2014).

Theories of Grief and Loss

Grief and loss may be expressed in many different ways and how it may be processed can vary as well (as seen in Figure 1). Freud (1957) was the first to explore the concept of grief work. His theories were based on the concept of bereaved individuals detaching from those they have lost. This same principle was rooted in Bowlby’s (1969) theory of attachment, which was found in his study of individuals dealing with bereavement.
Bowbly (1961) observed that through attachments people were continually affecting one another through their lifespan by attempting to keep up their relationships in distinctive ways. From this, Bowbly (1969) theorized that there were four normal adaptive grief responses:

- Shock and numbness (there was a sense of loss and things are unreal).
- Yearning and searching (intensely aware of the void left by the loss).
- Despair and disorganization (accepting everything had changed and it would not be
the same as before).

- Re-organization and recovery (faith and life was restored).

Within the attachment theory, Bowbly (1969) postulated that emotions were more intense at the formation of these attachments and at the breaking of these relationships. When these attachments were broken and bonding was interrupted, an acute physiological and emotional distress can develop (Bowbly, 1969). If not addressed adequately, the grief process can lead to chronic stress.

Additionally, according to Elisabeth Kübler-Ross’ (1969) book On Death and Dying, there were five stages to grief: denial, anger, bargaining, depression, and acceptance. Ross described the framework as:

1. Denial functions as a buffer after unexpected shocking news, it allows the individual to collect himself and, with time, mobilize other defense mechanisms.
2. Anger can show in various ways. Individuals dealing with emotional upset can be angry with themselves, and/or with others, especially those near to them.
3. Generally the bargaining stage for individuals dealing with death includes trying to bargain with whatever God the individual has faith in. Individuals confronting less serious grief and loss can bargain or try to negotiate a tradeoff. “During the bargain stage, it rarely provides a maintainable solution, specifically when it is a matter of life or death” (Kübler-Ross, 1969, p. 969).
4. Two kinds of depression can happen: reactive depression (reacting to the loss), or preparatory depression (preparing for the reality of what is lost).
5. Acceptance is the point at which one comes to terms with the grief and loss.

Kübler-Ross (1969) postulated that these five stages don’t basically happen in any
specific order. Individuals regularly move between stages before arriving at the point of accepting death. When grief and loss involves terminal illness, many are not allowed enough time to finish the final stage of grief. Worden’s (2002) theory of grief, as mentioned earlier, centered around working through grief by completing tasks (i.e., accepting the loss, experiencing the pain, adjusting to separation, and reinvesting in other activities).

Other grief theories focused more on understanding the grieving experience. Stroebe and Schut (1999) introduced a dual process model in which individuals addressed their loss while at the same time worked to adapt to their new life after the loss. The person creates meaning by just focusing on one phase or the other. Moreover Neimeyer (2010) adopted a approach which was based on the premise that individuals going through loss sought meaning through grieving by reconstructing meaning within the grieving process. The benchmarks from which the resolution of grief can be judged are the individual’s ability to talk about the loss without intense feelings, and their ability to form new relationships and responsibilities without feeling guilty or disloyal toward the one who has been lost (Worden, 2002; Rando, 1984).

**Art Therapy, Grief and Loss**

Throughout history, art has been utilized to make sense out of crisis, pain and physical upheaval (Malcholdi, 1998). Art therapy was an ideal modality for treatment when working with this population because art therapy offers individuals a way to express their thoughts and feelings using creative processes that are both healing and life-enhancing (American Art Therapy Association, 2015). Art therapy was designed on the basis that art could be utilized not just to alleviate or contain feelings of trauma, anxiety, or fear but also to repair, restore and heal (Malcholdi, 1998). Irwin (1991) stated, “When words fail in the grief process, art therapy can permit the cathartic venting of emotions of loss” (p. 486). Fleming (1983) used art therapy as an
intervention for treating grief and suggested, “creativity can become a way of maintaining that special relationship” (p. 57).

Research has shown that art making can improve mood by providing a pathway for individuals to regulate feelings (Larsen, 2000; Parkinson & Totterdell, 1999; Thayer). Petrillo, et al., (2005) conducted a study that examined the effects of expressive medium (drawing vs. writing) and strategy (venting vs. distraction) on short-term mood repair. After inducing a sad effect, forty participants were asked to draw or write about the experience. The results determined that creating art had a more immediate effect on repairing mood than writing. In a study by Pizarro (2004), participants were assigned to one of three conditions: writing about upsetting events; drawing about an unpleasant event; or drawing a still life. Those in both drawing conditions reported lower negative affect after the intervention than did those in the written work condition.

Bertman (1999) documented in her book _Grief and the Healing Arts_, which she wrote while working with palliative care, terminally ill patients, “The expressive arts and therapies function beautifully as vehicles to help us reshape grief. Ultimately, the potential for healing in the midst of suffering exists because grief is about creating and transforming bonds of attachment, not severing them irrevocably” (p. 15). Simon (1981) suggested that an individual must experience the grief, anxiety, and anger, joined with loss, to accomplish resolution.

**Using Narratives with Grief and Loss**

Grief, art, and storytelling are a vital part of the human experience. Everyone will grieve or be grieved for in their lifetime. Sometimes there are no words that can express grief. Keeling and Nielson (2005) postulated that:

Both art and writing have been used in narrative and other therapeutic approaches as
expressive avenues, to address limitations of spoken language, elicit multiple learning styles . . . permit reflection, provide a referent as a basis for further exploration of meanings and emotions . . . and bolster clients’ sense of agency, foster insight, and invite possibilities for change. (p. 437)

Fristad, Gavazzi, & Soldano (1999) combined art and writing in their work with clients with mood disorders by having them create drawings of their problems and naming (writing) the symptoms of the disorder separately from their client true personal characteristics. Clients were able to gain insight and see their mood disorder as an influence that acts upon them rather than associating the problem with who they truly were.

Cobb & Negash (2010) suggested that “the internalization of certain messages can be beneficial for people (i.e., when the message is positive); however, negatively internalized messages can be problematic and leave people debilitated” (p. 55). A great method to resolve internal negative messages involving grief and loss was to externalize the problem. Engaging in “externalizing conversation” allows for the reexamination of dominant stories in ways that permit individuals to reconstruct new ones. According to Cobb & Negash (2010), as individuals continue to engage in the externalizing discussion, a shift happens in their association with the problem. They are able to see things with a new lens. This allows them to move away from prevailing stories that hinder them from solving dilemmas and/or attaining emotional resolution. The existing problem and the narrative are related; if there is a shift in the narrative, there will be a shift in the problem (Cobb & Negash, 2010).

The narrative approach is a great tool to help individuals reconstruct meaning when dealing with grief and loss. Engaging in narratives may enable individuals to organize thoughts and feelings in a more coherent fashion. This allows them to gain more control over their lives.
When an experience had structure and meaning, it was logical that the emotional impact of that experience became more manageable. Developing stories encouraged a feeling of determination, which brought about less rumination and in the long run permitted disturbing encounters to die down steadily from cognizant thought (Gortner, Rude, & Pennebaker, 2006).

Neimeyer, et al. (2010) suggested, “grieving is a process of reconstructing a world of meaning that has been challenged by loss” (p. 1). The reconstruction of a sense of meaning through narrative story telling is what reduces symptoms for those suffering with complicated grief; because the search for meaning has been satisfied through this reconstruction process, the client’s symptoms (e.g., unreality, numbness, and separation distress) are reduced (Neimeyer, 2010). This meaning-making narrative approach promotes self-expression and self-exploration. Neimeyer (2010) suggested that one narrative strategy in grief therapy is the use of reflective journaling as a method to help individuals mourn more effectively. According to Keeling & Nielson (2005), when art is used within a narrative therapy approach, “the creation of artwork is considered to have a dual purpose: the expression of ideas and feelings that would otherwise be difficult to put into words, and the facilitation of therapeutic dialogue” (p. 34).

**Photography as a Healing Process**

Photography has been used in many therapeutic ways and with many diverse techniques. Photography, like art therapy, allows individuals to express themselves when words cannot be found. Judy Wieser, (1999) a psychiatrist and a pioneer in integrating photography into therapy, found that techniques used in photo processing (creating, viewing, or sharing and talking) “deals with the ways and reasons that a person gets any meaning from any photograph in the first place” (Weiser, 1999). Similar to the Rorschach inkblot test, the photograph becomes a stimulus that elicits emotional and cognitive responses from the client. It is these responses to the
photographic images that become a starting point for therapy (Weiser, 1999).

Gershman & Baddeley (2010) used photography as a prescriptive photomontage technique for working with individuals dealing with complicated grief. A prescriptive photomontage is a playful method for meaning-making designed to give a renewed sense of hope and purpose to those with complicated grief (Gershman & Baddeley, 2010). Gershman & Baddeley (2010) had clients engage in the retelling of their bereaved stories by integrating a futuristic and dreamscape view of their loved ones thorough digital imagery manipulation. The process helped to promote the griever’s perspective of the deceased from absent supporter to supportive presence; and provided the griever with a tangible object that reinforces this shift in the future.

According to Natoli & Suler (2011) when photographs are used in therapy the reactions that are invoked in clients allows the therapist to approach the client needs from an entirely different angle, often discovering underlying thoughts and feelings. Natoli & Suler (2011) also suggested that the photographer, through their camera and in post-processing, gains control over the subject that is in the photo. This capacity to connect with and even control the subject of the photo could understandably be cathartic for the picture taker. Through the camera lens individuals become part of the experience captured in the photo, creating “mindfulness”. “Mindfulness in photography becomes therapeutic because it provides a greater awareness of the world, the self and how they interact” (Natoli & Suler, 2011, p. 4).

**Memorializing Grief and Loss**

Malchiodi (1992) stated, “Art has often been made in memory of someone who is lost or departed. In some sense, all art expression may serve as an act of remembrance” (p. 117). Memories are a living part of us. In our lifetimes when memories are formed, there is moment to
moment sharing, touching, showing, playing and living. Remembering what we have lost is one way to keep it as a part of us. Doran and Downing Hansen (2006) worked with Mexican-American families, and observed that families’ treasured objects that were used by the bereaved child, such as blankets, clothes, and toys. These symbolic items helped as constant reminders of their children. Cook & Dworkin (1992), in their work with bereaved children, also agreed, “concrete symbols of remembrance can bring comfort to those left behind, and for those who are chronically grieving, it helps to put some of their grief “outside of themselves” (p. 90). Gibson (2004) completed a quantitative study where family members gathered cherished keepsakes of their deceased. When they were interviewed the results showed that “families experience, process, and transition their grief with and through these objects, and demonstrated that linking objects, or items that help grieving individuals feel connected to their loved one, are effective in easing the mourning process (p. 20).”

Another study that used a tangible objects approach has been a perinatal memory-making program (Miller, et al., 2014) designed to comfort families grieving the loss of a child. Since the life of a child is brief, an entire lifetime of memories must often be condensed into a short amount of time (days, hours, even minutes). Building memories reinforced a bond to the deceased child. Hrendo (2005) working with children infected with or affected by HIV/AIDS using memory boxes found that creative memorializing serve as a vessel for individual memories, as well as be used to symbolize all of what that has been lost to the individual.

Grief and Support Groups

The experience of sharing with other people who are going through a similar situation can be insightful, reassuring and comforting, while alleviating feelings of aloneness (Janowiak et al., 1995; Weiss, 1988; Yalom & Vinogradov, 1988). Through art making and sharing in a
group setting, group members begin to grasp their own specific difficulties and their individual strengths and also find new ways to cope with their loss (Grant, 1995). Many hospices have found that loss support groups are cost-effective and ideal for offering support for a large number of people all at one time (Zambelli, Clark, & Heegard, 1989; Zimmerman & Applegate, 1992). Other benefits from support groups are the signs of community and improved emotional, mental and physical stability during and after group participation (Yalom & Vinogradov, 1988; Zimpfer, 1991). Grief support groups provide understanding, an empathic environment, promotes problem solving, builds trust and creates a forum for others to search for the meaning of life (Wolfelt, 2004). Wolfelt, (2004) put it eloquently when he stated, “The [grief support] group provides a safe harbor where hurting people can pull in, anchor while the wind still blows them around, and search for safe ground on which to go on living” (p. 8).

Scrapbooking and Art Therapy

Scrapbooking is very popular in the United States and this memory-making activity has been around for some time. According to Slatten (2004), the earliest known reference to scrapbooking was in 1598, but the use of notebooks to collect information started much earlier during the time of Aristotle and Cicero. These men, and their pupils, used this earliest form of the scrapbook for philosophical, religious, and rhetorical purposes. During the Renaissance period they were called “commonplace” books and were used by scholars to copy favorite passages or poems to create personal anthologies of works that had inspired or touched them (Slatten, 2004). William Granger published a history of England in 1769 with extra illustrations of his text as an appendix, which was one of the direct predecessors to our modern day scrapbook.

By the mid-1800s, people used Granger and commonplace books, journals, diaries, and
friendship albums (Slatten, 2004). In 1826, the scrapbooking craze really broke off with the publication of John Poole's *Manuscript Gleanings and Literary Scrapbook* while the year past had seen the production of a serial titled *The Scrapbook* which characterized a scrapbook as a clear book which held daily paper articles and pictures for protection. The term “scrapbook” was derived a few years earlier when during the printing; bright pieces of paper (scraps) from a printing job were used by individuals to paste into their albums for decorative purposes (Slatten, 2004). During the late 1800s, Mark Twain was one of scrapbooking’s biggest supporters. Mark Twain collected memorabilia from his travels and reviews of his books and public appearances and pasted them in scrapbooks. He also developed and patented the “self-pasting” scrapbook in 1872 (Cass, 2004, p. 2). With the invention of the “brownie” camera individuals used this technology to capture memories and organize them in their scrapbooks, and so the industry grew.

In today’s modern world scrapbooking using digital photography has become a very popular pastime and brought greater convenience to the creation of memory books (Kohut, 2011; Oppawsky, 2008). In Oppawsky’s (2008) book “Grief and Bereavement”, she explained her rationale in using scrapbooking as a grief work intervention; she stated, “a memory book [scrapbook] helps clients understand his or her thoughts and feelings. It focuses on the bereaved person’s life with the deceased, and helps make grief work a living process” (p. 18). Kohut (2011) suggested that scrapbook or journaling can help an individual feel protected. “Scrapbooking is a hopeful creation that can provide assurances of the meaningful existence of one’s family in the face of doubt” (Kohut, 2011, p. 124). According to Karns (2004), the process of scrapbooking includes the familiar benefits of journaling, including exploration of ideas and emotions, clarification of thoughts, and recognition of how experiences and environments impact the individual. Some art therapists have incorporated scrapbooking into their art therapy when
working with individuals suffering from grief and loss (Kohut, 2011; Junge, 1985; Washington & Moxley, 2004). Junge (1985) described the use of art therapy with grieving families, in which creating a book in memory of the deceased assisted in reconnecting the family members and providing them with a realistic picture of the deceased:

A book such as that described is a permanent, stable container of memories, feelings and of a history. Like a life, it has a beginning and an end and thus can provide a symbolic way of working on the sense of loss caused by a death (p. 9).

Worden (2002) agreed and added that when working with children suffering through grief and loss, scrapbooking was a way to remember the deceased family member. Creating a simple scrapbook was a great art intervention. “It is my experience that children, as they grow older, revisit the memory book to see who that person was and to speculate who that person would have been now had he or she lived” (Worden, 2002, p. 235). The process of scrapbooking may be compared to collage work; given that both activities engage in organized structure to arrange pictures and words (Kohut, 2011). Both processes were not intimidating; everyone can participate. If clients were unable to cut, they can tear, paste paper from books and magazines on to a surface. Scrapbooking can be two-dimensional or three-dimensional. Its only limit was the client’s creativity. Collaging has been referred to as “symbolic layering” and scrapbooking can be thought of in the same fashion. As clients engage in this creative process, they were conducting symbolic layering of inner experiences, images, emotions, thoughts and ideas Malchiodi (2003). This engages the symbolic component level of the Expressive Therapies Continuum (Hinz, 2009). Hinz (2009) contended that symbolic thought had the potential to expand self-knowledge beyond what was concretely known and immediately available to the individual.
Washington & Moxley (2004) found that scrapbooking in a group setting was beneficial in both the process and product. The group members planned, designed, and evaluated their work during the art intervention. According to Washington & Moxley (2004), the scrapbook process helped participants interrelate effectively and reinforced interactions among group participants who shared the experiences they were recording in their scrapbooks. The whole experience was an opportunity for self-reflection, as the participants referred to and examined their scrapbooks outside of group time (Washington & Moxley, 2004). The end product was a tangible statement that individuals could view on their own or share with others.

Schwarz, Fatzinger, & Meier (2004) created a memory-making [scrapbooking] program that was developed for parents of infants admitted to the neonatal intensive care unit (NICU). The Rush Special Kare Keepsakes program combined therapeutic journaling, photography, and memento preservation with the goal of documenting the infant’s birth and place within the family (Schwarz et al., 2004). Of the 173 parents surveyed, most found that the program assisted them with having a break from the NICU, as well as gave them a chance to relate with different families, and share their challenges with each other. At St. Jude's medical research center they developed a therapeutic scrapbooking program in their neonatal intensive care unit neonatal intensive care unit (Mouradian et al., 2013). The parents reported similar results. The experience offered engagement and distraction. It was pleasurable, relaxing; it instilled hope and was an opportunity to share. Scrapbooking was also used as an intervention for parents and caregivers of cancer patients. It was found that the process promoted hopefulness, and built internal strengths which enhanced their coping abilities in dealing with challenges related to the patients’ care.

Kohut’s (2011) study found that the therapeutic benefits of scrapbooking in a group
setting gave bereaved participants the ability to conceptualize and honor another person’s life and meaning. “The artist was empowered to choose and honor aspects of life in a lasting medium while processing the pain and feelings of loss, finding acceptance, and reflecting on the meaning of life” (Kohut, 2011, p. 125). In summary, the creative process of making a scrapbook during the time of grief and loss offers a great opportunity for self-exploration, healing and growth.
CHAPTER III:

Methodology

This research was adapted from a study conducted by Kohut (2011) entitled, *Making Art From Memories: Honoring Deceased Loved Ones Through a Scrapbooking Bereavement Group*. This research followed Kohut’s study, except there was a pretest evaluation and a reflective comment form given at the beginning of each session to each participant. Both were filled out and completed by the end of each session. However, at the final session the reflective comment form was replaced with a post interview questionnaire. This form was used to further assess participants’ engagement with the entire scrapbook process. The research followed a single subject design. A single subject design method looks at the cause-and-effect of relationships by comparing each individual’s response pattern to his or her pre-intervention response patterns (Carolan, 2001).

Participants

The group members were from a random sample of individuals. The cultural make–up was not specified, however, all participants were of Caucasian decent. Group size began with 10 participants, with only seven participants attending on a regular basis. Interested parties, who were invited to attend the group, were clients of the Indiana Center for Children and Families (ICCF). The ICCF serves mainly individuals who are dealing with issues related to trauma. Informed consent and permission to photograph/audio session forms was administered to all participants. Although the research theme was inclusive of all grief and loss experiences, all the participants who registered were dealing with loss resulting from bereavement. The research was open to both male and female; however, only women applied. The age range of the group was between 27-55 years. The mean age of the group was 41.2 years.
Research Design

Researchers have used standardized traumatic grief inventory assessments to assess for anxiety, depression, and physical health patterns as it is related to traumatic grief and loss (Harkness, Shear, Frank, & Silberman 2002; Prigerson et al., 1997). According to Prigerson et al. (1997), traumatic grief inventory assessment tools have been shown to be a reliable scale for individuals who experience high levels of potentially maladaptive aspects of grief, with very high scores on measures of both internal consistency and consistency over time. This study incorporated a pre-test and post-test evaluation component using the Impact of Event Scale-R (IES-R) which consisted of 22 questions (Appendix B). Participants were asked about their feelings and behavior patterns before each weekly session and to complete a writing reflection about the session at its end. There also was a post interview questionnaire (Appendix C) discussion to further gauge participants’ reactions toward the scrapbook process. These questions were based upon whether the participants found the art process and/or group experience beneficial to them for moving forward.

The IES-R questionnaire has been used with both healthy and frail older adults exposed to any specific traumatic event (Horowitz, Wilner, & Alvarez, 1979; Weiss, 2007). It can be used for repeated measurements over time to monitor progress. The IES-R questionnaire was designed and validated using a specific traumatic event as a reference in the directions to the patient while administering the tool and while using a specific time frame of the past seven days. The scale discriminates between a variety of traumatized groups from non-traumatized groups in general population studies. The subscales of avoidance and intrusion show good internal consistency. While related, the subscales measure different dimensions of stress responses (Christianson & Marren, 2013).
The group met each week over the course of six weeks in a large conference room in a counseling center for children and families. The room consisted of a large table for group work and a small table with supplies, papers, embellishments, and tools. Each session was 90 minutes except for the last one. To ensure there was enough time for participants to finish scrapbooking tasks, share their work, and discuss the overall experience, a two-hour session was held on week six. At the beginning of the study, each participant received a “memory book packet.” These items were included: consent/confidentiality forms, a small journal with pen, five Reflective Journal forms, and one IES-R questionnaire (this was switched out and replaced with a new IES-R form every week to avoid group members copying the same answers). On week six, group participants completed the group evaluation questionnaire (see Appendix C). The research followed Kohut’s (2011) study outline, each session had a specific goal (see Appendix B):

- **Week 1** - Introductions were made along with the group goals and expectations being reviewed. Next the IES-R questionnaire was administered. The group members were then introduced to the art materials and the process of scrapbooking, its purpose and benefits. At the end of the session participants filled out a Reflective Journal form.

- **Week 2** - The IES-R questionnaire was administered. Next the importance of self-care was discussed. The group members then engaged in relaxation and breathing exercises (Appendix D). Next the group was shown creative techniques to incorporate during the scrapbooking process. At the end of the session participants filled out a Reflective Journal form.

- **Week 3** - The IES-R questionnaire was administered. Group members engaged in relaxation and breathing exercises. Then group members worked on their
scrapbooks. At the end of the session participants filled out a Reflective Journal form.

- **Week 4-** The IES-R questionnaire was administered. Next the importance of journaling along with the scrapbook was discussed. Group members were also challenged to complete journaling homework (Appendix C), too. The suggested lead in topics to get the participants writing about their loved ones were (“I miss…”; “I’m grateful…”; “I remember…”; “I am hopeful about…”). At the end of the session participants filled out a Reflective Journal form.

- **Week 5-** The IES-R questionnaire was administered and participants worked on their book. At the end of the session, participants filled out a Reflective Journal form.

- **Week 6-** The IES-R questionnaire and group discussion questionnaire were completed. Group members then completed a closing ritual. Closing ritual: Group members shared their scrapbook, they stated who it was made for and what the scrapbooking experience meant to them. Next group members said the name of the deceased person and lit a candle (used a LED light) in their honor.

**Analysis of Data**

The IES-R questionnaire forms were collected, evaluated, composed and tabulated using the Microsoft® Excel software. To process this data the researcher looked at evidence of measurable effect, such as changes in behaviors, thoughts, feelings, attitudes to determine the scientific value of incorporating scrapbooking as a treatment modality to help with grief and loss (Kapitan, 2012). Each question was examined, compared and contrasted to each participant’s individual response to that question within the group and as a whole. Then these responses were examined, compared and contrasted for changes during the entire of six weeks period. The
The researcher also completed her own scrapbook as well as the completion of the IES-R questionnaires. Those responses were also examined and compared with the results from the group participants.

The Reflective Journaling forms were also collected, these recorded the measurable effect of the participants’ “present moment” experiences (thoughts, feelings, insights, difficulties and/or behaviors patterns) that resulted from the scrapbooking art process. This data was thematically analyzed. According to Braun and Clarke (2006) thematic analysis is defined as “A method for identifying, analyzing and reporting patterns within data” (p. 79). The purpose of thematic analysis was to identify patterns of meaning found in the data that will provide an answer to the research question being addressed. This methodology was best suited for examining people’s experiences, or people’s views and perceptions; this involves qualitative research (Guest, MacQueen, & Namey, 2012). Researchers have used thematic analysis to determine art engagement and its effect on healthy populations and in cancer care (Davies, Knuiman, Wright, & Rosenberg, 2014; Waller & Sibbett, 2005).

To process the participants’ reflective journal data the researcher divided the participants journaling responses into excerpts by hand. Each excerpt was assigned a source code, and then further analyzed to identify its main theme. Incorporated also in the data was the researchers’ self reflections on their scrapbooking experience as compared to the study groups’ results.

**Validity and Reliability**

The use of standardized pre- and post-tests increased the validity of the study. When checking the reliability of the study, the researcher compared and contrasted results of previous studies that incorporated scrapbooking during grief and loss, to ascertain if the same results were found.
Ethical Implications

For this study, the limits of confidentiality were explained at the beginning of the study and periodically throughout the study. It was also explained to the participants that they had the option to decline to participate in the study at anytime. This practice aligns with the ethical guidelines for researchers with the American Art Therapy Association (AATA). The AATA (2013) code stated that:

Researchers requesting participants’ involvement in research inform them of all aspects of the research that might reasonably be expected to influence willingness to participate. Researchers take all reasonable steps necessary to ensure that full and informed consent has been obtained from all participants. Particular attention is paid to the informed consent process with research participants who are also receiving clinical services, have limited understanding and/or communication, or are minors. (p. 9)

Participants were also cautioned that there is a possibility of emotional reactions during periods of this study because of its emotional nature. ICCF is staffed with available License Mental Health Counselors, if participants are in need of such services.

Researcher Bias

Researcher biases may be present in this study. First, the researcher is an art therapist and believes in the healing process through art. Secondly, the researcher has experienced much grief and loss, resulting from the death of loved ones (parents, grandparents and siblings). Most recently the researcher has been affected by the loss of her husband. To safeguard against the possibility of emotional reactions during reflection and the study, the researcher sought out a therapist independent of the group to help deal with any personal issues that come up during this study.
CHAPTER IV:

Results

Impact of Event Scale-R (IES-R)

Questions and responses of the Impact of Event Scale-R (IES-R) included:

Q1. Any reminder brought back feelings about it. Out of the seven participants surveyed the highest percentage (42.9%) stated that their “feelings” remained that same intensity throughout the six weeks, with little deviation. The researcher’s data results mirrored this too. The data also indicated that 28% of the participants’ feelings declined over the course of the six weeks. The remaining participants levels fluctuated up and down. Interestingly, during week four all the participants reported a slight decline of intense feelings at that time.

Q2. I had trouble staying asleep. Out of the seven participants surveyed the highest percentage (57.1%) stated that they had trouble staying asleep during the six-week period. Their intensity levels fluctuated back and forth and did not go below “moderately” (2) intensity. These participants had recently experienced loss (5-8 months). The researcher’s data results mirrored this too. The remaining participants (28%) had experienced their losses over 6-10 years; understandably, their sleep disturbances were reported to be much less, if not at all during the six-week period.

Q3. Other things kept making me think about it. Out of the seven participants surveyed the highest percentage (42.9%) stated that this behavior decreased on the second week of the study. The researcher’s data results mirrored this too. However, by week three only one member from the entire group decreased in this behavior again, the rest elevated back to up to the next level of intensity or more during the duration of the study.

Q4. I felt irritable and angry. Out of the seven participants surveyed the highest
percentage (42.9%) stated that by the end of the six weeks these feelings had declined. The remaining group members experienced “irritable and angry” feelings that fluctuated up and down or was the same throughout the six weeks.

**Q5. I avoided letting myself get upset when I thought about it or was reminded of it.** Out of the seven participants surveyed the highest percentage (57.1%) stated that there was a decline in this category by the end of the six weeks (also noticeable is that two members within the above ratio indicated that this behavior disappeared altogether). The researcher’s data results indicated that there had been a decline of the “avoidance” over the duration of the study, too. As for the other three participants, two members’ indicated that this behavior increased at week six, while the last member surveyed stated that this behavior remained the same.

**Q6. I thought about it when I didn’t mean to.** Out of the seven participants surveyed the highest percentage (57.1%) stated that reactions to “thoughts about their loss when they didn’t mean to” declined at week three. However, the next week, three of those four members’ intensities increased back up to the same levels they were before week three. The researchers’ data results remained on the “quite a bit” (3) level of intensity scale all during the entire six weeks.

**Q7. I felt as if it hadn’t happened or wasn’t real.** Out of the seven participants surveyed the highest percentage (85.7%) indicated that all but one of the participants reported a decline of this feeling by the end of the six weeks. The researcher’s data results mirrored this too.

**Q 8. I stayed away from reminders of it.** All participants (100%) reported a decrease from wanting to stay away from reminders of their loss by the end of week six. The week where this shift began to occur was on third week. The researcher’s data results mirrored this, too.

**Q 9. Pictures about it popped into my mind.** Out of the seven participants surveyed
the highest percentage (85.7%) indicated that all but one of the participants reported a decline of this feeling by the end of the six weeks (two of those participants increased to the next level however it shift back down by the end of the study). The researcher’s data results mirrored this, too.

**Q10. I was jumpy and easily startled.** Out of the seven participants surveyed the highest percentage (71.4%) stated that this reaction declined by the end of the study on week six. Most notably, this shift started to occur by week two. The researcher’s data results mirrored this, too.

**Q11. I tried not to think about it.** Out of the seven participants surveyed the highest percentage (85.7%) indicated that all but one of the participants reported a decline of avoiding thinking about their loss. Four of these participant levels were around “moderately” (2) however; by the end of the study, they stated that their reaction was at “not at all” (0). The researcher’s data results mirrored this same decline.

**Q12. I was aware that I still had a lot of feelings about it, but I didn’t deal with them.** Out of the seven participants surveyed the highest percentage (42.9%) stated that their level of "feelings" for this question was “extremely” (4), but by the end of the six weeks their level had lowered to two levels down or it had diminished altogether. The remaining participants, although they reported a slight shift in their intensity, at the end of the six weeks it went back to what it was at the beginning. The researcher’s data results indicated this shift, too, but eventually it went back to where it had started also.

**Q13. My feelings about it were kind of numb.** Out of the seven participants surveyed the highest percentage (71.4%) showed a decline of this feeling by the end of the six weeks. The researcher’s data results mirrored this, too.
Q14. **I found myself acting or feeling like I was back at that time.** Out of the seven participants surveyed the highest percentage (42.9%) stated a variation in their intensity (higher and lower). However, at the end of the six weeks it had returned to what it had been at the starting point. 28% of the group reported “extremely” (4) about this question, but by the end of the six weeks these actions/feelings were reduced to “moderately” (2) or “not at all” (0). The researcher’s data results were different from the groups; these feelings intensified more during the six-week time.

Q15. **I had trouble falling asleep.** Out of the seven participants surveyed 42.9% reported an increase in trouble, falling asleep. While another 42.9% reported that the group participants varied in their intensity (higher and lower), but, at the end of the six weeks returned to what it had been reported at their starting point. The researcher’s data results mirrored this too. Only one participant reported a reduction in this.

Q16. **I had waves of strong feelings about it.** Out of the seven participants surveyed the highest percentage (42.9%) stated a decline in having waves of strong feelings about their loss over the six-week period. Only 28% reported that this increased over the six-week period. The researchers’ response to this question was a part of the minority.

Q17. **I tried to remove it from my memory.** All participants (100%) reported a lower intensity of trying to remove the loss from their memory over the six-week period. The researcher’s data results also mirrored this. Collectively all participants reported “moderately” (2) or “not at all” (0) scores.

Q18. **I had trouble concentrating.** Out of the seven participants surveyed the highest percentage (42.9%) stated that at the beginning of the study they had trouble concentrating because of their loss. Their intensity responses were rated at “extremely” (4). However, this
level of intensity declined to only “a little bit” (1) for these participants, by the end of the six weeks. Only 28% reported an increase here, but their intensity levels did not go above “moderately” (2). The researchers’ response to this question was that it remained the same with only on shift (up) during the six week’s time.

Q19. Reminders of it caused me to have physical reactions to it. Out of the seven participants surveyed the highest percentage (57.1%) stated that there was a decline in reminders of the loss causing them to have physical reactions to by of six weeks. The next three people reported that they did not experience this at all during the entire six weeks. The researchers’ response to this question was a part of the minority.

Q20. I had dreams about it. Out of the seven participants surveyed the highest percentage (57.1%) stated that these levels were no higher than “moderately”(2). They also reported these levels by the end of six were the same as they originally started off with. The researcher’s data results mirrored this too. Of the remaining three, two noted a decline in dreaming about their loss, while only one participant noting a small increase.

Q21. I felt watchful and on-guard. Out of the seven participants surveyed the highest percentage (57.1%) stated that there was a decline in feeling watchful and on-guard. The researcher’s data results mirrored this as well. The final three participants reported “not at all” (0) and this remained the same throughout the six weeks.

Q22. I tried not to talk about it. Out of the seven participants surveyed the highest percentage (57.1%) stated that this varied in intensity (higher and lower), but, by the end of the six weeks it returned to what it had been reported at the starting point. The rest of the groups’ results indicated a decline in trying not to talk about their loss by the end of study. The researcher’s data results mirrored this decline, as well.
Thematic Analysis

The overarching themes that were derived from coding the data (comprised from the Reflective Journal form and group discussion questionnaire) was (a) sense of community, (b) honoring memory, (c) meaningful impact of the creative process, and (d) negative to strength based experience (see Figure 2):

**Figure 2. Thematic Analysis – Group Image Map**

**Sense of community.** In the theme of community, comments centered on how comforting it was being with others, and the empathy and sympathy that was provided through a shared sense of loss. Participants found the group setting to be enjoyable, friendly, supportive, comfortable and nonjudgmental. One participant felt that “The group seemed nice and supportive,” while another found it a “Non-judgmental place to actually feel my emotions,” and “I enjoyed working with everyone.” Several participants stated that the group helped them to combat isolation. Comments included “It was good to be apart of a group and be not alone”;
“Working in a group is great. It is helpful to know I'm not alone,’ and “I am not alone on this journey of grief.” New relationships were formed as the group came together during the study with comments such as:

- I felt connected to the group.
- I have people who understand how I feel.
- I missed the group members (when they are absent).
- I found so much comfort working in cozy silence with women who shared the same grief.
- I’m lucky to have known these women.

Honoring memory. The participants had the opportunity to honor and memorialize their loss. Participant felt that it was the perfect way to pay tribute to their loved ones. The photos made participants realize all that had been lost. One participant stated, “My granddad died when I was young. Looking at everyone else’s book I realized that I’ve missed so much”. Some comments centered around mood “I was able to laugh; smile at memories,” I got the chance to replace negative sad images with happy positive images Participants also felt that they had received something in return:

- I’m paying tribute to my son, which makes me feel good. It made me sad seeing all the memories, but also happy remembering that I will always have these memories.
- I also can remember happy times and smile without feeling that I’m doing something wrong.
- My eight-year-old son’s memories of his dad will fade, but having this book will keep those memories.
• I am able to walk away with something tangible.

**Meaningful impact of the creative (scrapbooking) process.** Many participants thought the creative process was bittersweet, helpful, useful, most enjoyable and pleasant. One participant felt that “Pictures and art helps” and “My love of art makes me happy. It’s all got.” Participants were able to use the creative process as a healing container. Comments included “I was able to express my feelings openly and show my feelings through my scrapbooking,” “Art also helps me express my feelings,” “Pictures of my dad, when he was healthy replaced some the negative pictures.” When relaxation and reflective journaling was integrated into the group process, participants’ responses were very positive:

• “It’s relaxing and helped me keep my mind off of my stressors”;

• “I look forward to journaling”.

• The most enjoyable has been the creative process

**Negative to strength based experience.** Several participants stated that at beginning they found the process invoked a negative response in its embryo stage. Emotional words such as painful, overwhelming, made me cry, made me sad, avoidant, were expressed a lot. While other participants found it be a demanding experience. Comments such as “hard to be perfect, “I’m too conservative, “I have to hurry, not much time,” were expressed. However, as the weeks progressed a shift in perspective was evident, comments such as these were made, “perfection doesn’t serve me well here” and “I’m glad I learned to let go.” To better illustrate this negative to strength base journey here are two examples of participants’ journeys taken from their written reflections (see Figure 3).
### Participant One:
- Talking about Tom and feeling the pain of his loss again is difficult. *(wk. 1)*
- No difficulties today. This group has been helpful to talk about things and let myself feel *(wks. 2-3)*
- Today went well I was able to think of Tom and smile. Pictures and art help! *(wk. 4)*
- It has made me sad seeing all the memories, but also happy remembering that I will always have these memories. *(wk 5)*
- I can now think of my loved one and smile. I know it ok to grief and cry. *(wk. 6)*

### Participant Two:
- I was nervous and self-conscious about talking about my loss. I had difficulty having control over my emotions in public. *(wk. 1)*
- There is so much I feel and want to say about my son. As, I copied, cropped pictures I tried not to look at his face. It was painful. *(wk. 2)*
- Although it was very difficult, I do feel a measure of comfort and peace to be doing something I love “creating. Although, the subject is bittersweet. *(wk. 3)*
- I finished a two-page spread today. I have a feeling of accomplishment and satisfaction. This is good for me. *(wk. 4)*
- I was difficult thinking about the last week of this group. I’m anxious. I wish it could continue on. *(wk. 5)*
  - The scrapbooking process affects the way I think about grief and loss. Although it still hard. I don’t avoid think about him as much as I use to. Because of this process I’m different. I have gained some insight as to the fact that my feelings are ok and it all right to feel them in heal. *(wk. 6)*

*Figure 3.* Participants’ story of transformation

**Researcher’s Heuristic Thematic Analysis**

The reflective journal kept by the researcher during this study detailed her heuristic experience with the scrapbooking process work with grief and loss. The overarching themes that came up for the researcher were similar to the group participants’ responses. These included (a) yearning, (b) reflective memory (c) container for an open wound, and (d) negative to strength-based experience (see Figure 4).
Reflective memories. This theme was very similar to the participants’ theme of “honoring memory” however; the researchers’ statements were more meditative in nature. In the theme on reflective memory the researchers’ comments were centered on how creating the pages brought back past memories and how it provided comfort for the loss she was experiencing now. These comments included:

- He always talked about moving to “some place warm” to live. I guess he is in that “warm place” now. I will make this my scrapbook cover theme. This comforts me.
- Looking at younger pictures and memories, those were happier times. These make me smile.
- I chose this background with palm trees because it symbolized how I felt when he was doing well. He’d put on a “Hawaiian” shirt. In fact I believe he had one on the day I first met him. This makes me smile.
• I put down the words (liberated, smart and courage) because they represented what he has taught the children. He has left something for them that they can carry on.

**Yearning.** In the theme of yearning several comments from the researcher repeatedly centered around how much the loved one was missed. Comments were made that during the entire process of scrapbooking that this feeling intensified more and more. It also made her realize just how much she had lost (husband, father and friend).

• Staring at these pictures it’s hard to believe he is gone. I’m so sad.
• Looking at these younger pictures, I miss you so much at this moment.
• I keep think of him and the things I miss.
• I’m crying more about him not being here.

**Container for an open wound.** The researchers’ comments about this theme included struggling from past hurts that came through as she worked on the scrapbook process. Comments such as “it was hard to enjoy the process when intense feelings kept surfacing (bitterness, anger, fear, frustration) these were feelings were being triggered by the process.” Additional comments included:

• I hesitated to work on it again. I’m scared to put “truth” down in the scrapbook.
• I’m scared to be mad at a person who has died.
• I didn't want to do this page. When I started it I had a lot of turbulent emotions going through me.
• These are the photos that every time I look at them, I’m angry. I want to tear them up. I'm so angry with him.
• I could not stand the person he became, as he grew older.
• Putting all these feelings on these pages “to bear” made sense. I can't hold it all in, where would you put it, this anguish.

**Negative to strength based experience.** This researchers’ theme is very similar to the group participant’s experience. Words such as *crying more, uncomfortable, hesitant, resistant, avoidant, hard to say his name*, surfaced at the beginning of the process. However, as time and interaction with the scrapbooking process occurred there is evidence of a positive transformation in the researcher’s attitude. As seen these by comments:

• This page is for me. I’m scared to do it. Don’t want to tell how I truly feel.

• Journaling is helping me. I'm so glad I doing this. The group needs to do this more.

• I know this is important. The process is not complete without all the pieces being done (the pages, journaling, sharing it with someone).

• It allowed me to accept my feelings and express my feelings more.

• I feel connected to these women as kindred spirits.

• The book will be of value overtime, to go back and my grandchildren.

In summary, at first the researcher found the experience of doing the research study and being a participant in the study to be difficult and overwhelming especially due to the subject matter and her recent bereavement. The researcher felt a tremendous empathy for the group and their individual challenges. The researcher was surprised that both the group's experiences and her experiences about grief and loss were so similar. During the study this universality played an important part in the therapeutic alliance formed within the group and the researcher.

Group members stressed that the overall process was a benefit to them and that they felt validated and understood. The study became a source of comfort, participants were able to express their feelings, share with others, and face their avoidance and fears involving their grief.
and loss. The group diligently worked in their scrapbooks continuously, regardless of how
difficult this process appeared to be to them. Observing the group gave the researcher the
courage to be honest and true to face her own issues surrounding her loss. Ultimately, this gave
the researcher a better understanding and appreciation of the value of grief work and the use of
scrapbooking as an art therapy tool.
CHAPTER V

Discussion

The goals of this research were for individuals to express feelings of loss in a safe environment, to give participants an opportunity to tell their story, resolve unfinished business, and reduce stress and learn new coping skills regarding their grief and loss. The data indicated that, based on the information evaluated from the study, the process of scrapbooking effectively supported the researcher’s hypothesis. The data centered on these themes (a) sense of community, (b) honoring memory/reflective memory, (c) meaningful impact of the creative (scrapbooking) process, (d) container for an open wound and (e) negative to strength based experiences:

Sense of Community

The supportive and non-judgmental atmosphere allowed participants to connect and share their emotional pain, providing further sharing and psychological healing (Kohut, 2011). This study’s finding aligned with Weiss (1988), Yalom & Vinogradov (1988) and Janowiak et al., (1995) conclusions that people who were going through similar situations can find understanding, reduce loneliness, and improve their mood when they socialize in a group setting. Washington & Moxley (2004) stressed the importance of incorporating this process in a supportive group environment. Individuals have the opportunity to interact and share experiences with others while working through feelings and cathartic experiences created through this process. This was one of the key components applied in this study.

Honoring Memory/Reflective Memory

Scrapbooking is an appealing, nonthreatening, and success-oriented task that creatively integrates memorabilia and the memories they carry from the deceased loved one into the
grieving person’s life (Kohut, 2011). This coincides with information found in the literature review written by Doran & Downing Hansen (2006), Cook & Dworkin (1992), and Schwarz, Fatzinger, & Meier (2014). Memorializing objects helped participants have constant reminders of the person that they had loss and kept them close to their deceased loved ones. Remembering loved ones allowed participants to cope better with their loss by turning the sad circumstances into happier and pleasant memories.

**Meaningful Impact of the Creative (Scrapbooking) Process**

During this study participants were able to use the creative process of scrapbooking to help contain their feelings, restore them and enable participants to find healing (Malcholdi, 1998). The scrapbooking experience was cathartic. As found in Fleming’s (1983) study, participants in this study realized the creative process helped them to maintain a special bond with their loved ones. Some similar comparisons were found in studies using scrapbooking as therapeutic interventions with the elderly (Watt & Cappeliez, 1995), chronically disruptive students (Carpenter & Kuntz, 2000) and women dealing with chemical dependency (Washington & Moxley, 2004). Participants were able to regulate their feeling through the creative process. Additionally, when art, narrative writing and relaxation was integrated in the therapeutic setting participants found that it changed the thinking about the grieving process (Cobb & Nash, 2010; Keeling & Nielson 2005).

As participants worked using photomontage techniques, it became a meaning-making process, which is also consistent with Weiser (1999) and Niemeyer’s (2010) findings that was listed in the literature research. Weiser (1999) research also stated that the use of photographic images became the starting point for healing for the participants. This is what happened during this study, participants found that the photo images simulated lots of thoughts and feelings
Container for an Open Wound

Art therapy was formed on the premise that art could be used not simply as a container to hold hurt feelings, stress and pain, but also as a vessel for restoration, and healing. This theme helped some participants and the researcher gain more control over their overwhelming feelings of grief. As shown in previous research, art has been successful in improving mood in participants (Larsen, 2000; Parkinson & Totterdell, 1999) by providing a pathway for individuals to regulate feelings. In this study during the scrapping book process, participants combined art and journaling together, which is very similar with Petrio et al., (2005) study that examined the effects of expressive medium (drawing vs. writing) and strategy (venting vs. distraction) on mood repair.

Negative to Strength-based Experience

As stated earlier the main goal of Cognitive Behavior therapy (CBT) is to encourage the clients to change their unhealthy thoughts into healthier ones. Such evidence based CBT techniques involve exposure, cognitive reconstruction and writing (Boelen & deKaiser, 2007; Reynolds et al., 1999; Shear et al., 2005). Participants in this study experienced transformations from negative to positive cognitive and emotional responses. Participants were exposed to photos, memories, thoughts and feelings brought on by engaging in the process of scrapbooking. The results of this study were similar to Gauther & Marshall's (1977) study that found desensitization and changes in social reinforcements helped participants obtain behavioral changes and also assisted in breaking bonds with their deceased loved one's image.

Limitations
The study design did not include a comparison group, although it compared favorably to Kohut’s (2011) study using the procedural methods. The study’s participants were all women dealing with only one kind of loss, which was bereavement. The sample size was small and limited by culture diversity. Another limitation of the study is that the researcher is an art therapist; hence objectivity may be compromised because of the researcher’s primary belief in the effectiveness of the creative art process for healing. The main strengths of the IES-R evaluation are that it is short, easily administered and scored. It correlates well with the DMS-V criteria for PTSD, and can be used repeatedly to assess progress (Christianson & Marren, 2013). However, the IES-R is limited by remaining a screening tool rather than a comprehensive test, and by its non-clinical focus (Christianson & Marren, 2013).

Recommendations

Further research was recommended. This research design could be effectively applied to the generalized population to compare and see if similar results can be found when working with individuals who are not dealing with trauma. It would be interesting to also incorporate a control group along with the study group, one group without a creative intervention and another group doing the scrapbooking process to evaluate the reliability of this research. Another recommendation would be to apply a study differential by comparing and contrasting a talk therapy group versus a scrapbooking group. Also, an added recommendation to this study would be to implement a three-month post-session evaluation of the study (via email) to the group participants to determine if the scrapbooking experience had been beneficial to them over time.

Conclusions

Nurturing acceptance is an important step to healing grief resolution. The study’s results substantiated the researchers' basic assumption that by changing a person’s thought process and
emotional processes when they are dealing with grief and loss can change how they engage with the outer world around them. The narrative approach of this process also aided in making it easier to accept the reality of this painful loss. The results were consistent with Kohut’s (2011) study indicating that scrapbooking was a meaningful way to honor and preserve the memories of loved ones. Despite its limitations, this study contributes to the field of art therapy through an exploration of how scrapbooking can benefit individuals experiencing grief and loss. It intends to provide insight to the field of art therapy because art therapy offers individuals a way to express their thoughts and feelings using creative processes that are both healing and life-enhancing (AATA, 2013).

Grieving is the process of letting go (see Appendix I for group art responses and reflections). Tomer, Eliason & Wong (2013) suggested that it also is the process of searching for what is lost. When individuals engage in this manner, they discover more about themselves than they ever knew. They learn through grief and loss that there is transformation and that ultimate healing is attainable. As one participant wrote “I know my eight-year-old son’s memories of his dad will fade, but having this book will keep those memories alive and continue to make meaningful connections.” This is the value of scrapbooking as a therapeutic tool to help the healing process.
References


thematic_analysis_revised


qualitative study to develop a thematic framework for understanding the relationship between health and the arts. *BMJ open, 4*(4), 1-10. Retrieved from [http://bmjopen.bmj.com/](http://bmjopen.bmj.com/)


Vista Publishing.


doi:10.1097/NMC.0000000000000016.


Tomer, A., Eliason, G. T., & Wong, P. T. (Eds.). (2013). *Existential and spiritual issues in*


APPENDIX A

Impact of Event Scale
INSTRUCTIONS: Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you.

DURING THE PAST SEVEN DAYS with respect to____________________, which occurred on_________________________. How much were you distressed or bothered by these difficulties?

1. Any reminder brought back feelings about it.
2. I had trouble staying asleep.
3. Other things kept making me think about it.
4. I felt irritable and angry.
5. I avoided letting myself get upset when I thought about it or was reminded of it.
6. I thought about it when I didn’t mean to.
7. I felt as if it hadn’t happened or wasn’t real.
8. I stayed away from reminders of it.
9. Pictures about it popped into my mind.
10. I was jumpy and easily startled.
11. I tried not to think about it.
12. I was aware that I still had a lot of feelings about it, but I didn’t deal with them.
13. My feelings about it were kind of numb.
14. I found myself acting or feeling like I was back at that time.
15. I had trouble falling asleep.
16. I had waves of strong feelings about it.
17. I tried to remove it from my memory.
18. I had trouble concentrating.
19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.
20. I had dreams about it.
21. I felt watchful and on-guard.
   
   0 = Not at all; 1 = A little bit; 2 = Moderately; 3 = Quite a bit; 4 = Extremely
22. I tried not to talk about it.

**Item Response Scale:**

0 = Not at all; 1 = A little bit; 2 = Moderately; 3 = Quite a bit; 4 = Extremely.

Total IES-R score:______
APPENDIX B

Scrapbooking Intervention

Materials: Glue sticks, decorative safety scissors*, grease pencil, a template, regular straight edge scissors, album various sizes: 8.5” x 11”, 12 “x 12”, with protective pages, colored papers, stickers and die cuts to match the theme, basic black gel pens and journals. During the art intervention, participants will be supervised while using sharp instruments like scissors to ensure that they do not harm themselves or other. Any threat to the safety of participants (including self harm) will be reported to the appropriate professionals.

Sessions:

Week 1 - Session Goal: Group Introductions, Goals and Sharing

Objectives:

- Introduction of group members, group rules/limits of confidentiality
- Administer: Impact of Event Scale-R.
- Group members will share their loss. Acknowledge their courage for being apart of the group.
- Group members will be introduced to scrapbooking process and samples will be provided.
- At this time group members will select their own scrapbook.
- Tell group members to bring in mementos.
- Fill out reflection form
- Encourage return.

Week 2 - Session Goal: Planning and Processing

Objectives:
Memory Book

Week 3 - Session Goal: Planning and Working

Objectives:

- Administer: Impact of Event Scale-R.
- Group members will engage in relaxation and breathing exercises.
- Work to have group members to become more comfortable with art supplies.
- Group members will be shown creative techniques to incorporate during scrapbooking process: stamping, embossing and how to embellish pages.
- Group members will begin planning themes of their scrapbook.
- Time will be allowed for questions and concerns.
- Acknowledgement their courage for being apart of the group.
- Fill out reflection form.
- Encourage return.

Week 4 – Session Goal: Journaling Applications

Objectives:
• Administer: Impact of Event Scale-R.

• Introduction of Journaling Homework (handouts)
  
  o Rationale for journaling within scrapbook process is to get process more meaning to group members. Specific lead statements will be used to get group started: I miss…” “I’m grateful…” “I remember…”; “I am hopeful about”.

  Group member will be encouraged to write freely.

• Time will be allowed for questions and concerns. Fill out reflection form

• Acknowledgement their courage for being apart of the group.

• Encourage return.

Week 5 - Session Goal: Planning and Working

Objectives:

• Administer: Impact of Event Scale-R.

• Group members will share Journaling Homework

• Group members will work on their scrapbook

• Time will be allowed for questions and concerns.

• Acknowledgement their courage for being apart of the group.

• Encourage return.

Week 6 - Session Goal: Wrap-up and Closing Ritual (Extended session: 2 hr)

Objectives:

• Administer: Impact of Event Scale-R.

• Group complete final group evaluation questionnaire on scrapbooking process

• Closing ritual: Group members shared their scrapbook, who it was made for and what the scrapbooking experience means to them. Next group member says the name of
the deceased person and lights a candle (LED light) in their honor.

- Thank group members for caring enough about themselves to participate and encourage them to continue work with grief.
APPENDIX C

Reflective Journaling Form

WEEK ONE

My reflections about today’s processes are

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Difficulties?

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Insights?

_____________________________________________________________________________
_____________________________________________________________________________
APPENDIX D

Relaxation Techniques

1. Lie on back and allow your arms to rest beside you with your palms facing up.
2. Close your eyes and let your face be without expression.
3. Set your intention for this practice. You may wish to say to yourself something like “For now, I am going to focus on my breath, and invite my body to relax. I do not need to think about anything else. I am right here attending to my body.”
4. Take a few full inhales and exhales. Allow your chest to expand as big as it can on each inhale. Notice the release with each exhale.
5. Breathe naturally. Let your breath returned to its natural flow, but allow your mind to stay focused on each inhale and each exhale as they happen. Get curious about your breath. Notice the space between your inhales and exhales. Notice the length of your inhales and exhales. Use the rhythm of your breath to anchor you to the present moment.
6. Observe your body. Scan through your body and notice the places where you feel tension. Then notice the places where you don’t feel tension. Are there any places that feel neutral or numb?
7. Invite your body to relax. On each exhale; imagine you could invite each part of your body that is feeling tension to soften. If it feels right, you may imagine saying to each muscle “I invite you to release this tension. You may relax now.” Treat your body with tenderness and kindness, and observe the effects of relaxation.
8. Rest. Once you reach a state of relaxation, give yourself permission to rest or fall asleep.
9. Arise. When you are ready to complete this exercise.
Shakespeare said, "Give sorrow words." Grief journaling and all forms of writing have long been recognized as an important and helpful tool for healing. To put ongoing love for the one you have lost into words promotes the healing of grief from the inside out. Sometimes it is possible to write when we are not ready to talk. For many people journaling can be a silent listening friend. There is no right way or wrong way to keep a journal. Keeping a journal is easy. Beginning is the hardest part. These are some possible journaling prompts…

- “I miss...”
- “I am grateful for...”
- “I remember...”
- “I am hopeful about...”

Journaling Reflection Homework: Journal Topics

- Write a letter to the person you have lost.
- Write about a special memory of your special someone.
- Write about what you wish you'd done or not done.
- Write about the things you wish you'd said or not said.
- Write about what you miss most about your special someone.
Here are some Journaling tips to get you started.

- Write when you have uninterrupted time
- Write for about fifteen to twenty minutes daily
- Use a comfortable writing tool
- Choose a comfortable place to write
- Try to write at the same time everyday
- Date your entries
- Don't judge your writing. Don't worry about grammar, spelling, punctuation or sounding "just right." The point is to write about what's on your mind and in your heart. You're writing for yourself, not others
- Accept your writing and write from within. Don't be a critic.
- Don't try to write a story or a novel
- Trust your intuitive heart, the words will come
- Be gentle with yourself
- As you begin to write close your eyes and take a moment to get centered
- Begin with a deep breath
- If you get stuck begin doodling and see where that takes you
- Experiment, play, be open to where your heart takes you in your writing
- Journaling may bring up a number of different emotions, it moves the grief work along or gets it started or even unstuck
APPENDIX F

Discussion Questionnaire

1. Please explain how the creative process has been useful and what has not been useful to you?

2. Please comment on the experience of creating the scrapbook and any reflections you may have?

3. What was your response to working in a group environment?

4. Can you talk about if/how creating the scrapbook has affected the way your experience grief and loss?

5. What has been the most valuable aspect of this entire experience for you personally?

6. What has been the least valuable aspect of this entire experience?

7. What do you notice different about yourself as a result of this entire experience?
APPENDIX G

Informed Consent

Investigator- “My name is Tina Williams, and I am a graduate student at St. Mary of the Woods College. I am inviting you to participate in a research study. Involvement in the study is voluntary, so you may choose to participate or not. I am now going to explain the study to you. Please feel free to ask any questions that you may have about the research; I will be happy to explain anything in greater detail.

I am interested in learning more about how scrapbooking can be therapeutic in helping individuals who are experiencing grief and loss. You will be asked to create a scrapbook about an event and/or of someone who have impacted your life resulting in grief and loss. The study will consist of 6 one-hour sessions over the course of six weeks. All information will be kept anonymous and confidential. If anonymous, this means that your name will not appear anywhere and no one except me will know about your specific answers. If confidential, I will assign a number to your responses, and only I will have the key to indicate which number belongs to which participant. In any articles I write or any presentations that I make, I will use a made-up name for you, and I will not reveal details or I will change details about where you work, where you live, any personal information about you, and so forth.

The benefit of this research is that you will be helping us to understand the therapeutic benefits of scrapbooking. The risks to you for participating in this study are that this process may evoke possible emotions and cognitions that may alter previous perceptions. These risks will be minimized by the presence of licensed therapists who will be on site in the event they are needed to assist with counseling. If you do not wish to continue, you have the right to withdraw from the study, without penalty, at any time.

Participant -All of my questions and concerns about this study have been addressed. I choose, voluntarily, to participate in this research project. I have read the above and give my consent for the use of the photograph/audiotape as indicated. I certify that I am eighteen (18) years of age or older and that I have been given a copy of this form for my own records.

Signature _______________________________ Date _____________________________

Printed Signature _______________________________

_______________________________________________ Date _____________________________

Researcher Signature _____________________________

Printed Signature _______________________________
APPENDIX H

Consent to Photograph/Audiotape

Thank you for your participation in this research project. As part of this project, you may choose to have artwork photographed and audio recording of art-making sessions. Please indicate below the use of the media to which you are willing to consent by placing your initials in the blank in front of the item. Initial the item that best suits your level of comfort. There will be no negative consequences for refusing to have artwork photographed and/or voice recording during art-making sessions. The results of this study may be presented in educational settings, scientific journals, popular press or newspapers, professional conferences, or the media. The researcher will only use the materials in ways to which you agree. Pseudonyms will be used in presenting this research.

Please initial

I give approval for my artwork to be photographed.

Yes: ______ No:_______

I give approval for my voice to be audio taped for transcript.

Yes: ______ No:_______

I understand that I can withdraw my permission to be photographed and/or audio taped at any time without prejudice and with no explanation required.

I have read the above and give my consent for the use of the photograph/audiotape as indicated. I certify that I am eighteen (18) years of age or older and that I have been given a copy of this form for my own records.

Signature _______________________________ Date _______________________________

Printed Signature _____________________________

Researcher Signature ___________________________ Date ___________________________

Printed Signature _____________________________
APPENDIX I

Group Art Responses/Reflections

Written Response

“I know my eight-year-old son’s memories of his dad will fade, but having this book will keep those memories alive and continue to make meaningful connections.”

Figure 5. Art. Participants’ Written Reflecti
Written Response

“I took care of my dad before he died. He was not healthy for about 3 years. For this scrapbook I used only pictures of him when he was healthy; this replaced some of the negative pictures in my mind with some happy memories.”

Figure 6. Art 2. Participants’ Written Reflectio
Written Response

“I did this for me. During the time of his suicide, there was so much secrecy. I can now tell the truth about what we went through in our lives together. This was a good experience. In the last 6 weeks I totaled my car, lost my job and had my son in the ER—and it really helped me coming here. I always left happy!”

Figure 7. Art 3. Participants’ Written Reflection
Heuristic Reflection

Written Response

“This scrapbooking process helped me. It is beyond words. It gave me the opportunity to say everything that I wanted to say using both imagery and words. As my husband’s sickness grew worse, he started to accept that it was to be the end of his life. Through this research, I learned a lot about the five stages of grief and loss. Now, reflecting back, I believe I saw my husband transition through these five stages. In doing so he shut me out in every way. After he died, I tried to push all of this pain and hurt away. I was scared at first of expressing these turbulent feelings because I felt it would dishonor him by doing this. Observing these women courageously tell their stories and share their experience with each other, inspired me to be brave, as well. Hence, after I completed my last two pages and I then wrote a letter to my husband. I then shared my scrapbook and the letter with my therapist. It was an uplifting experience. I felt freer because I was able to give "voice" to the pain I had gone through and was able to share it with someone. I now can think about my husband with less pain. I have a better understanding of the grief and loss
he must have felt for all that he too was loosing, his wife, his children and his life.

Thank you God for allowing me to see through your eyes. I love you, husband.”

Figure 8. Art 4. Researchers’ Written Reflection