Self-Portraiture and the Grief Cycle

Monika Urbanska, BFA

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

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

December, 2016
Abstract
Although research has documented the value of art therapy in working with individuals suffering from bereavement, few resources focused on the lasting effects of grief. This arts-based heuristic study compared a series of self-portraits and reflective journal entries, created in response to the death of the researcher’s mother, to identify themes related to the cycle of grief. It investigated the usefulness of personal art making for coping with the lasting effects of grief. A thematic analysis noted major themes that may have implications for adolescents and adults suffering from grief symptoms. Results from this limited study may provide insight into how self-portraiture and reflective journaling in art therapy can be used with this population.
Dedication

This work is dedicated to my mama, Maria. After you died, I wondered if I would ever accomplish anything, but continue to remember and hear your words of encouragement and love. I want only to honor you.
TABLE OF CONTENTS

ABSTRACT ........................................................................................................................................... 2

LIST OF TABLES ................................................................................................................................... 6

LIST OF FIGURES ............................................................................................................................... 7

I. INTRODUCTION ................................................................................................................................ 8
   Problem Statement .......................................................................................................................... 8
   Research Question ......................................................................................................................... 9
   Basic Assumptions ........................................................................................................................ 9
   Statement of Purpose ................................................................................................................... 10
   Hypotheses ..................................................................................................................................... 10
   Definition of Terms ....................................................................................................................... 10
   Justification of the Study ............................................................................................................. 12

II. REVIEW OF LITERATURE .............................................................................................................. 13
   Stages and Phase Models ............................................................................................................. 13
   Examples of Alternative Grief Models ....................................................................................... 14
      A Multidimensional Approach ............................................................................................. 14
      Grief as a Process or Journey ............................................................................................... 15
      Making Sense of Death ........................................................................................................... 15
   Complicated or Prolonged Grief ................................................................................................. 18
      Symptoms of Complicated Grief ......................................................................................... 18
   Effects of Grief on Children/Adolescents and Their Development ....................................... 21
   Social Effects ............................................................................................................................ 22
   Erikson’s Psychoanalytic Theory of Development .................................................................... 23
   Resiliency/ Post Traumatic Growth .......................................................................................... 24
   Art Therapy .................................................................................................................................. 25
      Expressive Therapies Continuum ......................................................................................... 26
   Reflective Journaling .................................................................................................................. 26
   Self-Portraiture ............................................................................................................................ 28

III. METHODOLOGY ............................................................................................................................ 29
   Arts-Based Heuristic Study ........................................................................................................ 29
   Ethical Implications .................................................................................................................... 31
   Data Analysis ............................................................................................................................. 32
      Researcher Bias ....................................................................................................................... 33
      Validity and Reliability ........................................................................................................... 33

IV. RESULTS .......................................................................................................................................... 35
   Results of the Arts-Based Heuristic Study ............................................................................... 35
   Results of the Pre- and Post-Reflection ..................................................................................... 48
LIST OF TABLES

Table 1. Proposed Criterion for Diagnosis of Complicated Grief Disorder ..........................20
LIST OF FIGURES

1 Thematic analysis chart.................................................................35
2 Painting 32..................................................................................36
3 Denial.........................................................................................38
4 Anger.........................................................................................39
5 Bargaining.................................................................................40
6 Depression................................................................................42
7 Acceptance................................................................................43
8 Religion/Spirituality.................................................................44
9 Sexuality....................................................................................46
10 Resilience/y..............................................................................47
CHAPTER 1

Introduction

As an adult who experienced the death of a loved one during adolescence, the researcher exhibited signs of physical and psychological effects that included insomnia, anxiety, depression, and prolonged or complicated grief. Throughout adolescence and adulthood, the researcher almost exclusively used personal self-portrait art making and reflective journaling in order to express feelings and cope with her loss. In 2009, the researcher created an eight-foot painting with three-dimensional and mixed media elements. This research study encompassed that painting and a series of self-portraits created at the onset of her mother’s cancer diagnosis, during her illness, and after her death as well as a new portrait in response to this heuristic process. The focus on self-portraiture mirrored her developmental focus on identity formation. This research identified the long-term and lasting effects of grief through this creative and reflective process.

Statement of the Problem

The vast majority of bereavement research has been conducted after a loss had occurred and without a focus on anticipatory grief (Bonanno et al., 2002). Although the grief process of young children and adults has been studied in depth, adolescent bereavement, particularly in response to the death of a parent, is an area of limited research (Clark, Pynoos, & Goebel, 1996; Garber, 1995; Harris, 1991; Kandt, 1994; Meshot & Leither, 1993). Normal grieving can be comprised of distressing moods and turbulent, even confusing thoughts. It is assumed that equilibrium will return eventually as a result of the mourning process. However, extremes that may impair functional capacity to a psychopathological degree may occur and symptoms of grief may manifest differently in each individual. Symptomology may include insomnia, anxiety, depression, suicidal ideation, Posttraumatic Stress Disorder (PTSD) and/or prolonged grief
(Finkelstein & Dent-Brown, 2008). Although literature and research document the use of art-making during the grief cycle, no resources focused on the usefulness or benefits of art, specifically self-portraiture, to address the emotional needs of an individual grieving and the lasting effects of death of a loved one. There is also a lack of research that indicated art therapy was an effective intervention in increasing coping skills.

**Research Question**

The researcher conducted an arts-based heuristic study addressing the experience of an adult who suffered with the long-term effects of grief and prolonged or complicated grief. The researcher performed a systematic, self-reflective investigation of her personal artistic self-portraits through reflective journaling to evaluate the therapeutic benefits of personal art making for understanding and coping with the long-term effects of grief beginning in her childhood. This study was guided by the question, what can I learn from submerging myself in the art making process to increase my understanding of the lasting effects of grief experienced during the illness and death of a loved one during my adolescence?

**Basic Assumptions**

Self-portrait art making and reflective journaling was a useful therapeutic coping mechanisms for dealing with negative symptoms related to grief and provided a record of an individual’s emotional status throughout the grief cycle. Identifiable grief stages were seen in the self-portraits and reflective journals through expressions of various moods or themes (i.e., sadness, anger, depression, denial, bargaining, identity-confusion, etc.). The themes or moods were consistent with those of other adults who suffered grief during childhood and/or adolescence, so art therapy would be beneficial to this population.
Purpose of the Study

The purpose of this study was to increase awareness and understanding about the stages of grief through self-portraiture and the long term effects of grief. The researcher investigated the effectiveness of self-portrait art making and reflective journaling as a viable method of understanding and coping with the lasting effects of grief and to provide evidence that art therapy can be an effective intervention in dealing with the grief process.

Hypotheses

The researcher hypothesized that: (a) participating in personal reflection of past and current art self-portraits and reflective journals would increase awareness of the long term effects of grief and understanding about the various stages of grief, as indicated by the results of the heuristic study; (b) engaging in making self-portraiture and reflective journaling would increase feelings of reconciliation, acceptance, closure, and reparation of identity as evidenced by personal insight encountered during the course of, and following the process of art making and journaling; and (c) there was a progression of art that mirrors the five stages in the grief cycle.

Definitions

Bereavement. “The state or fact of being bereaved or deprived of something or someone. The state or fact of being bereaved; especially the loss of a loved one by death” (Bereavement, 2016).

Grief. “The deep and poignant distress caused by or as if by bereavement and/or a cause of such suffering” (Grief, 2016).

Prolonged grief disorder. Alternatively called complicated grief, pathological grief, or traumatic grief. About 10 to 12% of bereaved individuals experience a syndrome of grief that
does not resolve naturally and persists for an indefinite period with varying degrees of incapacitation. This can have adverse long-term health effects (Prolonged grief disorder, 2016).

**Persistent complex bereavement-related disorder.** Individuals with persistent complex bereavement disorder, or complex or prolonged grief disorder, can become incapacitated by grief to the exclusion of other interests and concerns. Prigerson et al. (2009) suggested that rumination about the death and longing for reunion with the deceased, identity confusion, inability to accept the loss, anhedonia, bitterness, difficulty trusting others, and a feeling of being “stuck” in the grieving process may be present every day, causing distress or functional impairment that can persist for more than six months after bereavement.

**Five Stages of Grief.** The five stages of normal grief that were first proposed by Elisabeth Kübler-Ross in her 1969 book, *On Death and Dying* and were identified as denial and isolation, anger, bargaining, depression, and acceptance.

**Adolescence.** The period in an individual’s life between the ages of 11 and 18 years old (Berger, 2009).

**Emerging adulthood or young adulthood.** The period in an individual’s life between the ages of 18 and 25 (Berger, 2009).

**Adulthood.** The period in an individual’s life between the ages of 25 and 65 (Berger, 2009)

**Long-term effects.** Physical and/or psychological symptoms that may surface during childhood grief and continue after bereavement has been (Nickerson, Bryant, Aderka, Hinton, & Hofmann, 2013).

**Resilience/y.** Defined as an ability to bounce back from unpleasant life events,
which allows more effective coping with daily stress and negative emotions. A resilient individual is characterized by emotional stability and perceives difficulties as an opportunity to gain new experiences (Oginska-Bulik, 2015).

**Expressive Therapies Continuum (ETC).** The ETC is best described as a theoretical concept that can help us understand the way people form images and process information based on how they interact with art materials, but did not stress any particular approach to art therapy or psychotherapy (Hinz, 2009).

**Justification of the Study**

This study was important to the researcher because it enabled her to understand the long-term effects of grief through the process of self-portrait art making and reflective journaling. The researcher was pursuing a career in art therapy and assumed that understanding these long-term effects was essential for self-growth and future work with individuals with bereavement and grief issues. This study will add to the body of art therapy research by the inclusion of self-portraiture as a therapeutic technique hypothesized mirror to the grief stages. This may help to increase awareness and healing. The researcher intends to use these results to develop art therapy groups around self-portraiture in her clinical work with clients.
CHAPTER II

Review of the Literature

Stage and Phase Models

Shuchter and Zisook (1993) defined normal grief as a series of stages or phases that include a description of symptoms and a variety of tasks needed for a healthy resolution of grief. According to Sekaer (1987), the typical, healthy mourning process involves moving through stages of grief in a timely manner and arriving at an acceptance of the loss and a transformation of feelings of attachment into memories of the deceased. A plethora of stage models have been proposed, with the most notable and popular being Elizabeth Kubler-Ross’s (1969) five-stage model. This model includes denial and isolation, anger, bargaining, depression, and acceptance. These models often come with the warning not to take such stages or phases too literally, since in reality, grief is not a linear process with clearly delineated start and finish points for the various symptoms and emotional responses experienced. Rather, these models are intended to provide general guidelines to assist the grieving and clinicians, but not to strictly determine where an individual should be in the grieving process (Kubler-Ross & Kessler, 2005). Furthermore, there have been a number of researchers who have offered a variety of stage and phase formulations, with the periods of shock, disbelief, yearning and searching, followed by disorganization, emotional extremes, social withdrawal, and cognitive dissonance with some form of grief resolution (Shuchter & Zisook, 1993).

Neimeyer and Keesee (1998) pointed out that a new wave of grief theory had emerged in response to the growing dissatisfaction with traditional theories and also to incorporate thoughts on prolonged or complicated grief. The newer models have the following elements (a) skepticism about the universality of a predictable grief trajectory leading to adaption, (b) a shift
away from the assumption that letting go was a requirement of healthy grief resolution, (c) more emphasis on the cognitive process of grief in addition to the emotional responses, (d) increased understanding that loss can profoundly impact a person’s identity and lead to changes in his/her self-definition, (e) awareness of the personal growth-producing nature of bereavement, and (f) consideration of the broader impact of loss on families and cultural groups.

Examples of Alternative Grief Models

A multidimensional approach. Shuchter and Zisook (1993) proposed a multidimensional approach to the assessment of normal grief, which, although directed toward spousal bereavement, is a good example of an alternative to the more linear or phase related grief models. The multidimensional quality of this model encompasses the complexity of the grief process and allows for the possibility of viewing the grief process as an indefinite process since many grieving individuals never completely resolve their grief. Their model consists of six comprehensive dimensions:

1. Emotional and cognitive responses to the death of a spouse, including shock, the pain of grief, anger, guilt, and intrusive images.

2. Coping with emotional pain - which includes numbness and disbelief, emotional control, altered perspectives, faith, activity, and so forth.

3. The continuing relationship with the dead spouse - by maintaining ties through location of the spouse (spiritually and burial site), continued contact (e.g., talking to their spouse), rituals, living legacies, memories, and dreams.

4. Changes in functioning - in terms of health, work, and social life.

5. Changes in relationships - with family and friends.
6. Changes in identity such as growth in emotional strength and modified belief systems and assumptions (pp 24-42).

**Grief as a process or journey.** Other grief theories have shifted from describing grief symptoms and the trajectory of grief in temporary stages to explaining it as a process. Parkes and Weiss (1983) suggested that the various theories of grief do not necessarily conflict with one another, but each has its place in explaining or describing particular aspects of grief. They described a person’s reaction to a major loss as a psychological trauma that invalidates one’s basic assumptions about life, which he called the *assumptive world*, a cognitive scheme that these assumptions and expectations were a part of and in basic terms, are assumed to be trued based on past experience. With the death of a loved one, however, these assumptions may be questioned and must be revised in order for the person to accept what he or she now knows about the world, and to learn to live without the loved one. Grief then was the process of adapting, revising, and reorganizing these assumptions, and coming to a new view of the world. This model helps to account for the complexity and ongoing nature of an individual’s grief process. Alan Wolfelt, a grief counselor, stressed the importance of seeing grief as a journey and allowing for each person to move in and out of the process at his or her own pace (Kirwin & Hamrin, 2005).

**Making sense of death.** For many, the search for meaning, or meaning-making process, was a difficult part of the grief. Neimeyer and Keesee (1998) suggested that the key deficiency of traditional grief models is their assumption of universality in grief, with similar responses across individuals at the emotional level. They proposed “meaning reconstruction” as an alternative model of grief, with the assumption that meaning reconstruction or meaning-making response to a loss is central to the grieving process (p. 228). In contrast to traditional
models of grief, a meaning reconstruction view emphasized “the subtle nuances of difference in each griever’s reaction, so that not two people can be presumed to experience the same grief in response to the same loss” (Neimeyer & Keesee, 1998, p. 228). Themes and meanings that individuals connect to their experiences are varied and complex, rather than being readily predictable and universal.

Furthermore, grief was seen as an active process, in which the bereaved had choices about how they processed their grief (Neimeyer & Keesee, 1998). Also, a meaning-reconstruction model accounts for the large social and cultural context with which an individual may grieve. In order to find new meaning once the assumptive world was called into question, a person must find some way to re-order his or her reality to include the new information (i.e., the parent’s death and all the meanings that were shattered with it) (Neimeyer & Keesee, 1998). In the realm of grief theory and research, the suggestion has been made that creating narratives about a deceased loved one’s life was a key process in the reconstruction of one’s identity during grieving (Riches & Dawson, 1996). Bereaved persons may have a need for story telling because of a sense of having no meaning and no self without the ongoing narrative that existed before the loved one’s death (Kubler-Ross & Kessler, 2005). Grief can then be seen as the painful search for a new narrative with new meanings that fits the new reality. The meaning-making process or search for meaning can be conceptualized in terms of narrative, which was a bereaved person’s need to adapt their personal narratives to the new reality without the deceased person (Steeves, Kahn, Wise, Baldwin & Edlich, 1993).

The death of a loved one, whether it be parent, spouse, or child was a particularly difficult loss to let go of. A notable longitudinal study, the Harvard Medical School Child Bereavement Study (Silverman, Nickman, and Worden, 1992; Silverman and Nickman, 1996),
SELF-PORTRAITURE AND THE GRIEF CYCLE

substantiated the need for an ongoing sense of the lost parent and some form of continued relationship. The cumulative research indicated that the bereaved maintained some form of vital affective bond with their lost loved ones that facilitated coping with grief and aided rather than hindered continued development and growth. These connections were concrete or more abstract. For example, children and early adolescents often saved personal keepsakes of the lost parent as these transitional objects provided sensory pathway to the beloved (Silverman et al., 1992).

Furthermore, Love (2007) suggested that “disruptions such as the death of a loved one can precipitate searching for meaning in death and the questioning of spiritual beliefs and values, often resulting in a re-evaluation of core beliefs” (p. 75). Untimely deaths, such as the death of a parent, often affect the religious and spiritual aspects of the grieving individual’s life (Walsh, 2004). For example, some adolescents question or even abandon their religious or spiritual beliefs in the wake of a death (Grof & Grof, 1989; Marrone, 1999). Others are able to make meaning of the death and access their spiritual resources as a means to cope with loss, making their adjustment to bereavement less challenging (Wortmann & Park, 2008). When counseling the bereaved, counselors need to become knowledgeable about clients’ religious or spiritual beliefs about death because such beliefs may serve as vehicles through which clients make meaning out of and cope with loss (Frame, 2003).

Contemporary models of adolescent bereavement are often cognitive in nature (Balk & Hogan, 1995). One such model is that of Moos (1986) whose model is sensitive to the role of religion and spirituality in grieving adolescents. According to Moos (1986), grieving adolescents must complete five sets of adaptive tasks: (a) establish the meaning and understand the personal significance of the event, (b) confront reality and respond to the situational requirements, (c) sustain interpersonal relations, (d) maintain emotional balance, and (e) preserve a satisfactory
self-image and maintain a sense of self-efficacy. Although religious and spiritual issues may emerge for adolescents as part of any of these adaptive tasks, they are especially prominent in the task of creating meaning out of the loss (Balk & Hogan, 1995). Batten and Oltjenbruns (1999) discovered adolescents’ newfound perspective of a Higher Power is a significant and recurring theme in their process of meaning making and spiritual growth after the death of a sibling. Doka and Davidson (1998) claimed the search for meaning itself “is inherently a spiritual task” (p. 7).

Complicated or Prolonged Grief

Complicated grief was seen when individuals were in a chronic state of mourning and unable to accept the reality of the loss. They exhibited an intense yearning for the lost loved one and long for the time when they were alive. Preoccupation with the loss inhibits them from living in the present and finding joy in other relationships. Differentiation in normal adolescent reactions from pathological symptoms can be difficult for the surviving parent which may determine whether or not a child receives therapeutic support. Kubler-Ross and Kessler (2005) labeled adolescent griever as the “forgotten griever” because theorists have assumed that they have either process their grief like younger children or in a similar, but less intense, way than adult grievers (p. 160).

Symptoms of complicated grief. Withdrawing from the tasks of life was an early warning sign for adolescents who were at a risk for complicated grief. The symptoms may be present in their schoolwork and revealed through lowered academic performances and socially by isolating themselves. Depression, anxiety, and symptoms of Post-Traumatic Stress Disorder (PTSD) were the most common symptoms of unhealthy mourning. Normal grieving can include many symptoms of PTSD, but these should diminish over time and the reality that the person had died should increase (Zhang, El-Jawahri, & Pregerson, 2006). Studies have shown that adults,
who never resolved the loss of a parent when they were children were at greater risk of
developing depression and anxiety related disorders (Kirwin & Hamrin, 2005). Moreover,
research has consistently revealed a strong correlation between symptoms of Major Depressive
Disorder (MDD) and symptoms of grief (Bonanno & Kaltman, 2001; Gerrish, Dyck, & Marsh,
2009). Some researchers like Zhang et al. (2006) had proposed that a diagnosis of complicated
grief be added to the latest Diagnostic Statistical Manual as Complicated Grief Disorder with the
following criteria as shown in Table 1.
Table 1

Proposed Criterion for Diagnosis of Complicated Grief Disorder

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Yearning, pining, longing for the deceased. Yearning must be experienced at least daily over the past month or to a distressing or disruptive degree.</td>
</tr>
<tr>
<td>B</td>
<td>In the past month, the person must experience four of the following with symptoms as marked, overwhelming, or extreme. 1. Trouble accepting the death. 2. Inability trusting others since the death. 3. Excessive bitterness or anger about the death. 4. Feeling uneasy about moving on with one’s life (e.g. difficulty forming new relationships) 5. Feeling emotionally numb or detached from others since the death 6. Feeling life is empty or meaningless without the deceased 7. Feeling the future holds no meaning or prospect for fulfillment without the deceased 8. Feeling agitated, jumpy or on edge since the death</td>
</tr>
<tr>
<td>C</td>
<td>The above symptom disturbance causes marked dysfunction in social, occupation, or other important domains.</td>
</tr>
<tr>
<td>D</td>
<td>The above symptom disturbance must last at least 6 months (Zhang, El-Jawahri, &amp; Pregerson, 2006).</td>
</tr>
</tbody>
</table>
The proposal, however, was not included in the DSM-5 (American Psychiatric Association, 2013). In contrast to the view taken by DSM-5, ICD-11 proposed a separate diagnosis that recognized prolonged grief. This diagnosis, tentatively termed prolonged grief disorder, was defined as persistent and severe yearning for the deceased, and can be associated with difficulty accepting the death, feelings of loss of a part of oneself, anger about the loss, guilt or blame regarding the death, or difficulty in engaging with new social or other activities due to the loss. To meet diagnostic criteria, these symptoms must persist beyond 6 months after the death and lead to functional disturbance (Maercker et al., 2013).

**Effects of Grief on Children/Adolescents and Their Development**

Approximately two-million children in the U.S. have lost a parent due to death before the age of 18 years (Goodman, 2007). Losing a parent to death is a traumatic experience for children of any age, but adolescents may have a greater difficulty because of the normal developmental challenges they experience at this stage. This stage of development may be defined by loss, such as loss of childhood, loss of innocence, loss of idealistic thinking. Experiencing traumatic loss when adolescents were trying to cope with other loss could affect their social, emotional, psychological development and may cause pathological problems. Some studies showed children who experienced the loss of a parent had greater levels of emotional and behavioral problems than children who had not experienced this type of loss (Kirwin & Hamrin, 2005). Seshardi (2014) outlined the importance of appropriate anger management for grieving adolescents though disagrees that anger, as an emotion, is bad and must be eliminated as some theorists Laughlin & Warner (2005) suggest. Wolfelt (1996) suggested that parents and clinicians (if involved) should watch for the following behaviors in adolescents suicidal thoughts or actions, long-standing depression, isolation from friends or family, failing in school or
overachieving, major changes in their personality or attitude, serious eating problems, drug or alcohol abuse or both, fighting or criminal behaviors, and inappropriate sexual behaviors.

A study conducted by Christ (2000) showed that “early adolescents were preoccupied with public emotional control… they generally cried alone in their room at night” (p. 77). Children 15 through 17 years of age experienced grief much like adults, but in shorter duration. Christ felt that “The impact of such intense grief was sometimes underestimated by parents, teacher, and other adults” (p. 77). Children at this age have often internalized the image of the deceased parent and often felt a sense of losing a part of themselves. According the Corr (1995), the difference between adolescent and childhood grief had to do with the ability to process the death abstractly, some adolescents can understand the significance of the death by thinking how the death with affect their life.

**Social Effects**

Grieving teenagers who had lost a parent frequently report feeling different from their friends because they feel that their friends do not understand what they are experiencing (Worden, 2009). Teenagers may be fearful of how the event will change their peer relationships as adolescents were not always prepared to help out a grieving friend. Often times, friends will avoid the grieving friend out of fear of not knowing what to say and this left the grieving adolescent feeling isolated and alone. According to Christ (2000), children in adolescence were the most likely to rely on peers as a method of support.

Many adolescents have a strong need to belong and not seem different from peers which may cause them to hide outward signs or expressions of grieving (Corr & Corr, 1996). Often an adolescent will deny feelings of sadness or grief in response to the death of a parent. The denial may be their way of protecting themselves from being overwhelmed by their feelings and desire
to conform to the expectations of acceptable behaviors as viewed by peers (Lenhardt & McCourt, 2000). Typical adolescent responses to the death of a parent are similar to adolescent reactions to other losses: inhibition of affect and denial (Halperine, 1993;). Bowlby (1973) suggested that there are two ways to deny a loss, cognitively and affectively. These actions may result in acting out behavior, delinquency, running away, promiscuity, excessive drug use, or depression (Dalton & Krout, 2006).

**Erikson’s Psychoanalytic Theory of Development**

According to Erikson’s (1959) theory of psychosocial development, adolescence was a challenging stage of life marked by important physiological and psychological changes (identity vs. role confusion). In this stage, adolescents were engaged in discovering who they were and establishing their place in society as they worked through their identity crisis. According to Marcia (1980), there were four possible outcomes in this stage (a) identity achievement (when adolescents successfully establish an adult identity), (b) identity foreclosure (where adolescents reactively adopt the plan and references of authority figures such as their parents), (c) identity moratorium (which was described as an “on hold” time for some during which they avoid the rigors of self-examination), and (d) identity diffusion (when some adolescents both avoid self-examination and adopt the behaviors and beliefs of assertive peers). The death of a parent may push adolescents into one of the lesser desired outcomes instead of identity achievement.

According to Sussillo (2005), losing a parent to death may affect adolescents’ development in major ways. It could hinder the natural separation process from their parents and this can cause a great deal of conflict and confusion as the person who would normally be the support system for an adolescent in time of crisis. But during a death, the parent was in turn the one who caused the crisis. Regarding the sense of self, some adolescents reported feelings of
vulnerability, helplessness, disorientation, rage, and profound anxiety. Losing a parent to death during this time of rebellion against parental authority can instill a sense of guilt and remorse in adolescents (Marwitt & Carusa, 1998). If a mother should die during this critical time where an adolescent was facing the dilemma of separation and individuation from their parents they may be at greater risk for complicated grief reactions (Lenhardt & McCourt, 2000).

Balk and Hogan (1995) reported that older adolescents may have a better sense of identity which enabled them to talk about their grief with friends, but they reported more symptoms of psychological pain such as depression. At this stage, death was no longer seen as reversible and denial was not used as a coping response. Depression was a result of the perception and acceptance of the reality of the death and its effect on the adolescent’s well-being (Krueger, 1983).

**Resiliency/Post Traumatic Growth**

Many people report some positive transitions resulting from bereavement known as posttraumatic growth (PTG) phenomenon (Tedeschi & Calhoun, 1996). Many authors take an existential approach and assume that PTG results from engagement of cognitive processes such as changes in the view of self and the world involving their deeper understanding and making sense out of what happened. As a result, an experience of loss, through the suffering, may be transformed into an important value. Tedeschi and Calhoun (2007) assumed that PTG was not the actual effect of an experienced trauma but rather the effect of undertaking adaptive coping strategies. It was important to note, however, that the process of PTG did not exclude the presence of distress and increased discomfort, but was necessary in order to adapt to new circumstances.
Various research studies showed increased positive changes and PTG in bereaved individuals. Kim, Kjervik, Belyea, and Choi (2011) found higher levels of positive emotions and spiritual development as well as increased levels of personal strength. “Resiliency, treated as a broad cluster of personal characteristics, was expressed by persistence and flexible adaptation to life demands, an ability to take remedial actions in difficult situations, and a tolerance of negative emotions and failures” (Oginska-Bulik, 2015, p. 235). In this study it was deemed possible that successful coping with traumatic events resulting in PTG might enhance the level of resiliency, especially a belief in coping skills.

**Art Therapy**

The use of expressive arts had many therapeutic advantages over regular talk therapy (Horovitz, 2002). Through the creativity and expression of one’s thoughts, feelings, and memories, clients were able to experience and understand their grief process in a new way. Art therapy can help grieving children and adolescents by helping them to communicate, understand, and cope with grief. This therapeutic approach used art materials as a medium for expression and communication. Children and adolescents may find it easier to draw pictures of their feelings rather than expressing them verbally. According to Goodman (2002), “In art psychotherapy, the thoughts stimulated by the art making becomes the focus” (p. 300).

According to Finn (2003), the four main objectives for using art in group therapy were awareness, expression of energy and emotion, working through a problem, and creativity and joy. These objectives were similar to the tasks of grief that were based on helping a client develop an “awareness of loss, expressing feelings of grief, and learn new ways of coping” (Finn, 2003, p. 157). Art therapy can be a catalyst for communication between the bereaved individual and therapist and a way to facilitate mourning. Schreder (1995) also suggested
activities that included (a) asking the grieving adolescent to record their thoughts and feelings in a journal and possibly have them read their journal out loud, (b) have them write a letter to the person who has died, (c) create a collage of memories of the person who has died or one based on their journey through grief, and (d) have the adolescent draw and self-portrait of themselves expressing their feelings.

**Expressive Therapies Continuum**

The Expressive Therapies Continuum (ETC), considered a foundational theory for the field of art therapy, is a theoretical and practical guide that aids in describing and understanding the ways in which people interact with various art media to process information and form images. It has been utilized by art therapists as a theoretical framework that can guide the use of art media and experiences through various healing and emergent functions (Hinz, 2009). The ETC organizes media interactions into a developmental sequence of information processing and image formation in a hierarchical fashion from simple kinesthetic experiences at one end to complex symbolic images at the other end. Furthermore, the ETC is arranged in four levels of increasingly complex processing. The first three levels are considered bipolar or complementary, i.e. kinesthetic vs. sensory, perceptual vs. affective, and cognitive vs. symbolic. The fourth level, the creative level can occur at any single level of the ETC, or can represent the integrating of functioning from all levels (Kagin & Lusebrink, 1978; Lusebrink, 1990).

**Reflective Journaling**

Similar to the unique cathartic process of art therapy, journaling can be a useful in enabling clients to express their thoughts and emotions in an uninterrupted format. “Spiritual journaling is a therapeutic practice that involves clients’ keeping a written diary of their thoughts, feelings, struggles, questions, transcendent experiences as well as their reflections
about meaning, purpose, and the sacred in their lives” (Wiggins, 2011, p. 303). Wiggins (2011) believed journaling may help clients explore their belief systems, increase connection to what they defined as holy, struggle with unanswered questions, process loss and grief, examine vocational choices, as well as come to terms with death. Muselman and Wiggins (2012) discussed that many adolescents found that journaling about their memories of their loved one helped them to maintain a sense of connection to the person and allows for some anxiety they may have had around forgetting the deceased loved one to lessen.

Hubbs and Brand (2005) reported reflective journaling provided a means for internal dialogue that unites thoughts, feelings, and actions. The researchers suggested that reflective journaling “holds potential for serving as a mirror to reflect the student’s heart and mind” (p. 61). After assessing 122 college students in an experimental study, Ullrich and Lutgendorf (2002) discovered that involvement of both cognitions and emotions while journaling about a traumatic event can facilitate positive growth from the event by helping participants comprehend the process of trauma resolution and successful adjustment. However, the focus of journaling was important. Journaling that focused on emotional expression and cognitive processing, such as efforts to understand and make sense of the traumatic event, may offer greater benefits than journaling focused on negative emotions. The participants journaled about both emotional and cognitive qualities of a traumatic event they directly experienced and reported increased positive growth from trauma over time. Keeling and Bermudez (2006) found that externalization of problems through art and writing helped the 18 participants in their study to express emotions, increased their awareness of personal resources and agency, helped separate problems from self, decreased symptoms and problem behaviors, and fostered a sense of empowerment.
Self-Portraiture

Self-portraiture can be a means of self-reflection and accepting the self. To arrive at identity awareness some artists practice self-portraiture as a way to discover their innermost thoughts and feelings. In an article about envisioning self-identity, Carr (2014) discussed the validity of using a collaborative intervention involving portraiture and the art therapist’s “third hand” (p. 54). The intervention was designed as a way for art therapist’s to co-create portraits with their patients who were too ill to engage in the physical act of painting. The author felt that self-portraits were powerful because they communicate information to the brain that activated certain processes enabling change toward a more coherent and stronger self-identity. The author stated, “portraits act as ‘bridges’ between the body and the brain, imagination and reality, emotion and memory, integrating lost aspects of the self into images that powerfully communicate self-identity” (Carr, 2014, p. 66).

The outlined literature provided the researcher with a more knowledgeable baseline in understanding grief and the grieving process. The focus on adolescents brought new insight for the researcher as she connected varying theories to her personal point of view and experience of being an adolescent grieving the death of her mother. The knowledge base was then utilized in completing the arts-based heuristic study.
CHAPTER III

Methodology

Arts-based Heuristic Study

Through this arts-based heuristic study, the researcher created a new self-portrait and reflective journal, and compared them to a series of paintings and journals that were created in response to the death of her mother nine years earlier in 2007. The researcher selected these paintings because they held personal meaning in her experience of the long term effects of grief. During this time, the researcher almost exclusively created self-portraits; though other works of art i.e. still-lives or landscapes were still personally charged. There was a change in substrates from linen canvas to Masonite as the researcher moved towards the anger stage in the grief cycle and needed a more durable material to create art on as she released her angry energy and emotions. The paintings and reflective journal were analyzed using Moustakas’s (1990) six phases of heuristic inquiry. The six phases of heuristic inquiry were:

Initial engagement. In this phase, the researcher immersed herself in extensive self-exploration of the guiding question. The goal was to discover any significant personal and social meaning. The researcher prepared a space in her home to create a new self-portrait at the end of her study to enhance the reflective process.

Immersion. During the immersion phase, the researcher became fully connected with the research question and topic by engaging in self-dialogue and self-searching. The researcher created a new self-portrait and self-reflective journal to note her thoughts and feelings during this heuristic process. The researcher also set aside four hours, five days a week for three weeks to chronologically organize her self-portraits over the course of the last eleven years to the present. The researcher then reflected upon each portrait and her journals. She then journaled for thirty
minutes after each session. The process of immersion allowed the researcher to increase her knowledge and understanding of the topic and question.

**Incubation.** During the incubation phase, the researcher experienced a temporary departure from the intensity of the immersion and focused on the question. The researcher placed the self-portraits and journals out of sight at this time. During this stage of retreat and without intentional searching, the researcher allowed new insight and understanding to emerge.

**Illumination.** During this phase, the researcher became more receptive to her intuition, gaining new awareness and knowledge of the question. The researcher experienced emotions of confusion, anger, sadness, content, relief, and happiness during this time. This phase allowed for discovery of hidden and/or distorted themes that were not conscious until this point.

**Explication.** During the explication phase, the researcher utilized her self-exploration and her personal therapist as an objective voice to aid in identifying alternative explanations and patterns as well as decipher meaning to the new themes that arose in the illumination phase.

**Creative synthesis.** The final phase of heuristic study required the researcher to integrate her discoveries. The final self-portrait and reflective journal represented the wholeness of her human experience and growth as an adult who suffered from the lasting effects of grief since her adolescence.

**Reflective journaling.** After the new self-portrait was completed, the researcher performed an analysis of her journals documenting the emotions and impressions during the creative process. The researcher then reviewed all reflective journals since the beginning of her grief process in order to evaluate the similarities and differences of the researcher’s thoughts and feelings at various stages in the grief process.
After the heuristic study was completed, the researcher engaged in reflective writing that focused on and noted emotional responses to her newly created self-portrait. In addition, the researcher noted emotional response to the series of self-portraits that were created over the course of the last eleven years. Data gathered from these reflective writing was examined and analyzed in order to evaluate similarities and differences of the researcher’s emotional and mental states in correlation to each stage of the grief stages as outline by Kubler-Ross (1969).

**Ethical Implications**

According to the American Art Therapy Association’s (2013) article 9.1, ethical implications for researchers was:

Researchers are guided by laws, regulations, and professional standards governing the conduct of research. When institutional review and approval is required for the conduct of research with human subjects, art therapists provide accurate information about their proposed research, obtain approval from the relevant institutional review board (or equivalent) prior to initiating research activities, and adhere to the institutionally-approved protocol at every stage of research. (p. 9)

The arts-based heuristic study posed low or minimal risk to the researcher.

The researcher encountered anticipated risks that included unpleasant, negative responses to topics that were personally difficult to cope with. The researcher protected herself from unfavorable thoughts or feelings that surfaced by participating in as needed therapeutic sessions with her personal therapist, a Licensed Mental Health Counselor (LMHC).
Data Analysis

As Braun and Clark (2006) suggest, “thematic analysis, through its theoretical freedom, was a flexible and useful research tool, which provided a rich, detailed, and complex account of data” (p. 5). It therefore, offered a more accessible form of analysis. As themes emerged, the researcher noted their prevalence throughout the art and journals. The prevalence was determined by the researcher and themes and subthemes were coded consistently throughout. A thematic analysis at the semantic level was conducted as the researcher noted words and phrases within her journals and compared them to the moods, feelings states, and overall themes in the art work. The data was organized to show patterns, and summarized to interpretation where there was an attempt to understand the significance of the patterns in their boarders meanings and implications (Patton, 1990).

Through analysis of the old and new journals, key concepts emerged from the data and were then integrated into over-arching themes. Through reading and rereading the journals and analyzing the self-portraits by comparing them to the stages of grief, major themes emerged in correlation to Kubler-Ross’s stages of grief and more current theories as well as minor subcategories. A validity strategy of triangulation was used to establish themes based on seeing converging codes in the data between the art and journals (Creswell, 2014). The researcher utilized post-it notes to organize categories and themes across artistic expressions and journals. An open coding approach was first utilized to sweep through the data and highlight or circle words and phrase in the text. Due to the large number of codes, and axial coding system was needed to sort coeds into groups and themes. Themes was based from text in the journals as well as artwork and put into a hierarchical system for classification.
**Researcher Bias**

The researcher’s viewpoint may have been biased due to her past experience of using art making and reflective journaling to cope with her own long term effects of grief. The researcher received instruction and training as an artist and art therapist, and acknowledges that she may be biased about the effectiveness of art therapy and journaling. A potential limitation to heuristic methodology places importance on the subjective experience of the phenomenon in question. As such, it increases the researcher’s bias as the data analysis and understanding of meaning were solely based on the researcher’s interpretation.

**Validity and Reliability**

According to Given (2008), the heuristic approach to qualitative research was directly concerned with human knowing and self-inquiry and was a method applied to fields such as education, psychology, psychotherapy, and counseling. Heuristic research has an inherent validity and strength as it was systematic, rigorous, and was conducted through a genuine self-process of direction, motivation, and unplanned changes using a transparent, structured methodology for self-inquiry (Douglass & Moustakas, 1985; Given, 2008). According to Moustakas, (1990), the researcher was the primary judge of validly. The validity of this methodology cannot be “determined by correlations or statistic” of a quantitative study but instead, when evaluating the validity of heuristic research, the research needs to be concerned with meaning (Moustakas, 1990, p. 32). Throughout the length of this arts-based heuristic study, the researcher was able to process and understand certain feelings and concerns that surfaced with her personal therapist, a Licensed Mental Health Counselor (LMHC) and play therapist. The therapist reflected back feelings and concerns to the researcher, allowing the researcher to
obtain some objective and reflective distance, increasing the validity of the findings of the arts-based heuristic study.
CHAPTER IV

Results of the Arts-Based Heuristic Study

Several themes (see Figure 1) emerged from the findings of this heuristic study and included (a) identity, (b) denial, (c) anger, (d) bargaining, (e) depression, (f) acceptance, (g) religion/spirituality, (h) sexuality, (i) resilience/y, and (j) materials. Figure 2 details the thematic analysis of the data from the researcher’s original and new reflective journals.

Figure 1. Thematic analysis chart

Identity

The painting titled 32 (see Figure 2), represented the researcher’s grief in a variety of losses which correlated to the loss of her identity in various forms. Her loss of her mother and self, her faith, as well as her identity as a daughter.
Upon analysis of the original and new reflective journals, the researcher found a correlation between identity and loss. The theme of identity was noted in the researcher’s feelings surrounding the diagnosis of terminal illness and death of her mother in correlation to other losses she felt had endured including the loss of her faith, adolescence, sense of self, purpose, connection to others, and connection to being a daughter. In the original self-portrait, as well as throughout the series comments included feelings of denial, anger, bargaining,
depression, and acceptance as well as thoughts and changes in religion and spirituality, sexuality, and resiliency. The perspective of the painting was meant to be viewed in two views: (a) from the stance of looking over a grave a whole in the ground and the fear of death; and (b) from the stance of being six feet under in the grave as a cross-section of the earth. The painting represented the researcher’s feelings of numbness, denial, fear, anger, resentment, and depression. A variety of prints of several family members were used and glazed over with paint as a symbol of the burial of the family as a whole and way to solidify her memories. This painting indicated the researcher’s biggest fear of loss of memory.

The series of self-portraits also noted various stages of the grief cycle and the emotional and mental states involved including denial, anger, bargaining, depression, and acceptance as well as thoughts on religion, spirituality, and sexuality in a non-linear fashion as the researcher cycles through the stages in various orders and lengths of time. The stages and emotional states were represented through facial expressions or representational moods in the artwork as seen through color, line, shape, and media choice. The states and emotional states began at the time of her mother’s initial relapse of cancer as an unknown primary and diagnosis of lung, liver, and ovarian cancers and continue to the present time of this study.

Denial

The oil painting representing denial (Figure 3) depicts a self-portrait of the researcher with a questioning, apprehensive glance.
During this time, the researcher continued to use stretched canvas and a glazing technique which added to the process of contemplation she felt during her time of denial as the glazing technique takes layering and time to dry between layers to build up an image. The lighting is stark giving the image a high contrast as she struggled to see things in a concrete black and white fashion. She wanted to deny the new reality of her mother’s death and initially the knowledge of her passing which made the researcher apprehensive towards her father and brother. She wanted to believe that they were lying to her as she lived on campus in a neighboring state to home during her undergraduate years and thus the physical distance made it difficult to see the death for her own eyes.

Comments included: “Nothing has changed. I will drive home and mom will be there. I will call her and she will answer the phone. I’m sure it is all a mistake or maybe Dad or Peter lied to me about it? I don’t want to tell my friends. They won’t understand or will just pity me. If I don’t tell them, maybe this won’t feel real.”
Anger

The watercolor painting on paper representing anger (Figure 4) depicts a self-portrait of the researcher with an aggressive stance and hand gesture.

Figure 4. Anger

The image was created in high contrast to set a focal point for the figure in the center of the page. The shoulder, arm, and hand were elongated to exaggerate the aggressive, unwelcoming hand gesture. The researcher is depicted wearing all black, wearing her favorite jeans and the dress she wore to her mother’s funeral. At the bottom of the page the toes on the right foot are clenched and curled under expressing the researcher internal anger needing to being expressed. The face is stern while the check bone is enhanced to remind the viewer of
skull form. The researcher utilized watercolors to again layer the paint and slow the process of art making down in order to mirror the intensity she felt and the struggle to release her angry emotions.

Comments included: “I hate the doctors. They were obviously incompetent and should have found the cancer earlier. Why did this happen again? Didn’t mom already suffer enough with cancer the first time! I hate God. Clearly He does not exist, since I prayed and pleaded and this happened to mom. Everyone keeps telling me I have the rest of my life to live. I know, the rest of my life without my mom.”

**Bargaining**

The oil painting representing bargaining (Figure 5) depicts a self-portrait that is larger than life-size with elements of gold leaf and metallic paints connecting the researcher the struggle with her religion, spirituality, and idea of a higher power.

Figure 5. *Bargaining*
The researcher continued to use stretched canvas though began to work larger in scale during the phase. The self-portrait has focus areas of design with the geometric elements of her dress and spiral nature of her hair. There was a duality of two and three dimensional rendering as the hair and dress are stylized and flat while the body and face have more dimension. During this time, the researcher began to contemplate the existence of a higher power or God. She could not understand why her mother was struggling again with cancer while others around her lived happy and healthy. The metallic paint and gold leaf were used to give the image a godly or heavenly feel. The researcher contemplated her views in an existential way and struggled with wanting to believe in a God and Heaven or relying purely on people or neither believing or disbelieving; thus the Humanistic and Agnostic views on religion began to interest her.

Comments included: “Maybe if I were more religious and “good” in the terms of the religion mom wouldn’t have been sick and died. Maybe if we researched more hospitals and worked extra hours, we could have afforded better care and treatment for mom. There must be better doctors and treatments. What if I devote the rest of my life to helping others, will I just wake up from this reality like it was a bad dream? What if I had just tried harder?”

**Depression**

The mixed media oil painting representing depression (Figure 6) depicts a self-portrait of the researcher covering her face and her need to hide as she felt others did not understand what she was going through.
During this phase, as the researcher also continued to struggle with anger, the painting was created on Masonite instead of canvas in order to withstand the intense pressure and painting style practiced. The researcher used brushes along with palette knives in order to scrape into the painting and substrate and smear dirt onto the painting. Though a focal point, the researcher’s face is covered and the only clear and clean of dirt elements are the arms and clenched fists on the top portion of the picture. The researcher is seen as leaning against a glass wall that is covered in dirt and smudged paint. The perspective for the viewer was to have a barrier between the researcher and audience to signify how stuck the researcher felt in her depression and distant she felt from others. She struggled with wanting to connect with others and needing space.
Comments included: “Life feels pointless and empty. I am stuck in the week of her death and everything keeps moving forward but me. No one understands. I feel betrayed and then numb.”

**Acceptance**

The oil painting representing acceptance (Figure 7) depicts the researcher’s acknowledgement and understanding that her mother’s death was the new reality through use of realistic depictions of flowers on her mother’s grave.

**Figure 7. Acceptance**

The researcher created this painting on canvas as part of a larger instillation titled *Tryzmaž Sie*, which incorporated various imagery of the flowers placed on her mother’s grave during the funeral and days after. The mood was darkened by the cloudy sky and a dead leaf in the foreground showing the time of death and funeral during the fall. Precise attention was given to the flowers and ribbon on the wreath in the center of the painting, which reads “Daughter.” During this time, the researcher understood that her mother was no longer a daughter and she struggled with losing the identity of being a daughter herself. The use of smaller brushes and
smaller size of the painting helped the researcher to focus on details, which helped to reiterate that the new reality she lived in did not include the physical existence of her mother. The painting was created from references of photographs the researcher took after the funeral in order to accurately document the scene. The idea of acceptance was not to let go and be okay with the new reality, but instead, to face and understand what the death was in order to fight her denial.

Comments included: “Mom is below my feet. Her body lies in the ground and all these flowers are for her. Why do people bring flowers, since they die so quickly? It’s cold outside and will only get colder. I used to love the fall but now it will only remind me of this time. I am grateful to everyone who came to celebrate and honor mom. There are so many beautiful flowers for her. Mom is no longer a daughter and neither am I.”

**Religion/Spirituality**

The oil painting representing religion/spirituality (Figure 8) depicts a self-portrait of the researcher with her arms outstretched to mimic the religious figure Jesus on the crucifix.
The researcher struggled with her connection to her faith throughout the grieving process. Raised Roman Catholic, the researcher often bargained and pleaded to Jesus and God as higher powers. This painting was created on Masonite to withhold pressure from brushes and palette knives used to create the image. The researcher again needed a harder substrate in order to withstand her aggressive, movements while using the fluid media of oil paint and solvents. The imagery is seen larger than life-size as the researcher wanted to connect to her understanding of a higher power being bigger than her both figuratively and literally. The image signifies the researcher’s frustration with lack of control over the outcome of her mother’s illness and death as well as confusion with losing her religion as she no longer believed in an omnipotent being. She struggled with understanding the meaning of her mother’s death and why that outcome had occurred as her mother’s was already a cancer survivor once before. The hands are exaggerated to represent the idea of not holding onto religion literally and the pushing against how she was raised. The perspective for the viewer is once again through a glass wall as the researcher felt distant from other people in not sharing a common religious belief system.

Comments included: “I don’t believe in God, but can’t deny that He doesn’t exist. I respect what I have learned and practiced growing up, but a lot of it just doesn’t make sense or contradicts itself. I feel connected to mom and nature and to myself. I think I am agnostic. I don’t feel that I am on the top of the totem pole; everything around me is greater than me, but I
don’t go to church and recite prayers like I used to. I am more open-minded to what is out there but that one God, can’t exist. He has taken too much and continues to do and I resent Him.”

**Sexuality**

The oil painting representing sexuality (Figure 9) depicts a heterosexual couple in close proximity, while lying down on top of one another.

**Figure 9. Sexuality**

This oil painting was created on canvas and is from the perspective of looking at a couple from the bottom of their feet, the only body parts bare in the painting. The theme of sexuality came up through recognizing heat and enlarged limbs in the artwork. The researcher realized a specific traumatic experience related to her mother’s death at the wake. She kissed her mother on the forehead and touched her hand and it was frigid, so cold that it jarred the researcher. The researcher never experienced this sensation before and the degree of coldness was unexpected. Depictions of red hot hands and feet were seen in the series to show the desire for warmth and fear of cold and thus death.
Comments included: “I think about sex differently now. I felt so numb, but sex wakes me up. I feel connected to someone else and to myself. It helps me to feel remember I am still alive as I feel all sensations and then emotional close to someone else. I was scared that wouldn’t happen again. I know that I am isolating from people and sex pulls me back. I am so emotionally and physically exhausted that after sex, I finally can sleep.”

**Resilience/y**

In the new reflective self-portrait Rising (Figure 10), the change in color, line, and mood represent the ongoing growth and development of resiliency experienced by the researcher.

Figure 10. *Rising*
The watercolor ocean represents the feeling of rising from drowning i.e. depression struggled with and still seen submerged in with the ability to breathe. The orientation of the face implied looking forward instead of the constant rumination of the past. The ocean became the researcher’s symbol of resiliency and acceptance as it gave a sense of serenity and peace with the unknown. A combination of restrictive media, pencil and micron pens, and fluid media, watercolor were used to show a sense of control and comfort with lack of control as the latter media was less predictable in handling than pencil and micron pen. This was used to show the balance in the researcher’s life as she has lessened her fear and anxiety about the unknown. This art piece was themed under resiliency and post traumatic growth as the researcher has found meaning and a life lesson through the trauma of her mother’s death.

Comments included: “What I know about life is that things don’t just get easier. I continue to have obstacles and hurdles to cross and every time I talk to myself and say ‘I’ve been through worse.’ Mom’s illness and death is the worst I’ve had to live through, but I live and continue to live; I am still breathing and my head is above water. I am learning what that really means though; to live is not just to exist but to really engage and be in the moment. It is to adapt and to endure and see beauty even in the darkest moments. It is to find peace in not answering every why and what if question that pops up, but to live in the present, and answer how or answer nothing, just exist.”

**Pre- and Post-Reflection**

Upon analysis of the original and new artworks and journals, the researcher noticed a majority of feelings in the original series and journals were more negative and a majority of feelings in the final self-portrait and journal were more positive. The original series and journals indicated feelings of denial, anger, depression, bargaining, while the new self-portrait and journal
indicated a more positive and healthy view. The overall assessment of the new self-portrait suggested a positive and optimistic response of acceptance which still encompassed previous feelings, but in a healthier more balance outlook.

As part of the arts-based heuristic study, the researcher created two-dimensional, self-portraits and reflective journals initially created as a series over the course of the past eleven years beginning at age 17 years old, most notably during her undergraduate senior thesis project shortly after the death of her mother. The researcher created a new self-portrait at the end of her research study as a reflective piece to compare to her original series at the beginning of her grief process. The researcher used a variety of media including digital art, printmaking, and oil paint. It was important to the researcher to utilize similar materials as seen in the series and senior thesis project piece titled 32 to compare and contrast the self-portraits. The original series and final senior thesis piece were created using chalk, pencil, charcoal, oil paint, India ink, wax, and insulation foam.
Identity

The theme of identity was at the core of the researcher’s heuristic study and consistently surfaced throughout as a main theme. The researcher found herself categorizing and labeling herself throughout the process from the sense of loss (i.e., loss of faith, loss of connection, loss of the label of being a daughter). She fixated on different roles she then had to let go or take on due to the death of her mother. Feelings associated to her identity were defined by feelings of denial, anger, bargaining, depression, and acceptance as outlined in the six stages of grief (Kubler-Ross, 1969). The researcher’s personal relationships and ability to connect to others were hindered as she grieved and jumped through the stages at varying lengths of time and continuously random progression. Her isolation become an important part of her grief and extended time of feeling stuck lead to struggle with depression and increased anger. Kubler-Ross and Kessler (2005) discussed how “a lack of an expressive outlet is one of the toughest parts of isolation” (p. 83). The researcher utilized art marking as a way to define her isolation. “Isolation is part of your grief and may serve as an important transition back into life. Ultimately, isolation is a darkness to experience, but not a palace in which to live” (p. 85).

Denial

The theme of denial came about quickly in the process of grief for the researcher and can be seen in the serious of paintings titled Trzmaj Sie. The researcher felt detached from the reality of her mother’s death and instead fixated on the realism used to create this series. The adolescent tends to dissociate the unbearable affect, to detach emotionally, and to act as if the self has not experienced the impact of the loss (Sussillo, 2005). Bowlby (1973) suggested that there are two ways that adolescents deny a loss, cognitively and affectively. Cognitive denial
occurs when a person is aware of the details of a loss, yet views these details with skepticism. Affective denial occurs when an appropriate emotional response to a loss is not present; the person accepts the loss cognitively but does not express emotion that is congruent with the loss. Affective denial is common for adolescent who have lost a parent. The researcher felt times of both cognitive and affective denial with the death of her mother though she used the latter as a coping skill for self-protection. Halperin (1993), in a study of adolescents whose parents had died of AIDS, found that affective denial was a main coping mechanism. It was noted that adolescents initially reacted with a display overt grief but shortly after that these adolescents adopted a stoic and unemotional coping style (Halperin, 1993). They spoke in a monotone style and with a flat affect. The author discussed how this type of reaction was a way to protect from increased anxiety and grief due to the loss and thus, self-protection may be one reason why adolescents deny their grief.

Adolescents often deny their grief in response to the death of a parent for several reasons. One of which deals with their social relationships. Affective denial may result from pressure to conform to behavior that is acceptable to their peers. Most of their friends have both parents available. Adolescents who lose a parent therefore feel estranged from their peers. These adolescents will inhibit their grief so that their sorrow will not further differentiate them from their peers (Harris, 1991).

Lenhardt and McCourt (2000) suggests that the surviving parent may also indirectly encourage the adolescent’s denial. After the loss of the spouse the surviving parent relies on the adolescent for help and support and a grieving adolescent could cause an additional burden on the already overwhelmed surviving parent. Thus, a parent may subconsciously encourage
adolescents to inhibit or deny their grief. The author believes that this suggestion influenced feelings of resentment and anger towards her father, the surviving parent.

**Anger**

The adolescent may be exposed to ongoing feelings of shame, deprivation, anger and envy in everyday situations in which he or she compared personal trauma to the average expectable experience of peers (Sussillo, 2005). This research was similar to the researcher’s experiences as she felt angry she could not relate to her peers and friends. She felt envious of others’ seemed to be perfect family structures. According to Laughlin and Warner (2005), some theories suggest that anger as an emotion is bad and must be eliminated.

Seshadri (2014) took a different approach in her method as anger was seen as an emotion that was central to the human experience and was experienced physiologically, experimentally, varied across situations, subjectively, and a potential gateway to other emotions, and therefore, unavoidable. The researcher’s upbringing, especially her mother’s influence was congruent to the latter thoughts as though her European background suggested for the researcher to be passive or withhold her anger, the researcher’s mother was more bold and opinionated. Though anger was avoided to be expressed at first, it became more apparent in the researcher’s artwork. The theme of anger was consistently seen throughout the art work and was the motive to change the substrate from canvas to Masonite in order to release more energy in while making art and not destroying the substrate in the process. Anger often was a secondary emotion, concealing and masking underlying feelings of pain and hurt.

**Bargaining**

The theme of bargaining emerged subtly in the artwork as a form of guilt. According to the literature, guilt is often bargaining’s companion. The “if only…” or “what if…” statements
caused the researcher to find fault in herself and what she could have done differently (Kubler-Ross & Kessler, 2005). Furthermore, bargaining was a way for the researcher to fixate on the past and “negotiate” a way out of hurt as suggested by Kubler-Ross & Kessler (2005). Thus, bargaining was a coping mechanism for the researcher as it gave some relief from the pain felt, though it only temporary. As Kubler-Ross & Kessler (2005) mentioned, bargaining may have filled gaps that strong emotions generally dominated, which may have kept suffering at a distance and allowed the researcher to briefly believe that she could restore order to the chaos she felt before inevitably facing the tragic reality that her mother truly had died and was not coming back. As Love (2007) described, the researcher used bargaining as a way to make a deal with her higher power in return for cure for her mother’s terminal illness and then her return once she died.

**Depression**

The theme of depression arose throughout the series of self-portrait through use of dark colors and empty spaces depicted. “Depression is delayed until there is perception and acknowledgement of the extent and meaning of the loss. A component of depression is the recognition of one’s inability to restore the loss” (Krueger, 1983, p. 590). Normal grieving or mourning, in a typical fashion, bears a close resemblance to many of the symptoms of Major Depressive Disorder (MDD), as defined by the DSM-5 (American Psychiatric Association, 2013). In line with this, research has consistently revealed a strong correlation between symptoms of MDD and symptoms of grief (Bonanno & Kaltman, 2001; Gerrish, Dyck, & Marsh, 2009).
Acceptance

The theme of acceptance was seen in the artwork through the use of brighter colors and relaxed, blended brushstrokes. The self-portraits incorporated positive memories of the deceased parent as well as current moments without the deceased as a way to accept the permanent reality of the researcher’s mother’s death. A significant longitudinal study, the Harvard Medical School Child Bereavement Study (Silverman & Nickman 1996; Silverman, Nickman, & Worden 1992), substantiates the need for an ongoing sense of the lost parent and some form of continued relationship. The acceptance also appears in the artwork with the literally or symbolic of others as a way to show the researcher’s desire and action of adapting to her new reality without her mother and need to let go of isolation. Though symbolic ties to her mother remain, new roles, lifestyle changes, and attitudes emerge in the art as well.

Comparatively, Love (2007), explained that within this phase, people might resume previous roles, such as work, or adopt new roles, as they being to re-experience pleasure from ordinary activities and social relationships. Acceptance or recovery is marked by creating a renewed identity, making lifestyle changes and planning for a future without the physical presence of the lost one, even though emotional ties remain.

Spirituality/Religion

The theme of loss of religion and gain of spirituality plays a large role of the progression of the work. According to Muselman & Wiggins (2012), in late adolescence, teens may become more focused on reason rather than faith, and they begin to question the spiritual or religious teachings of their families and faith communities (Frame, 2003). More notably, the death of a loved one, such as a parent, may cause adolescents to use their abstract cognitive abilities to consider God in new ways, perhaps as a Being that offers love, understanding, and support.
during such times of crisis (Batten & Oltjenbruns, 1999). Conversely, and more in tuned to the researcher’s personal experience, adolescents may plunge into crises of faith or spiritual emergency when they are not able to reconcile a loving, protective God with their seemingly insurmountable loss (Grof & Grof, 1989). Grieving adolescents may feel abandoned by God and struggle with the resulting depression and despair. Thus, faith, religion, or God concepts are important themes as adolescents cope with and adjust to the death of a loved one. As they attempt to find meaning during the grieving process, adolescents may either find comfort in or questions their faith or both (Muselman & Wiggins, 2012). Furthermore, it was interesting to note that more contemporary bereavement models were often more cognitive in nature and sensitive to the role of religion and spirituality in grieving adolescents. Moos (1896) discussed that grieving adolescents must complete five sets of adaptive tasks and although religious and spiritual issues may have emerged for adolescents as part of any of these adaptive tasks, they are especially prominent in the task of creating meaning out of the loss (Balk & Hogan, 1995). For some individuals, the experience of loss may cause questions, distancing, or altogether abandoning religious beliefs (Marrone, 1999). Death and dying generate questions about the meaning and significance of life (Walsh, 2004), and some bereaved individuals may find the need to search their belief system for answers and wrestle with their spirituality (Doka & Davidson, 1998). Doka and Davidson (1998) claimed the search for meaning itself “is inherently a spiritual task” (p. 7). This concept strongly resonates with the researcher as she feels more spiritually based now and over the course of her grieving process than when she was a child trying to understand the anticipated and then actual death of her mother.
Sexuality

According to Frame (2003), sexual activity was one of the externalizing behaviors an adolescent may engage during the grieving process along with risk taking; substance abuse; impulsive behavior; conflict; sleep disturbances; and changes in grades, eating habits, and peer group. Support, understanding, and warmth from the adolescent’s social relations and therapeutic environment were key in their adaptation and coping with grief. The researcher found that sexual activity was a way to increase emotional closeness and feel alive instead of numb. This action fulfilled a need to feel important and involved as identified by Worden (2009).

Resilience/y

Tedeschi and Calhoun (2007) assumed that Post Traumatic Growth (PTG) is not the actual effect of an experienced trauma but rather the effect of undertaking adaptive coping strategies. It was important to note, however, that the process of PTG did not exclude the presence for distress and increased discomfort, but were rather necessary in order to adapt new circumstance. Various research conducted showed increased positive changes and PTG in bereaved individuals. Kim et al. (2011) found higher levels of positive emotions and spiritual development as well as increased levels of personal strength.

“Resiliency, treated as a broad cluster of personal characteristics, is expressed by persistence and flexible adaptation to life demands, an ability to take remedial actions in difficult situations, and a tolerance of negative emotions and failures” (Oginska-Bulik, 2015, p. 235). In this study it was deemed possible that successful coping with traumatic events resulting in PTG might enhance the level of resiliency, especially a belief in coping skills. The researcher’s results were congruent to the idea of a traumatic life event promoting coping skills
and ability to adapt and find the experience of loss and suffering an important value. Though the researcher still suffers from symptoms of depression and anger periodically, as mentioned above, PTG and thus resiliency does not exclude presence of distress. The researcher was able to deem these feelings and emotions as necessary to progress and develop spiritually, emotionally, and mentally and thus new stressful experiences produce lessened anxiety and turmoil and for shorter periods of time as the researcher has greater ability and tolerance of negative emotions.

Materials

The researcher made decisions in regards to medium and substrates used while creating artwork and progressing through the stages of grief. For example, a transition from canvas to Masonite as a substrate was made due to the researcher’s increased struggles with anger and depression and the substrates inability to take force and pressure. There were also transitions from restrictive to fluid media throughout the series in congruence to the researcher’s moods and emotional states. The researcher moved from kinesthetic and sensory to perceptual and affective to more cognitive and symbolic tasks when needed in regards to moving herself through each grief stage. This correlation of art media to mood states and emotional needs was in congruence to the Expressive Therapies Continuum (Hinz, 2009; Kagin & Lusebrink, 1978) a model of creative functioning that described and assessed an individual’s level of creative functioning based on aspects such as the artist’s purpose for creating a piece, choice of medium, interaction with the chosen medium, and imagery within the piece.

Furthermore, it has previously served an art therapist in choosing a developmentally or situationally appropriate activity or art medium to meet the emotional needs of a client. The researcher thus was working as both the therapist and client throughout her self-portraiture creation over the course of her grief process. For example, a choice in using restrictive media
was used to build a sense of control and lessen anxiety, or working from life on the perceptual level helped the researcher to decrease her denial of the death and face reality as it aided her to identity emotions, facilitate discrimination among emotional states, and assist in the appropriate expression of emotions (Hinz, 2009).

Moreover, working on the perceptual level encouraged the researcher to view herself and others in a new light, view her current situation and mother’s death from a different perspective, and change her worldview. Drawing from reality enhanced her interaction with her external environment and increased her reality testing (Hinz, 2009).

Working from memory, as well with more fluid and kinesthetic materials like paint, clay, wood, or foam helped the researcher to connect her body and emotions as well as her mind to format symbols, which helped her to expand her self-knowledge and find meaning in life and death. Overall, working on self-portraits helped the researcher to reveal hidden parts of herself along with integrate all parts of self and find peace instead of conflict due to repressed emotions (Hinz, 2009).

Artist materials were of great importance for the researcher while working on her self-portraits whether changes and items chosen were conscious or subconscious decisions. The researcher now sees that she was inadvertently using the structure of the ETC to progress herself into various stages depending on her emotional needs and abilities at the time. The researcher’s observations of her process demonstrate that the organizing system seems to apply not only to a therapist choosing materials and methods for clients, but also to a person’s intuitive understanding of these things and their healing and emergent functions. This correlation to the ETC and added knowledge of the theory as compared to her personal experience may help the
researcher to formulate appropriate directives for clients struggling with grief symptoms and/or in specific grief stages in the future.

**Limitations**

The researcher recognized the limitations of this study. For the purpose of this study, grief was limited to include the death of a person. Grief can also occur, however, from a loss of a pet, thing, or change in a pattern of behavior. Every grief situation can be unique and has a multitude of factors which impact people in individualized ways. The study’s main limitation was the sample size as it focuses on the unique grieving process of the researcher. The artwork applied to this study was limited to the singular experience of the researcher, and may not characteristically represent artwork of other adolescents and adults suffering from the long lasting effects of grief. The experience with grief may also be different than others, and thus may not be generalized to include the experiences and emotions of other adolescents and adults suffering from the long lasting effects of grief. Moreover, the researcher may have been influenced by the research on the various theories of grief and it might have impacted the results such that her themes noted were parallel to Kubler-Ross, even though themes were organized after thorough data collection and analysis of artwork and journals.

Furthermore, Heuristic inquiry can lead to unpredictable avenues of inquiry that can become a quest with no seeming closure as it is difficult to set any clear boundaries to, particularly with respect to duration and scope (Given 2008). Finally, Heuristic methodology requires the researcher to have solid knowledge in the philosophical roots of heuristic methodology, which may be a difficult process for inexperienced researchers (Creswell, 2014).
Recommendations

Due to the nature of this heuristic study, the outcome of the study was limited to the researcher’s personal feelings and thoughts about her experience and cannot be generalized to include the feelings and thoughts of other’s’ experience with suffering from the long lasting effects of grief during their adolescence and adulthood. One recommendation may be to replicate the study with a more diverse and large ample size through use of data collection from interviews of co-researchers. This may provide insight as to how themes identified by the researcher correlated to others at various life stages. Due to the religious and ethnic background of the researcher and the results of this study, it is recommended that a heuristic study with other religious affiliations and ethical backgrounds be conducted to see if spiritual beliefs increase or decreases. The researcher utilized the use of art as a self-provided therapy over the course of the past eleven years by creating self-portraits and writing reflective journals in a specific way. Data collected in this study could be compared to a larger pool of people undergoing art therapy by a licensed or registered art therapist during their grief of which are also utilizing self-portraiture as a healing directive. It would be beneficial to study individuals formally diagnosed with depression, PTSD, anxiety who are engaged in art therapy to see if they experience less symptoms.

Conclusion

The results of this heuristic study support the researcher’s hypotheses that participating in personal reflection of past and current art self-portraits and reflective journals would increase awareness of the long term effects of grief and understanding about the various stages of grief. That engaging in making self-portrait and reflective journaling would allow her to increase feelings of reconciliation, closure, and reparation of identity as evidenced by personal insight
encountered during the course of, and following the process of art making and journaling and that there is a progression of art that mirrors the grief cycle. After review of the literature, the themes or moods were consistent with those of other adults who suffered grief since their adolescence, so art therapy will also be beneficial to this population. The researcher believed self-reflection and the creative process of self-portraiture and reflective journaling created growth for self-awareness and healing, and this data can advance the field of art therapy.
References


doi:10.1080/17454832.2014.906476

doi:10.1046/j.1523-5394.2000.82005.x


APPENDIX A

Full Collection of Two and Three Dimensional Self-Portraits

This collection of two and three dimensional self-portraits spans a time period of 11 years from 2005 to 2016 beginning with the researcher’s pre-grief when her mother was diagnosed with Stage IV cancer for the second time, with her death in 2007, and the years following until the present day. It appears in chronological order.

acrylic on canvas, 2005

graphite pencil on paper, 2005
pastel on paper, 2005

graphite pencil on paper, 2005
woodcut on paper, 2005

graphite pencil and watercolor on paper, 2005
SELF-PORTRAITURE AND THE GRIEF CYCLE

oil paint on canvas, 2006

etching on paper, 2006
woodcut on paper, 2006

oil paint and gold leaf on canvas, 2007
lithograph and gold leaf, 2007

oil on canvas, 2007
SELF-PORTRAITURE AND THE GRIEF CYCLE

plaster, 2007
oil on masonite, 2007

oil on canvas, 2007

oil on canvas, 2007
oil on canvas, 2007

oil on canvas, 2007
oil on canvas, 2007
oil on canvas, 2007
watercolor on paper, 2008

watercolor on paper, 2008
oil on Masonite, 2008

oil and dirt on Masonite, 2008
oil on canvas, 2008

oil on canvas, 2008

oil on canvas, 2008
oil on canvas, 2008

oil, installation foam, prints on Masonite, 2008
SELF-PORTRAITURE AND THE GRIEF CYCLE

etching and aquatint, 2008

etching, aquatint, and sugar lift, 2008

oil and chalking on Masonite, 2009
carving on wood, 2009

wood chips, wax, and oil paint on masonite, 2010

oil paint and caulk on Masonite, 2011
oil paint and caulk on Masonite, 2011

chalk pastel on paper, 2011
SELF-PORTRAITURE AND THE GRIEF CYCLE

pen, watercolor, and collage, 2011

graphite pencil and chalk pastel on paper, 2011
oil on Masonite, 2013

oil on Masonite, 2014
graphite pencil, micron pen, and watercolor on paper, 2016