

Art Therapy and Adolescent Parental Bereavement: Case Study of a 14 Year-Old Girl

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ABSTRACT

Art Therapy and Adolescent Parental Bereavement: Case Study of a 14 Year Old Girl Sarah Brodie

This paper investigates art therapy as a support for the bereavement process following the loss of a parent in adolescence. There is little published literature in art therapy and no empirical data in answer to this question. This descriptive case study provides a unique example of a 14 year-old girl whose terminally ill mother died during the 8 months of weekly art therapy. She was referred for individual art therapy following a diagnosis of Separation Anxiety Disorder after assessment by the outpatient psychiatry unit of a pediatric hospital. Verisimilitude is developed through thick description and data is analysed in the tradition of interpretive interactionism (Denzin, 2001). Case material is triangulated with literature that presents adolescent bereavement of a parent as a manifold task. Bereavement is a natural process informed by early attachments and loss, personality, coping skills, social support, and family dynamics. In adolescence, bereavement is also shaped by the psychological development of this stage of life.

Non-directive, client-centred art therapy allowed the client to symbolically externalize the tasks of bereavement which were empathically reflected by the art therapist, contained by art therapy, and preserved in the artwork. Working from Simon's (1992; 1996) theory on the symbolism of style in spontaneous painting in art therapy, this case study focuses on the artworks as they reflect the psychodynamic processes of bereavement. Creating meaning from the meaninglessness of death, and internalizing the relationship with the deceased were two tasks of bereavement identified in the artwork presented in the case study.

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Dedications

*To “Marcia,” who taught me a lot.
And to my mom, who still does.*

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ART THERAPY AND ADOLESCENT PARENTAL BEREAVEMENT: CASE STUDY OF A 14 YEAR-OLD GIRL

Overview

This is a case study of a girl I shall call “Marcia.” Marcia was referred for individual art therapy sessions through the outpatient psychiatry unit of a paediatric hospital in a large city in Canada. I was an art therapy intern on a team of professionals whose services also included psychiatry, nursing, social work, family therapy, and drama therapy. This internship was in tandem with my second year of a two-year Master’s degree in art therapy. In the hospital room turned art studio where the sessions were held, each client’s creative process and artwork showed how personal growth can be encouraged through creative expression in art therapy.

As an art therapist in training, every case is a challenge to one’s understanding of human development, art, and healing. Working with Marcia’s will remain a formative experience in my development as an art therapist because of the events that took place over the 8 months I saw her in art therapy.

Briefly, Marcia’s mother and father had originally brought her to the emergency room of the hospital for symptoms later diagnosed as a panic attack. Marcia was an only child. All three family members were present for the initial assessment. Afterwards, I received a referral to see Marcia for individual art therapy to help her to increase insight and coping skills in regards to her anxiety.

The assessment, done by the psychiatrist that directed the outpatient unit, described a 14 year-old girl suffering Separation Anxiety Disorder (DSM-IV, 1994). The diagnosis was related to severe psychosocial stressors which included, first and foremost, her mother’s struggle with a life threatening illness. Her mother had first been diagnosed with cancer when Marcia was five years old and had been undergoing treatment

intermittently over 10 years. By the time Marcia was assessed, her mother was struggling with terminal stages of the disease. She died in the palliative care unit of a nearby hospital three and a half months from Marcia's psychiatric assessment. Art therapy became an important element in Marcia's adjustment to the loss of her mother, and she did not miss any scheduled sessions over the 8 months she had art therapy. There were 23 sessions in total and over this time, Marcia completed about two dozen drawings and paintings, many of which I will discuss in this paper.

The question this case study addresses--*how can art therapy support the bereavement process of an adolescent who lost a parent?*—has been addressed in theory (Simon, 1998), technique (Fry, 2000; Moschini, 2005) and a case study (Goodman, 2002). Empirical study of art therapy for this population has not yet been established. This case study will give an illustration of a unique art therapy process grounded in case notes, relevant literature, and the client's artwork. This case study aims to help a training therapist preparing for a similar case, and to provide suggestions for future research. The therapeutic process will be most familiar to art therapists, but the larger themes of bereavement and adolescent development make this case relevant to grief counsellors and other mental health professionals who work with adolescents who have experienced the loss of a parent.

Definition of Art Therapy

While art expression is widely utilized by counsellors, social workers, psychologists, play therapists, and others as a form of assessment, and intervention (Feder & Feder, 1998), it is exclusive to art therapy that the therapeutic process is rooted in the experience of art making. Malchiodi (2006) synthesizes a definition of the field:

Art therapy uses art media, images, and the creative process, and respects patient/client responses to the created products as reflections of development, abilities, personality, interests, concerns and conflicts. It is a therapeutic means of

reconciling emotional conflicts, fostering self awareness, developing social skills, managing behaviour, solving problems, reducing anxiety, aiding reality orientation, and increasing self esteem. (p. 2)

In art therapy, art making and the creative process are harnessed to optimize well-being. Art therapy belongs to a field called expressive therapy, which also includes drama therapy, music therapy, play therapy, and dance/movement therapy. Art therapy is a profession with its own standards of practice, specialized education, and accreditation through provincial/state and national associations (American Art Therapy Association, 2006; Association des Arts-thérapeutes du Québec, 2007).

Clients do not need to have artistic skills or abilities in order to benefit fully from art therapy. The artwork and the creative process are looked at in terms of therapeutic significance, and not for artistic merit. In their description of the role of the art therapist, the Association des Arts-thérapeutes du Québec describes “a witness, guide and facilitator helping the artist-client to express their unique creativity and then ‘translate’ their creative language into meaningful avenues of exploration and personal insight” (AATQ, 2007).

Art therapy has been used as primary or adjunctive treatment for mental illness throughout the seventy-year history of the profession. As health care has evolved, art therapy has become a service for an increasing variety of populations, including:

- individuals suffering from substance abuse; trauma and loss; physical and sexual abuse
- eating disorders; behavioural disorders
- individuals with attention deficit/ hyperactivity disorder (ADHD), autism, neurological problems, developmental delay

While it is common for clinicians to think of art expression as a form of play, and therefore consider it appropriate for clinical work with children, art therapy is widely used with adults, couples, and families, and groups of all ages.

Techniques that are unique to art therapy include, first and foremost, providing the client with the opportunity to express thoughts and feelings through visual images. Images can be made in drawing, painting, sculpting, collage, or new media such as video, photography, and digital image making. Both the creative process and the resulting image provide an additional source of information for client and therapist. Another characteristic unique to art therapy is the experiential component of working with art materials such as paint, clay, pastels, coloured papers, etc. Art making can induce physiological responses of relaxation, and sensory stimulation leading to altered mood; art expression has also been promoted as being helpful in releasing emotions, in psychological terminology, *catharsis* (Malchiodi, 2006). The physiological and psychological benefits of art therapy have led it to being defined as a "mind-body" intervention by the National Institute of Health in the United States, categorized as a form of complementary medicine (Malchiodi).

Art therapy is a modality well suited for adolescents who are adjusting to loss. Rita Simon (1996) developed a system that helps the art therapist to investigate the bereavement process in children and adolescents. When an individual is encouraged to use art materials in art therapy without thought or direction, the progression of images will reflect dynamics of the individual's creative and personal growth. Simon categorized hundreds of paintings and found a pattern of four distinct styles and how the painting styles relate to "attitudes to life" (Simon, 1992). Although this paper will not employ Simon's terminology of style, it relies on her theory that suggests that changes in artistic style contain a symbolic re-enactment of attachment and separation that characterize adolescent bereavement.

The photographic record I have made of Marcia's art and presented as part of this paper allows me to make interpretations in hindsight, after the therapy has been terminated and her artwork has been taken home. Likewise, my description of the art making process relies on my case notes. As I will further describe in the chapter on methodology, any

interpretation in art therapy is based on the client's understanding of what the art means. The art therapist can make interpretations in the session based on his or her own familiarity with the artist's symbols, context, and verbal comments. Because my understanding of how art can be interpreted in art therapy has grown throughout the time I have taken to write this case study, I have gone farther in my interpretations than I was able to in my work with Marcia. Therefore, my interpretations are my own, and serve as an exercise in my own education, and as a point of departure for other clinicians. I end my introduction with a citation from Ellington's (1991) "Philosophy for clinical art therapy":

The most important tool the art therapist or any other therapist brings to the client is his or her own personhood. It is the "self-made," sensitive therapist who can accept and trust his or her own sense of the client more than shorthand terms like schizophrenia. After this and beyond the art experience, the art therapist is intensely supportive and empathic toward a person's creativity and artistic expression. The art therapist's role is that of a caring other—a witness of how the client is choosing to live within the polarities of human existence. Furthermore, there is the realization that few can produce great art, but all are capable of genuine art. The consciousness that creates gives meaning to experience and emotion, not the contrary. Any ultimate meaning that is given to a finished product is that which is most true of one's experience. (p. 19)

The "ultimate meaning" of the art made in art therapy is framed by the "intensely supportive" and empathic relationship between client and art therapist, and contained by the neutral territory of the art therapy space, and the familiar routine of the session. Art that is made in art therapy is a record of feeling supported to creatively and artistically express oneself. The role of interpretation of the artwork in this case study is to enhance the understanding how art therapy can support a teen who has lost her mother.

CHAPTER ONE: METHODOLOGY

Case Study

My central research question is: *how can art therapy support the bereavement process of a 14 year-old girl who lost her mother to terminal illness?* This was a question asked throughout a challenging case of a second year art therapy practicum. To answer this I proposed to write a case study. Once I received permission from the university to proceed with this study, I contacted Marcia and her family to ask if they would be interested in participating. A Letter of Information was given (Appendix 1) and a Consent Form was provided for signature (Appendix 2).

My goal in this paper is to describe art therapy and the context it occurred in, using notes taken following sessions and supervision, Marcia's artwork, and triangulating this data with the theoretical and empirical study of the loss of a parent in adolescence. My discussion will elaborate on how this unique example might be generalized towards similar cases, and advocate for art therapy as a treatment for adolescents who have lost a parent.

Case study is the approach used to describe and analyze an individual intervention. Case study has its traditions in both clinical psychology and in social science research methods. There is no standardized design for case study research (Yin, 2003), because case study is a complex activity that cannot be reduced to following a set of rules. The *Sage Encyclopedia of Social Science Research Methods* presents a view of case study as being more than a method, as a paradigm of research in its own right (Lewis-Beck, Bryman, & Liao, 2004). As contrasted to a survey, or an experiment, "case study is viewed as more akin to the kind of portrayal of the social world that is characteristic of novelists, short story writers, and even poets" (Lewis-Beck et al., p. 93), and calls for a fusion of artist and scientist (Macdonald & Walker, cited in Simons, 1996). The descriptive case study, in

particular, encourages a holistic, humanistic approach, allowing researcher and reader to look at an individual case for how art therapy could serve a larger population.

This is the paradox of case study, by studying the uniqueness of the particular, we come to understand the universal (Simons, 1996). In the case study research process, the recognition of this paradox guides the researcher towards a greater understanding, where the researcher “eventually come[s] to realise the significance of the event, instance or circumstance and the universal understanding it evokes” (Simons, 1996, p.4). This research process can be paralleled to the creative process as it is described by psychologist Rollo May, when he challenges the reader to be “creatively courageous,” defining creativity as the direct “encounter of the intensively conscious human being with his or her world” (May, 1994, p. 54). Creativity, May goes on to stress, is not a subjective phenomenon. It can never be understood simply in terms of what goes on within the person. “What occurs is always a process, a doing--specifically a process interrelating the person and his or her world” (p. 50). One of the ways that case study research integrates this awareness of an interrelatedness is through the process of reflexivity.

Reflexivity

Just as the clinical case study has become an important source of qualitative inquiry, so have the ethics of qualitative study enriched case study methodology. The process of reflexivity is an important tool to the postmodern case study. Reflexivity refers to the process of continual reflection of the researcher upon his or her own role, with the awareness that the researcher is not an objective, politically neutral observer who stands outside and above the study. The process of reflexivity suggests that researcher “must reflect on how he or she has influenced the situation and the people being studied in order to monitor reactivity, so as to minimize any distorting effect on the research findings” (Lewis-Beck et al., 2004, p. 934). Reflexivity is a particularly important process when there

are overlapping roles, such as the clinician who applied the intervention also writing the case study.

Reflexive processing of the influence of an individual's personal, cultural, and social roles is a critical feature of research (Lewis-Beck et al., 2004). Similar to the concept of reflexivity in qualitative research is clinical psychology's concept of *countertransference*. This term originated in the psychoanalytic tradition as a way to describe any response to a client that is influenced more by the clinician's personal experiences than his or her professional technique. Incorporating a process of accountability for these biases makes reflexivity "the key virtue in research" (Lewis-Beck et al., p. 934), just as reflecting on countertransference can be a virtue of the art therapist. "We are human. If we know we are reacting, if we are fully conscious of the reasons why one or another type of reaction a patient displays causes us discomfort, than we are saved from any kind of actual response by this awareness" (Naumburg as cited in Ulman, 1982, p. 4). Similarly, reflexive processing aims to account for researcher bias in qualitative research by the act of reflecting on possible influences towards analyses in the case study.

I write as a woman of the age between Marcia and her mother, old enough to look at adolescence from a distance, but close enough to relate. I have not, however, had the experience of losing a mother at a young age. The theory that has helped me to empathize with this experience was written by professionals who also locate themselves within the population (Edelman, 2006; Shapiro, 1994). Along with generational, and historical influences, this paper is a product of a novice clinician and novice case study researcher. It would be the focus of another research paper to investigate how Marcia's art therapy, or even how this case study, was shaped by the "beginner's mind" of an art therapist in training. But to maintain focus on how *art therapy* supported the bereaved individual, much of the process of reflexivity has taken place behind-the-scenes. This paper reflects the

revisions of two supervisors who both have extensive clinical and research experience in the field of bereavement, adolescence, and art therapy. My reflexive process, therefore, will focus on the clarity gained with regards to my role as an art therapist as I worked on this case study.

Analysis of Data: Thick Description

Part of this reflexivity is to recognize that the act of writing is itself interpretive. Descriptive case study is interpretive as it selects which vignettes and details it uses to develop a *verisimilitude*, meaning, the degree that the descriptions conforms to the reader's sense of realism, or the feeling of being "true to life." The aim is to provide sufficient information so that the reader can determine whether the findings are applicable outside of the case—the external validity of the research. To do this, I will follow a method of data analysis that draws from a school of qualitative research called *interpretive interactionism* (Denzin, 2001). The mission of interpretive interactionists is to "interpret and render understandable turning-point moments of experience of ordinary individuals" (Denzin, p. 2). This approach starts out from the understanding that any experience has meaning at two levels: the surface (or the intended) level and the deep (unintended) level (Freud as cited in Denzin). Meaning, which must be captured in interpretation, is symbolic. It moves in surface and deep directions at the same time. Thick interpretation attempts to unravel and record layers of meaning that flow from intrapersonal and interpersonal interactions, as well as interactions with objects, as they do within the frame of art therapy.

In art therapy, spontaneous art making creates the opportunity for the client to look at surface and deep levels of meaning (Simon, 1996). Meaning is embedded in art as the client makes intentional or unintentional choices with art materials, and responds to these choices throughout their creative process, including how the art is interpreted. The meaning

refers to that which is in the mind or the thoughts of a person, on a surface or deep level (Denzin, 2001).

In art therapy, interpretation gives the art meaning. The art therapist works to understand the client's interpretations of the art. Understanding can be emotional, cognitive, or both (Denzin, 2001), and can be expressed verbally and non-verbally. In addition to presenting reproductions, this case study will interpret the artwork by describing the art making process, any comments that Marcia made about the art, or during its production. Such a description can be called *thick description*, a concept developed by anthropologist Clifford Geertz (cited in Denzin).

In thick description, the task "is both to capture the complexity of particular events and to indicate their more general cultural significance" (Lewis-Beck et al., 2004, p. 1124). Thick description is "required for readers of qualitative research to be able to assess the transferability of findings to other contexts" (Lewis-Beck et al., p. 1124). This "play-by-play" description of the art making, and the art therapy session allows the reader access to the non-verbal elements of Marcia's art therapy.

Thick description is often descriptive, linked to theory only to give cultural context to an individual's interactions. The case study will import theory into the description for the analysis of the significance of artistic expression within the context of art therapy, in particular the work of art therapist Rita Simon (1991, 1996), who developed a method of interpretation to look at how change in artistic styles reflect movement in processes such as bereavement.

Themes that emerge from the descriptive case study are developed in the discussion chapter. Observations from the case study are triangulated with the literature on bereavement in adolescence to consider how art therapy with one 14 year-old girl might

reflect a support that could be brought into a broader discourse, and perhaps into a wider population.

CHAPTER TWO: LITERATURE REVIEW

My literature review will focus on recent research that models the academic rigour to which we were taught to abide in our own research, as well as literature that refines an understanding of important elements of this case, specifically, an understanding of how the loss of a parent will reverberate in adolescent development. I have stayed my focus on texts that demonstrate both empirical and empathic qualities.

The first step is an examination of the perception of death and bereavement in human development, specifically in adolescence (Corr, 2000; Deveau, 1995; Doka, 2000). This is followed by definitions of bereavement, anticipatory bereavement, and research that examine the process of parental bereavement in childhood and adolescence. Also, the stage-based theory of bereavement is contrasted with contemporary research that looks at bereavement in a family system, and as a process of reconstructing meaning (Neimeyer, 2001). Terminology that is used in the assessment of this population will also be introduced. Finally, a brief overview of the treatments recommended, with a focus on interventions in art therapy.

Adolescent Development and Perceptions of Death

The developmental stage of adolescence has inspired a lot of scholarship which tries to understand the quality and depth of the transformation that takes place on a biological, cognitive, emotional and social level, over the decade or so that follows the onset of puberty. This stage is divided into sub-periods of early, middle, and late adolescence, the latter moving into an emerging adulthood and a more established autonomy (Balk & Corr, 1996). Middle adolescence, as Marcia would be, falls somewhere between 13 /14 and 16 /17 years

of age. At this time, the sense of self shifts away from the family framework and identifies primarily with new social groups. Most often this shift is towards peers who are at the same stage of life. Middle adolescence is the peak of turmoil, rebellion, and emotional fluctuation (Balk & Corr). Parents might be cast as ‘enemies’ while peers become a priority. The adolescent is adapting to an increased independence that is created by physical, cognitive and emotional maturation.

Alongside the physical and hormonal changes of puberty, there is a cognitive reorganization that is described by Piaget’s formal operations stage, a transition to adult thinking where the adolescent employs abstractions, theories, hypotheses, and logic in understanding (Deveau, 1996). The acquisition of the logic of formal operations gives the adolescent a sophistication of thought that necessitates the contemplation of death in a more mature way. Adolescent contemplation of death is characterized by ambiguity, or, shifting between mature and immature cognition (Noppe & Noppe, 1996). This ambiguity depends on personality, and experience with death. An example of adolescent behaviour that suggests this ambiguous grasp on the irreversibility, and universality of death is if an individual unnecessarily risks his or her body. While adolescent death due to natural causes has declined over the past 50 years, mortality rates from accidents, homicide, and suicide have risen (National Research Council as cited by Noppe & Noppe). High-risk activity in adolescence might be thought of as “counterphobic”: an action with the intention to “cheat” death, to feel immortal by adolescents struggling to integrate a new understanding of mortality.

How do adolescents symbolically represent their understanding of death? Ellen Deveau is a nurse specialist and expert in child and adolescent experience with life-threatening illness. Deveau (1996) looked at drawings that were collected from a sample of Canadian children and adolescents who were asked to draw a picture on the theme of death.

This study reinforces the value of artwork as it investigates how drawings can give insight into the individual's unique perspective on life and death. It focused on a moderate sized sample (N=201) with informal assessment tools (interview with the artist). Findings were consistent with other literature (Balk & Corr, 1996; Noppe & Noppe, 1996): adolescent perception of death reflects mature conceptions of death as inevitable, universal, and irreversible. What distinguishes an adolescent conception of death from an adult one, therefore, can be characterized as an ambiguity, or fluctuation of maturity during the adolescent's integration of new cognitive skills (Noppe & Noppe). This means that the adolescent shifts over time between mature and immature understanding of death, as represented by empirical data of adolescent risk taking behaviour (Balk & Corr). This fluctuation is important for clinicians to consider when working with adolescents around issues of death.

Bereavement in Adolescence

Contemporary western culture draws a contrast between death and the vibrancy of adolescence. Bereavement in adolescence can seem like a contradiction, where a youth is faced with death. Tasks of the bereavement process necessitate an individual to adjust to the loss of a loved one, as well as to face his or her own mortality. Bereavement is defined in death studies as “the objective state of suffering a significant loss” (Corr, 2000); *grief* as “the subjective reaction to loss” (Corr); and *mourning* as “the conscious and unconscious intrapsychic processes, together with the cultural, public, or interpersonal efforts, that are involved in attempts to cope with loss and grief” (Corr, p. 21). Rationally, if not culturally, we recognize that grief—and death—can be encountered at any stage of life.

If one considers the language used to mark the loss of a family member, as a husband becomes widowed, what becomes a child who loses a mother? The dictionary describes an orphan as a child who has lost both parents, and also, though less commonly, a

child who has lost one parent. Orphanhood does not overstate the case, as Edelman (2006) remarks that the loss of a mother marks the end of childhood. Anecdotal reports from individuals who lost a parent early in life, as well as from clinicians, suggest that “*you don’t get over it, you get used to it*” (Furman, 1974; Shapiro, 1994).

Cultural expectations suggest the death of a parent of young children to be “off-time,” out of line of our ideal that death follows a long and full life. It is, however, not a rare occurrence. In the United States, more than 2 million children and adolescents (3.4%) have experienced a death of a parent before the age of 18 (Christ, Seingel, & Christ, 2002).

Literature that examines parentally bereaved children and adolescents has moved away from the predominant model of grief utilized in the last century. The understanding of grief as an *illness*, and of death of a loved one as something that can be resolved or left unresolved is derived from Freudian psychology that saw bereavement as an individual process (Hagman, 2001). This theory explained the process of bereavement as a series of stages the individual completes towards the recovery of a core self, the same sense of self that preceded the death (Hagman). This framework is now seen to be incommensurate with the experience of the bereavement; this stage-based understanding of bereavement puts pressure on the bereaved to willfully “get over” the loss. The traditional psychoanalytic model of bereavement does not recognize the important role of others in mourning; neither does it allow for a continued relationship with the deceased on behalf of the living (Hagman).

New theoretical approaches to bereavement look at social, interpersonal aspects of grief, such as how family relationships affect the bereavement process. This has been important to understanding bereavement in adolescence, since the adolescent is dependent on family structure, and defines him/herself according to family roles (Shapiro, 1994). Another valuable theoretical development has been to look at how the relationship with a

deceased family member is adapted, or reconstructed, through bereavement, but not detached; the relationship continues in an intrapersonal context (Neimeyer, 2001). These two developments—the relational and reconstructive aspects of bereavement—are critical in regards to understanding the experience of losing a parent during adolescence.

The Freudian, or staged based, model of grief has been especially inadequate for understanding bereavement in childhood and adolescence, since the concept of a recovery of the self contradicts the process of development. In the case of an adolescent who lost a parent, maturation occurs throughout the bereavement process (Balk & Corr, 1996). The developmental systems framework has provided important attention to bereavement as a part of the life cycle, if an unexpected one (Lattanzi-Licht, 1996; Shapiro, 1994).

The tasks of bereavement are revised as understandings move away from stage-based theories and towards a constructivist understanding. Counselling theory has revised its understanding of the tasks of mourning. Lendrum and Syme (2004) describe one shift of understanding the task of bereavement as moving away from the notion of “detaching” oneself from the deceased, to an “internalization” of the memories of the lost person, “making them a part of their continuing internal world” (p. 116). Successful grieving, in current definition, finds strength in a consciously remembered continuing bond with the deceased. A second important shift in grief counselling literature recognizes the importance of “meaning” when thinking about the grieving process, in particular with the creation of a narrative that helps the bereaved incorporate the loss into the story of their life. To facilitate this process with children, Lendrum and Syme recommend drawing as a familiar, safe way that children can express themselves. Drawing is a popular technique in grief counselling (Deveau, 1995; Fry, 2000; Webb, 2002), which suggests the suitability of art therapy to support bereavement.

Parental Bereavement in Adolescence

Current research is refining our understanding of the broad range of tasks that an adolescent and her family need to do as they move in time away from the death of a parent. The Harvard Child Bereavement Study, co-directed by Silverman (2000), looked at 125 children from 70 families, ages 6 to 17, who had lost a mother or father either unexpectedly or to terminal illness. Of these children, 74% had lost a father, and 26% had lost a mother. A similar group of 70 children who had not suffered such bereavement were similarly studied. The initial study was a series of interviews with the children and surviving parents over the first two years following the death. The study found that the children carry forward a bond with the deceased, internalizing the parent, developing a relationship with the deceased parent as they moved forward in their own development: “as the child gets older his very sense of who died changes” (Silverman, p. 222). The parallel processes of maturation and bereavement can be looked at simultaneously.

In the study of parental bereavement, one variable is whether the parent dies unexpectedly or, as in this case, by a terminal disease. In the case of a parent who has been diagnosed with a life-threatening illness, the period between diagnosis of terminal illness and death might affect the process of bereavement. The period of time when an ill family member is dying is called *anticipatory bereavement*, a stage of psychological and social adjustment to the impending death for the dying person and his or her family. Some descriptive literature has pointed to this stage as having potential to ease the transition after the death (Rando, 1995). However, there is no conclusive empirical research to prove that the stage of anticipatory bereavement has an effect on the bereavement process (Silverman, 2000). There is some research that shows no enhanced preparatory adjustment in spouses of the terminally ill throughout the stage anticipatory bereavement (Saldinger, & Cain, 2004).

Saldinger, Porterfield and Cain (2004) looked at the parent-child attachment in the final stages of a life-threatening illness in their study of the needs of parentally bereaved children. This study presents a grounded theoretical analysis of interviews with a community sample of 41 bereaved spouses with school-aged children. The data was quantified with a coding system that allowed the researchers to examine parenting skills on a five point scale corresponding to how child-centred that they found the parenting to be. Child-centred parenting was correlated with more positive and fewer negative perceptions of the surviving parent, as measured by parent report and child self-report. They also found that lengthy illnesses were associated with less child-centred parenting.

Other variables affecting parental bereavement in adolescents include the gender of the deceased parent. When the family loses a mother there are more reported changes in daily routine (Edelman, 2006). Cultural norms influence emotional styles of mothers and fathers. It is frequently a maternal role to nurture emotional intelligence; therefore when a mother dies, there is an acute loss for her children (Edelman). Research in parental bereavement shows that the remaining parent's emotional adjustment is important to the child's adjustment: "the surviving parent's ability to face the reality of what has happened, ...and to give [children] accurate information about how the death affects them" (Silverman, 2000, p. 220)—this frankness will help children who have lost a parent to continue to develop emotionally through bereavement. If the surviving parent is shown to have mental health problems in psychological assessment, it is positively correlated to adolescent mental health problems as well (Lin, Sandler, Ayers, Wolchik, & Luecken, 2004).

Normal Versus Complicated Grieving

The bereavement process takes place on every level of personhood. For adolescents, finding ways to accept and work through the emotional pain of a loss of a parent comes at a time already characterised by physical, cognitive, and emotional transition. In contrast to

the earlier stage-based models such as Freud, Wolfelt (1996) outlines tasks of grieving children. These tasks include 1) acknowledging the reality of the death; 2) moving toward the pain of the loss while being nurtured physically, emotionally, and spiritually; 3) converting the relationship with the person who has died from one of presence to one of memory; 4) developing a new self-identity based on a life where this person has died; 5) relating the experience of the death to a context of meaning; and 6) experiencing a continued supportive adult presence in future years.

In working to meet these tasks, child and adolescent grief can be differentiated between normal and abnormal grief reactions. Normal grief reactions will contain elements of what becomes abnormal; pathology is determined more by intensity and duration of a disturbing reaction, rather than the absence or presence of specific behaviours. Wolfelt (1996) described signs of complicated mourning in children. These signs include 1) total denial of the reality of the death; 2) persistent panic, fear; 3) prolonged physical complaints without organic findings; 4) prolonged feelings of guilt or responsibility for the death when the child is not responsible; 5) chronic patterns of apathy and/or depression; 6) chronic hostility, acting-out toward others or self; 7) prolonged change in typical behaviour patterns or personality; 8) consistent withdrawal from friends and family members; 9) dramatic, ongoing changes in sleeping and eating patterns; 10) drug or alcohol abuse, and 11) suicidal thoughts or actions. There are conflicting reports in regards to how many children and adolescents who lose a parent suffer mental health problems related to complicated grief (Lin et al., 2004).

Resilience and Bereavement

An empirical framework that has been used to investigate normal versus complicated grief is the investigation of “bereavement resilience” in adolescents that lose a parent. Lin et al. (2004) designed their multivariate analysis in response to some

contradictory empirical literature between studies that show evidence that parentally bereaved children and adolescents *are* at risk for mental health problems, with a number of equally reliable studies that suggest the opposite. In their own sample of parentally bereaved children and adolescents who seek preventative services (N=179 children and adolescents, aged 8-17, and their surviving caregivers), the study measured for multiple factors. These included family variables such as caregiver warmth, and style of discipline; environmental stressors such as financial instability; child variables such as emotional expression, and self-esteem; mental health including the externalization or internalization of problems. Reports on the bereavement process were gathered from teachers, the surviving parent, and self-report from the child or adolescent.

The results were categorized as children and adolescents whose mental health was *bereavement affected* by the loss of a parent (56%; twice the level of previous studies), and *bereavement resilient* (44%) when there were results that did not indicate mental health problems including depressive symptoms and disorders, social withdrawal, or conduct problems (Lin et al., 2004).

In the framework of bereavement resilience, grief is a part of a growth process even when it is weighted by factors as complicated as the concurrence of bereavement and adolescent development. Lin et al (2004) provide “empirical evidence to support the hypothesis that mental health problems in bereaved children are a function of both family and child variables” (p. 680). This model is valuable to clinicians as a way to identify family strengths in the face of the loss of a parent. Half of parentally bereaved children and adolescents who seek professional mental health services are affected by mental health problems as measured by psychological assessments (Lin et al.). These findings would be complemented by further research that identifies *for what* these individuals sought professional help, resilient or not. And what about the affectedness or resiliency of the

portion of this population who does *not* seek professional help? There are many directions research can follow to better understand this population.

Summary of the Literature on Bereavement in Adolescence

Adolescence is a time of transition. Adolescence is the loss of childhood and is itself accompanied by a process that has elements of bereavement. Adolescents move from a dependent, relational sense of self, to a more individualistic sense of self. This shift is made throughout the decade or more that follows the onset of puberty. Physical, emotional, and cognitive development allow for the adolescent to develop mature understandings of abstract ideas. Adolescent perception of death in North American culture can be mature in understanding the finality and universality of death, but is also characterized by ambivalence, fluctuating between levels of maturity as the adolescent undertakes developmental tasks (Christ et al., 2002; Noppe & Noppe, 1996).

Death of a parent in adolescence is culturally considered “off-time,” or defying cultural expectations that a parent will live past their off-spring’s youth. Because of this assumption, adolescents are often unprepared to deal with the tasks of bereavement, which includes developing a new self-identity based on a life where this parent has died (Wolfelt, 2004). Recent empirical literature moves away from a stage based theory of grief towards an understanding of bereavement that is rooted in the family, and integrated in adolescent development (Saldinger, Porterfield and Cain, 2004). Bereavement can be distinguished as normal adaptation to the loss of a parent. If there is chronic anxiety, depressive, or behavioural disorders following the loss of a parent, a bereavement process is described as complicated (Lin et al., 2004; Wolfelt, 1996).

Recent empirical data shows more than half of parentally bereaved adolescents who seek preventative services are negatively affected by the loss (Lin et al., 2004). Variables such as gender of surviving parent, the degree of child-centred parenting, mental health of

the surviving parent are shown to affect the adolescent (Saldinger et al., 2003). Subjective report of bereavement, i.e., through interview with a clinician, is seen to be a good indicator of normal or complicated bereavement (Silverman, 2000).

Treatment Options

Young people whose natural resilience is overwhelmed by the tasks of bereavement following the loss of a parent are at risk of suffering from depression, anxiety, behaviour or depersonalization disorder, as well as delinquency, substance abuse, addiction, and suicidality (Balk, 2000; Corr, 2000; Corr & MacNeil, 1996). Treatment for adolescents suffering from one or more of these conditions can be administered through psychiatry, psychology, social work, or other professionals trained in grief counselling (Elvin & Lukeman, 2000). A current trend is the establishment of bereavement centres, where support groups are offered to families struggling to adjust to a loss (Webb-Ferebee, 2001). Nancy Webb (2002), a social worker and play therapist who specializes in children's grief counselling, suggests "it is important to see the family together for at least one session following the death of a parent" (p. 61). A social work or psychodynamic approach will model a tolerance for different styles of grieving, which can be particularly important for children, who may feel guilty because they still want to go out and have fun with their friends while the surviving parent may be sitting sadly in the house (Webb).

Individual therapy following the death of a parent can be adjunct to family therapy, and has the advantage of attending to the particular needs of the adolescent, moving at his or her pace with an in-depth exploration of the adolescent's underlying feelings about the death (Webb, 2002). In the case of complicated bereavement, when there may be a pathological, psychological, social, or behavioural problem, a psychological or psychiatric assessment is in order (Lin et al., 2004). Some therapeutic options include group therapy, and peer-groups, which may or may not include art therapy. Group therapy can offer

additional support to adolescents who are primed to develop through peer activities and peer relationships. Bereavement groups also normalize an adolescent's feelings, and show different ways to express themselves (Lister, 2001). Art therapist Moschini (2005) published an outline for a directive approach to group art therapy that addresses themes of bereavement and loss.

Art Therapy for Adolescents Affected by Parental Bereavement

Individual treatment for adolescents who are struggling with a complicated bereavement process is recommended to include an expressive and psychotherapeutic modality (Shapiro, 1994; Webb-Ferebee, 2001). Adolescents will be facing developmental as well as grief related issues. "Bravado, denial, anger, and sadness can exist separately, coexist, or alternate for teenagers" coping with the loss of a parent (Goodman, 2002, p. 299). Goodman suggests the expression of these feelings in words may be an alienating or intimidating experience and that engaging adolescents in counselling or therapy can be a major challenge. Adolescents may express themselves more naturally in the creative arts, as utilized by art therapy (Goodman). Art therapy can be a primary or adjunct therapy, for it provides a safe and powerful outlet for strong emotions, which can lead to verbalization and sharing.

Art therapist Robin Goodman's (2002) case study about a 14 year-old boy with recurrent abdominal pain following his father's suicide shows the value of a nonverbal therapeutic intervention. Goodman suggests that the goals of art therapy for parentally bereaved adolescents are the same goals as in verbal therapy: 1) to establish a trusting relationship, 2) express feelings in a safe environment, 3) awaken and explore memories of the deceased person, and 4) understand and adjust to life that has changed. Goodman explains how the different ways of working in art therapy—art as therapy, and art psychotherapy—each have advantages and both help to externalized significant feelings,

themes, and understandings that characterize the individual's bereavement process. In "art as therapy" side of the spectrum, the art process and product are the significant focus for change. In this case, the art making "is a valuable tool for symbolic communication without direct reference to a particular topic such as death" (Goodman, p. 300). Art psychotherapy focuses more on the thoughts stimulated by the art making. Here art may be used to facilitate direct discussion about an issue.

Art therapist Lister (2001) recommends an understanding of death education to any therapist who is working with a bereaved child, to be able to provide information, and help the child to anticipate elements of mourning, such as funeral and burial rites. Lister suggests art techniques such as asking the child or adolescent to draw what they think death is, to draw the family before and after the death, or drawing faces that represent the child's emotions, as a way to open up discussion on the complex feelings involved in grief. For a child that has lost a parent as a result of a lengthy illness, as Marcia did, Lister recommends additional art techniques such as drawing the self/ family before the illness, during the illness, and projections into the future. Art therapy can also provide a place to develop rituals that help the individual to say goodbye to the deceased, such as art therapist Maxine Junge's technique of the memory book, where a child creates a book about the person who died, including things that remind him or her of the deceased, such as photographs, objects, drawings, stories, poems, et cetera (cited in Lister).

The use of individual art therapy for adolescents who have lost a parent is infrequently addressed in published theoretical or empirical literature. Art therapy is a client-centred and expressive approach that addresses feelings of loss. There exists a model for mixed-methods research that have shown the effectiveness of the expressive arts therapies in supporting the bereavement process of parents who have lost a child to

terminal illness (Webb-Ferrebee, 2001). Such studies are also called for in the area of helping parentally bereaved children and adolescents.

Conclusion

Empirical research into the use of art therapy to support complicated parental bereavement in adolescence is uncommon, and this is not surprising in a field that holds a clinical focus over that of research. There is room for creative clinical interventions to mental health complications following the loss of a parent, as well as empirical study to prove their effects (Lattanzi-Licht, 1996; Neimeyer, 2001; Saldinger et al., 2003).

The research question that guides this case study benefits from the literature on adolescence, where emphasis on the development of identity and symbolic separation from the family is taking place. The study of anticipatory bereavement, and bereavement process following the loss of a parent looks at the task of adapting to a world in which the parent is missing. Alongside adaptation to the physical, emotional, and cognitive changes of adolescence, the individual needs to adapt to new experiences with death. Individual art therapy may be a suitable support for this complex task, as this individual case will explore.

CHAPTER THREE: CASE STUDY

Personal and Demographic Description

Marcia was 14 years old at the time of the hospital assessment, a Grade 9 student with a successful academic record. Marcia lived in a suburb with her biological mother and father as an only child. Marcia's mother, Grace, was of French Canadian origin, and her father, Michael, immigrated from a Mediterranean country in his youth; the family spoke English at home.

Central to the family's history was Grace's prolonged battle with cancer. She had been diagnosed with breast cancer and had undergone a mastectomy when Marcia was five-years-old. At the time of Marcia's assessment, Grace was undergoing chemotherapy, and living at home. The chemotherapy made her tired, depressed, and lacking in energy. At the time of Marcia's third session of art therapy, Grace was admitted to the hospital for the first of several stays; it was discovered that the cancer was spreading to her spine and lymph nodes. She died in a palliative care ward just before Christmas, just under four months from Marcia's initial assessment and referral to art therapy.

Grace's own family history included physical, sexual, and emotional abuse by her father throughout her childhood. Grace had recovered from drug and alcohol addiction. There is no information as to when and for how long she was addicted except that it preceded Marcia's birth. At the time of assessment, Grace continued to smoke despite her battle with cancer.

As parents, Grace and Michael exhibited contradictory parenting styles. Michael was heavy-handed as a disciplinarian but was described by his wife and daughter as oblivious to the many liberties that Grace allowed Marcia, which included experimentation with drugs and alcohol. According to the family therapist on the team, the family relationships implicated Marcia to be her mother's keeper, and to view her father as an oppressor. Marcia and Michael had explosive verbal arguments that would rise to a physical struggle to contain Marcia's aggression. These fights had been a characteristic of their relationship since Marcia was a child. Michael described Marcia as having a problem with anger management, and said the problem had existed since Marcia was 6 or 7 years old.

Marcia had previous psychological assessments that her parents had sought for her 'acting out.' This referred to her outbursts of violent rage that accompanied limit setting at home, though never outside of the home. Despite previous assessment, her parents reported

that Marcia had never followed psychotherapeutic or psychopharmaceutical treatment up until that time. She did have a history of drug and alcohol use, the latter approximately twice monthly, the former consisting of marijuana, mushrooms, and speed, each of which she had tried more than once; she denied habitual use.

Assessment of Symptoms

Psychiatric Assessment

Marcia's referral for assessment by the outpatient psychiatric team came from a psychiatrist on-call for the hospital emergency room where she came for symptoms of rapid heart rate, rapid breathing, and self described phobia of dying. The emergency room psychiatrist referred her to the outpatient psychiatry team for assessment and treatment of panic attacks, and possible anxiety disorder

After her assessment, I received her referral for individual art therapy in order to gain insight into her anxiety, and gain coping strategies to offset these fears. The assessment listed the following impressions of Marcia:

- Panic attacks and separation anxiety (Axis I)
- Depressive symptoms that constitute an adjustment disorder with predominant disturbance of affect in relation to the panic attacks
- Global assessment of functioning (GAF): 40/ 100, suggesting major impairment in several areas: family relations, judgment, thinking, mood

Problems with self-esteem or social withdrawal were denied by herself and her parents, as were suicidality or self-harm.

Marcia was prescribed a low dose anti-anxiety medication to be taken daily.

Symptoms in Relation to Bereavement

Marcia's symptoms can be juxtaposed with characteristics indicative of a complicated bereavement process, as discussed in the literature review (Wolfelt, 1996).

There is evidence of:

- persistent panic, fear;
- chronic patterns of apathy and/or depression;
- chronic hostility, acting-out toward others or self
- drug or alcohol abuse

These symptoms indicated a need for individual psychotherapy treatment.

Psychosocial Assessment

Marcia was an intelligent 14 year-old girl whose mother suffered from life-threatening illness, in worsening condition. During initial assessment, Marcia anticipated the loss of her mother as traumatic, particularly in relation to her problem filled relationship with her father. Anticipatory bereavement conflicted with her adolescent need for a maternal figure (Edelman, 2005; Rando, 1995). The developmental conflict between adolescence and anticipatory bereavement showed in psychological and physiological symptoms of anxiety, panic, and de-realization, as recognized in psychiatric diagnosis.

Goals and Treatment Plans

Initial goals were to provide a confidential setting for Marcia to express her thoughts and feelings, to gain insight into the fears that fuelled her anxiety, and to identify and develop strengths and coping skills that would counter anxiety, particularly using art as a tool to express overwhelming feelings. This included art education, and modelling the use of expressive arts (Moon, 1999).

During her assessment, and in the first few art therapy sessions, Marcia identified that her fears and anxieties surrounded her mother's life-threatening illness, and the anticipation of this loss. Art therapy could provide an opportunity for Marcia to ask questions and develop a mature understanding of illness and death. With the ambiguity of the adolescent perception of death (Noppe & Noppe, 1996), death education is an important element of individual therapy.

The development of routine meetings established art therapy as a part of Marcia's week. A goal of art therapy was to establish some consistency during a period marked by uncertainty. Within the time and space that art therapy provided, the central goal was to establish a trusting, empathic relationship. Art therapy demonstrated positive regard through non-judgemental interest in Marcia's creative process and art expression. With active attention to Marcia's verbal and non-verbal/ artistic expression, art therapy could support Marcia to contemplate deep fears and wishes in regards to her loss. Art therapy aimed to aid Marcia to safely externalize underlying fears and wishes in words, and more powerfully, in images. Art therapy would introduce art making as a coping skill that Marcia could use outside of art therapy.

To achieve these goals, I elected to use a client-centred, non-directive approach to art therapy, where I left Marcia to choose materials, themes, and how she wanted to spend the hour. This approach gave Marcia a freedom of choice that was missing in so many of her experiences around her mother's illness (Fry, 2000). Developing a sense of competence, control, and mastery in art therapy helps to develop a strong therapeutic alliance (Goodman, 2005).

Maintaining a non-directive stance, I integrated the role of responsive art making into all of my work with adolescents at the hospital (Moon, 1999). Moon describes the benefits of art-making alongside adolescent art therapy client/patients:

Responsive art-making is a process that involves the artist-therapist in creating artworks as a form of therapeutic intervention in response to the images of adolescent patients. The process is extremely helpful to art therapists...as an aid in establishing empathic relationships with adolescents; ...and as the starting place for imaginative, interpretive dialogue with adolescent patients. (p. 79)

This technique also aids the art therapist to develop empathy, particularly through the replication of a client's imagery. My own use of this approach is to make art in collaboration with the client, as you will see in the first session, to demonstrate the goals of art therapy.

Responsive art making in early sessions can model how art in art therapy can be spontaneous, creative, and expressive. In art therapy, images can be responded to within the art making, or reflected upon verbally, putting words to the significance of the art.



Figure 1
Watercolour and mural paper; 85 x 135 cm

First Encounter: Introduction and Overview

I met Marcia while she and her mother, Grace, were waiting in the hallway. They were waiting to see the doctor who headed the outpatient child and adolescent psychiatry unit where I interned. They were at the hospital for a follow-up appointment to Marcia's assessment. I had received the referral from the psychiatrist the week prior.

I introduced myself to them both, and Marcia's mother flattered me, "smart *and* beautiful." I got flustered and Marcia rolled her eyes. She continued to roll her eyes and sip discontentedly at her mother's coffee while her mother gaily extolled Marcia's strength and virtues as a daughter, caretaker, and friend throughout the many years of Grace's battle with cancer, "I couldn't have done it without her," Grace said as she clasped her daughter's arm, "*she's my angel.*" Nonplussed, Marcia ended the conversation with "...*way to tell your life story, Mom.*" Grace waived the comment with her hand and grinned.

I wish I had recordings of the sessions that I will next be describing, but even then I couldn't have captured in writing the tone of our sessions. Marcia's barrage of stories, rants and insights had the prosody of lippy teen-speak: full of 'and then I was like...I don't *think* so...', '...*whatever*...' 'you're *kidding*...' 'you're *joking*.... 'no *WAY!*'; a paradox in her sardonic tone yet innocent content.

Marcia, at 14-years-old, had short hair that was artfully dishevelled, was thin and dressed in strategically worn-out tight jeans, black hoodie, bomber jacket, and a cassette of machine gun bullets around her hips. Despite her disdainful-daughter attitude, she met me timidly, sweetly. She took in my short description of art therapy and helped to arrange a time to meet. In our last session, four months after Grace died, after 8 months of art therapy, we both remembered that first meeting with nostalgia. In between, we had 23 sessions of art therapy, once a week, for one hour. In these hours Marcia and I explored the themes of life and death through the creation of art.

Sessions One Through Five: Masking Tape Borders

Marcia's first session was also one of the first I gave as an intern at the hospital. Here is a place where hindsight and supervision have added insight: I prepared for the session by hanging a large piece of mural paper, the size of the both of us. This intervention can be interpreted for its motives, which was to add structure to the unknown of a first therapy session, for both the clinician and client. I know I wouldn't have articulated this at the time, looking back at the first session, I see my preparations like an installation art, where an atmosphere is created by altering an environment. In this case, I created an environment that symbolized the big potential of art therapy, as wide as outspread arms, or a fully extended paint stroke, which it served to contain.

During the session, I demonstrated colour mixing and paint techniques as a way to model spontaneous play with art materials. This also gave permission to make a mess, as I did, when making art. I put emphasis on the art materials, and the endless potential of what you can do with them, and gave no direction of what or how to paint.

Marcia began the mural with a slash of teal, a colour that became a motif throughout later sessions. She asked me to paint with her, "...because I don't know what to do." Wanting to accompany, but not to put my own signature in her painting, I filled my brush with white paint and daubed it above the squiggly teal marks she had made until white paint trickled down in rivulets that followed her design (see Figure 1). This, too, was an intervention that made more sense after looking at its symbolic intent in supervision. The white paint symbolized neutrality, collaboration, and how, in art therapy, I would follow Marcia's lead. We both commented on the beauty of the white drip that swirled organically, lightening the other colours.

During the painting, Marcia associated freely and began to describe for me some of the hallucinations she had during the drug-trip that had disturbed her so deeply a few

weeks prior. She talked uninhibitedly, openly, making eye contact and asking direct questions that may have been her testing to see if I was on her mother's (permissive) side or her father's (disciplinarian) side: "Have you ever tried speed??" I was glad I hadn't so I could answer honestly, but found myself tempted to "join in" on her level, wanting her to consider me as "cool" in the exclusive way that adolescent girls do, with in-jokes, codes, secrets. This was a counter-transference I had to temper for most of our work together.

We painted together throughout that session. I used a white watercolour crayon by way of suggesting to Marcia she can switch media to use other things I had put on the table. The paper captured the movement of the paint along the wall down to the floor. I now associate the image with the dynamics of the waterfall: dripping, trickling, foaming. And yet she stopped the stream half way down the page, at arms reach. The white I had dropped trickled past the rush of colour like little trailblazers, explorers, slowly descending. Those marks seemed innocent of us both, as we watched them, moved by the forces that moved Marcia and I and the whole world around us.

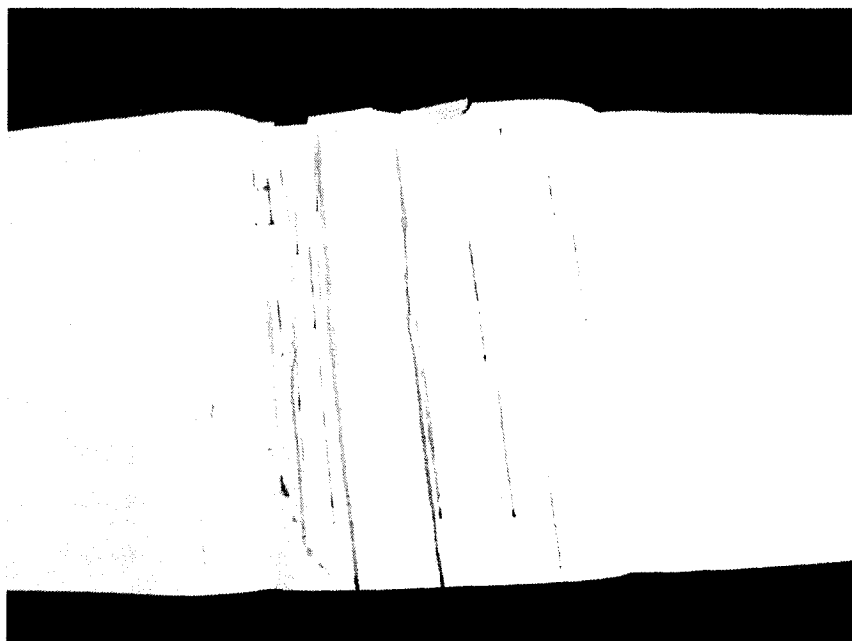


Figure 2
(watercolour, mural paper; 85cm x 45cm)

As we cleaned up at the end of the first session, Marcia had me keep the drip stained paper that I had taped up to protect the wall (Figure 2). She liked the haphazard, like a Dadaist. This suggested to me that as an artist she would be daring, spontaneous, carefree, and creative. It also may have been an outcome of her life circumstances: “the death of a parent creates a change in how adolescents view the world, leading them to perceive events as more random than they had previously thought, and themselves as more vulnerable and less in control of their lives” (Tyson-Rawson, 1996, p. 160). This sense of events being random and meaningless could be experienced through the art materials, and reflected upon in our discussions of the art. Marcia perceived this function by asking in the second session: “*Is there a psychology to art?*”

During the first few weeks of art therapy, I came into a better understanding of Marcia’s emotional and family life through contact with Marcia and her family. I received several phone calls from her mother, Grace, who sounded frustrated and helpless in the hospital, to express her concern about Marcia’s continued anxiety. After my fourth session with Marcia, I went to visit Grace in a nearby hospital. I went along with the family therapist who was counselling Marcia’s parents on parenting skills. Seeing the family outside of the clinic was unconventional for an art therapist. From the family systems perspective, a hospital visit can be seen as a *joining in*, showing empathy that cannot be expressed by remaining in the therapist’s own clinical setting. This joining in is critical to participating in a family grieving process (Shapiro, 1994). I met Marcia’s father, Michael, for the first time at the hospital. He pulled me aside to tell me about Marcia’s temper tantrums.

Marcia had also told me about her anger during the third session, in telling me about an argument she had with her father: “I was sooooooo mad...SUPER-mad...it was sooooooo stupid, SUPER bad....” I hadn’t witnessed Marcia when she was enraged, and I did

not appreciate how much her acting out affected the family, nor its relation to her family circumstance. My goal of establishing an alliance with Marcia may also have steered my attention towards her strengths. Also, this rage had roots in early childhood, and my inexperience in working with such intense, long standing relational problems was limited. Fortunately, the family therapist on the team focussed on conflict within the family therapy sessions that were attended by one or both of Marcia's parents.

The family therapist on the team explored the role of discipline, or limit setting, and how this related to family conflict. The family therapist looked at how Marcia's mother kept lax rules. Perhaps Grace's experience of abuse in her own life had created a tendency to recoil from conflict and aggressive feelings, even the natural protests that come from a child being disciplined.

In terms of anticipatory bereavement, feelings of abandonment and rage would have come to the fore. With the conflicting tasks of bereavement and adolescence, Marcia might have felt the need to assert her independence at the same time the need to stay by her mother's side. Her father may have become the outlet for her frustration since they had a longstanding tradition of conflict. Marcia seemed to have split "good" and "bad" with her good-mother, and bad-father.

With no resolution to her overwhelming feelings, and her mother's worsening position, Marcia's conflict between bereavement and adolescent development was so intense that it seemed to incite her body's fight-or-flight mechanism, or autonomic nervous system, which is mobilized by profound threat to oneself (Carson, Butcher, & Mineka, 2000). This, in turn, may have propelled the aggressive behaviour her parents reported.

Illness, meanwhile, may also have reconfigured Grace's parenting style to call upon her daughter as a primary source of emotional support, eclipsing her daughter's natural dependency of childhood, a process called 'parentification' (Shapiro, 1994). It was clear, for

instance, that Marcia knew too much about her parent's past—for example, her father's past drug use and his dysfunctional family relationships throughout his youth. This suggested that her mother had related to Marcia as confidante, and called upon her daughter to adopt her own relational patterns. "When a mother shares bitter feelings toward her husband, the mother keeps that daughter allied with and bound to her even after she dies, and prevents the daughter from forming her own relationship with her father" (Edelman, 2006, p. 125). A child or adolescent's bond to a parent with terminal illness may ally them with any of the sick parent's attitudes, even the state of illness itself (Shapiro, 1994). This could be seen in Marcia's panic attacks wherein she experienced a heightened and incapacitating fear of her own death.

How did the art function as a place to experiment with the representation of these feelings? Art is like a container for the dynamics that are symbolized in the image. In this case, Marcia's spectrum motif suggests layers of meaning, emotions. Marcia's early paintings, from sessions one through nine (Figures 1 through 8), illustrated a dynamic of descent, weeping and fragmentation. Each painting went through series of transformations as it was painted. One of the qualities of watercolours is that the artist can play with the pigment as long as it remains wet. Marcia's surface was like a screen that she animated over the session, working with colour, shapes and patterns spontaneously, and associating to it verbally. The flow that was captured in her paintings was reflected in the flow of words that accompanied her creative process. Marcia rarely verbally interpreted her artwork. The paintings were like a riverbed for her stream of words.

As I developed an understanding of the family's anticipatory grief, I also got a picture of Marcia's resilience. She came to her fourth session, which was during her mom's most recent admission to the hospital, and two days before Hallowe'en, dressed up as "an Eighties call-girl" (fabulously trashy corset and pumps, cat's eye make-up). All dolled up,

she started into the routine we were beginning to establish: starting with turquoise paint. She said when she started painting that she wished her hair was the same colour, which may suggest how closely she identified with the creative process. The painting she worked on in the fourth session (Figure 3) inversed the technique we had developed in the first session, where now the streaks were water washing away the colour. It made me think, of course, of tears, particularly with the layers of make-up she had on for her costume.

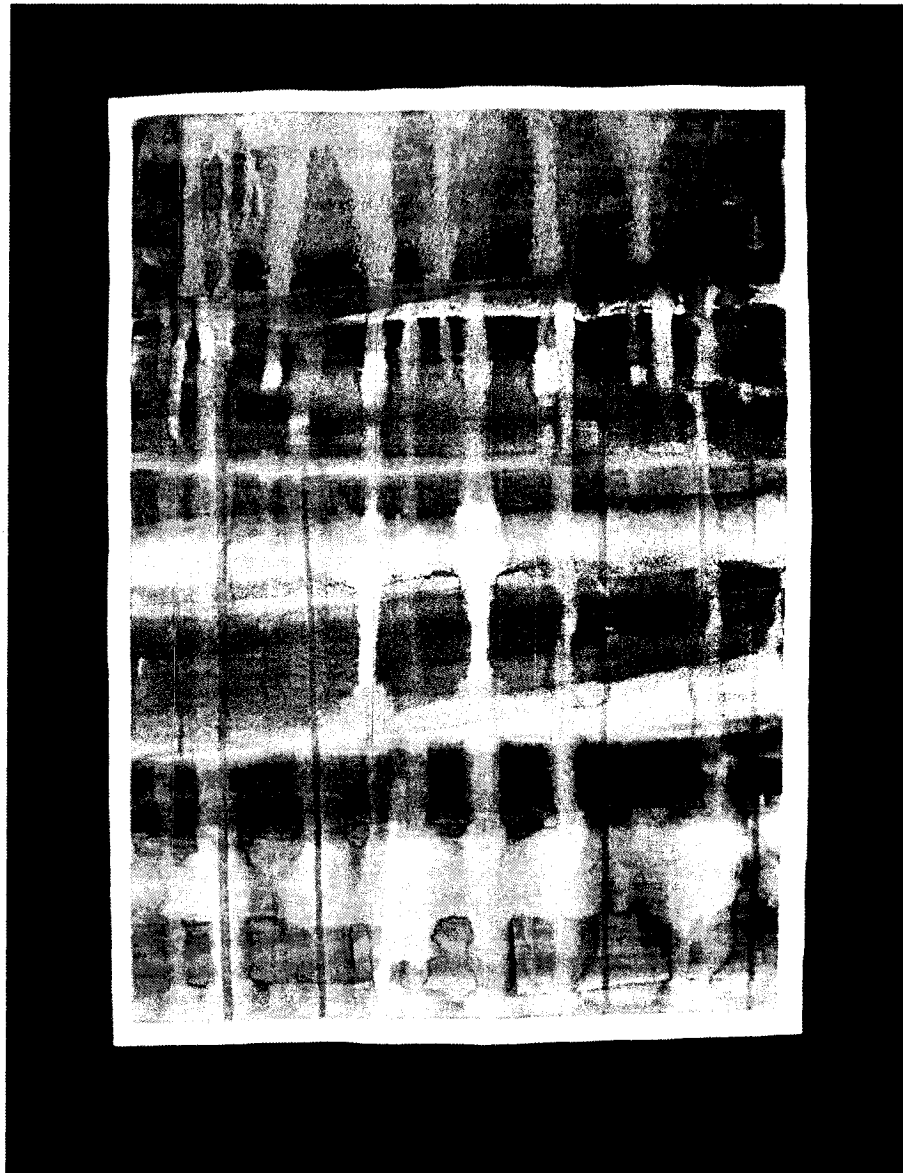


Figure 3
Watercolour on paper; 30 x 45 cm

An interesting element of all of these works was Marcia's incorporation of the masking tape into the art process. I had shown Marcia how to prepare watercolour paper by wetting and affixing it onto masonite with masking tape. Near the end of the fourth session, as we removed the tape, a white unpainted border remained around her painting. Marcia disliked the look of a clean white frame and made a fingerprint in the lower right hand corner, which reminded me of a signature (Figure 3).

In each of the first five sessions, Marcia wanted to keep the paint-stained wad of masking tape, taking it home with her. In her final art therapy session, months later, Marcia told me that she had lined up each wad of tape on top of her family's computer monitor. The wads of tape symbolized her work in art therapy, "unmasking-tape," one of my supervisors suggested. Just as the computer monitor might have represented an outlet, so may her weekly sessions. This is an example of how the art materials hold significance, and transport it outside of the session. In art therapy, the art can be a transitional object. Here the tape gathered meaning (and dust) on display at home.



Figure 4
Watercolour on paper; 30 x 45

Marcia cried and ranted in fury as she painted in the fifth session (Figure 4). This session was significant for several reasons: her mother was in another hospital nearby. It was the first time she cried in therapy. It was the first time her father brought her to art therapy. Marcia's father, Michael, asked for a word with me and expressed his concern about Marcia's aggression. He demonstrated his sternness as well as his involvement and concerns as a parent.

During this session, Marcia described her frustration at home, feeling over-protected by her father. "He treats me like I'm five." This was a phrase she repeated many times. I considered it a sign of progress that by the end of the seventh month, Marcia was complaining, "he treats me like I'm *twelve*." It may be a significant association that Marcia was five-years-old when her mother was diagnosed with cancer. When faced with limits set by her father, Marcia seemed to regress into emotional styles that suited a five-year-old, such as temper tantrums.

The masking tape became a central part of Marcia's creative process in art therapy, especially in the fifth session (Figure 4). Perhaps the tape symbolized limits like those set by her parents. Perhaps these limits reminded her of existential limits, life and death, as her mother's death became imminent, perhaps as well, her own personal limits, unable to contain her own anger and anxiety. The arbitrary, leaky boundaries that her painting portrayed were similar to her attitude in seeing rules as random and contestable.

The action of tearing off the tape to reveal an edge provided a place for Marcia to play with the concept of the edge/ limit/ boundaries on a symbolic plane. In this, she expressed the desire to taint the purity of the line and later to subvert it entirely (Figure 4). This motif around the 'edges' appeared throughout the therapy, and will be returned to as I discuss later artwork.

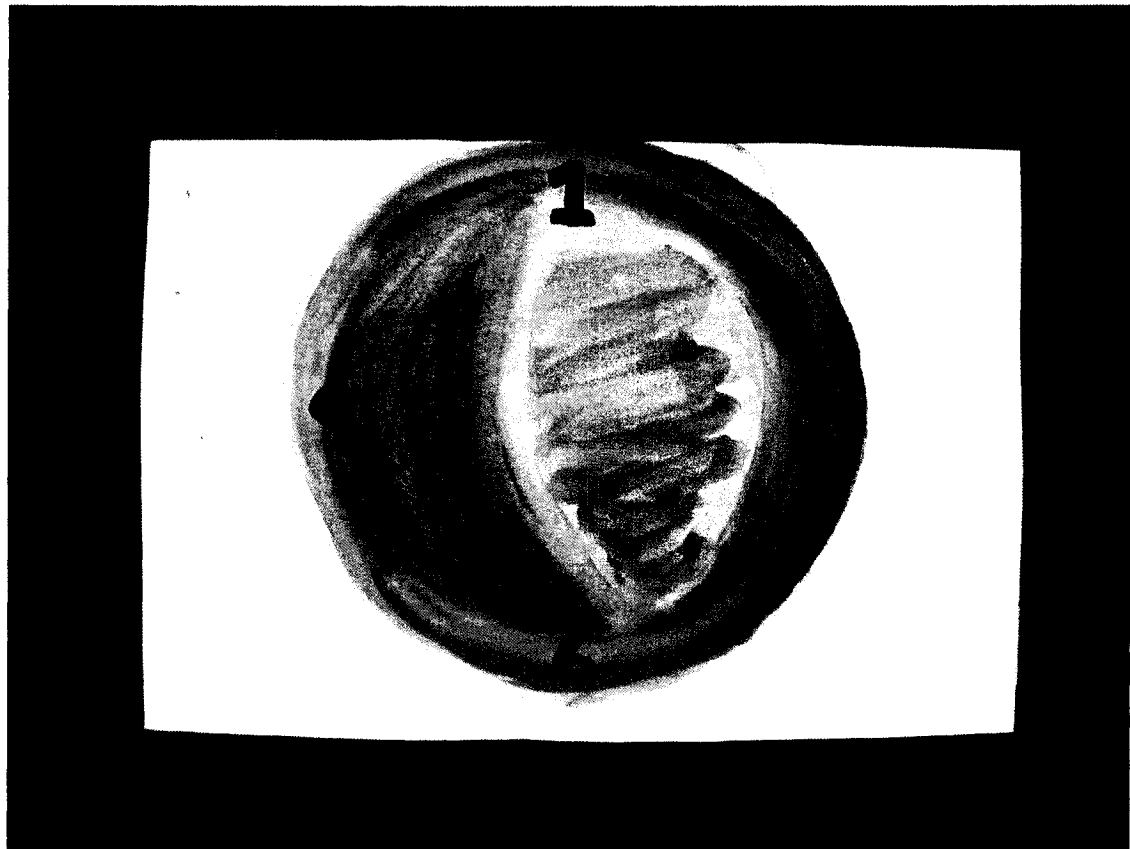


Figure 5
Watercolour on paper; 30 x 45 cm

Number Six Through Nine: Fading Out

In the sixth session there was an unanticipated change of scene. The studio where I always worked in art therapy was occupied, and so I brought materials into a smaller office which was less amenable to artwork. We also had to deal with the disruptive noise of construction on the floor above us in the hospital. The lighting in the room prompted Marcia to describe her 'de-realization thing' where "*everything gets blurry and cozy...it feels like a movie, whereas real life is rough around the edges.*" Marcia said that she felt this way when she looked at something where there was no foreground, like a blank wall, and needed to ground herself by focusing on an object. She explained she didn't like it because it was out of her control.

This was a symptom I initially found perplexing but that my reading has since revealed as a common experience in bereavement, and common during childhood and adolescence. On its own, de-realization is not indicative of psychiatric disorder. Marcia stated that several times over the day, she had a feeling that she was surrounded by ‘unreality.’ Marcia used a common metaphor to describe the experience when she said she had the surreal feeling of watching her own life as if on a film (Carson et al., 2000). This feeling came and went intermittently, staying for moments or anywhere up to an hour at a time. It disrupted concentration, and seemed to be related to stress level, as well as lighting conditions, space, and colour. Marcia referred to this particular state as “the de-realization thing,” using the psychiatrist’s term.

De-realization is described clinically as the feeling of the world becoming less real, vague, dreamlike, or lacking in significance. Chronic de-realization is one of the symptoms common to a dissociative disorder called depersonalization disorder, in which there is a loss of the sense of self. As mentioned, mild forms of the experience are extremely common, and are no cause for alarm (Carson et al., 2000). De-realization is precipitated by acute stress resulting from a traumatic event, such as, in this case, parental illness and death.

For this sixth session, I used the art to give Marcia something to focus on, a foreground, as she said she needed when she slipped into de-realization. I began with giving her paper with a pre-drawn circle to paint within. This circle, or mandala, is sometimes used in art therapy to centre, or focus the artist. Thinking back to the theme of limits as I interpreted the role of the masking tape, this directive presented Marcia with a different kind of structure. This was a frame that I provided and she painted carefully within the circle.

Marcia’s previous paintings had all been non-figurative, and focused on a field of colour, without a predominant figure. In terms of the psychology of perception, or *gestalt*

psychology, the distinction between *figure/ground* is most primitively represented by a circle. The circle is the first shape to emerge in the development of form as a child experiments in drawing. The shift from scribbling to drawing a closed line, a circle, is a significant step in the developmental process (Simon, 1996).

By providing a pre-drawn circle, was this retracing the first step towards symbol formation? In psychoanalytic terms, the development of that first closed form, the figure distinct from the background, is symbolic and parallel to the early development of the ego (Simon, 1996). This may help to explain the technique of working with and within circles in art therapy, and how this may connect the artist back to the earliest stages of self-discovery.

Where Marcia's previous paintings (Figures 1 through 4) have a downward flowing dynamic covering the entire surface, in Figure 5 her paint strokes moved within the shape. There was still an experimental, abstract sense to the image, and she used a familiar palette, but here Marcia had adjusted her aesthetic. Absent was her previous emphasis on the haphazard, the leaking and dripping. Within the creative process, this demonstrated compliance to being curtailed, held-in. I speculated that contrary to her defilement of "arbitrary" limits, such as the edges left by the masking tape (Figures 3 and 4), Marcia longed for the kind of security that allows an adolescent to move out into the world from a secure base. Marcia's strong character and strength as a student suggested that caregivers had met Marcia's needs so that she could successfully meet developmental tasks alongside her peers. In anticipatory bereavement, however, Marcia's experience of the world was coloured by her feelings of anxiety.

In tandem with Marcia's individual therapy, both Marcia's father and mother were looking at Marcia's anxiety together with the team's family therapist. Here, too, were similar themes: the importance of reasonable, consistent and predictable boundary setting that were negotiated and enforced by both parents together.

During her mandala painting (Figure 5), the sixth session, Marcia spoke on existential themes such as death and the meaning of life. I had inquired about the prevalence of panic attacks since her recent discontinuation of anti-anxiety medication two weeks prior. Marcia reported that they had decreased significantly. Perhaps Marcia was able to tolerate and challenge her fears without moving into a state of panic. She told me a story about a moment she had in a second-hand clothing store, the same week, when she was overcome by a “hollow” feeling, and the accompanying thought that “we *can’t* be just flesh and bones.”

As well as representing new ways of processing fears concerning death at the time this story took place, I understood Marcia to be bringing in death as an abstract theme into art therapy. More directly addressing death than she had in earlier sessions, she also discussed the recent death of her best friend’s family pet dog. This discussion allowed us to explore feelings around death in a manageable context.

With the ambivalence typical of adolescent perception of death (Noppe & Noppe, 1996), Marcia was adamant that her mother would survive through to Marcia’s adulthood. Her art, however, suggested an awareness of what was soon coming. During the seventh session, Marcia came to art therapy directly from the hospital where her mother had been admitted into palliative care a week earlier. She said her mother was very sick. During the seventh session, Marcia asked to return to the circle-painting that she had done the previous session. She added numbers of a clock in black paint (Figure 5). I noted her placement of a “1”, where there should be a “12”. She didn’t remark on this exception. But perhaps, without the twelve, there will be no eleventh hour.

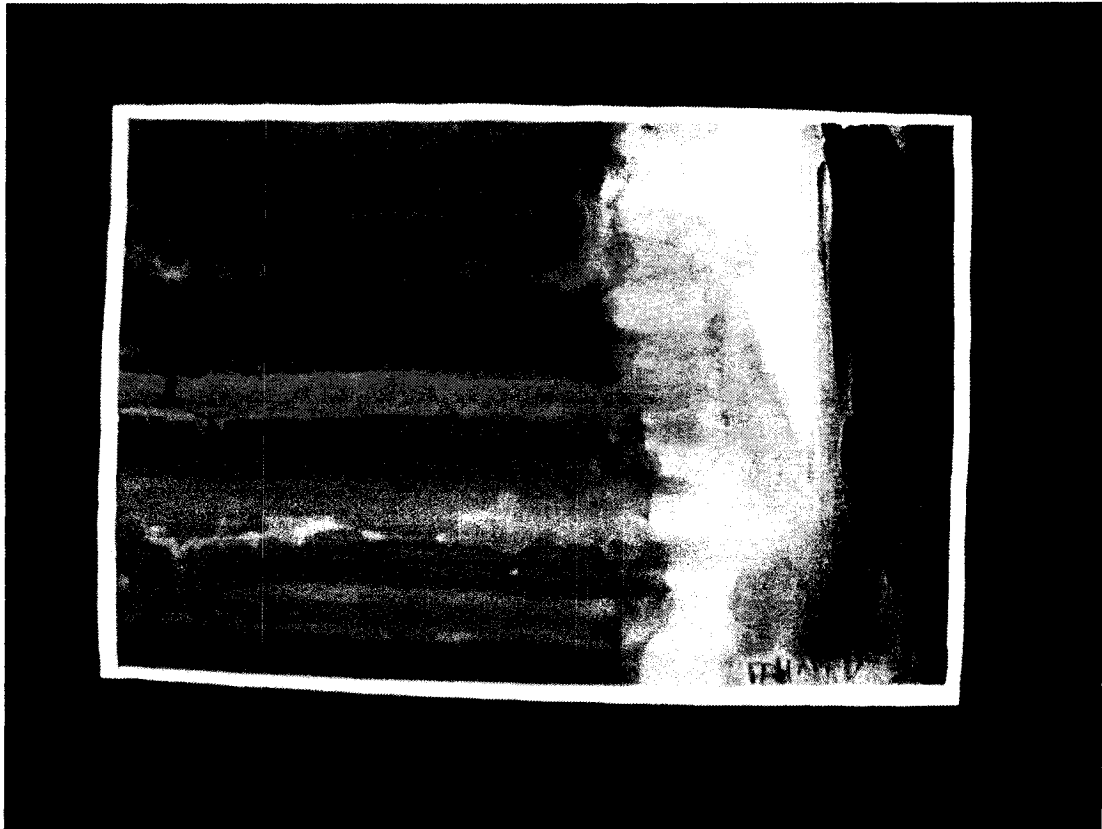


Figure 6
Water colour, 30 x 45

This same (seventh) session, Marcia painted *Palliative* (Figure 6). There are significant departures from her previous paintings. Marcia also perceived this saying that most of her paintings 'look the same,' but, in a sad voice, "this won't do for today."

She told me that her mother was not doing well. Her dad had accompanied Marcia back from the hospital where Grace was. He had cancelled his meeting with the family therapist and sat reading in the hallway. His meeting was to be simultaneous with Marcia's art therapy but this day, as he told me, he needed to be alone. Meanwhile, in Marcia's painting, I noted the saturated, unwashed colours, suggesting an intensity of sensations, emotions, and experiences. The white sliver left blank in the upper right quadrant was perhaps a symbol of the unknown. The horizontal colour-spectrum shifts to gray, the gray

transitions into blue, into space, and then darkness. An abrupt end to a spectrum; a rainbow that seeped downwards as it moved from left to right, faded to gray, nothing, darkness.

Beneath the opening, and before the darkness, Marcia wrote '*Palliative*,' and then asked me, "What does this word mean? My dad and I were trying to figure it out." I explained what palliative care means, "when there is no other medical treatments to cure the illness, palliative care helps a sick person to be more comfortable."

In the "Palliative" painting (Figure 6), Marcia represented her mother's death in a way that resembled our developing discussion of her mother's illness. In the painting, the horizontal movement from left to right seemed to symbolize the abrupt end to a colourful life. There was a movement in the recent weeks towards a more direct discussion of death in discussing her fear of death in the abstract, the death of a friend's pet. This week, it seemed Marcia was becoming more intimate with this theme, observing, "I don't have any grandparents." She remembered aloud her paternal grandmother's funeral, where she had given a eulogy. She said this was the only time she had seen her father cry. Important here was her expression of concern for her father. Underlying their conflicts, and Marcia's temper tantrums in response to his parenting, there must have been terrible fears of how they would survive alone together. When I think of her question--'*Palliative. What does this word mean? My dad and I were trying to figure it out*'—I thought about how the family's coping was capped not only by grief, but also by missing information.

The worsening of Grace's condition forced everyone to begin to ask difficult questions. The eighth session was an extra, fit in outside of our usual time, in response to the severity of stress in the family, and panicked phone calls from Marcia. This demonstrated the importance of therapy as an integral process of Marcia's bereavement. Marcia and a friend came to the office straight from visiting Grace in the hospital. I held the

session with both Marcia and her friend, after some discussion about confidentiality and departure from our usual frame of the art therapy sessions.



Figure 7
Watercolour; 60 x 45 cm

The two did a joint painting (Figure 7) in which Marcia demonstrated the aesthetic she had honed, and filled the majority of the surface (on the left side). Perhaps symbolizing her awareness and acceptance of having the central role in the room, she incorporated letters that symbolized her gang of three--she and her two best friends. This gesture symbolized the importance of her friends, as demonstrated by her friend's presence at the

hospital, and in art therapy. Friends play an important role in bereavement, particularly during the peer-centred socialization of middle adolescence (Corr, 2000).

I noted how the two were respectful of each other's space in the wall mural, and how this friend's symbols seemed also to maintain the focus on Marcia. The hearts referenced Marcia's signature colours and 'drips', and symbolized this friend's empathy for her. Perhaps the ribbons and bow she added after the drips, at the bottom of the painting, suggested that, as a friend, she was there to catch Marcia if she fell; a graceful safety net. Her clock referenced Marcia's own clock and reminded me that Marcia discussed the art therapy sessions in detail with her friends. Interestingly, Marcia's friend also put the number one at the top of the clock.

In this, the eighth session, Marcia demonstrated the support of her friends. What also came out of this was the role of friends for keeping Marcia in 'real life.' The two reported to me having been caught shoplifting a CD together that past week. The incident served to show how her delinquent/ acting-out behaviour related to feelings brought up in grief. Marcia rationalized the act of shoplifting as a "strike against corporate oppression." They explained that they stole from Walmart and that they see Walmart to represent all that is bad about the free market. I saw Marcia's description of the event as a way to represent her refusal to let her family's circumstances monopolize her life, showing how she can act out adolescent rebellion—stealing just as something was being stolen from her.

Marcia's eighth session with her friend was also the last session we had before the Christmas break. The four-week break was significant to all of the cases I worked on at the hospital. In Marcia's situation, this break in our routine seemed both eclipsed and heightened by her mother's impending death. When I left the city, Grace's steep decline was evidence that she would not survive much longer. In retrospect, I see that my own feelings of helplessness, of being unable to be available to Marcia should she want to come

to art therapy during this time, made me deny this possibility. I remember calling the hospital on the day of my return to find out Grace died a week before Christmas, a week after session eight, and three weeks prior to our next session.

Before leaving, I had given Marcia a journal as a space she could express herself in the interim, as I had done for most of my clients. She later reported that she had written in it up until the day her mother died, and that she wouldn't write in it again. The mostly empty journal became a symbol of the emptiness that was left after her mother's death.

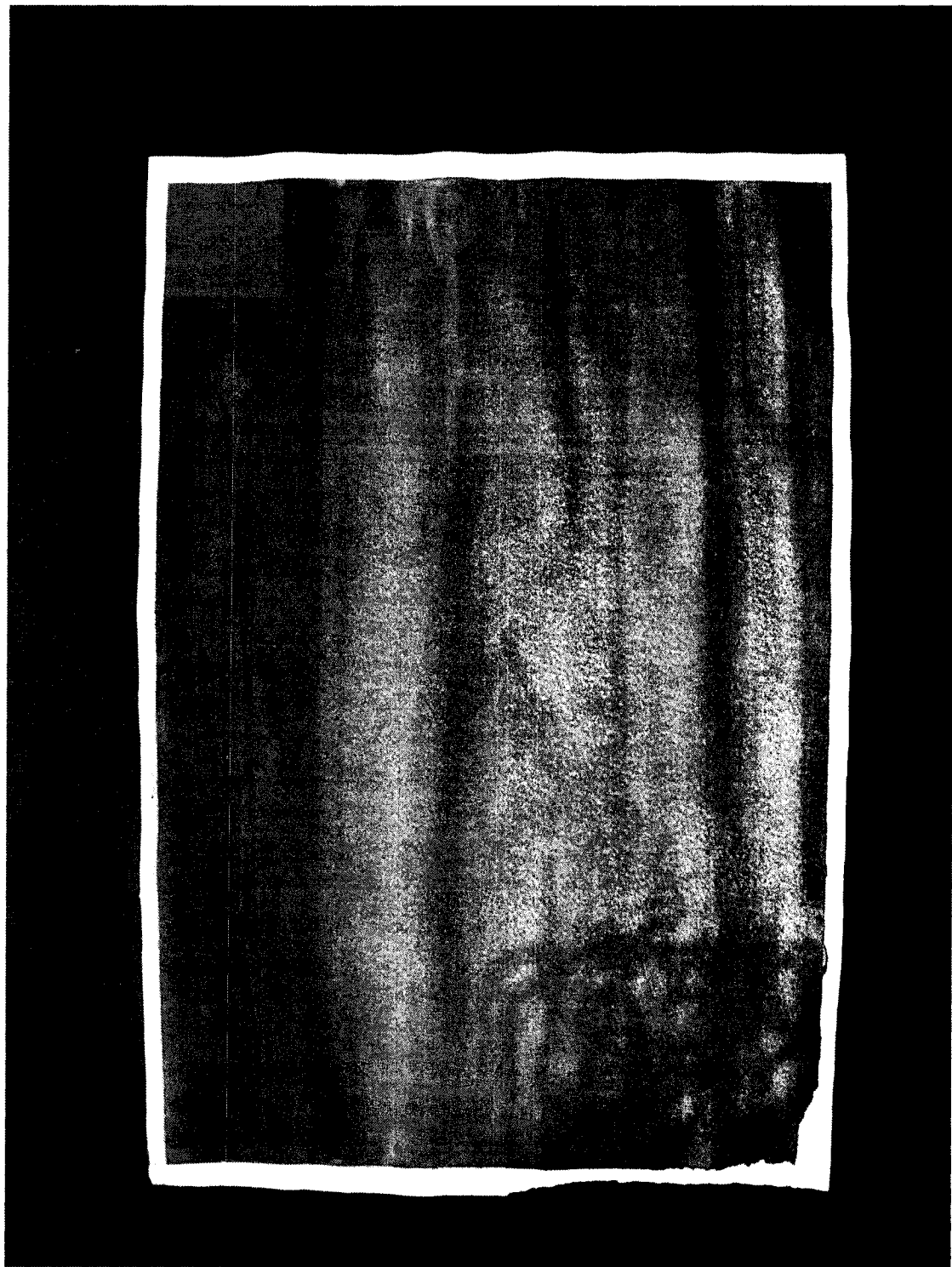


Figure 8
Watercolour on paper; 30 x 45 cm (name covered in upper left corner)

We met for the ninth time after the break during my first week back at the hospital. She came in, sat down, began to cry, and said to me, "*It's bad.*" I had set up the easel ahead of time, and she started to paint in silence, beginning with red (Figure 8). She was silent for most of the session. More than any other, this painting shifted in form and colour over the course of the session, and was thick with pigment by the end. Marcia wrote her mother's name in the upper left hand corner with black watercolour crayon, with a heart symbol beneath it (I digitally obscured the name with a gray box afterwards); a tribute. One can see a remainder of a dark square that Marcia spent a lot of time painting around in the lower right hand corner. In the terrifying insecurity of losing her mother, Marcia could have been expressing how changeable, unpredictable, and dark the world seemed.

Marcia was again disappointed by the border left by the masking tape when she pulled it off at the end; the whiteness clipped back the sense of expansiveness she had created. This painting seemed to be a monument to the expansiveness of her mother's life, and the frame boxed it in. In the thirteenth session, some weeks later, I showed Marcia Mark Rothko's art, whose work dealt with frames and colours, and had an aesthetic very similar to Marcia's painting (Figure 9) (Waldman, 1978, Plate number 163).

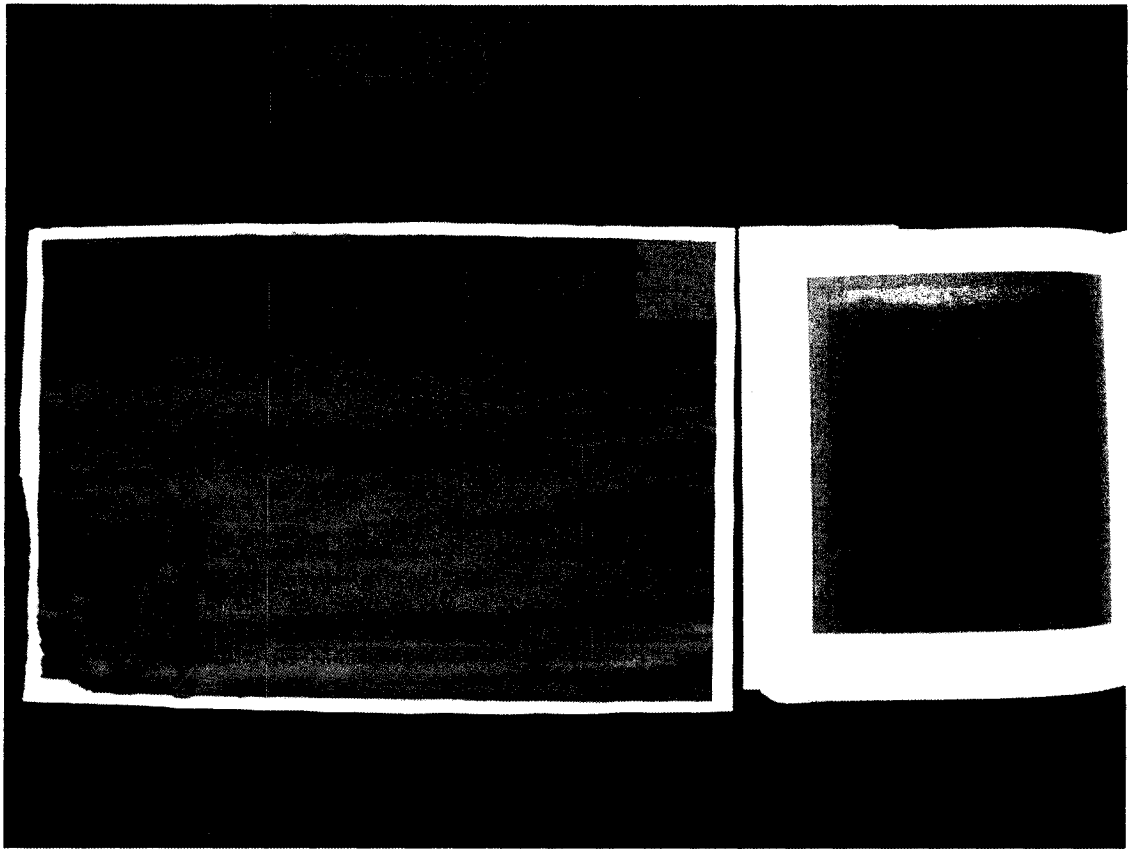


Figure 9

Left: Untitled (mom's name in top corner)
45 x 30 cm

Right: Reproduction of Mark Rothko's *Number 118* (1961), from Waldman
(1978),
292 x 260 cm

It must be clarified that the association between Marcia's painting and that of Mark Rothko (Figure 10) was my own. There are significant differences in the pieces: the size (Rothko's is about 8 times as large); Marcia worked with watercolour, Rothko in oil; Rothko used closed form, Marcia made gradients from vertical brush strokes. The pieces had a resemblance, but only after I turned Marcia's and placed it beside the book. Retrospect and supervision allowed me to appreciate the role of my own projection upon Marcia's painting, which is represented by the action of rotating the painting to fit my idea, thus adjusting the

dynamic of the image. One interpretation could be my wanting her to see me put her paint parallel to “high art.” This interpretation matches the high esteem that I tried to direct towards my clients with a client-centred, humanistic stance.

Objectively, both paintings are more about projection than subject matter. By mirroring Marcia’s painting with another like it, I was able to validate the subtlety of the dynamic held in the painting. As capable as both artists might have been in thinking and speaking abstractly, the paintings illustrate something that cannot be said.

To return to the *figure-ground* distinction, and how this has been connected to the first, most primitive symbol formation—the circle, and its relation to the first, pre-verbal, sense of self. These origins can only be represented non-verbally. Simon (1996) describes the early stages of development of the self, memories that are relived in the dislocation and total re-evaluation that comes with bereavement, particularly one’s early experiences with separation.

This could apply to both the Rothko and Marcia’s painting as Simon says: “[there is an] immediacy [which] has the quality of hallucination in which the seer and the seen momentarily dissolved into each other—the boundary of the Circle fades. This sense of verity has no place in objective reality, but maintains its inner truth” (1996, p. 13). When the style of a painting references such primary processes, resolution or transition will likely not be achieved in one image (Simon). Marcia worked in this style for several paintings, and of course this is obviously the case for Rothko whose prodigious career became canvas after canvas of similar images that varied primarily in colour palate, moving slowly towards a grey scale. I’m sure it has already been suggested that Rothko’s perseveration within this style throughout his career indicated a pathological, existential struggle that was never resolved; Rothko ended his own life. The scale of Rothko’s work and career could be isometric to the urgency of the particular primary processes being symbolized in his

painting not only on his own behalf, but in a sense, for his patrons and spectators. On an entirely different scale, in a hospital room turned art studio, and seen only by me, Marcia's work shifted radically after the completion of this painting.

Sessions Ten Through Sixteen: Escape Artist

Over the weeks that followed her mother's death I witnessed Marcia's strength. Marcia came to her tenth art therapy session, less than a month after her mother's death, straight from visiting the oncology unit where her mother had been treated. She and her father had dropped off gifts to Grace's doctors of 10 years.

During this session, Marcia reminisced about her mother, telling me about how her mom always drove her home with her friends, and brought them to get junk food and movies at a video store, even when they were drunk. It seemed as if Marcia was testing her own exoneration of her mother: although she reminisced with nostalgia and idealization, this was a questionable legacy.

In the eleventh session, she came in with a new hairstyle, and full of new secrets. Grace had left her journals for Marcia to read. She told me how her mom had been an alcoholic, and a "druggie", and had taught her how to roll a joint. While she spoke, I had given Marcia some clay. As she talked, she played with the clay, squeezing and poking it, smoothing it with water. As she worked with the clay, Marcia spoke of her early childhood. Perhaps these early memories were triggered when she dipped into her mother's memoirs. Maybe also because of the strong associations that clay brings into one's unconsciousness of our earliest play with formless materials (food, earth, water, etc.). In her memories, Marcia described her father as her main caregiver until her mother got sick. Marcia described Grace as a "typical 80s mom," going to work every day. Marcia said she remembered being five and crying when her mom left for work. When her mother stayed at home after the diagnosis, Marcia said that they bonded.

Marcia moved in and out of the past. After discussing her early fond memories of her father, she talked about her present conflict with him. She described a fight two days prior to the session where she sat in her room against the door to keep her father out, screaming a torrent of all of the things she'd ever wanted to tell her father. She described feelings of shame that followed. On my asking, she described her room: red, as her father had painted it for her, and covered in graffiti. Marcia described how years ago she had carved into furniture and walls messages to her father that were as full of fury as was her tirade two days earlier. She said she and her father had been fighting since she was young.

Marcia's anger with her father may have had roots in what she perceived as an earlier abandonment, where she had been left in the care of her mother, who required that Marcia be a caretaker and confidante. Rather than being sheltered from drugs and alcohol, she had been initiated by her mother. This was an anger of betrayal.

For his part, Michael expressed fear that he was left parenting his wife's "wild child." Indeed, he seemed bewildered by Marcia. Michael decided he needed to enforce a more traditional family structure, as in the 'old world' values that were espoused by the ethnic community where he had been raised. This change was where Marcia lost her cool. Incensed that her father could presume to change the rules and maybe incensed that her mother set her up to have expectations that clashed so entirely with her father's approach. Grace's definition of a '*good girl*,' which included an exuberant, creative, and rebellious spirit—an accurate description of Marcia—was now replaced by Micheal's '*good girl*': a more obedient, demure, conservative ideal.

I think Marcia feared never being appreciated as a good girl again. Perhaps to counter this fear she began to bring in things for my approval: her report card, course selections, resumé, sketch book, journal, photos of family and friends, novels she was reading, music she liked, programs from shows she attended, and full reports of her first

boyfriend. This “show and tell” element of the session “showed” her need to be appreciated for who she was, and the therapeutic relationship provided this opportunity. This was able to develop out of a real element of our therapeutic relationship, and where Marcia knew I shared her taste.

At home, meanwhile, Michael and Marcia’s conflict rose until the school and family friends signalled the Department of Youth Protection. In addition, Marcia called the police on her father after he had pinned her down during a physical altercation. The family meeting that ensued at the hospital (attended by Marcia, her father, her godmother, the family therapist and myself) was heart wrenching.

The family therapist on the hospital team described a triangulation that had been a stabilizing structure throughout Grace’s illness: a splitting of parenting responsibilities that made anger and confrontation happen largely on the front between Michael and Marcia. Over the years of struggling on and off with a life-threatening disease, the triangle had become a rigid split between the good-mother and bad-father (Shapiro, 1994). Now with Grace gone, Marcia and Michael only knew how to war.

The day of the family meeting, I had given Marcia a box of watercolour paints, acting on a suggestion that had emerged in my supervision. The suggestion was that I give Marcia tools for self-expression outside of the sessions, since she had used art so autonomously and effectively in the therapy. Throughout that meeting, Marcia opened and snapped close the lid of the paint box as an anxious fidget. Watching that, I realized the role that the art materials played as transitional objects in this time of transition, and I focused on this role over the next weeks. The following session she arrived with paintings she had done after she returned from the family meeting, using her mom’s old make-up brushes. It was clear that art had great potential in setting up a permanent space where

Marcia could be herself, find herself, and work through some of the overwhelming feelings she was experiencing at home.

In the tenth session, I introduced Marcia to tube-acrylic paint. Since her most recent work had included colour blending and layers of paint, with acrylic she could have more control over her mixing and blending of colours, and over the fluidity of the paint itself as acrylic was much thicker than watercolour. The image that emerged, and the one that she worked on and off for weeks, was an image of transition (Figure 10). The pink blob on the left was her 'test patch' where she mixed and tested colours. The test-patch was also on the page in front of where I sat. A reflexive process brings me to identify the role I took in guiding Marcia's art making through materials. This seems to reveal a "guidance" that I brought into Marcia's art therapy. A sense of guidance is also reflected in the symbol of a path.

Marcia worked most on the 'forked path' on the right hand side, which she painted over and over again. She worked on this image for many weeks between the tenth and the sixteenth session. The word "waste" was in reference to the paint that was left unused at the end of each session; that couldn't be saved, and which she always worried about. The phrase "*give us your money + we will give you hope*" is quoted from song lyrics and emerged out of her disillusioned musings. With the introduction of text in her painting, there was a bridge between discussion and artwork. During this painting, I noted that her insight became more directly connected to her creative process. For example, she wrote on the painting, "*What is this*", right where her "path" splits. As she moves from ground into figure, Marcia writes self-consciousness into her artwork. As I build up this interpretation around the theme of figure/ground, it strikes me that Marcia's transition into the creation of a symbol, this "path" represents the ground as it seems to thin, through the laws of perspective, into the distance.

In the middle of the sessions during which she worked on her “path” image, the week before her fifteenth session, Marcia and her father took a road trip. Over Marcia’s spring break, Michael drove them both to another city six hours away, as Marcia told me, “*to go see the art galleries.*” The family usually went to Cuba at this time every year. It was less than three months since Grace’s death, so Marcia and her father were spending their holiday just the two of them, and not at their traditional vacation spot. Both Marcia and her father asked me for suggestions of things to do while in the city. This brought to my attention Marcia’s association of this city as the one where I came from. This trip had significance in regards to Marcia’s identification of me as a support, role model, and substitute-mother. By visiting a city she knew I was from, there might have been some curiosity about who I am. Marcia and her father’s trip seemed underlying the importance of art therapy by the action of following the same route I took to come to where we were now. Perhaps this was also a way to symbolically recreate a family for her holiday. I will add that these interpretations were not a part of my understanding of Marcia’s art therapy at the time. With hindsight, I wonder if I was countertransferentially invested in this imaginary family, unable to step back into this level of reflexivity.



Figure 10
Acrylic paint on paper; 135 x 60 cm

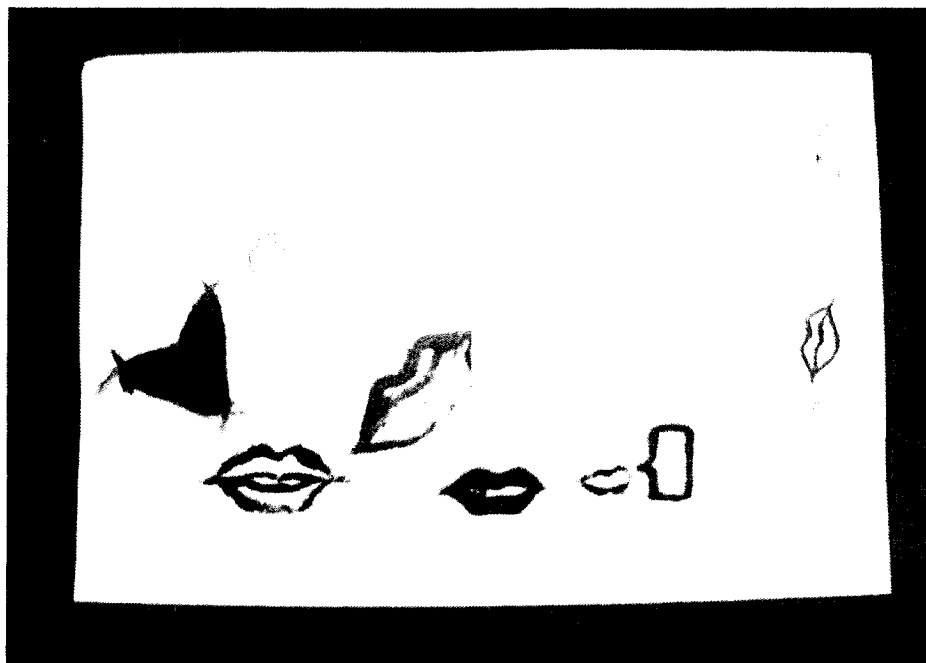


Figure 11
Acrylic on paper; 60 x 45 cm



Figure 12
Acrylic on canvas; 60 x 45

Number Sixteen Through Twenty: Mouthy/Lippy

Marcia worked on two paintings (Figures 11 and 12) over five weeks beginning in her sixteenth session. I noticed that the symbol of lips arose on the day she got her braces off, surely influenced by her new awareness of her lips against her teeth. She doodled with the paint as she talked and talked and talked and talked. These are different kinds of images from her early watercolour paintings: expressing a different mood and a different style. The image of the “path” (Figure 10) seemed to serve as a transition: the movement seemed to start from the randomness of the colour-mixing test-patch on the left hand side, over the path, above the ‘waste’ repository and leading off the page. In her next image (Figure 11) Marcia painted lips. This transition may have also been inspired by a switch in materials: from watercolour to acrylic, which is thicker and opaque. Where Marcia’s watercolours had no inside or outside (until she removed the tape), the lips are a symbol that also play with boundaries, inside/outside, on a threshold.

As an art therapist learns to make sense of a client’s image, it becomes hard to miss the layered meaning of certain symbols, and how some symbols become a part of every developmental process. Lips and the mouth suggest sucking, mouthing, mouthing-off, drinking, eating, breathing, blowing, talking, screaming, smiling, frowning, kissing, etc. Marcia chose a symbol that resonated with experiences of self and other since birth, not to mention a suggestion of female sexuality while she was in the prime of puberty. I don’t have enough experience to isolate any particular meaning as more important than another. But looking at the course of development within her own body of work, Marcia’s paintings seem to retrace and renew Marcia’s processes of separation, moving from fluid oneness (Figures 1 through 8) through transition (Figure 10) to a symbolic threshold, inside and outside at the same time (Figures 11 and 12).

Around the time of the sixteenth to twentieth sessions, art became something Marcia identified as a passion. For her fifteenth birthday, which came around our eighteenth session, Marcia had asked friends and family for art supplies, and got a sketchbook and pencil set. She began to bring in images she made between sessions, and expressed pride and pleasure in their creation.

The first drawing Marcia brought into art therapy was a portrait (head and shoulders) of a young girl who looked a lot like Marcia, although she didn't identify it as a self-portrait. It was a skillful, carefully shaded and well executed drawing that displayed effort and dedication (not pictured here). The eyes met the spectator's, but the mouth was replaced with a barcode. Meanwhile, in art therapy, Marcia perseverated on disembodied mouths, as she talked and talked.

I wonder if this polarity of open, speaking lips versus mouthless face represented her perceived freedom to speak her mind in art therapy, and her frustration with feeling disempowered, and silenced, by the world outside. An experience that made me consider Marcia's unconscious polarization of her hour in art therapy versus her life in the outside world, particularly her home life, was the day we celebrated Marcia's 15th birthday. I had given her a cupcake with icing and sprinkles and one candle that I lit and sang the happy birthday song. She decided not to eat the cupcake because, she said, she wanted to save it. And as soon as we got out into the hallway and I had my habitual chat with her dad, Marcia began to devour the cupcake, seeming to say, *'look what Sarah gave me.'* She was teasing him with this symbol of being cherished just as she juxtaposed the 'bad-dad,' by calling him, "Hitler." In this moment Marcia was re-creating a familiar dynamic where I was standing in for mom.

These and other signs of Marcia's positive transferences towards me did make these sessions very productive in terms of providing a safe space for her to express herself. Art

therapy sessions became a time when Marcia ‘caught me up’ on the various aspects of her weekly life. This included telling me of how she played the role of “therapist” to her friends. In one way, Marcia was communicating how she had internalized the role of the therapist. At the same time, she had continued to play the role of caregiver that she had begun with her mother.

During this time, Marcia seemed to also be stepping in and out of the tasks of bereavement. She would remember her mother and talk about her sadness. She cried often. I also made note that she was beginning to identify her father’s protective nature as love. A poignant symbol of their growing closeness came when Marcia told me she had spent an hour plucking her father’s eyebrows, which she showcased in the hallway at the end of the session (the twentieth session), while Michael smirked.

Number Twenty Through Twenty-Three: Termination/Art Therapy: Class of 2005?

Termination had been announced well in advance, but came faster than I anticipated. Over the last four weeks we had a final team meeting with the family, which, when I compared it with the crisis intervention two months prior, showed positive change in the family. These changes included less conflict around limit setting, and more respect for one another’s different ways of adjusting to Grace’s death. The meeting was a chance to assess the family’s interactions as the case came to a close, to give suggestions for follow-up, and to review what had been accomplished. Marcia was more relaxed throughout the session, swinging her legs and sitting back in her chair. She became tearful discussing her mother, and expressed a fear that now she and her dad are ‘all one another has,’ which touched on the fear, love, and loneliness that both she and her father must have been living with.

We reviewed the family’s course since first coming to the hospital because of Marcia’s anxiety attacks. I identified elements of Marcia’s resilience that I had seen over

the year, naming art expression and journaling as important coping skills she had established. We recognized that the family was just beginning to adjust to Grace's death. The team gave a number of resources for the family to use in the continuation of family therapy, including a parenting group for widow[er]s, which Michael attended. The team, and Marcia, expressed satisfaction in how art therapy had functioned to support Marcia over these months. I also felt that sessions had provided containment, security, and empathy, and in that way had served to decrease her anxiety. This was reflected in the role that art now played as a method Marcia turned to at home to cope with and reflect on her anxiety. Marcia identified the creative arts as one of her strengths, and aimed to pursue this new passion.

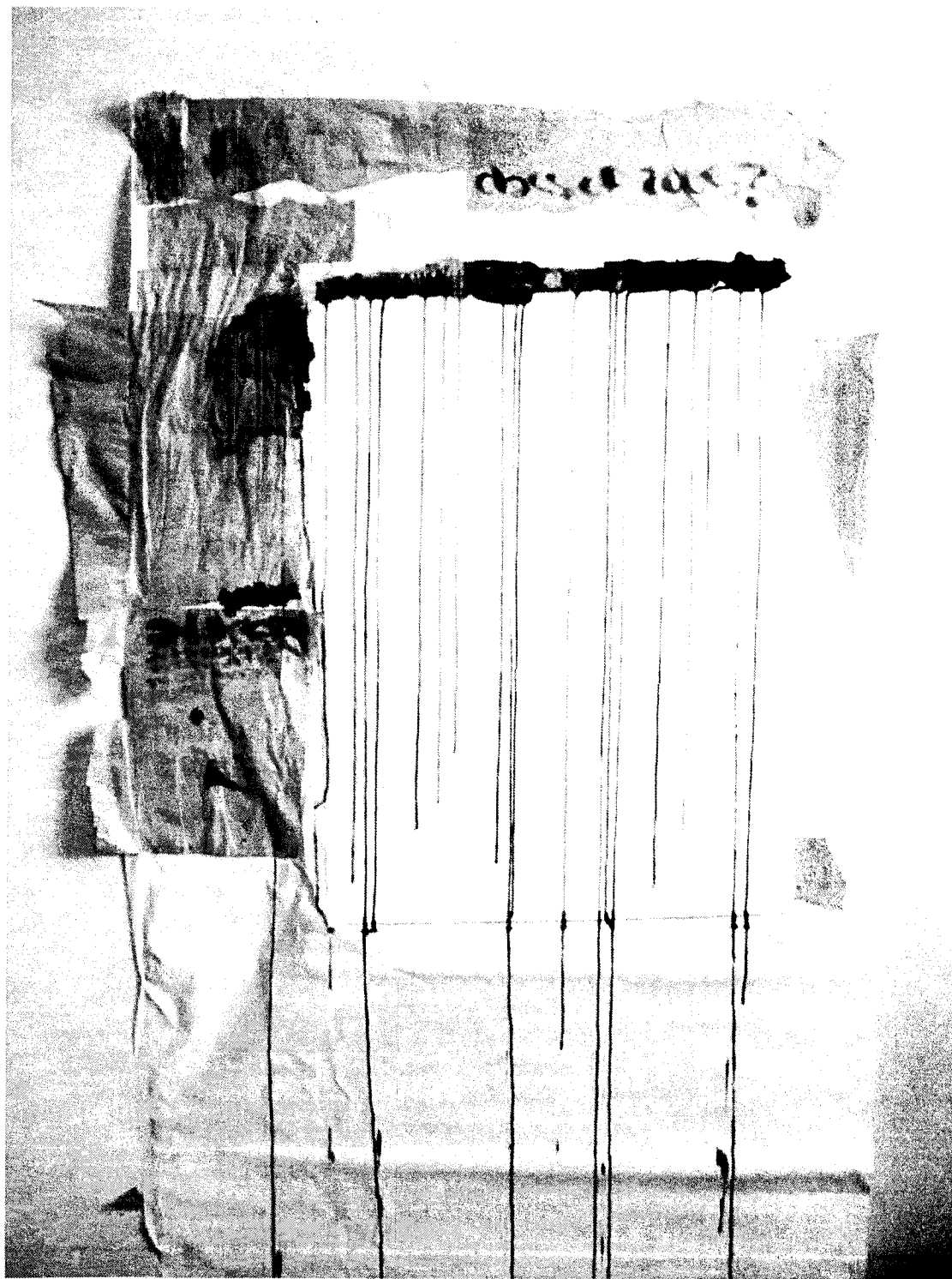


Figure 13
Watercolour, collage; 85 x 160 cm

In our second-to-last session, I had prepared the room as I had for the first session, with mural paper stretching from our height to the floor. When Marcia arrived, I was trying to decide whether I should add a piece of thick watercolour paper over top (since the mural paper had torn a bit under the wet paint in the first mural (Figure 2). I asked Marcia, and she decided that yes we should, so we taped up a large (45 x 60 cm) page on top of the mural paper (Figure 13). The act of lining the edges of the page with masking tape was a reminder and acted as a symbol of her earliest paintings. Marcia seemed to have the same idea when she wrote atop the mural “*Art therapy: class of 2005?*”, and on the lower left, wrote “*art therapy, art therapy, art therapy*” repeatedly until the paint ran dry on her brush; an apt metaphor to represent termination that came with the end of my internship—art therapy ran out.

We both enjoyed making the drips that became the centre of the mural. I made the addition of the yellow tissue paper. The colour was a sunny balance to Marcia’s signature teal, maybe in the way that my character might have served. It also may have represented my struggle to fit the role of the art therapist, framing, but also exceeding the page, just as I had done in sessions that went overtime. But all that aside, leaving the centre for Marcia.

Termination was an unexpectedly rewarding phase in the art therapy. Reviewing all of her artwork that we had carefully stored in her portfolio, it was apparent how much we both valued the artwork. Marcia went home to hang all the works on her bedroom walls. I decided to write my research paper about her therapy. As we discussed the meaning of some of the symbols in her artwork, Marcia commented that while there are infinite ways of reading them, it’s what *feels* right that stands out.

With this, it seemed like we both had a momentary grasp of the relationship between art and truth, or at least a sense of the power of art therapy. I return to the quotation I cited in my introduction: “The consciousness that creates gives meaning to

experience and emotion, not the contrary. Any ultimate meaning that is given to a finished product is that which is most true of one's experience" (Ellington, 1991, p. 19). Even if I am off base in the over-laboured descriptions of this case, I think I cannot deny the personal significance of the art to the artist, for, as Ellington writes, "beyond the art experience, the art therapist is intensely supportive and empathic toward a person's creativity and artistic expression" (p. 19), and that, if nothing else, was done.

For her part, Marcia brought a lot of things to show me before the end, over one hundred photos she had printed for the occasion. These were photos of her friends and of many of the events she had told me about over the year. She also brought a sketch she had done, an unfinished portrait of a girl pulling at her hair, with a title that read, '*to those medicated moments.*' This was a song lyric that represented to Marcia that 'bad trip' which she remembered as the event that brought her to the hospital in the first place. She commented that her anxiety attacks had reappeared in the past week and said that she would create art out of those moments. In terms of her adjustment to another ending, Marcia's statement of increased confidence and sense of her coping skills presented a real statement of progress.

Marcia got her first job in the week before our final session: a part-time position as a vendor at a movie theatre near her house. This symbolized freedom and the chance to get out of the house without having to negotiate with her father, a role that art therapy had played until now. She told me that her father was pleased with her new job as well.

In the final moments of the last session, Marcia handed me a tattered photo print-out of her mother (Figure 14). I recognized it because she had shown it to me once before. She had been carrying the photo in her pocket since the day her mother died. She said, somewhat teary-eyed, that she wanted to do something else with it, not carry it with her anymore, and handed it to me. I accepted it with all the reverence I felt in this gesture. In

this, I saw art therapy as her transitional space, just as this photograph was a transitional object that Marcia grasped as a symbol of her relationship to her mother when her mother's physical presence was gone.

In this gesture Marcia also called up the power of images. She held on to this photograph like a talisman, imparting it with a magic quality, and handed it to me like a sacred object. In this same way, the images she created in art therapy are infused with the dynamics she worked through as a part of her therapeutic process (McNiff, 1992).

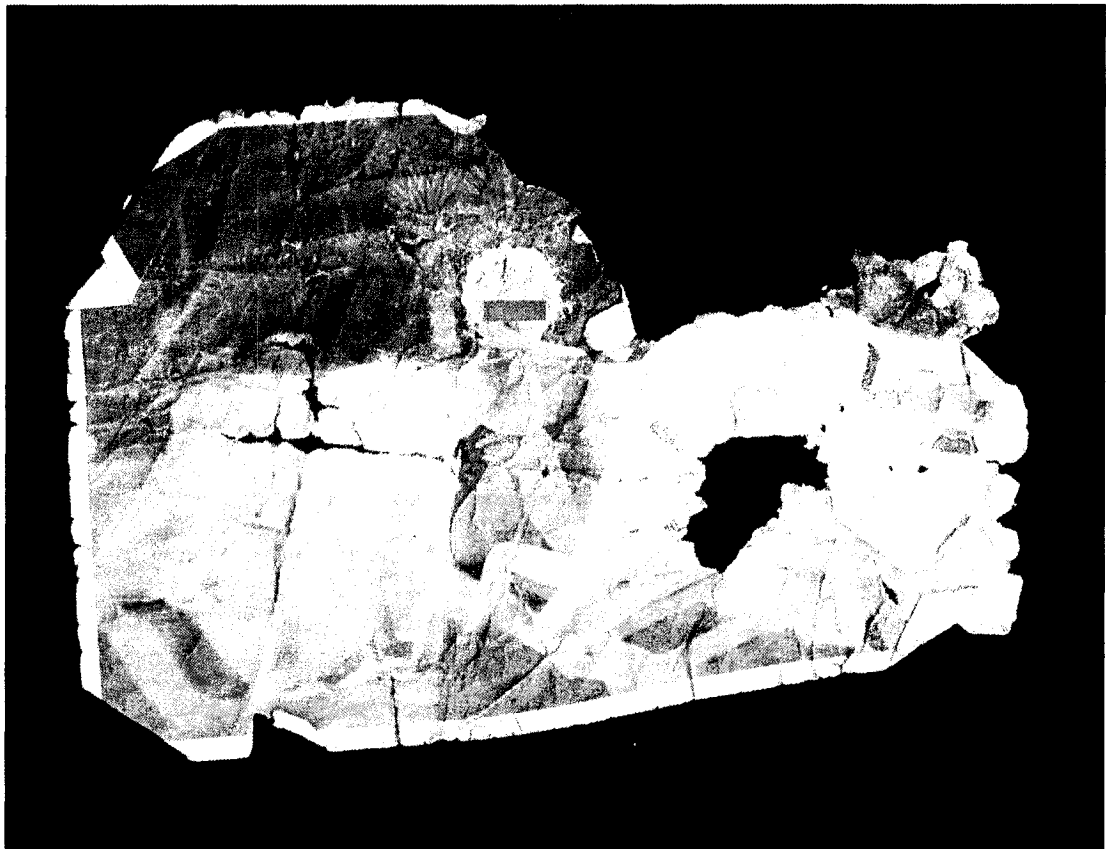


Figure 14
Ink-jet print on paper; 10cm x 15cm

DISCUSSION

Marcia's final act in art therapy was a rite of passage, reenacting separation from her mother. This gesture represents how art therapy supported Marcia in the months before and after her mother's death of a terminal illness. This discussion will look at how the process of bereavement was reflected in Marcia's art therapy.

The case study looked at bereavement as a natural process that was informed by early attachments and loss, as well as personality, coping skills, the availability of social support and open dialogue, and interrelated within the grief process of the rest of the family (Lendrum & Syme, 2004; Shapiro, 1994). This paper has focused on the characteristics of bereavement that are specific to adolescents who lose a parent to terminal illness. Adolescents are already adjusting to the passing of childhood and the possibility of separation from their family. Grief will be coloured by the upheaval that comes with the changes on all levels of the self, physical, emotional, and cognitive (Corr, 2000; Doka, 2000). As seen in this case study, bereavement follows a unique course for every individual.

Following the loss of a family member, an individual tries to find ways to accept the reality of the loss, to experience the pain of grief, to adapt to a world in which the deceased is missing, and to emotionally relocate the deceased (Worden, in Lendrum & Syme, 2004). Each of these tasks is reflected in Marcia's art therapy.

A case study can make no assumptions as to how long these interventions will last. This liminal stage of adolescence necessitates that bereavement be renewed as the loss of a parent is felt in different ways through to maturity (Balk & Corr, 1996).

The Frame of Art Therapy

To discuss bereavement in this specific context, it will be helpful to return to the frame, or context, with which the art therapy began. The frame has surface characteristics and deep underlying understandings that shaped the treatment.

On the surface, the time and frequency of the therapy provided continuity during the period of anticipatory bereavement, and the four months following Grace's death. The option of long-term treatment, up to eight months, or the length of the internship, was open to the client.

During the eight months of weekly sessions, a client-centred, non-directive approach enabled Marcia to have control over the themes and pace of each session. Such an approach is suitable for this age group, when bereavement tasks may alternate or overlap with normal developmental tasks such as identity formation (Balk & Corr, 1996). The focus of therapy can shift according to the changing needs of the adolescent.

The most important factor in counseling or therapy for the bereaved adolescent is creating a trustworthy, empathic, and creative environment (Lendrum & Syme, 2004; Wolfelt, 1996). The clinical atmosphere of the hospital, combined with the friendliness of the art studio seemed to consolidate these elements in Marcia's art therapy. This combination of clinical and creative also characterizes the art therapist, who embodies the frame of art therapy.

The art in art therapy runs from its surface to its depth. Art therapy took Marcia's creative expression seriously, whether intentional or unintentional, verbal or non-verbal, process or finished product. For an adolescent, the feeling of being taken seriously is an important part of establishing trust (Moon, 1999). The art was such an effective tool of expression for Marcia that it became a coping skill turned to both in and outside of therapy.

Deeper philosophies inform the art therapy frame, such as the understanding that spontaneous artwork will reflect preoccupations of the artist in process, style and content. Formless materials are used universally toward developmental benchmarks of symbolic/self development that precede language in infancy, such as crayons, clay, paint (Simon, 1992). Similarly, in art therapy, art materials are used to bring that which is out of reach of language, into sight. This can happen without being discussed, on a non-verbal level, through the symbolic communication within art therapy. Marcia's case was one of other examples of my art therapy internship where art was a central element of the treatment, and yet rarely interpreted verbally. The reflexive process brings me to point out to the reader that even when the art therapist is not fully aware of different processes that may be informing the client's artwork, healing can happen within the well-established frame of art therapy. Supervision and hindsight bring observations that reinforce how much information a client's creative process contains.

All of these elements need to be considered when using art therapy to support an adolescent who has lost a parent. The importance of the frame in art therapy is represented in another of Marcia's artistic expressions, when she writes "art therapy, art therapy, art therapy..." with a paintbrush until the paint runs out. This shows her awareness that time has run out. She commemorates it in high-school-style by writing "*class of 2005?*" at the top of the painting (Figure 13). In these and other ways, art therapy provided a context where Marcia could undertake the tasks of grieving.

Grieving Through Art

By centering therapy in the visual realm, the art takes on the dynamics that are brought forward in the session, and over the course of the treatment. I will discuss how specific tasks of grieving were realized in art therapy, beginning from the last session and working back to the beginning of Marcia's art therapy.

The final task of grieving, according to Worden (cited in Lendrum & Syme, 2004), is “to emotionally relocate the deceased, and move on with life” (p. 117). I return again to how letting go of the photo of her mother at the time of termination reflects the task (Figure 14).

This task for the adolescent is two-fold: roles need to be relocated so that developmental needs are met. And in bereavement, the lost parent will move to be “represented only, or largely, through images in the mind. These representations are not rigid, but open to change and modification” (Lendrum & Syne, p. 120). By letting go of the photo of her mother, Marcia was letting go of a representation of her mother that was reminiscent of the young child’s transitional object. In leaving the photo in the safety of the frame of art therapy, perhaps Marcia moved to an internalized, fluid relationship with her memories of her mother.

Elements of bereavement can be interpreted throughout Marcia’s artwork. Patterns that emerged over the course of the art therapy will reflect persistent dynamics in the artist. Working from Simon’s (1992, 1996) theory on symbolism of style in art therapy, I paid attention to shifts in painting style as reflecting movement in a psychodynamic process, in this case, bereavement.

Another of the tasks of bereavement is to accept the reality of the death. Central to this task is to understand what the death means in the individual’s life, to integrate the meaning of the loss into one’s life story. Again, this is a many-fold task for the parentally bereaved adolescent. Adolescents are beginning to grapple with existential questions and self-concept using new cognitive abilities. Real experience of the death of a parent, the loss of a figure central to self-concept, will shape the “*meaning of life*” (Balk, 2000; Corr & McNeil; Christ et al., 2002).

Some of Marcia's paintings seemed to reflect her anticipation of the end of her mother's life (Figure 6). The expression of what Marcia called "randomness," or meaninglessness, was a theme throughout her art and speech. A movement from randomness to form, meaninglessness to meaning, is reflected in what Simon (1996) explains as the "circle in the square." The circle is the first symbol formation in infancy. In art therapy, the materials are reminiscent of a person's earliest discoveries in symbol formation in drawing and painting. Art therapy offers the client the opportunity to retrace these early steps in self-development (Simon, 1996).

In bereavement, making meaning from the meaninglessness of death will be reflected in the art as the *figure* emerging from the *ground* (Simon, 1996). This motif is on large and small scale: represented within one painting (Figure 10) – the path leading out from a puddle of nothingness, weaving between propaganda (above) and a waste-land (below); split by doubt-- "*What is this???*", which Marcia wrote in between. This painting traces the path out of meaninglessness.

The same motif, figure emerging from ground, happens on a larger scale beginning with the paintings that overflowed the page (clipped back by tape) (Figures 3 & 4) to the more contained forms within the page (Figures 11 & 12). This motif was further reflected in the narrative that developed in Marcia's speech. What the art expressed, however, words could never capture.

Art therapy is able to reflect, and support, tasks of bereavement such as making meaning of the death, and the internalization of the lost relationship for Marcia. In art therapy the externalization of these tasks within the symbolic expression made this movement visible to the art therapist and the client. Further research could build on this notion of meaning making and narrative in art therapy with bereaved adolescents, exploring processes that compare or contrast to the description of Marcia's art therapy. Further

research towards this population might also include quantitative methods to mark progress in bereavement tasks with a pre/post intervention assessment. The need for research in art therapy towards this population matches the potential that is suggested in this case study.

CONCLUSION

The discussion chapter isolated two elements of adolescent parental bereavement as they were reflected in the art therapy case presentation: internalizing the lost parent, and making meaning of the death. Elements of bereavement have been identified in different styles of painting in art therapy (Simon, 1992, 1996). This paper renews Simon's call for research that investigates the momentum gained in art therapy for the tasks of grief.

This concludes the case study of art therapy for a 14 year-old girl who lost her mother to terminal illness during the course of treatment. Initial referral for art therapy by the outpatient paediatric psychiatry unit had diagnosed Separation Anxiety Disorder. Through the art therapy frame, including spontaneous creation of artwork, dynamics that were previously unexpressed to the art therapist, were expressed in art. Art making allowed the client to symbolically externalize the bereavement process, art therapy reflected this process, and the total experience supported the client as she negotiated the tasks of bereavement.

In grief, the step from being unexpressed to expressed in art, and held in the sanctity of art therapy, is a step in which the reality of the death can be reflected on, and understood from the new perspective that art making creates. From art expression, the individual is able to move the unseen to the seen. What is expressed in art is an important step closer to being expressed in life. What was true in Marcia's case may be true for others who struggle to adjust to a mother's death. Of inestimable value in the art therapy was Marcia's courageous and creative spirit. I wish the same spirit upon anyone who faces the

grief of losing a mother so young. Or, as Marcia might call it (as a self-proclaimed riot grrl¹):
grrief.

¹ Riot grrls are part of a postmodern feminist movement established in the arts and academia, specifically music. Official definitions abound in an internet search.

APPENDIX 1 LETTER OF INFORMATION

Art therapy intern: Sarah Brodie (M.A., *in progress*)
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Research Supervisor: Irene Gericke
Assistant Professor, Concordia University,
Department of Creative Arts Therapies
Tel: 761-6131 ext 2017

REQUEST FOR CONSENT

Background Information

One of the ways that training art therapists develop their skills is to write a research paper that includes case material and art work by clients they have worked with during their practicum at the [hospital name]. The purpose of the research is to help the student, and other students and art therapists who read the paper, to increase their knowledge with reference to relevant literature in psychology and related fields. The research allows the supervisor to refine the student's ability to use current literature in enhance her understanding in the field of art therapy. The long-term goal is to be better able to help individuals who engage in art therapy in the future.

Topic of research

This research paper will be a case study that investigates bereavement and loss in adolescence, in particular the loss of a parent, and how art therapy can be used to support the grieving process. Professional literature about the treatment of complications related to bereavement of a parent has discussed the importance of using art and imagery to facilitate the expression of grief. This research will provide a case example of how art can be used in this way.

Permission

As a student in the Master's Program in Creative Arts Therapies at Concordia University, I am asking for your permission to photograph your art work, and to include selected images in my research paper. I am also asking you for permission to consult your medical file for the period of one year (or until I have completed my research paper).

A copy of the research paper will be bound and kept in the Concordia University Library, and another in the Program's Resource Room. This paper may also be presented in educational settings or published for educational purposes in the future.

Confidentiality

Following Hospital and University protocol, confidentiality will be respected. The case study will not include name, setting where your art therapy took place, nor any identifying information. The art work will be presented without name; if there is a name visible on the work, it will be covered prior to photography.

Advantages and Disadvantages to Your Consent

To my knowledge, this permission will not cause you any personal inconvenience or advantages. Whether or not you give your consent will have no effect on your involvement in art therapy or any other aspect of your treatment. You may consent to all or a selected number of the requests on the accompanying consent form. As well, you may withdraw your consent at any time before the research paper is completed with no consequences, and without giving any explanation. To do this, or if you have any questions about this research study, you may contact my supervisor, [name and phone number].

If at any time you have questions regarding your rights as a research participant, you may call Adela Reid, Compliance Officer, in the Office of Research.

Adela Reid, Compliance Officer
Office of Research, GM- 1000, Concordia University, Montreal, QC, H3G 1M8
Phone: 514-848-2424 ext. 7481

APPENDIX 2
CONSENT FORM

REQUEST FOR CONSENT

I, the undersigned, _____

Hereby authorize: _____

With my consent that the art produced in art therapy may be photographed and selected images used, in addition to case material, in a research project which is a part the Master's degree in Creative Arts Therapies offered by Concordia University.

I allow photographs of the art work, and case materials to be featured in:

	YES	NO
Research project		
Publication in professional journal		
presentation at professional conferences		
on-going training of other mental health students or professionals		

I understand that my identity and confidentiality will be protected in the use of the art therapy case materials.

I understand that I can withdraw my consent at any time. Consent or decline to consent will not impact my child's treatment.

I have been given the opportunity to discuss and reflect upon my consent.

Signature of client _____

Date: _____

Witness to signature: _____

Date: _____

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