The Experience of Parental Illness: A Heuristic Arts-Based Inquiry

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ABSTRACT

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This research addresses the author's experience with parental illness and how can that experience be explored and understood through a heuristic arts-based methodology. The integration of the use of artwork within the heuristic framework is addressed and the author's experience with this process outlined. Art-making was used as the primary means of exploration and analysis of the question, which lead to greater understanding, awareness and acceptance within the author. Theory and research related to parental illness is outlined and compared to the findings gleaned through the heuristic arts-based methodology used in the present study.

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And to my mizuko, who accompanied me, at least in spirit, throughout this journey and gave me the opportunity to redefine many of my thoughts from this process.

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Introduction

At eight years old my life changed in ways I could not have possibly predicted or understood at the time. It was at this time that my father had his first heart attack, and in the following years, both he and my family have struggled through more heart attacks, strokes, angina attacks, congestive heart failure, and many more complicating illnesses.

This research addressed the question: what has been my experience with parental illness and how can that experience be explored and understood through a heuristic arts-based methodology?

Throughout these years, treatment services have focused on the physical well-being of my father, the patient, during the acute periods of his chronic illness. Little attention was paid to the experience of our family during these stressful times. This focus on the patient is largely echoed in the small amount of literature on the experience of families experience chronic illness.

In recent years, the effect of parental illness on the family has begun to be recognized and explored in the literature. Within this literature, the need for understanding the lived experience of the family has been expressed as services begin to be implemented to address the needs of the family. The present research addressed this need through an arts-based heuristic exploration of my experiences growing up with a chronically ill parent. Art therapists are in a well-suited position to facilitate understanding, adjustment, and the expression of fears and anxieties for those facing such circumstances, especially for children coping with a parent's illness. Tantamount to this

work is a comprehensive understanding of the experience of having a chronically ill parent.

The research I have undertaken sought to explore my experience with parental illness using an arts-based heuristic methodology. This research methodology, based on the work of Moustakas (1990), was chosen as it is designed to enable the researcher to look at an autobiographical experience, explore it, and better understand it as a global phenomenon. The experiences of those coping with parental illness has been touched upon by only a few researchers using a framework that allows the subjects to express their own concerns (Mukherjee, Sloper & Lewin, 2002; Romer et al., 2006). As such, the broader perspective of heuristic research illuminates specific, and previously unidentified components of this experience for further research.

This research also explored the use of the heuristic methodology and my experiences integrating the art-making aspect into the framework of heuristic research. Unlike the methodology outlined by Moustakas (1990), I have integrated the use of art-making as the primary means of introspective exploration. Part of the heuristic research process involves an immersion into the topic under investigation and self-dialogue as a means of data gathering. Art-based research, especially in the field of art therapy, blends well with this introspective aspect. Through the use of art as a means of self-dialogue and immersion, it is, in essence, very similar to the process we ask of our clients in therapy. By using art as a means of discovery and insight, this research creates not only a deeper understanding of the experience of parental illness, but also a deeper understanding of the process we, as art therapists, ask of our clients.

This research did not seek to present an explanatory model of parental illness, or fully understand the mechanisms behind the variety of reactions individuals have to parental illness. As the experience that was explored was my own, I presented the information I have gained, and the understanding I have of my own experiences through the process of a heuristic research methodology. As these are the experiences of one individual, the results may not be generalizable to all individuals who have experienced parental illness. It does however, provide a starting point for future research, and as such can be considered an exploratory study.

A foundation of the current research on the topic of parental illness was outlined, including an overview of the major theories of family functioning when experiencing parental illness. This foundation sought to ground the information gathered throughout the heuristic process, and was compared and related to the information I gathered from my research.

Overall, this research has been a journey of transformation that looks at an area of personal difficulty as it is transformed into greater understanding an increased strength. This transformation, as mediated by the arts-based heuristic process is presented in the present research.

Literature Review

The topic of parental illness is beginning to be addressed in the academic literature, especially over the past five years. Prior to this time, relatively little information existed about the effects or experience of having an ill parent. In contrast with the literature available on the effects and experience of having an ill child, the information available on parental illness is sparse. However, with the research that is available an understanding of the impact of illness on the family is beginning to develop. Additionally, theories are beginning to emerge about how parental illness affects the family, which will undoubtedly provide a framework upon which further research can be based. Previous studies on the hypothesized effects of parental illness have also laid the groundwork for the development of preliminary measurement tools on the effects of parental illness. Clinical work in this area has also been reported and described. Research on the experience of having an ill parent has remained sparse, although some studies are beginning to fill this void.

Models of parental illness

Various models of family and child reaction and adaptation when faced with parental illness have been proposed. (Armistead, Klein, & Forehand, 1995; Lewis, Hammond, & Woods, 1993; Pederson & Revenson, 2005; Rolland, 1999). These models may help to guide future research in this area and develop a framework in which to better understand the experience of parental illness. It is important to note, however, that research and theory in this area is lacking and for the purposes of this literature review, the concept of "parental illness" lumps together many different types of illnesses. By lumping together various illnesses, there is a blurring of the specific features and perhaps

experience of each illness and its impact on the family. Many different elements, such as social acceptability of the illness, duration of the illness or severity and impact on daily life may have a marked influence on the creation of a model of parental illness.

The model that is most often referred to is the Family Systems-Illness model (Rolland, 1999). This model looks at how chronic illnesses impact the family through the use of a developmental framework. Within this model, three variables are woven together to influence the experience of the illness within the family. These three elements are: 1) elements of the illness itself, 2) the stage of the life cycle of the family and 3) the family culture.

Different types of illnesses progress in different ways and are perceived in different ways. Rolland's model outlines these differences in a way that classifies and describes the illness in a manner that reflects both the physical characteristics of the illness and the type of psychological adaptation that is necessary for the family. His variables include: *onset, course, outcome, incapacitation* and *level of uncertainty*.

The onset of an illness may be acute or gradual. With an acute onset the family has little time to react to the illness or adjust to the new realities of the family, and must adapt to the changing circumstances quickly.

The course of the illness may be progressive, where things may gradually worsen; constant, where this illness stabilizes after a single event; or the illness may be episodic, where the illness alternates between stable periods and acute periods. Episodic illness requires flexibility within the family, but can be very stressful as the family lives with constant uncertainty of when the next acute phase may begin.

Outcome refers to the lethality of the illness, or the expectation of the lethality of the illness. Illnesses in which death is imminent or where the life of the ill person is shortened require greater adaptation by the ill person's family.

In Rolland's (1999) model, the degree to which the person has the ability to maintain their level of functioning is referred to as the level of incapacitation.

Predictability refers to the ability of the ill person and their family to predict how the illness will progress or change over time. In illnesses with an unpredictable course, anticipatory anxiety can be difficult to manage and exhausting over the course of a long illness.

Rolland (1999) also considers how the timing of the introduction of the illness into the family may have an effect. He refers to the family as having a life cycle, which follows from a family during childrearing years through to when adult children have moved from the family home. Rolland considers an illness that comes during childrearing years to be more disruptive, as this is a more atypical family phase for parental illness. Much of the parent's focus during this time is usually dedicated towards caring for children; an illness at this phase may divert the family's energy away from this task. Additionally, if children are adolescents, Rolland suggests that a parent's illness may interfere with the separation and individuation of the adolescent.

The family culture also contributes to the experience of the illness within the family. The family's communication style can either help or hinder the adaptation to the illness. In general, Rolland (1999) suggests that open, age-appropriate communication between all members of the family can help ease anxiety, normalize feelings and help avoid misunderstandings and distortions about the dimensions of the illness.

Rolland (1999) emphasizes the importance of recognizing the illness as a family

challenge, but also cautions against having the illness become a "member" of the family

in order to avoid using the illness as a triangulating factor within the relationships in the

family.

In this model, role shifts within the family are seen as a necessity. However, roles

that shift too dramatically or without consideration of the developmental capabilities or

needs of family members may place too much strain on family members.

Rolland's (1999) Family Systems-Illness model covers a wide range of factors

that may influence the experience of illness within the family. These factors provide a

broad range of elements that may be studied in future research in this area. What is

lacking from this model is more information on how the different elements interact. The

reciprocal relationship between these elements is not sufficiently addressed.

Armistead et al. (1995) present a pared down model of parental illness that

focuses on the possibility that parental illness may lead to an impaired ability to parent

the children in the family. Essentially, they speculate that parental depression resulting

from the illness may lead to increased conflict between the parental dyad. In this model,

the combination of the parental depression and a conflict-filled environment leads to

poorer child functioning.

Although Armistead et al. (1995) recognize the reciprocal factors at play in their

model, more research would need to be conducted on the specific elements of the model.

Preliminary research does suggests some links between parental illness and depression,

but not in all cases. Armistead et al. recognize the need for more research on the elements

of the model. In addition, many aspects of this model seem too simplistic. For example,

the model does not explain how a child's functioning could be impaired if the parental relationship is not in conflict or if there is no parental depression. It also does not address potential positive outcomes for the family, such as improved communication between family members or improved self-efficacy in children due to taking on increased responsibilities.

A much more complex model is presented by Lewis et al. (1993). This model focuses exclusively on the family's functioning in the initial period after a diagnosis of breast cancer, although it may be possible to apply the model in the case of other illnesses. The reason for the specificity of the model is that Lewis et al. tested their model through the application of several questionnaires to evaluate the different elements included their initial model. These elements are: the demands of the illness; the length of the diagnosis; socio-economic status; social support; adult psychological functioning; overall family coping; marital adjustment; parent-child relationship; the child's psychological and social functioning and overall family functioning. After the testing the initial model, it was revised to more closely match the data they gathered. Initially, the model they presented addressed overall family functioning. The revised model has two sections; the mother's functioning and her spouse's functioning. The differences between the mother's model and the father's model is the degree to which, according to the data gathered from the questionnaires, each element plays in overall functioning. Unfortunately, no model was revised to specifically reflect the children's functioning. Rather, children's functioning is included in the larger subset of the parent's functioning.

Lewis et al.'s (1993) model places the demands of the illness in a central role. Various factors, such as the length of the diagnosis, socio-economic status and social

support play a role in how the demands of the illness are experienced. The demands of

the illness, in turn, effect the psychological functioning of the adults, marital adjustment,

and the ability of the family to cope with the illness. The psychological functioning of the

adult is also influenced by the length of the illness and social support. Family coping is

additionally influenced by social support and the psychological functioning of the adults.

Marital adjustment has many other influences aside from the demands of the illness. It is

also influenced by the adult's psychological adjustment, length of diagnosis, socio-

economic status and social support. The parent child relationship is affected by the

adult's psychological functioning, overall family coping and marital adjustment. The

parent-child relationship play a role in the child's psychological functioning, as does

marital adjustment and overall family coping. Overall family functioning is influenced by

the adult's psychological functioning, overall family coping, the parent-child relationship,

the child's psychological adjustment and marital adjustment.

This model pays careful attention to the interplay between each element and

recognizes that a multitude of elements influences the overall whole. Lewis et al.'s

(1993) model could be a useful tool for looking at how many other illnesses may affect

the family, and could be useful as a tool to help assess whether different illnesses affect

the family in different ways.

A more recent model of parental illness and the family, specifically families with

adolescents, integrates a wide range of existing theories, including family systems theory

in childhood illness, general systems theory, human ecology as well as stress and coping

theory. This theory, proposed by Pederson and Revenson (2005), is called the Family

Ecology Framework. This model uses three levels to outline the various elements of

parental illness in families with adolescents. The first level is the nature of the parent's illness. Like Rolland's (1999) and Lewis et al.'s (1993) model, the severity of the parent's illness will have an impact on the overall functioning of the family. Pederson and Revenson's (2005) model also places an emphasis on the diagnostic category of the illness. On the opposite end of the model are the outcomes to the family as a whole and the well-being of the adolescent in the family. Positioned between the parent's illness and the outcomes for the family are mediators. Using research on the effects of parental illness, four mediators are suggested. The first mediator is the threat that the illness poses to the family. This threat can include both the loss of the parent as well as the loss of such things as economic status or the acquisition of social stigma. Another mediator is the addition of more daily hassles as a result of the parent's illness. Related to this mediator is the mediator of family role redistribution. For example, as the severity of the parent's illness increases, other family members may be expected to take on increased responsibilities around the home. If roles are redistributed fairly and in an age-appropriate way, the level of family functioning would be higher than if roles were reassigned without consideration to these factors. The final suggested mediator in the model is the youth stress response. The youth stress response is related to how stressful the adolescent perceives the situation to be as well as the emotions the adolescent feels and the coping behaviours he or she engages in.

As in other models (Lewis et al., 1993; Rolland, 1999), Pederson and Revenson's (2005) acknowledges the idea that a wide variety of factors can come into play when looking at how parental illness effects family members. Through addressing this concept,

it may allow future work in the area to look at the various elements in the family's

environment that may help or hinder positive adaptation to the parent's illness.

Another emerging perspective, although not a model per se, is that parental illness

may be looked at through the framework of parental illness as a traumatic event. Work by

Alderfer, Labay and Kazak, as well as Young, Mintzer, Seachord, Castandea, Mesrkhani

and Stuber (as cited in Houck et. al, 2006) looked at the presence of posttraumatic stress

in parents and siblings of ill children and found evidence of elevated levels. Using this

work as a starting point to look at children of ill parents, Houeck et. al (2006) researched

levels of posttraumatic stress and it's relation to familial communication. From this

research, the study found that posttraumatic stress symptoms did exist in children of ill

parents. Additionally, quality communication within the family seemed to be a buffer

between developing posttraumatic stress symptoms.

Research findings

As previously mentioned, research on the effects of having an ill parent is sparse

and at times contradictory. Few studies have emerged on the lived experience of having

an ill parent; most focus a set of behaviours that researchers hypothesize may be related

to the experience.

One of the primary effects researchers have looked for is the presence or absence

of what are called *externalizing* and *internalizing*. Externalizing behaviours are

comprised of those behaviours which can be easily observed. Examples would be

aggressive or reckless behaviour, decreasing grades and school performance, and acting

out. These are generally behaviours that impact negatively on the person and those in

their environment. By contrast, internalizing consists of feelings and emotions or

observable behaviours that are much more subtle. Examples of internalizing would be anxiety, depression, withdrawal or somatic complaints.

The research on internalizing and externalizing as related to parental illness is contradictory, and can depend on a wide variety of factors. Several studies have reported that there is no increase in internalizing behaviours, such as anxiety and depression (Houck, Rodrigue, & Lobato, 2006; Pakenham, Chiu, Bursnall, & Cannon, 2006). In direct contrast, many other studies have reported an increase in internalizing (Compas et al., 1994; Diareme et al., 2006; Visser et al., 2005). In line with some of the theories of parental illness (Lewis et al., 1993; Pederson & Revenson, 2005; Rolland, 1999), the amount of internalizing was found to be related to the severity of the parent's illness (Houck et al., 2006). The more severe the parent's illness, the greater the amount of internalizing happened in the children. Other research has not found this effect (Diareme et al., 2006). Perhaps more importantly, some research has demonstrated that the perception of severity of the parent's illness has even more impact on internalizing behaviours than the actual severity of the parent's illness (Compas et al., 1994). Concordant with that finding, adolescents seem to show greater levels of anxiety and depression when a parent is ill as compared to younger children (Compas et al., 1994). This may be due to adolescents greater ability to think about the parent's illness, as well as a greater understanding of the course the illness may take. Younger children may not understand the illness as well, and may not perceive the illness to be a great threat to their parent.

Some research has shown that the prevalence of internalizing behaviours is greater than externalizing behaviours (Diareme et al., 2006; Visser et al., 2005), and that

the overall functioning of the family is protective against externalizing behaviours (Visser et al., 2005). Some reports on the behaviour of children while their parent is ill seems to contraindicate that there would be a large amount of externalizing behaviours. Children have reported feeling the need to be especially well behaved during this time, to avoid placing additional strain on the family (Mukherjee, Sloper, & Lewin, 2002). Other children have reported strong feelings of responsibility within the family, as they take on more adult roles and responsibilities (Johnston, Martin, & Gumaer, 1992). There may also be a strong sense of worry and feeling responsible for the well-being of the ill parent (Pakenham et al., 2006; Romer et al., 2006). Considering the concern children may feel for their parents at this time, it seems more likely that children would not show acting out behaviours. One possibility for the finding that externalizing behaviours present in children with ill parents may be the existence of these behaviours prior to the parent becoming ill. The child may have used a certain set of behaviours to react to events in their life, and may continue to do so in the face of their parent's illness.

How to study parental illness

One of the difficulties in evaluating the research conducted on parental illness is that there is a wide range of possible areas to research. What do researchers look for when studying the impact of parental illness? Frequently, questionnaires and inventories are used to look at the impact and experience of people with parental illness. However, one has to question how much the methodology influences the findings of the research. For example, research frequently uses the *Child Behavior Checklist* and the *Youth Self-Report* when looking at parental illness (Compas et al., 1994; Diareme et al., 2006; Houck et al., 2006; Visser et al., 2005), which includes scales for internalizing and

externalizing. Perhaps the focus reported on internalizing and externalizing in the literature on parental illness reflects the instrument being used more than the experience of those with parental illness.

Houck et. al's (2006) research that links posttraumatic stress to parental illness also deserves a mention. These researchers suggest that looking for symptoms of posttraumatic stress, such as re-experiencing the event, avoidance and emotional numbing with things associated to the traumatic event, and increased arousal (*DSM-IV*, 1994) may be more useful to look for in research on parental illness than general internalizing or externalizing symptoms.

Measurement scales to evaluate areas more specifically related to parental illness have begun to be developed. One scale has been developed to look at the impact of chronic parental illness on adolescent and adult children of Parkinson's patients, called the *Parental Illness Impact Scale* (Schrag, Morley, Quinn, & Jahanshahi, 2004). The scale looks at areas of the children's life, such as social relationships outside the family, responsibility within the family, burdens of helping, communication and understanding within the family, the child's thoughts about their future as well as their parent and family's future as well as the reaction of their peers to their parent's illness. This scale seems to give a more well rounded impression of the child's life as opposed to looking solely on internalizing and externalizing.

Another scale has been developed to look at the impact of caregiving responsibilities in young people with an ill or disabled parent (Pakenham et al., 2006). Like the *Parental Illness Impact Scale* (Schrag et al., 2004), it looks at a wide variety of factors in the child's life. Included in this scale are questions related to stress and coping,

worry about parents, feelings of isolation, caregiving compulsion, and activity restriction as a result of their parent's illness.

The research tool used in the in this paper, that of heuristic arts-based research, offers yet another example of how to look at and learn about the effects of parental illness. This research tool is somewhat outside of the traditional means of inquiry, but offers yet another perspective in gathering knowledge. The methods used in this research are presented in the next chapter.

Methodology

Like the process of making that first mark on a blank sheet of paper, the leap into

a heuristic research process requires a certain amount of courage, a little bit of planning

on one hand and a little bit of faith on the other. I've often felt that the art I create has a

life of it's own and that it knows where it is supposed to go much more than my

conscious awareness and carefully planning of each piece ever could. I've found the

heuristic process to be very much the same. With both, so long as one is able to follow

along where the process takes them, feel comfortable not knowing where you are going

(and yet not feel too lost!), more often than not I believe one ends up where they were

truly supposed to go in the first place.

Heuristic research defined

In essence, heuristic research explores tacit knowledge, or knowledge that is not

in an individual's present conscious awareness. Although this knowledge is not in present

conscious awareness, it is assumed that the researcher does hold the knowledge they are

looking for, and need only be guided to it through a thoughtful and focused search. A

critical element of this type of research is that the researcher must have personal

experience with the topic under investigation. Other people with similar experiences can,

and often are, included as participants in the research process. However, the researcher's

experience is critical; without this personal experience, the researcher will have little to

tap into when searching within their internal knowledge.

Moustakas (1990) claims to have introduced the heuristic research framework into

the sphere of human science research methodologies in his 1961 research on loneliness.

He continued to expand and elaborate further upon the method (Douglas & Moustakas, 1985; Moustakas, 1990) over the years.

Like many other forms of qualitative inquiry, heuristic research looks to provide a rich understanding of the object of study. Inclusive in this rich understanding, is a focus on situational meaning, that is, the meaning of a certain experience for a person under a certain set of circumstances. This allows each heuristic study to be a very unique experience that, although the basic investigative structures remain the same, reflect and respect the individual(s) involved in the research.

Sela-Smith (2002) contends that the transformative nature of heuristic inquiry is an essential component of the methodology. She proposes that there are four areas in which knowledge can generally be gained: the interior "I" which is intentional and subjective; the interior "we" which is intersubjective and cultural; the exterior "you" which is behavioural and objective; and the exterior "them" which is interobjective and social. Heuristic research, she feels, should remain within the interior "I". Her major criticism of Moustakas' research is that he did not remain within the self-reflective state (interior "I"), and instead began to delve into looking at others (the exterior "you"), perhaps, she claims, as a result of his resistance to looking too closely at himself. The real strength of heuristic research, she further contends, is in breaking through one's personal resistance, which leads to real understanding and personal transformation.

Stages of Heuristic Research

The following section presents the six phases of heuristic research developed by Moustakas (1990). These stages as experienced in the present research will be described in detail later in this chapter.

The first stage presented by Moustakas (1990) is called *initial engagement*. The essential part of this stage is centered around finding the question that will guide the heuristic inquiry. Although this task may seem simple, finding a question may be a very taxing exercise. As previously mentioned, the researcher must have a personal connection to the question, as well as a strong internal push to further examine the topic. This stage cannot be forced, and an internal dialogue may be required in order to find the question. This stage represents the initial encounter and interface with the self. Like many of the stages of heuristic inquiry, intuition is an invaluable guide in this search.

Sela-Smith (2002) guides potential heuristic researchers to choose their questions especially carefully, as unclear questions may lead to unclear inquiries. Likewise, choosing topics that may be too personally painful may hinder the researcher's ability to fully explore the question, as the person's unconscious mind may lead them away from re-experiencing pain.

During the *immersion phase*, the second phase of Moustakas' (1990) model, the researcher attempts to focus both their conscious and unconscious mind on the question. During this phase, "...the researcher lives the question in waking, sleeping, and even dream states" (Moustakas, 1990, p. 28). Immersion in heuristic research is simply that— the researcher immerses every facet of their mind into the question, allowing all their thoughts, sensations, perceptions, and intuitions to follow wherever the question seems to be leading. Immersion is not so much an activity, but rather a state of being (Douglas & Moustakas, 1985). The initial part of this phase can be quite diffuse, with a wide expanse of directions where the question seems to be leading the researcher. As the researcher enters deeper into the phase, the focus of the self-search may become somewhat more

focused, reducing the sense of being lost which may have pervaded the initial immersion period. However, the feeling of being lost is essential, as it signifies that the researcher has relinquished conscious control over the direction of the inquiry, allowing intuition to take over the search.

Whereas the phase of immersion is an active state, the *incubation phase* is a relatively inactive phase. After the researcher submerges themself into the question, they emerge out of it into the incubation phase. At this point, the researcher is no longer involved in an active or intense exploration of the question. Although the intensity of the work has subsided, there is still something going on, but in a more unconscious way. The phase of incubation is not a forced stage, but one that both begins as a natural progression of events and ends as a natural progression of events.

The major movement in the fourth phase, called the *illumination phase*, proceeds from the Unconscious to the Conscious. The phase of illumination begins when, after the withdrawal from the intense focus on the question, something gained from the immersion phase breaks into conscious awareness. At this point, one could also say that the incubation phase has ended. Moustakas (1990) suggests that this breakthrough may be a new perception and understanding of the question or the discovery of new knowledge or meaning. Sela-Smith (2002) also suggests that this breakthrough may involve the integration of dissociated aspects of the self.

After new knowledge or understanding has broken into consciousness in the illumination phase, the researcher begins to examine this new awareness in depth. *Explication*, the fifth phase, is a very conscious phase. Similar to the immersion phase, the researcher uses the same faculties of sensory awareness, self-search, and self-

awareness to examine the new knowledge (Moustakas, 1990). However, dissimilar to the immersion phase, this self-search is not directed towards gathering new knowledge, but instead is focused on organizing or reorganizing the new knowledge gained in the previous phases into a more refined structure. The new knowledge is analyzed in the conscious mind, and additional information may be gathered in the service of better understanding the new knowledge. Any additional information the researcher gathers should help to reveal the nature of the new knowledge, rather than obscure the findings with irrelevant information focused on an effort to generate more new knowledge.

The final work of the heuristic researcher is the phase of *creative synthesis*. Once the researcher has searched for the question to guide their research, immersed themselves into the topic at hand, retreated from the intense search and had new meanings emerge, and has continued to learn about this new knowledge and developed a sense of mastery about it, they then find a form to contain and hold this process. The stage of creative synthesis is about shaping the entire heuristic experience into a form that sums up the experience of the researcher, and can share that experience with others. Often the creative synthesis takes the form of text, but other forms of expression, such as art, music, dance or theatre, are equally valid as a means of presenting and synthesizing the inquiry (Moustakas, 1990).

Rationale for using heuristic arts-based research for the present project

The reasons for using heuristic arts-based research in this project are twofold. The first, and most important, reason is that the methodology proposes to be good at finding what I was looking to find. Heuristic research is a systematic means of looking at a topic that the researcher has personally experienced. It also looks at the research topic in a

global way, and does not impose a rigid scope of focus. For example, research in parental illness that looks only at the effects of parental illness as measured by a pre-determined scale will only be able to study exactly what the scale measures. By using heuristic research, the possibilities of discoveries are endless.

The second reason is that I felt the methodology fit well within the framework of art therapy itself. The heuristic research process involves stages of discovery , understanding and redefining the self in relation to this new knowledge (Moustakas, 1990). In art therapy, the client goes through a similar process where the client, accompanied by the art therapist, seeks to explore and discover new knowledge about themselves through the focused creation of artwork. The new knowledge or understanding is used by the client to better adapt and cope with difficult areas of their life.

The field of art therapy, being relatively young even in comparison to the field of psychology, still searches to define itself as a profession and as a means of working with individuals and groups therapeutically. Perhaps reflecting this ambiguity, research in art therapy also seems to search for it's own boundaries. Some art therapy researchers call for a quantitative approach (Gantt, 1998), while others are strong proponents for more qualitative work (McNiff, 1998a). There are strong arguments for both sides, and hopefully out of the debate art therapy researchers will start to feel out the frame within which art therapy research can comfortably take place. Other fields, notably art education, are in a similar quest to define research in their fields, as well as searching to find the framework for evaluating new kinds of research (Piantanida, McMahon, & Garmon, 2003).

Some voices in art therapy have begun to hope that new research methods may emerge out of the field of art therapy itself (Junge & Linesch, 1993; McNiff, 1998a). I lean towards agreeing with this position, as I like the idea of using a research methodology that honors and mirrors the experience one is studying.

When viewed in this light, heuristic inquiry has definite parallels to the process of psychotherapy. O'Hara (1986) has written on this topic, comparing it to Rogers' client-centered therapy model, placing the therapist in the role of the research assistant who is charged with assisting and facilitating the primary researcher (the client) in their work through each stage of the heuristic inquiry. Moustakas (1990) also draws this parallel, comparing the initial engagement to the first encounter with the therapist; immersion is compared to the exploration of the self that enables both the therapist and client to form a picture of the person and their world; and the illumination phase is likened to burgeoning awareness in the client of the major structure and themes in their life, which they can then explore in greater depth, enabling them to become much more conscious in their daily actions. Clients in art therapy may move through similar phases, using art as a vehicle for exploration of the self and to help further illuminate the structures and themes in their life.

Ultimately, however, the choice of methodology comes down to how the researcher can best learn about what it is they wish to learn. The question for this research came out of my personal experience. After reviewing the literature on parental illness, I found an absence of material about the lived experience of parental illness. From this, came the idea to use the art-making process to explore my experience of parental illness. Although I could have used the art therapy process to explore this with others, I

felt it was important at this stage to first explore my own experience in order to situate

and define it. Higgins (1996) outlines the type of questions a researcher conducting a

heuristic inquiry would ask. These include: mapping one's experience, clarifying

thoughts and feelings, and exploring feelings and experiences through a creative medium.

Based on these questions, the framework of heuristic research seemed the best suited to

explore the topic of parental illness in a way that allowed me to honor and learn from my

own experience, while contributing a perspective and perhaps new understanding into the

pool of existing knowledge in this area.

My experience with the heuristic process

Over the years, I have received a lot of these phone calls informing me of bad

health-related news. I could say that my process of *initial engagement* began with a

phone call. This call wasn't the worst kind; no new heart attacks or strokes. It did relay

that there was a new stay in the hospital, but the doctors didn't quite know what was

wrong. Throughout a few weeks of suspended unknowing, stressful complicating factors

and finally a resolution, a question began to emerge.

It wasn't as though I was looking for a question for this project: quite the

opposite. I was desperately trying to focus on getting down to work on an entirely

different topic for my research paper. However, my mind just wasn't able to focus. While

I waited to hear news, I distracted myself by absentmindedly searching on the internet for

accounts of others with similar experiences. While I found lots on the experience of being

the parent of an ill child, I found little on the experience of being the child of an ill

parent. My next step was looking through the academic literature to explore the existing

research on the effect of having an ill parent. Several sources were found (and explored in

the literature review), but after reading these texts, I felt quite disconnected from the material. The empty spaces I found in this search created a longing to hear more about the *experience*. I felt there was a large gap in the research about having an ill parent. I believed that research on the experience of parental illness may be useful for anyone working therapeutically with a client coping with parental illness, in order to help ground the experience and gain a better understanding.

Although it may be more exciting to recount a story of a deep personal quest to find my heuristic research question, it truly arose out of my coping strategies while dealing with yet another bout of my parent's illness. However, once the idea caught me, I was hooked. Many questions still existed in my mind: is this a completely narcissistic endeavor? Is this really a valid form of research? Will this topic be too personally difficult to explore under these circumstances? How does this contribute to the field of art therapy? Many of these questions still exist in my mind, even after completing the research.

Despite Moustakas' (1990) suggestion that the heuristic researcher search for the question, in the present research, it was the question that found me. Regardless of how the question came to me, I had found something that held, "…an intense interest, a passionate concern that calls out to the researcher, one that holds important social meanings and personal, compelling implications" (Moustakas, 1990, p. 27). The guiding question was the following: what has been my experience of parental illness, and how can that be expressed and explored through the arts? Through the heuristic research process, I hoped to create a clearer understanding of the experience both for myself and

for anyone who was interested in learning one perspective of the experience of parental illness.

With my guiding question (and so many other nagging questions) in mind, I took a leap of faith and plunged into the process of heuristic research.

In this research, I have integrated the art-making process into an existing research methodology, specifically in the *immersion phase*. When speaking about arts-based research, McNiff (1998b) frames the art studio as a laboratory, where the arts-based researcher conducts their experiments in a similar manner to an empirical researcher. Although this concept requires one to expand their preconceptions of art-making and the empirical research process, it serves as a very useful analogy that allows the art-making process to be included into a greater variety of research methodologies.

On the subject of heuristic research, McNiff (1998b) also introduces the idea of the art object as a co-participant in the research process. Similar to the triangulating element of the art object in the therapeutic relationship, the art object in heuristic research may bring additional "viewpoints" into the internal search of the heuristic researcher. McNiff encourages the use of the interplay between the art object and the self. In her critique of Moustakas' (1990) method, Sela-Smith (2002) comments on how the inclusion of co-participants can be a distraction to the primary researcher. Her premise is that in formulating his method, Moustakas resisted full immersion, possibly due to a certain discomfort. In an effort to compensate for this state, he proposed a shift in focus from an internal frame of reference to an external frame of reference during his inquiry. I personally find McNiff's idea of the art-object-as-participant intriguing in this context.

When framed in this way, the art object can be seen as an external reference, but one that enhances rather than distracts from the self-search.

This idea mirrors how I approached the immersion phase. Art-making was used to enter into the dialogue with myself, an essential part of the immersion phase. At the beginning, ideas were allowed to flow freely and in an unfocused manner in order to encourage spontaneous images to come to my mind and through my hand to the paper while sketching ideas for the initial images. Control over the creative process and the research process was relaxed to encourage the emergence of ideas. Once the first clear image came to me, substantial time was spent working with the image and refining it into the art object. Various alternatives were sketched and tried on until an image was created that seemed to have the right fit. These sketches were then transformed into paintings. Even as the painting was being executed, some changes were made as I debated how to proceed with the image. This process continued with all the art objects that were created. The links between the objects were not imposed or evident at the beginning of the immersion phase. However, as the dialogue with the sequence of the images continued and sharpened, the images seemed to flow into each other with much more continuity and made greater sense. When a creative block occurred, I allowed myself to step back or stop and move onto something else. Quite unconsciously, in the end I found that the subsequent artwork I made following the block, in addition to creating new awareness in itself, also lead me back to the reasons behind the block for the previous image. This oscillation genuinely helped to expand my awareness and lead to greater insight on my experience with parental illness.

Sela-Smith's (2002) view of the ideal role of the co-participants in heuristic

research resonates well with McNiff's (1998) idea of the art object as co-participant. She

states:

> "Co-participants, if they are used in self-search, are valuable reflectors of possible areas of resistance that may be out of conscious awareness in the form of denial, projection or incomplete search. This sends the researcher back into the self to continue the self-search into deeper or more distinct tacit dimensions..." (p.78).

This debate with the image was quite similar to Moustakas' (1990) idea of

dialogue with the self in the immersion phase. My experience of art-making is very often

a dialogue between the media and myself, requiring an awareness of the abilities and

limitations of the media itself in order to collaborate together to create an art object.

However, my experience with immersion was not as clear-cut as Moustakas

(1990) suggests in his description of the phase. Perhaps because of the nature of the

creative process, a deviation from the method was necessary. For the purpose of clarity in

writing, I separate the description of my experience in the immersion phase from my

experience with the *incubation phase*. In reality the phase of immersion and incubation

were very enmeshed. Perhaps if I had created one image, this would not be the case.

Because multiple images were created, they became a sequential development of ideas

and a deepening of thought. As such, a full and separate creative cycle existed for each

art object. Gordon (1975) describes the creative process as containing four phases:

preparation, incubation, illumination, and verification. These phases are practically

identical to the process of heuristic research. If then, the creative process can apply to

each object, one must go through each stage to create an art object. In heuristic research,

this would cause an oscillation through the various phases of the research process. For

me, this was very much the case. When using the art making process during the immersion phase, it was not possible to remain entirely within the intuitive process. However, I don't feel that this was a drawback to my process; it was quite the opposite. As previously described, the cycles allowed me to deepen and enhance my exploration. As my focus tightened, I also felt an increase in excitement and engagement with the process. I believe this build up of energy going into the search provided my intuition with feedback that I was heading in the right direction, even if I wasn't always sure why.

As the immersion phase continued, I questioned when to officially stop. Like much of the immersion phase, the end of it was an intuitive process. As the art-making continued to deepen, I eventually came upon my "optimal" art making experience to express and explore my experience with parental illness. I simply knew that the phase would end when I finished the creative process of that object. Much like finding my question in the initial engagement phase, it was a moment of understanding that transcends any verbal description. Moustakas (1990) explains that the word "eureka" is closely related to the word "heuristic". The end of the immersion phase was a "eureka" or "aha" moment where an awareness came suddenly to my conscious mind.

Throughout the process of this research, I began to question the distinct identity of the *incubation phase*. As previously mentioned, during this research process the phase of incubation seemed to merge into and be a part of the immersion phase. Realistically, it was not possible for me to remain entirely within immersion for the entire period that I now frame as the immersion phase.

Moustakas (1990) describes incubation as an active retreat from immersion. I don't feel that consciously deciding to withdraw from immersion in order to force a phase

of incubation will serve any justice to the heuristic researcher. I believe incubation must be entered into naturally as a part of the ebb and flow of the process.

One argument I would make for delineating this phase is that it does serve as the bridge to illumination. In my experience, incubation can be a split-second moment. The role it plays, however is necessary because, as May (1975) states, "…insight comes at a moment of transition between work and relaxation." (p. 62). Perhaps I was just incredibly fortunate to have such a fluid flow of ideas in this research process, or perhaps the specificity of the art process requires such a continuity.

I would like to make the argument for the occurrence of a moment of reflection between the phases of illumination and explication. I found this moment of withdrawal from the research process much more necessary. As the illumination process occurred somewhat spontaneously, I found it important to step away from the process at that moment in order to allow the new knowledge from the illumination phase to take a firm hold in my conscious mind, as I knew that the phase of explication would require much more conscious effort. This secondary incubation phase allowed me to enter the explication phase with more clarity than if I had transitioned from illumination directly to explication.

Much like the phase of incubation, I experienced the *illumination phase* less as a distinct phase, and more as brief moments that interspersed the process of creative exploration. Sometimes these moments were a small flicker of relatively little importance, and some were larger moments with a greater impact on my previous perceptions and understanding of my experience with parental illness. In other words, it was not one clear-cut period of time with one major insight.

The process of illumination more closely resembled the model of the hermeneutic circle, or spiral, as presented by Linesch (1994). She states that the hermeneutic spiral is, "...a concept that reflects the unending dialectic reverberations of the process of understanding..." (p. 189). Upon entering the spiral, as one does when entering into heuristic research, the question leads to an initial response from the respondent. From that response, additional questions are created. Through responding to these secondary questions, the respondent is challenged to deepen and expand upon the initial response. By expanding and deepening the response, a greater understanding surrounding the initial question develops.

This heuristic spiral existed in my research, with each art object representing another round of questioning and answering. As the creative process for one object neared completion, it became a question for the following artwork to respond to. Although not every art object lead to illumination or insight, I believe there was some unconscious understanding that continued to develop until it eventually came to the fore.

For this reason, insight also came while looking at all the images together as a complete whole. In this way, I could more easily see patterns in the work and was able to note some unifying themes that echoed through the images. Through contemplating these themes and patterns, other insights came to me.

Essentially, one enters the illumination phase with the intention of shaking things up and looking at things within oneself that one had not been aware of before, probably for a reason. After new awareness comes, the relationship with the topic of exploration cannot be expected to be the same. Any new insight must destroy something else in order for it to exist (May, 1975). Thus, the illumination phase created some anxiety and fear

within me. However, I found that when the most important insights broke into consciousness, they were accompanied by a burst of energy and excitement. In psychoanalytic thought, it could be hypothesized that the energy that had been used to maintain the defense that held the thought out of the conscious mind was released and able to be directed into other areas (Mitchell & Black, 1995).

The insight that came from this phase seemed to exist in fragmented parts. Although they were built upon each other, I looked forward to the explication phase to help better organize and structure these thoughts.

Again, the *explication phase* had elements that were not completely distinct from the other phases of the process. One part of the explication phase can involve the gathering of additional information to better understand the insight gained through illumination. I question whether the creative process explored in the previous section could be considered as part of the explication phase. As previously described, the hermeneutic spiral (Linesch, 1994) used the responses gained from the initial question to further generate additional questions and deepen understanding. In my research process the artwork was used as building blocks to further enhance understanding of insight. The question that remained in my mind was the following: is this part of the explication process or is this still a part of the immersion phase?

What I felt was the true explication phase was perhaps a unique feature of using the art-making process to explore the question. Part of the beauty of the art-making process is that it is a non-verbal activity. Words are an unnecessary part of creating and presenting the images. Often, this can be used as an advantage, for example, if working with non-verbal clients or in an effort to tap into pre-conscious material. The challenge

can exist in trying to translate the language of the visual image into verbal or written language. The adage of "a picture says a thousand words," can definitely apply.

Although I do not believe a verbal explanation of an image is necessary for it to have a transformative effect, I do believe that translating the image into words can be of great use where metacognition is concerned. If one is open to finding healing through the creative process, the art may suffice. If one is looking to gain understanding of how this transformation has taken place, translating the images into words may be necessary.

Schaverian (1992) outlines five stages in the life of the picture. These phases are: identification, which refers to the time immediately after the image has been created; familiarization, when the artist is at the cusp of coming to understand the picture; acknowledgement, when the artist becomes consciously aware of the impact of the image; assimilation, where the insight from the image is integrated into the artists mental schema; the and disposal, where the life cycle of the image ends. It is in the assimilation stage when words become a valuable tool that aids in the transition of knowledge from unconscious awareness to conscious awareness. Once information is held in the conscious mind, a process of metacognition may take place. The fragmented feeling of my insight from the illumination phase reflected this lack of metacognition, as well as the incomplete flow of awareness from the unconscious mind to the conscious mind.

Therefore, part of my explication process involved creating a verbal translation to the images. Through creating a verbal framework for understanding, the insight was looked at through verbal processing, and my understanding of this insight was further enhanced through verbal activity such as reading on related topics.

Perhaps I chose this route because text is the traditional way of exploring and presenting this information (Norris, 1997). Using words in the explication process felt more organized, structured, and clear for me. It would be possible, I believe, to use the art-making process as the main component of the explication phase. If art was used during the explication phase, it would have to be clearly delineated from the immersion phase in order to avoid the confusion of what part is exploration of the question, and what is clarification of the response or insight into the question.

As a verbal structure emerged to order and structure my understanding of my research question, I began to transition into the next phase of the heuristic research process, that is, *creative synthesis*.

The typical form of the creative synthesis is a narrative text that expresses mastery of the material that has been gleaned throughout the heuristic research process (Moustakas, 1990). As such, this document is the creative synthesis for the research process I have followed.

However, there remains a question in my mind regarding the appropriateness of using text as a means to present this material, as the visual-artistic process had been such a large element in exploring the research question. As information is acquired, a form must be chosen to carry that information to others. Perhaps because textual information is so present in our society, we rarely think that we are making a choice when we present information as text. The choice of form is important and "…not just any form will do; the form must be integral to the work and arise from it." (Norris, 1997, p. 91). In other words, content and form need to merge together to present a cohesive message (McLuhan, 1964).

In that light, presenting this document as a creative synthesis of the research process does seem appropriate. The intention of this process is to explore my experience of parental illness as part of my education to become an art therapist. The form of the creative synthesis, in this case, also helps to differentiate the intention of the work from what would be presented if a similar search was conducted as part of a therapeutic endeavor. In an art therapy context the client may be asked, or may spontaneously choose to create a concluding image to summarize their experience. In this context, a research paper is presented to summarize my experience.

What has not been mentioned by authors of texts on heuristic research (Douglas & Moustakas, 1985; Moustakas, 1990; Sela-Smith, 2002) is that the phase of creative synthesis provides closure to the entire process of heuristic research. The heuristic research methodology is a challenging one to work with. Not only does it not comply with any sort of external time table I may have wanted to apply to it, it also required me to step deep within myself, learn, and transform from this experience and as well as being able to present this information in a comprehensive form. This can be a very taxing exercise! Thus, the creative synthesis phase provides a reflective distance with which I felt able to exit from the research process with a sense of completion.

Process and Findings

Since completing the artwork in what I had originally expected to be the *immersion* phase of this project, I look back with amazement at the synchronicity and cohesion between not only the images and artwork that was created, but also the symmetry between the process of the heuristic research process and the content of the images. Although the artwork was created in sequence, and only in that sequence does it truly make sense, there are numerous interconnections between the artworks that I will try to elaborate further. The process is presented using the time line of the beginning of the creation of each image, as I felt this would be the most logical way to structure the description of the process. However, the insights I gained from each picture did not necessarily accompany its creation. Some insights came to me much later in the process, but are presented together with the description of the image. Although this lends a somewhat disjointed structure for writing, it is an accurate reflection of the non-linear nature of this type of research.

The images

Just as my initial question came to me with ease, so did the initial image I wanted to create. This image, titled *Casting On* (Figure 1), depicts a fishing boat on the ocean that, instead of catching fish, has the fishing line hooked into an electrocardiogram reading of a heartbeat. The heartbeat in the electrocardiogram becomes the blood entering into and leaving the superior vena cava and the aortic arch of a heart. An electrocardiogram is the wave-like pattern that is produced when a person's heartbeat is being monitored electronically for diagnostic purposes within a medical setting.

I grew up in a geographic area that was traditionally connected to the sea; fishing was the main industry in the village and the presence of Cape Islander fishing boats was almost as common as the sight of a car. Many of my fondest childhood memories involve boating, and I grew up with a profound comfort with the ocean. I don't remember it occurring to me that the ocean could be a dangerous place, until I was confronted with a small incident during one of my family's boating trips. During that trip, our boat had struck a sandbar and my father had some difficulty dislodging the boat out of the sand. My father chose to stay with the boat until the tide rose, which would make the boat easier to dislodge, while the rest of my family walked on the sandbar to the adjacent island, which happened to face the village. The rest of my family walked around the island to the side facing the village and finally managed to be noticed by a person in the community, who came and picked us up in their boat. I remember waiting for hours after the sun went down for my father to come home. This was my first memory of ever being scared for my father's well-being.

I hadn't remembered this story or even noted the significance of it when the initial image came to mind. However, it does mark a significant departure point for engaging in my experience with parental illness, as this was my introduction to being concerned over my father's well-being. On the surface, the image appears to be about connecting into something. My personal associations to this image relate much more to the sense of worry and concern for my ill parent. Worry and hypervigilance surrounding an ill parent's health is also reported in the literature on parental illness (Aldridge & Becker, 1993; Mukherjee et al., 2002; Pakenham et al., 2006). In my experience, during the acute periods of illness, worry about my parent's health is consistently in the back of my mind

and sometimes the time is spent existing from update-to-update. During more stable

times, there is a hyper-alertness for signs that something may be amiss. The expectation

is that something will go wrong, it's just a matter of when; the sooner one can become

aware of the problem, the less the overall damage there may be.

In retrospect, it is also a significant reflection on the heuristic research process. I

liken this image to the *initial engagement* phase of heuristic research, as well as the initial

part of the *immersion* phase. It is similar to the *initial engagement* phase in that the image

reflects my initial engagement with the experience of parental illness. Although my

memory of being worried for my father for the first time does not reflect parental illness

per se, it does bring me to the emotional state experienced in that moment, one that has

been repeated many times over throughout the course of living with an ill parent.

In relation to the *immersion* phase, the image itself visually depicts and guides the

viewer to look beneath the surface of the water. The heuristic researcher must also begin

to look beneath the surface into the unconscious mind as they begin the task of

immersion. Looking at the image, the fisher's line is hooked into the heartbeat. The

regular beating heart sustains life and circulates the life-giving oxygenated blood

throughout the body. Aside from the obvious reference to the fact that the source of many

of my father's physical ills is the heart, this also represents my quest as a heuristic

researcher to tap into the question and travel throughout the body of the topic to learn

what I can about it.

It has also been suggested that fishing images may be a symbolic representation

of transformation (Brown, 1993). In her review of images created by clients in an

inpatient psychiatric unit, Brown (1993) found that fishing images often were symbolic

communication for empowerment and the search to obtain something in life, especially after being in a depressed or disempowered state. As Sela-Smith (2002) proposes, the heuristic research process should be a transformative process. This image, *Casting On*, seems to reflect the beginning of this transformative process.

The second image created in this process is entitled, *Understand* (Figure 2). This image depicts a child sitting at a desk amongst a stack of books, which look much too large and thick to be appropriate for the age of the child. Similar to *Casting On* (Figure 1), this image seems to reflect both my experience with parental illness as well as my stage of the heuristic research.

Perhaps in part due to my personality, I rarely felt that I had enough information about my parent's illness. I wanted to know, and still want to know, the exact and precise mechanisms of what is going on, what complications may arise, what the prognosis is and what sort of needs will arise in the future. For me, knowing as much information as possible is calming; the reality of whatever may be happening is often much less frightening than whatever my imagination comes up with in the absence of that knowledge. Without the knowledge of what is going on, my imagination can sometimes kick into overdrive. Because of this need to know, my understanding of things like the human circulatory system and anatomy, or terms like *myocardial infarction* tended to be a bit precocious. My initial understanding that my father had a "hard attack", soon gave way to a more complex awareness of the situation.

In this image, I also tried to express the initial feeling of being overwhelmed by a situation that exceeded my ability to fully understand it. In the beginning, don't remember being fully aware of the seriousness of the situation being faced by my family.

Things were simply different, and I felt resentful about the reduced attention being given

to me by my parents. As I began to understand the situation better, more emotions began

to flood over me. I felt guilty at being angry with my parents, scared for my father's

health and survival, scared for my mother's emotional wellbeing, and worried about what

the future would bring. Perhaps more importantly, through the heuristic process and

meditation on this image, I began to understand that many illusions I held about how the

world worked was irrevocably changed. I had to adjust very quickly to the knowledge

that my parents were not indestructible and may not always be there, and that there were

things out there that nobody, not even my parents, had control over. The world seemed to

be a much less safe with the knowledge that anything could really happen at any time.

Children that have experienced parental illness have been reported to show

hypervigilance about their parent's health (Aldridge & Becker, 1993). For me, because of

the disillusionment of the idea of safety and security, this hypervigilance extended to a

general attitude toward life. Because of this, I would support the view that experiencing

illness in a close family member can be conceptualized as traumatic (Houck et al., 2006).

In the series of image-making during this process, this image continues the trend

of mirroring my heuristic process. The second part of the heuristic process involves

immersing yourself in the research question (Moustakas, 1990). Part of my immersion

process involved reading everything I could on the topic of what it was like to have an ill

parent. At times, this did feel like an overwhelming task. In a sense, this stage of the

research process reflected my real-life immersion into the experience of parental illness

where I was beginning to learn what that experience was about. The image, *Understand*

(Figure 2), reflect both the beginning of my immersion into the experience of parental

illness and the beginning of my heuristic process, both of which involved feeling

overwhelmed at the beginning of a learning process.

The third image I created is entitled, *Copy* (Figure 3). This image is almost a

replication of a photograph I saw posted somewhere on the internet. Something about the

image struck me and compelled me to recreate it in paint. The major change I made was

to add a small green bud coming out of the branch, to indicate that the image is one of a

moment in early spring when things that appear dead become alive once again. The

dimensions of illness presented by Rolland (1999), are reflected in this image. Rolland's

dimensions include *onset, course, outcome, incapacitation* and *level of uncertainty.* I

believe this way of describing illness can give great insight into the experience of living

with the illness itself and the psychological adaptations that must be made in order to

cope with the experience. Although the image, *Copy* (Figure 3) does not perfectly reflect

the physiological onset of a heart attack, which would be considered a sudden onset, it

does reflect the slow but constant process in which I began to understand the illness and

the impact it had on my life. Like the changing seasons, my understanding of the impact

of the illness in my life unfolded in a progressive and shifting way. However, because the

course of the illness was episodic things were constantly changing. Just as the seasons in

Canada never remain static, neither did the health of my father. Once one season arrives,

nature is beginning the process of changing into the next one. For me, when co-existing

and coping with an episodic illness, static moments do not exist. Throughout the years,

once one thing stabilizes, I felt I must begin the adaptation to the next phase, whatever

that may be. However, the one pattern that I have become adjusted to is that there will be

a recovery after the latest bout with ill health. Throughout my father's many health

crisis', he has always rebounded. That is not to say that the fear of death does not exist, but that my expectations for recovery, based on past experiences, are quite high. Thus, in *Copy* (Figure 3), new growth arises even when the tree looks dead.

The name, *Copy*, comes out of where the image lead me in the heuristic process. Until this point I had not looked that deeply at my own experience, and was content reading about the experiences of others in the literature. This image, based on an image that was not my own, made me reflect on where I was going with the process. Like the new bud coming out of the dead branch, I needed to created new growth within myself. This new growth may emerge out of the work of others, but I needed to proceed in a different direction. As Sela-Smith (2002) describes, the shift needed to be from the *exterior-you* quadrant of knowledge to the *interior-I* or *Experiencing "I"*. Through searching in this quadrant, the *Experiencing "I"*, one begins on the course of heuristic study that ends in self-transformation. This image, *Copy* (Figure 3) guided and more closely focused my heuristic inquiry into the *"Experiencing "I"*.

The image that emerged following *Copy* (Figure 3), was a self-portrait entitled *Facing Myself* (Figure 4). While beginning the image, I really had no idea why I felt the need to paint a self-portrait. Upon reflection of the process, I believe this was the beginning of my entry into what Sela-Smith (2002) calls the *Experiencing "I"*. The creation of this image signaled looking past looking at the experiences of others and the recollection of personal events into the emotional level of my experience of parental illness. It was this image, more than any others, that was the most difficult to work on and became the most impossible image to complete. After beginning the image, I became stuck and began avoiding anything to do with my heuristic process. In fact, the image

was not completed until the very end of the heuristic process, well after all the other

artwork that followed it had been completed. This was an image that heralded enormous

resistance within myself.

This image was also what I consider to be the first real *embodied* image, as

described by Schaverian (1992). The embodied image is one in which the artist deeply

engages with image, drawing upon conscious and unconscious material to form the

content of the picture. The image holds this mental content, thus embodying the picture

and presenting this information to its creator. In the face of this information, the image

can serve a transformative function as it displays what was previously kept away from

conscious awareness.

Within the psychotherapeutic process, resistance and the analysis of resistance

can play an important role in self-understanding. Resistance can be considered a part of

the process of psychotherapy, and, as such, is more important than the content (Weiner,

1998). It can indicate many things, including the activation of a defense mechanism being

used by the individual to avoid overwhelming anxiety.

The resistance in this image seemed centered around completing the arms and

hands of the figure. Regardless of how much I cognitively wanted to just finish the

image, emotionally I found it very difficult. No matter how hard I tried to figure out why

I was behaving this way, I couldn't. Eventually I chose to continue on with another

image, *Interference* (Figure 5), leaving *Facing Myself* (Figure 4) for the time being.

After completing four more pieces of artwork, and after much introspection, I

returned to this painting and was able to complete the hands and arms. The process of

creating the other artworks allowed me to be able to finish this image.

The image in art therapy is often positioned as a means of bypassing the resistance the may occur in a more verbal form of psychotherapy (Schaverien, 1992). The image may be viewed as a way to ease the client into the acceptance of the verbal interpretation of it's meaning. Resistance to the creation of the image itself seems less common. Perhaps my resistance to the image itself came from my familiarity with the image making process and my belief in the use of the image as voice.

I believe my resistance to completing this image was a fear of plunging back into the experience of being unable to cope with the overwhelming feelings of fear, grief and sadness, feelings that I had long since repressed as a means of coping with the day to day tasks of life. While creating this image, I was tapping into those feelings but was unable, or unsure of my ability to safely hold those feelings without feeling overwhelming anxiety. When feeling are repressed, the passage of time does little to change their intensity (Freud, 1933).

As reported in research on the experience of children with an ill parent, children have expressed feeling the need to be very well behaved while their parent was ill, and have avoided communicating their distress to their parents in order to avoid upsetting them further (Mukherjee et al., 2002). I believe a lot of my feelings of fear, grief and sadness were repressed in order to create the façade of being able to cope with the circumstances without difficulty, which, I felt would ease the burden on my parents. However, this pattern of repressing these feelings continued into my adult life. Through the process of creating the series of images in this heuristic study, I gradually began to feel more capable of handling those feelings. I believe this process enabled me to return to *Facing Myself* (Figure 4) to complete the image.

Interference (Figure 5) followed the beginning of *Facing Myself* (Figure 4). While creating this image, it did not hold the same intensity or power as a lot of the other images. The painting depicts a stereotyped heart in the middle of the canvas, surrounded by white on the left side that rapidly gradates into black along the centre line. Surrounding the heart are handprints in interference (a medium that appears to change in colour depending on the background). Unlike the sense of embodiment *Facing Myself* (Figure 4) held, *Interference* (Figure 5) felt more like a diagrammatic image (Schaverian, 1992). The diagrammatic image presents information that is already in conscious awareness, such as a story or an illustration of a feeling. As the content of the image is already in the conscious awareness of it's creator, little or no transformative effect can be gained from the image.

As my reaction to *Facing Myself* (Figure 4) had been so strong and my engagement quite intense, this new image felt like a disengagement with the heuristic process. My strong feelings had been frightening, and my resistance to them had been quite strong as well. Schaverian (1992) relates the embodiment of the image, or the lack thereof, to the intensity of the engagement within the process. Perhaps in order to protect myself from the intensity of the previous image, I created the diagrammatic image to distance myself from those feelings.

The process of creating this image could also be viewed as a regressive act, serving as a defense against the emerging repressed feelings. This image has a much more tactile quality; the heart is built up using smeared modeling paste and the handprints are reminiscent of the childhood act of finger-painting.

My process continued in the next image, *Brave New World* (Figure 6). This piece used the image of the RCA dog listening to a Victrola in order to draw upon the cultural meaning of the image—that is, listening attentively to "the talking machine". The background of the image depicts the words and phrases being repeated; in this case, phrases that informed me that a new health crisis had arisen, or information on how things were progressing. In this image, I tried to convey the emotional distancing that evolved within me from hearing these phrases repeatedly over the years. The first time these phrases are spoken the emotional impact is much greater than after hearing them the fifteenth time. The title of the image comes from a section of the book, *Brave New World* (Huxley, 1970), where children are forced to listen to the same statements repeatedly, so much so that their world views are formed by these repeated words.

Like *Interference* (Figure 5), this image also felt as though it fell along the diagrammatic continuum. The image itself was pre-planned and did not hold any new information that was not already in my conscious awareness. Unlike *Facing Myself* (Figure 4), the intention of this image was more to explain a feeling or a state of mind, rather than exploring and uncovering new information.

At this point I questioned the benefit of continuing with the heuristic process, as the only things I had "discovered" were things I already knew. What was the point of continuing, if I could simply make a list of my experiences and be done with it?

The one part of the image that did reverberate within me was the repetitive aspect. There was something in the repetition that called to me to take a closer look at what was going on. Repetitive action also came to be an important element of the following artwork, which used knitting as the structure on which the content was placed. By

allowing this question to float in my mind through the incubation phase, I was able to

better understand what this image communicated to me.

Although on the surface, the image appeared to me to be a more diagrammatical

image, it transformed itself into an embodied image through looking more at the structure

of the image, and the images that preceded it, than the content. When viewed together

with *Facing Myself* (Figure 4) and *Interference* (Figure 5), *Brave New World* (Figure 6)

pointed out a pattern of how I related to the experience of parental illness. These images

mapped out a pattern of intense emotional engagement, followed by a reactive and

regressive disengagement. I began to recognize this as both a mirror of the actual

circumstances of coping with my parent's chronic, episodic and progressive illness as

well as being a reflection on the strategy I had adapted to cope with any major stress in

my life.

As Rolland (1999) described, a chronic, episodic, progressive illness is one in

which the illness persists over a long period of time (chronic), alternates between being in

an active state and an inactive state (episodic), and gets worse over time (progressive).

My reaction to stress (such as my father's illness) has existed for a long time and can

alternate between being overwhelmed by what I feel and then completely numb to the

circumstances. This sense of "numbness" seemed to become progressively worse over

time as I began to repress any intense feeling. This pattern could be seen as an example of

the *compulsion to repeat*, where, even though not in the best interests of the individual,

the person recreates or replays out repressed experiences (Freud, 1933). The magnetic

draw I felt toward the repetitive aspect of the image served as an arrow pointing towards

this discovery.

This concept of repetitive action followed through into the subsequent artwork, called simply *the knitting project* (Figure 7). This piece is a very long, scarf-like, knitted representation of an electrocardiogram. At the beginning of the "scarf", the heartbeat appears somewhat erratic, which would indicate cardiac distress. Throughout the rest of the "scarf" the heartbeat normalizes and continues to beat normally.

This artwork actually began much further in advance of the production of this piece. It began when I felt an intense need to knit my next piece; however, as I did not know the first thing about knitting I needed to learn. My initial efforts were incredibly frustrating, and I spent an entire day just learning how to *cast on*, or place the initial loops on the first knitting needle. I reflected that these clumsy, frustrating and incredibly difficult first attempts perhaps mirrored the initial leap into the experience of suddenly having an ill parent. It was an entirely new experience that I could not figure out how to adapt to. I also found it interesting that the beginning of any knitting project involved the word *casting*, which was a term used in fishing while putting your line into the water— especially since the first image I created involved fishing, and my first experience of worry about my father's well-being centered around this activity as well. The name of the image, *Casting On* (Figure 1) came from this reflection.

Gradually I became more adept at knitting, increasing the complexity of what I was able to knit. I felt confident in beginning *the knitting project* (Figure 7), and undertook the project in earnest. Knitting is a slow, repetitive activity that seems to be an apt metaphor for the gradual passage of time. As skill is acquired, the process becomes more efficient, but still does not change the essential structure of the activity— transforming one strand of substance into a different form through the skilled hands of

the knitter. The materials remain essentially the same, but their outward form and appearance is shifted.

In the initial section of *the knitting project* (Figure 7) the line that represents the heartbeat is quite erratic. My initial intention was to create a consistent pattern throughout the length of the knitting, but my inexperience with the technique lead me down a different path. I struggled to regain control over the direction of the line of the heartbeat and veer it back on course. I also struggled with whether or not to rip out these "mistakes" and re-knit the stitches. In the end, I decided to let whatever mistakes I made remain in the overall work. In the context of treating the artwork like a record of a moment in time, I felt it would dishonour that moment by treating a "mistake" as something less than what I considered to be not a mistake.

By allowing these mistakes to just be what they were without making any judgment on them, it allowed me to become more accepting within the overall process. As with heuristic research, it became important to relax control over the situation in order to allow myself to welcome what was being offered to me (Sela-Smith, 2002). By doing this, in retrospect it reminds me of the erratic heartbeat of a heart attack. The confusion and anxiety within me about how to handle this problem also reminded me of my environment after my father's first heart attack (although in an extremely milder form).

As I gradually learned how to direct the red heartbeat line within the knitting, I began to become much more relaxed about the task at hand. My confidence grew in my ability to knit and my actions became much more habitual and smooth. The heartbeat represented in the knitting also became regulated and smooth. As this happened, knitting became a meditative activity, allowing me to reflect on the entire process as I finished the

piece. Like the heuristic phase of *incubation*, my internal search was winding down and entering into a reflective phase. The process of knitting was excellent for this type of subliminal though process, because my conscious mind was occupied on a not-too-demanding task, which allowed my unconscious mind to work in the background on the puzzles my heuristic research had presented to me.

I began to understand the parallel work going on within myself and within *the knitting project* (Figure 7). As I began to feel more capable as a knitter and as the heartbeat in the image stabilized, I also began to feel more capable of handling both the emotions surrounding my father's illness and of any situation that may arise because of it. I recognized my feelings of being overwhelmed, confused, frustrated and angry as belonging to myself as a child, when I lacked the skills and experience to effectively cope with them and the experience. As an adult, I could now handle those feelings and move beyond them into a healthier adaptation to the situation. I was now able to return to *Facing Myself* (Figure 4) and finish the painting.

While creating *the knitting project* (Figure 7), at random intervals I would film myself while knitting. After completing all the artwork in this research, I watched the entire tape of myself knitting over the several months it took to complete *the knitting project* (Figure 7). The process was painstakingly slow to watch, but I noticed gradual shifts in the field of vision of the frame as time progressed. At the beginning of the tape, the frame focuses closely on my hands and that is all that can be seen in the field of vision. Gradually, the frame widens out showing more and more of myself knitting. By the end, my entire self was within the field of vision. Like so much of this process, this effect was completely unintentional and was quite surprising to discover. Sela-Smith

(2002) suggests that the phase of *illumination* may allow the researcher to reintegrate aspects of the self that had been previously dissociated. In my experience, all the small and large insights I gained through the process of this research had changed my understanding of the experience of parental illness. Although the impetus to understand was present at the beginning of this research, there was also a hesitation in exploring a topic I found personally difficult to address. Through the heuristic process I was able to integrate those aspects of the experience that I found most difficult, arriving at a more global understanding of the experience after having encountered and confronting my major bias towards the material. Perhaps, then, the real phase of *creative synthesis* within the heuristic process is a synthesis of the different parts of the self.

Discussion

Summary

This research used what I call a heuristic arts-based approach to explore my

experience of parental illness. Through using the phases of heuristic research, as

described by Moustakas (1990), as a guide for this self-search, I integrated the use of art-

making into the heuristic process and began the exploration of my guiding question.

Through this exploration, I looked at the theories and research on parental illness

in order to provide myself with a starting point for exploration as well as a means of

comparison with my own experience. Using heuristic research, I found that the areas I

found most salient were not addressed in the literature.

Insights, both large and small were gleaned from the process that enabled me to

better understand my experience of parental illness. Although, at this point, I may not

understand all the mechanisms behind why I feel or experienced things the way I did, I

can now see my experience with clearer eyes and a more open mind. For me, the

experience of parental illness had been one of disallowed stress and anxiety that I

repressed in order to make day-to-day living more bearable. This exploration has allowed

me to transform my relationship towards parental illness into a much healthier and

adaptive one.

Overview of the process

Although the main focus of the research addressed my experience with parental

illness, an interesting subsidiary line of inquiry emerged out of the process itself. That

line of inquiry looked at the heuristic process itself and how it can blend together with the

art-making process. Based on this research, the use of art-making in the heuristic process

was immensely valuable, both as a means of looking at parental illness and as a guide through the heuristic process itself.

Like any other research tool, such as a questionnaire or inventory, art helped me to explore and discover my research question. Unlike a questionnaire, the art-making was much more flexible and allowed me to determine where the focus of the research should be. A major advantage of this type of research is that it allows the researcher to be lead to the most important features of the topic of study, instead of framing the research to look for a specific feature's presence or absence. The focus of parental illness research on internalizing and externalizing symptoms is an example (Compas et al., 1994; Diareme et al., 2006; Houck et al., 2006; Visser et al., 2005). Research using a tool that searches within a very specific framework may miss important elements due to the limitation of that tool. In exploratory areas of study, such as parental illness, an open framework is important in order to find new areas to then be studied in depth.

Through reflecting on both the content of the work as it related to parental illness and as a part of the heuristic process, the artwork provided an excellent framework for the search. The stages I encountered were not as clear-cut as Moustakas (1990) defined them, but the artwork kept me from straying to far from the essence of the approach. Sela-Smith's (2002) discussion of the heuristic process was immensely valuable, as her approach to heuristic research leant credibility to my finding that the heuristic process does not follow in a perfectly linear fashion; the phases can overlap and often proceed in a spiral like manner with one insight or mini-heuristic process leading to another insight and mini-heuristic process. In this manner, Linesch's (1994) description of the hermeneutic circle is also very applicable to this type of work.

Comparison with the literature on parental illness

The Family Systems-Illness model (Rolland, 1999) presents a multi-dimensional approach to looking at the experience of illness within the family. Similar to how it creates a framework for understanding the type of illness a person is experiencing, it also creates a framework for understanding and contextualizing the lived experience of the family coping with illness.

Although the findings from this heuristic study do not contribute to the evolution of this model, I would suggest that they do support or work in conjunction with the model. Rolland (1999) presents three variables that influence the experience: the elements of the illness itself, the stage within the life cycle of the family, and the family culture. This heuristic research did not specifically address those factors, but the model could easily be used to expand upon the intuitive knowledge gleaned within this process, as well as help to hypothesize on the influencing factors of some of the areas I found most difficult within my experience of parental illness.

For example, I would strongly agree that the dimensions of illness play a large role in the family experience of the illness. The clearest example of this is presented in the thought process that followed the image *Copy* (Figure 3). This painting offered a pictorial representation of my experience with the dimensions of my father's illness. As previously mentioned, it was not intended to be this type of representation but became a focus point for an introspective look at the qualities of the illness.

It is also clear that the family's stage within its life cycle plays an influential role within the experience. The image, *Understand* (Figure 2) could reflect the developmental inappropriateness within the family life-cycle for such an event to occur. Serious illness

was introduced within my family at a time when the major focus is usually child-rearing. This task was disrupted because of the illness, and during times of acute illness significant energy within the family was redirected towards adjusting to the illness. This is not to say that the children in the family were neglected, but the workload of all family members did increase in order to adapt. Aside from my own feelings of being resentful at the decreased attention and feeling overwhelmed by the situation, the family structure was also overwhelmed at that moment in time.

In this sense, Lewis et. al.'s (1993) model, would also be supported. This model looks at family coping after the initial diagnosis of illness, specifically breast cancer. It places the demands of the illness as a central element. Other elements, such as the ability of the family to cope with the illness and the psychological functioning of individual family members are constellated around this central element.

Rolland's (1999) third variable, the family culture, may also be applicable to my adaptation to parental illness. Rolland stresses the importance of open-age appropriate communication within the family. Communication within the family has also been tapped as a potentially important variable by other research as a means of increasing adaptation to parental illness (Houck et al., 2006). In my early experience, I was shielded from a lot of information as my parents felt this was the best way to protect me. This communication pattern was part of the family culture and practiced because it was what my family felt was best. Perhaps because this information was not open for discussion within the family, I repressed my feelings in order to fit in with the family culture.

Research has reported that children experiencing parental illness feel the need to be very well behaved (Mukherjee et al., 2002). One could argue that this is what I was

doing when I repressed my feelings of fear and helplessness—removing them from the family dynamic in order to avoid placing additional strain into the already overstrained situation. Future research to look at the communication style within families and the degree to which children feel the need to be well-behaved may be worth investigating.

Without exception, the feelings that arose during this heuristic study, such as anxiety, could be classified as internalizing. My experiences would support the research that demonstrates an increase in internalizing behaviours, although not at clinically significant levels, within those individuals who have experienced parental illness (Compas et al., 1994; Diareme et al., 2006; Visser et al., 2005). In my experience and in this research, the dynamic of the anxiety became clearer. As described by Freud (1933), the emotional content of repressed feelings can be transformed into an equal quantity of anxiety, called neurotic anxiety. In addition to the real anxiety created by the situation, I had additionally burdened myself with an ever-present neurotic anxiety as I attempted to avoid recognizing my feelings, fearing I would not be able to survive them.

Trusting the process

Although not one of the original goals of this project, the process of using artwork to heuristically study my experience of parental illness increased both my respect for and understanding of the artistic process as a transformative agent. Though this process, I allowed myself to enter into the unknown, become lost, and emerged out of that feeling of being lost with a greater understanding of myself. By truly engaging with the process and trusting in it, real change can happen. The art-making throughout this research served as an incredible container for my experience as well as a mirror onto aspects of myself which I had previously been unwilling to accept. The presence of a true embodied image,

as described by Schaverian (1992) had an enormous impact on the direction of the exploration.

From this use of art as a means to explore experience, I have come to believe that the process of creating artwork is much more important than the content of the work itself. Within an art therapy context, this idea is important as exploring the experience of creating artwork in a therapy session can be equally as important as exploring the content of the image itself.

In future work with clients, this personal experience and reaffirmation of the healing abilities of the creative process will be invaluable. Through carefully looking at the process as well as personally experiencing what art has to offer it is my hope that the sincerity of my belief in the process will be conveyed to the client, encouraging their hope and belief as well.

Conclusion

As an understudied area, the realm of parental illness deserves greater attention, especially within the field of art therapy. The art-making process has much to contribute towards the understanding of the experiences of those with an ill parent, as well as contributing towards the more adaptive coping with those circumstances.

Models of parental illness, specifically the Family Systems-Illness model (Rolland, 1999) help to lay a framework for the exploration of the experiences of those with parental illness. Perhaps when working therapeutically with those experiencing parental illness, this model could be used as a beginning map of experience it order to help both the therapist and the client lay the groundwork for deeper exploration.

Based on this heuristic exploration, it may be worthwhile for clinicians working in this area to be aware of the possibility that those experiencing parental illness, especially children, may not be forthcoming with the difficulties they are experiencing in coping with the circumstances. Being aware of areas of avoidance or resistance may be helpful in drawing out repressed or avoided emotional reactions. Supporting the individual to become aware of their own strengths, or perhaps teaching new coping strategies, may encourage the person to face their feelings, leading to a more adaptive response to the situation. As highlighted by Houck et. al (2006), communication within the family is an important element in positive adaptation to parental illness. Active, age appropriate discussion within the family should be encouraged.

This research has successfully responded to my research question, which sought to explore my experience with parental illness and how that experience can be explored and understood through a heuristic arts-based methodology. The heuristic arts-based methodology used in the present research is an extremely valuable method for this type of questioning. As a result of this process, I was able to develop a deeper understanding of the experience and be transformed by this increased awareness and knowledge.

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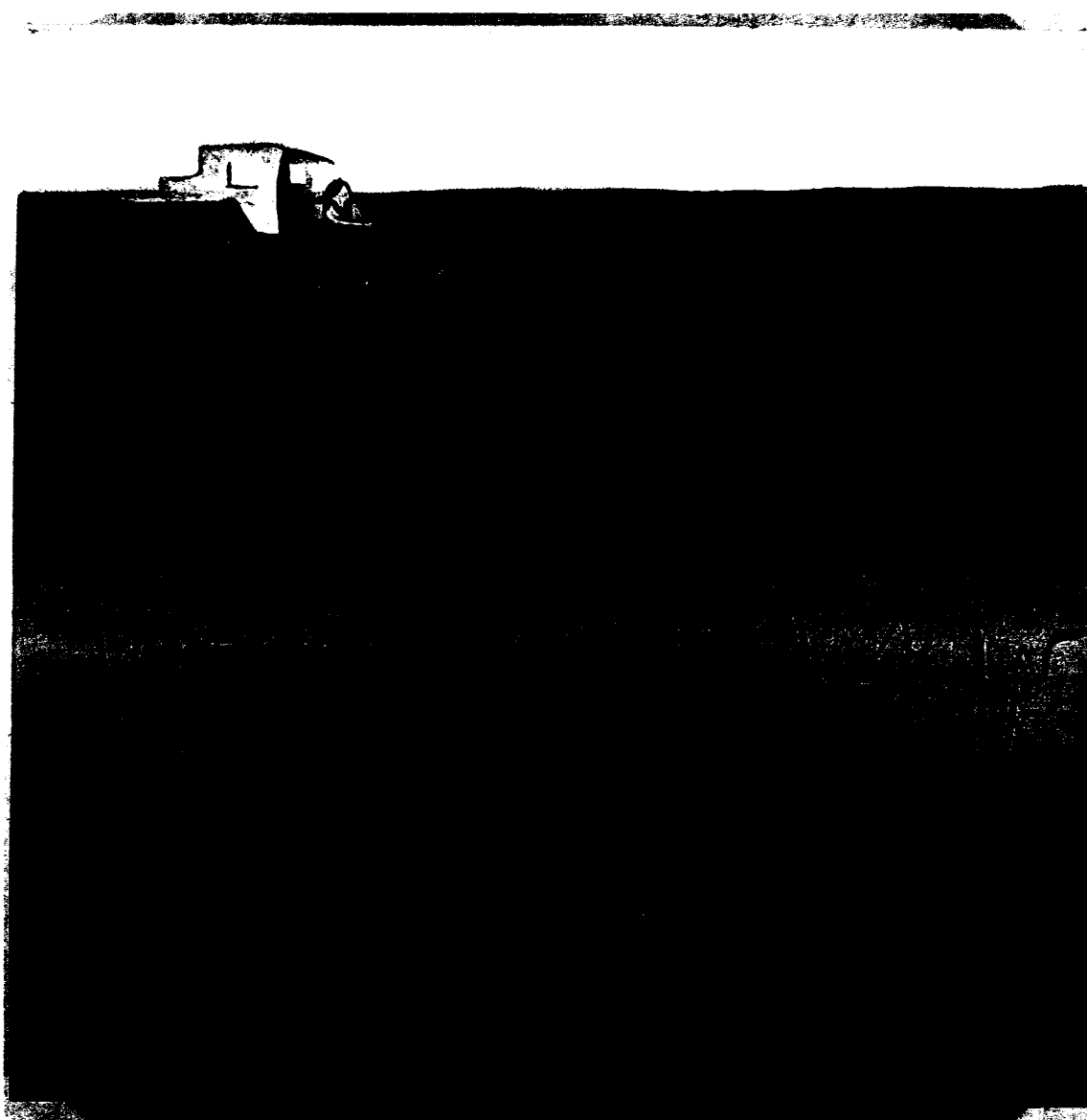
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APPENDICES

Figures

Figure 1. Casting On, Acrylic and Gel Medium on Canvas, 16"x16", 2006

Figure 2. Understand, Pencil and Digital Media, 2006

Figure 3. Copy, Acrylic and Interference on Canvas, 18"x24", 2006

Figure 4. Facing Myself, Acrylic and Charcoal on Wood, 23"x30", 2006

Figure 5. Interference, 2006. Acrylic, Modeling Paste and Interference on Canvas, 30"x 30".
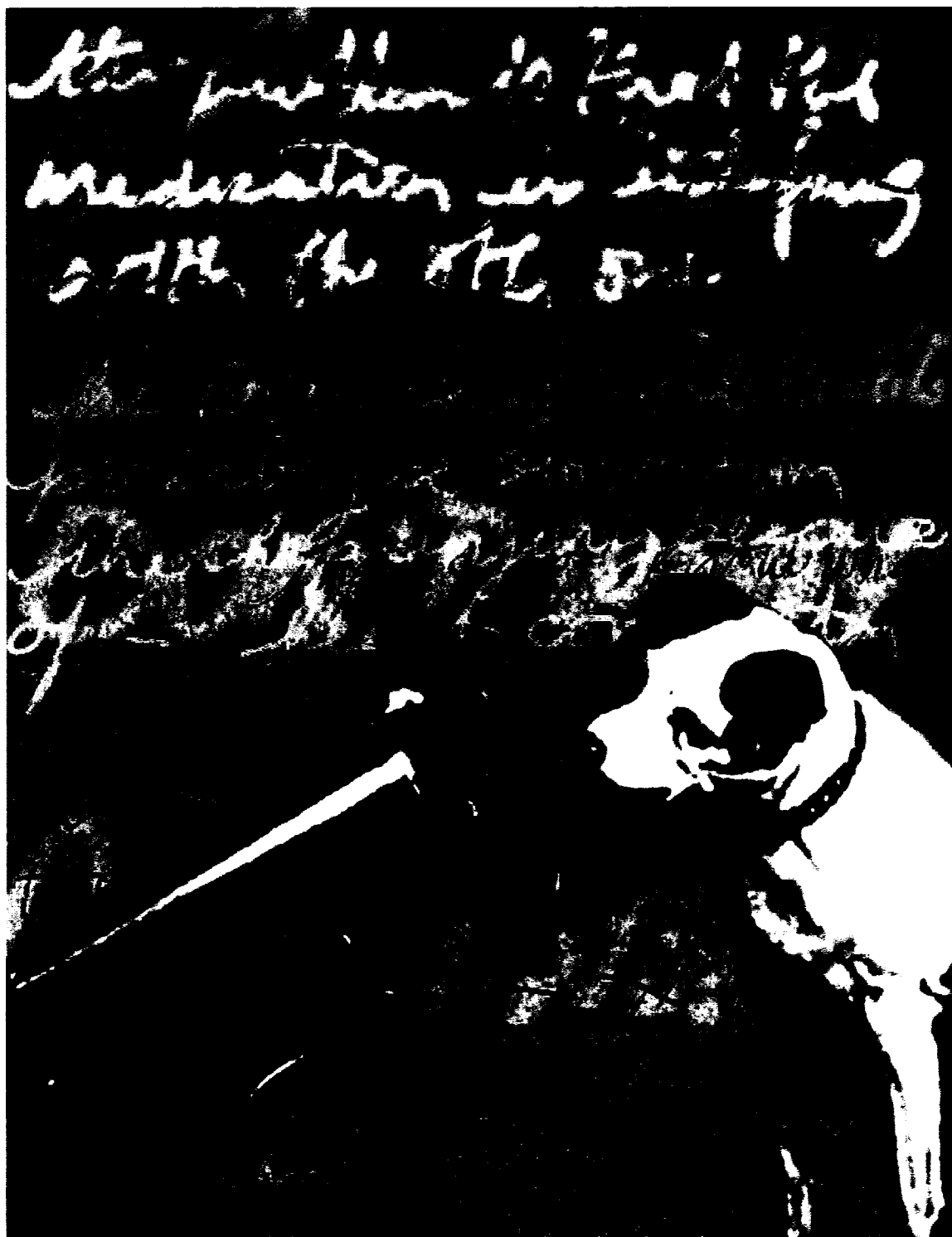
Figure 6. Brave New World, Digital Media, 2006

Figure 7. the knitting project, Acrylic Wool, 10"x72"