RITUALIZED ART-MAKING AS SELF-CARE IN PALLATIVE CARE: AN ARTS-BASED INQUIRY

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A Research Paper
in
The Department
of
Creative Arts Therapies

Presented in Partial Fulfillment of the Requirements
For the Degree of Master of Arts
Concordia University
Montréal, Québec, Canada

APRIL 2017

CONCORDIA UNIVERSITY

School of Graduate Studies

This research paper prepared

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Entitled: Ritualized Art-Making as Self-Care in Palliative Care: An Arts-Based Inquiry

and submitted in partial fulfillment of the requirements for the degree of

Master of Arts (Creative Arts Therapies; Art Therapy Option)

complies with the regulations of the University and meets the accepted standards with respect to originality and quality as approved by the research advisor.

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April, 2017

ABSTRACT

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AN ARTS-BASED INQUIRY

Phoebe Lau

Working within the landscape of death is widely cited as an emotionally demanding experience: burnout and compassion fatigue occur frequently for health care professionals in palliative care. Consequently, self-care is recommended as a means of prevention for both personal and ethical reasons. Despite the growing knowledge base in these areas, there is scant arts-based research addressing this need in palliative care.

This research, using an arts-based approach, addresses the value of utilizing response art to honour and process patient death within the hospital workplace. Using a brief, ritualized response art session as a self-care intervention, the focus of this research is in present-focused self-care as a means of monitoring and replenishing emotional reserves used by an art therapy intern while working with dying patients in an acute care palliative care unit. These response art images are analyzed using imaginal dialogue, a method that approaches art images as a source of knowledge and wisdom. Themes and symbols that emerge from the response art are discussed. Thematic analysis is also implemented to identify over-arching themes present in the resulting response art to provide a succinct glance at the collected data.

This research illustrates the value of personalizing self-care interventions within the workplace, and the art-based knowing that can emerge from dwelling with imagery.

Keywords: Palliative care, Ritual, Arts-based inquiry, Self-Care, Response Art

ACKNOWLEDGEMENTS

To my research advisor Josée Leclerc, thank you for your unwavering ability to show me your perspective, widening my lens, constantly encouraging me to look deeper.

To my on-site supervisor, Samantha Brogal, I offer my heartfelt thanks for your generous spirit, warmth, and guidance. Working alongside you was truly a pleasure. I learned so much simply by getting to observe you. Thank you for helping me daily to embrace mystery and to "ride the wave".

To the patients I worked with: I am full of your stories. Thank you for the indescribable honour of allowing me to witness and accompany you at the end of your life. Your deaths were certainly not the end of your influence. Your words and art remain; our conversations have twisted and wrought everything I understood about grief and love and living. Thank you.

Finally, to my husband, Paul: where to begin? Thank you for your unrelenting care and support. Thank you for reminding me to not take things too seriously, to take care of myself, and to pursue excellence (not perfection). Your loving patience and encouragement have meant the world to me.

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Introduction

Though there is a common perception that working in palliative care is an emotionally demanding experience, there remains an understanding that working within the landscape of death yields a certain knowing and wisdom that cannot be gained or gleaned elsewhere. As I began my internship in one of Montréal's main hospitals' acute care palliative care units, I was struck by the absence of an outward, communal ritual after a patient was transferred or has died; there was no established way to process any continuing relationship to the patients. Though each time I internally said farewell to a patient, I longed for the comfort of ritual, and the reassurance it can bring when honouring and celebrating the dead. By the middle of my second month, many of the patients I had worked with over several weeks (the average stay of each patient is ten days) had died or were transferred to another hospital for long-term care. I wanted a ritual that could contribute to my emotional wellbeing: in an emotionally intense environment as a palliative care unit, ritual is inexplicably linked to self-care.

I thought it best to address this need through research, as this process will provide a structure and deadlines to incentivize consistent self-care. Additionally, my own art-making process, as will be described below, will help synthesize my learning while interning at the palliative care unit, as well as contribute to my tacit and aesthetic knowing. Through ritualistic art making during and after my time at the palliative care unit, I intend to dialogue and journal with the images, with the hope to glean symbols and themes, all while meeting an inherent need for self-care as an interning art therapist.

My research will take the form of a qualitative, art-based inquiry that uses response art as data collection and McNiff's (1992) method of image dialogue to explore findings in the resulting imagery. The arts-based component facilitates a continual engagement with the creative

process and opportunities to derive meaning from it (Har-Gil, 2010). Image dialogue provides a space to utilize art-based knowing. Combining these components allows for a "highly embodied form of knowledge, internalized through direct experience and intimately linked with the clinical context in which it emerged" (Har-Gil, 2010, p. 2). I will engage in thematic analysis to identify over-arching visual themes, symbols, etc. in my response art.

My goal is to explore a sustainable self-care intervention during clinical work as an art therapy intern (utilizing response art) and, through self-reflection, image dialogue, as well as a brief thematic analysis, to identify themes that emerged in my work in order to provide an overview of my experience working in palliative care. This paper provides context for the research conducted; findings and my process are aggregated and disseminated through an online blog, (https://livingdyingsite.wordpress.com/).

Literature Review

There is resounding agreement that self-care is necessary and should be diligently pursued, especially amongst palliative care clinicians (PCCs), who are prone to experiencing persistent, elevated, and chronic stress levels (Perez et al., 2015; Galiana et al., 2015). Palliative care clinicians are exposed daily to issues of existentiality, as well as emotional and psychological challenges, present in both in their patients and in themselves (Sansó et al., 2015). Self-care is conceived by Breiddal (2015) to be essential, and must be pursued relentlessly, implying persistent effort without slackening, carrying connotations of "unyielding […] and grim determination" (Deschamps, 2011, p. 128). This tone points to the seriousness with which PCCs must take self-care.

The Necessity of Self-Care. A breadth of research covers the necessity for self-care as the foundation for compassionate care (Kearney & Weininger, 2011; Neff, 2003; Rose & Glass,

2008; Adam & Taylor, 2013), and shows how self-care has been positively related to compassion satisfaction while negatively related to compassion fatigue and burnout (Harr, 2013). A PCC's wellbeing and quality of care are interdependent. Though working within the landscape of death and dying is commonly reported as rewarding (Sinclair, 2011), there are many risks as a result of working in this context, which are well documented (Meier, Back, & Morrison, 2001; Cole & Carlin, 2009). If self-care is unaddressed the stress experienced "has the potential to affect deleteriously the caliber of the care they provide to patients" (Oryzysyn, 2013, p. 972). Burnout amongst PCCs has been linked to many symptoms that negatively impact compassionate care: increased medical errors, decreased empathy, and work dissatisfaction to name a few (Perez et al., 2015). Subsequently, clinician and patient relationships are negatively affected, and the quality of care is markedly diminished. In order to buffer against vicarious trauma, enhance therapeutic effectiveness and job satisfaction, it is said that PCCs must cultivate and replenish their inner lives (Sansó et al., 2015).

Traditionally, self-care is thought of as the belief that if clinicians "participate in a series of actions"—often practiced after distress instead of as protective measures—they will then be protected from specific stresses that arise in the palliative care setting, and that health can be maintained. However, this view is problematic, given that stressors are constantly present in palliative care (Breiddal, 2015, p. 6). For PCCs, it is recommended that present-focused self-care practices, such as brief mindfulness and meditation, be integrated during work hours in order to elicit a relaxation response throughout the day as needed (Perez et al., 2015). This then equips PCCs with brief self-care tools that contribute to stress regulation amidst the many patient encounters that are often a feature of working in palliative care, especially when time does not

allow for accessing other self-care resources (Perez et al., 2015). In this way, self-care is used to "refocus clinicians who are otherwise immersed in death and dying" (Perez et al., 2015, p. 337).

Breiddal (2015) cites internal consciousness—self-awareness, self-knowledge, and self-reflection—to be the most important aspect of self-care. Self-awareness is defined as the practice of "noticing physical, emotional, and spiritual needs and addressing them", the conscious use of self-care for one's own spirit and resiliency, and the importance of carrying the knowledge of one's own needs to respond to the working environment (Breiddal, 2015, p. 12). Sansó et al.'s (2015) study showed "that professionals with greater levels of awareness experienced lower levels of compassion fatigue and burnout, and greater levels of compassion satisfaction" (p. 205). Thus, a constant internal monitoring can be a pathway to sustainable self-care for PCCs (Sansó et al., 2015). Closely linked to the concept of self-awareness is self-empathy, the ability to accept one's limits and to reinforce boundaries to care for oneself ourselves, which in turn affects the care given to others (Kearney &Weininger, 2011, p. 53).

Art-based Self-Care Interventions. Franklin (2012) writes of a contemplative enquiry that can result from art-making that mirror the benefits of meditation. Present-centered awareness in the art process focuses on training attention and awareness to become mindfully present with the art images that emerge. According to Franklin, this merging of meditation and art can help tolerate the frustrations one often encounters in art-making, and can assist in remaining in a state of constant openness, allowing for images to come forth. The resulting images arrive as "unexpected emissaries bringing information" that is ripe for research (p. 88-90).

Though there is scant research on using art-based self-care interventions with PCCs, Fetter (2012) conducted a study on the use of art-based interventions at a 26-bed inpatient medical-

surgical oncology unit in Pennsylvania. To combat compassion fatigue, staff created a "remembrance tree" on the unit to address the need for staff to process and speak openly about their feelings. The tree, located on a bulletin board in a staff-only area of the unit, consisted of a paper silhouette of a tree with many branches upon which leaves with names and obituaries of patients who recently died were placed. The remembrance tree was in a communal area, providing physical and emotional space for staff to acknowledge patient deaths, and to find "peace and closure" (Fetter, 2012, p. 560). Bereavement journals—upon which staff would take time to write fond memories, anecdotes, and well wishes to the patient's loved ones—were created and set to the family. Taking the time to do this and physically writing it provided a moment of self-reflection and self-care for the nurses (Fetter, 2012).

Brown (2008) stresses the importance for creative arts therapists to continue embodying "the creative spark that first birthed our respective disciplines and first drew individuals to this creative field" (p. 201). She asserts that art therapists should seek to relentlessly practice regular art-making to combat stress, burnout, and "clinification", a term defined by Allen (1992) as "a dual developmental process whereby the art therapist gradually takes on the skills and characteristics of other clinicians, while at the same time investment in and practice of art skills decline" (p. 22). Additionally, art therapists often feel external pressure to develop a clinical identity rather than an artistic one, attributed to "a sense of inferiority in relation to the more institutionally dominant scientific mental health professions" (McNiff, 1998, p. 33). Brown (2008) states that as a dance and movement therapist, choreographing, rehearsing, and performing dances helps her "maintain [her] equilibrium while working in dysfunctional bureaucracy that undervalues the work creative art therapists do", keeping her connected to the roots of her profession and providing a "wellspring of inspiration" to help her and her patients

create (p. 202). Brown's (2008) research gathered data from creative arts therapists from three settings in New York City, asking them to reflect on their relationship with art-making outside of their work. The findings suggest multiple answers. For example, "transformation, wholeness, completion" occur as a result of continuing to make art, while "depletion, anger, apathy" occur when art therapists give up making art (Brown, 2008, p. 207). It is clear that for many creative art therapists, continuing to create is an essential practice to remain rooted in their vocation and to replenish their inner lives.

The use of art-making as self-care for therapists is also outlined by Concordia graduate Gagné (2009), who conducted a survey with 25 art therapists across Canada, and found that 88% of participants create art for self-care at least once a month, with many of them stating using art-making as a way to cope with the demands of their profession. In a Toronto study, 75 helping professionals in palliative care who participated in journal-writing, art therapy, and music therapy workshops (offered to groups for 2 hours during a full day dedicated to self-care),were surveyed within two years of the workshop; a large majority of them responded that they had gained insight into better self-care (Murrant, Rykov, Amonite, Loynd, 2000).

Processing Death and Dying through Artistic Practice and Ritual

There is a plethora of artists, classical and contemporary, that explored the themes of death and dying in their artwork. Whether using art to grieve, or using art as a means to process their own illness and inevitable death, or even the creation of art objects to remember those who have died (Van Lil, 2012), art and death are inextricably linked. Examining other artists' contributions to this application of art-making situates my research in a long tradition of using art for processing mortality, grief, and self-care.

In 2009, the Musée d'Art Moderne de la Ville de Paris exhibited the late work of twelve international artists, each creating work out of an awareness of their impending death (Francblin, 2010). The nearness and inevitability of their dying informed their art-making. As stated by Francblin (2010), the "awareness of the proximity of death determines the relationship we have with existence" (p. 78). These artists, approaching death (due to old age or illness), give their artworks "a new intensity that sometimes reaches an unexpected fullness" (Francblin, 2010, p. 78). The work of these artists points to our very human impulse to find meaning in loss (O'Neill, 2011). Maintaining this connection between the living and the dead can take form through songs, art, literature, and conversation; as continuing bonds point to the fact that "death ends a life but not a relationship" (Bertman, 2015, p. 127).

Ceramicist Frank James Fisher (2015) reflects on the objects left by loved ones at cemetery grave markers: formal, like flowers, candles, or unique mementos from life, like toys, balloons, small landscaped gardens. All "reflect a desire to continue a connection with the departed, a way to interact with them" (Fisher, 2015, p. 79). These routines become rituals, transforming an instrumental and perfunctory act into a "symbolically charged experience that may be repeated in memory" (Romanoff, 2006, pp. 312-313). Neimeyer, Klass, and Dennis' (2014) work on narrative construction after grief asserts that in response to the unwelcome losses of life, human beings pursue meaning-reconstruction in a world challenged by loss. When faced with indelible and inscrutable loss, the structure of narrative or metaphor can provide an indescribable comfort for those who grieve. Similarly, rituals, defined as "deliberate, detailed, and repeated patterns of activity that are infused with multiple meanings" (Romanoff, 2006, p. 312), provide a way to link past, present, and future, leading to a sense of continuity and connection. The experience of loss—serious illness, death, family instability—disrupts the

homeostasis of everyday life: in this "liminal terrain, with its sense of neither here nor there, is a fertile landscape for the healing function of ritual" (Romanoff, 2006, p. 313). Art-based rituals meet a poignant need within contexts of grieving and transition.

Methodology

Emerging from my current 2nd year practicum experience, my research question is defined as follows: What is the role of ritualized image-making as a form of self-care for an interning art therapist in a hospital Palliative Care setting?. As my research question is an inherently personal one related to art-making, selecting an arts-based approach would be most appropriate. Arts-based research is a means of constructing knowledge using visual means (Sullivan, 2005), with art and image-making as the "site" for exploring a research question. Art-based inquiry seeks to deepen and enlarge knowledge rather than to confirm or consolidate pre-existing knowledge (Kapitan, 2010). Art-making is used as a form of gathering and collecting data, and then will be analyzed using McNiff's (1992) process of dialoguing with images, as will be described below. Some limitations of this methodology (further elaborated below in Discussion) include a low level of reliability and validity.

Methodological Rationale

To respect the length of this paper, I have chosen not to conduct a full heuristic study (which entails a thorough and lengthy six-step self-inquiry process following the phases of the creative process), though certain aspects of my research echo the heuristic framework. For example, the site of my data collection is within myself: I create art work for self-inquiry, to "process an intense experience" (Kapitan, 2010, p. 145) or personal question. As a research method, the heuristic process "attains rigor through intentional, systematic observation" coupled with interactions with co-researchers (Kapitan, 2010, p. 145). Another key element of heuristic

inquiry is “the researcher’s intense interest and personal experience with the phenomenon” (Kapitan, 2010, p. 145). The researcher’s subjective experience may gradually develop “into a systematic description of a theory” (Douglass & Moustakas, 1985, p. 40).

The main model for my study is an art-based inquiry (ABI) framework, which is defined as “the creation of knowledge using visual means within a research perspective” (Sullivan, 2005). Creating art becomes the “site” for engaging with my research question, in which I utilize art-making to investigate direct perceptual evidence, which then acts as a foundation for concept formation (Kapitan, 2010, p. 162). Not unlike other forms of qualitative inquiry, ABI originates with a research problem or question that guides inquiry, having a clearly articulated purpose, and follows a procedure requiring “the collection and interpretation of data to resolve the problem” (Kapitan, 2010, p. 163).

Kossak (2012) asserts that art-based inquiry stems from a long tradition even before the creative arts therapies were conceived: it is defined as using the act of art-making as a primary mode of understanding and examining experience. A prevailing misconception exists that research consists exclusively of science (the dominant paradigm), and that art-making, or arts-based inquiry, cannot be considered valid research or a source of truth (McNiff, 2013). Sullivan (2010) argues that if research’s primary purpose is to “increase awareness of ourselves and the world we live in”, then it must be plausible to argue that “understanding is a viable outcome of inquiry”, and that this can be significant (p. 97). Art-making and the resulting visual image can contribute to human understanding by existing as a source and site of knowledge.

My research predominantly uses the practice of response art as the site of meaning-making. Many art therapists (Miller, 2007; Moon, 1999; Fish, 2012; Wadeson, 2003; Kielo, 1988) advocate the use of after-session art-making for therapists to promote reflection and

insight; this form of visual journaling can aid in mitigating work-related stressors and provide a release for strong emotions that arise in clinical work (Drapeau, 2014). I intend to ground my study in the creation of response art, using McNiff's (1992) Imaginal Dialogue, and Braun & Clarke's (2006) thematic analysis to analyze the data.

Following Braun & Clarke's (2006) methods, I will be looking at all the response art images created (raw data) and identifying/reporting patterns and themes, selecting those of interest, and elaborating on their significance. The purpose of this is to provide "a more detailed and nuanced account of one particular theme, or group of themes, within the data" (Braun & Clarke, 2006, p. 11). I will engage in theoretical thematic analysis, which will provide a brief analysis of themes of the data, coding specifically to seek out information pertaining to death and dying. This element of the data analysis process allows me a bird's-eye-view glance at the data, identifying and selecting broader themes emerging from the imagery.

Ethical Considerations

Particular attention was given to exclude any identifying information about patients in the data collection. I must also remain clear in my intention and creation of artwork as it is purely a reflection of my own experience as an art therapy intern, and a means for my own emotional processing.

As I have chosen to disseminate my findings in the form of a blog, I am mindful of how to do this in an ethical manner. The blog allows for the process to be accessible and easily shared. There will be no identifying information regarding my practicum site or the patients I have worked with and I will be very clear in stating that my findings are my own and do not necessarily reflect the opinions of the staff I work with at the hospital. The only affiliation will be with Concordia University.

Data Collection Procedures

The proposed data collection process will rest on the use of response art, which Fish (2013) defines as "images made by practitioner researchers to contain, explore" and to help "hold the difficult things […] find deeper meaning, and communicate my understanding to others" (p. 210, 106). The creative process allows one to engage with imaginal resources, often when one is afraid and has a need to investigate something deeply (Fish, 2013). Drapeau's (2014) work on utilizing response art to manage countertransference speaks to the value of using this method to process therapist feelings and responses after a clinical session. Through response art, the therapist is given space to understand and use unconscious processes to make sense of the complex dynamics present in clinical work (Fish, 2012; Franklin, 2010; Wadeson, 2003). Consistent practice of this can also aid in building therapist attunement within the therapeutic alliance. Finally, mindfulness can be integrated into an empathic art response, cultivating a present-focused awareness of relational dynamics (Franklin, 2010).

Due to the high-pace work atmosphere at a palliative care unit, engaging in response art will benefit me two-fold: providing a space to utilize art-making as a self-care measure (and thus experience daily the benefits of the arts myself), and to act as a visual record of my thoughts, feelings, and responses for the research process. I will be following this methodology for four weeks. My methodology process includes two methods of data collection, and a period of analysis using McNiff's (1992) Imaginal Dialogue technique.

On-Unit Response-Art. The first method of data collection will take place on-unit, at the hospital, as a means of disrupting the high-stress pace of working, and implementing a brief self-care ritual for myself in between client interactions. Following each client session, I begin the image-making with an intention, a simple one, as Allen (1995) suggests, as to not become

overwhelmed with the options/mental strain of summoning a new one and to remain disciplined. The intention I wrote and use is as follows: “May I honour, remember, and let go of all I have witnessed today”. This stills my thoughts, and is a reminder to stay grounded in my research question amidst the many tasks at my practicum placement. Once I am centered, I use oil pastels (18 colours) on an 8.2 x 5” sketchbook to create a small spontaneous response art piece for 3-5 minutes: oil pastels allow for colourful, expressive, layered mark-making with minimal mess, and portability as I go from room to room. The sensory and kinaesthetic component of this medium also helps to center me in my art.

The size of the sketchbook allows for ease of transport, and is a size that allows for the recording of pertinent information without being too large. As there is no outward, communal ritual on the unit to process work with patients, this is my own brief and meaningful way to do so without obstructing too much space or time. The time constraint is unique to the setting: time constraints are commonly cited as a stress factor especially in acute care palliative care units, where turnover is rapid. 3-5 minutes is an adequate amount of time to do some emotional processing through art-making, but brief enough that it does not disrupt the rest of my responsibilities on the unit.

Summary Images. At the end of each week at my placement, I dedicate an hour at home to do an art piece—allowing myself free reign on any medium available to me—summarizing the thoughts and reflections from the past week. This allows me more concentrated time with art media that may better synthesize my experience.

Data Analysis Procedures

Imaginal Dialogue. I then engage in imaginal inquiry, following the guidelines and process of McNiff (1992), making space for the image to speak to me. Engaging in image

dialogue provides a methodical framework for engaging with the response art (raw data) I collected. This step of the process emerges from a desire to deepen my engagement with the images and "amplify the spectrum of expression" (McNiff, 1992, p. 145). This process will enable me to sit with and process the imagery created and to glean symbols, metaphors, and meaning from the raw data. Engaging in this process provides a guide for answering my research question by providing space to utilize art-based knowing,

McNiff's (1992) practice of imaginal inquiry is a method of remaining attuned to the images as a voice, and the process through which they were created. During imaginal inquiry, confrontation and questions stemming in "why" or "where did you come from" are avoided, and images are spoken to as we would a person, extending "the same social grace bestowed on another human being, encouraging compassion rather than interrogation" (McNiff, 1992, p. 115). In this manner I am open to receive whatever the image has to offer. McNiff (1992) conceptualizes dialoguing with paintings as talking "with" them in dialogue, "dramatizing the living presence of a picture" (p. 100). Likewise, it is important to remember that artistic images are "never fixed and are incapable of being described absolutely" (p. 105). This is a powerful potential for awareness, but also can be seen perhaps as a limitation of this methodology.

Dialoguing with images "helps us get a better sense of who they are, how they were made, and how they can influence our lives" (McNiff, 1992, p. 108). McNiff's (1992) method of dialoguing "is based upon careful and sustained observation of the physical qualities of an image" (p. 97-98). First, take note of what we see, how our perceptions differ and agree, what our eyes are drawn to first, and so on (McNiff, 1992). This process is similar to the free-association techniques of early psychoanalysis (McNiff, 1992).

Imaginal dialogue is ultimately a practice of empathy and listening. This practice is doubly significant, as it not only enacts a mode of data analysis, but also allows me to practice and hone my abilities as a therapist to engage fully with the present, and the other—whether it is an image, or a client. Imaginal dialogue can help me gain a familiarity with a gentle, accepting, and curious stance that can likewise be applied in therapeutic sessions with clients.

Data Analysis

In summary, the data I collected includes: (1) Response Art Images, (2) Summary Images (one each of the four weeks of the data collection process), and (3) Image Dialogues for each of the four summary images. This data is available for public perusal at (https://livingdyingsite.wordpress.com/) and is a distilled look at my research process. The online medium of a blog allows for ease of sharing and accessibility with other students, health professionals, and art therapists.

Image Dialogues

The following section is an aggregated look at the themes that arose during my data analysis. Observations and insights that emerged are outlined in the following section, divided by week. I will summarize themes emerging from the art responses created on my on-unit self-care ritual, and then proceed to discuss observations from the summary images. To respect paper length, only the summary images are included below; on-unit response images will be available on my blog, organized by week. Copies of the written image dialogues are enclosed in the Appendix.

Week 1: Response Images. The main themes that emerged from this week were the human body as landscape and the importance of physical holding and connection. Many landscapes were drawn in my response art sketchbook as well during this first week. If I were to

speculate, my tendency to draw landscapes may have been a reflection on the connection between the landscape of our bodies and the earth we inhabit, and the beginning of an awareness of how the earth can teach us about dying. The seasons we experience are cycles and patterns nature follows—the blossom and abundance of spring/summer, followed by the surrender and slumber of autumn/winter. In my view, landscapes mirror us; nature encompasses the lack of control and helplessness I often feel as I witness patient death. Natural disasters, nature in general, are forces outside the control of human beings. Nature is an indifferent and autonomous force, and will do what it is designed to do.

I also drew many circles, of figures holding each other. These are common, familiar scenes witnessed in palliative care. I witnessed a high desire for physical affection and contact at end of life, and the desire for it from patients nearing death.

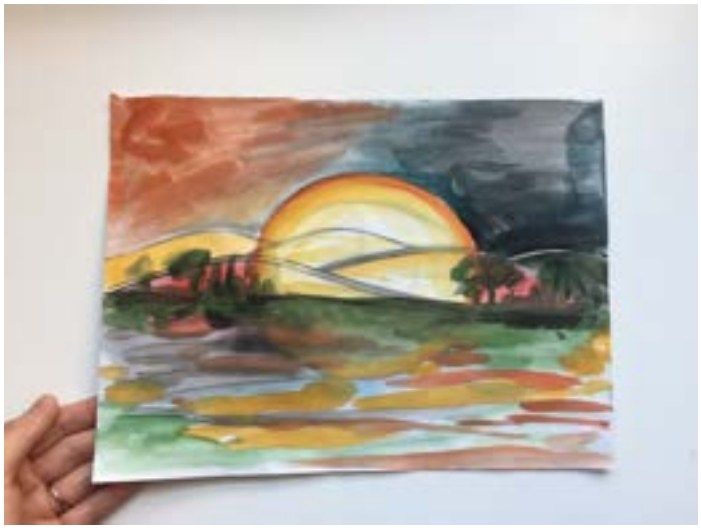

Figure 1. Awaken. Tempera on paper.

Summary Image (see Figure 1)**.** As I began my first session of at-home Summary Image-making, I was drawn to fluid mediums like watercolour and tempera. The sensory aspects of working with tempera comforted me. I began by painting a large circle, a familiar shape and

boundary that remains a symbol of cycles and wholeness for me. The strokes transformed into a landscape as I painted a horizon line to divide the land from the sky.

The image, as I re-read my image dialogue (Appendix), speaks to me of waiting. The orb in the middle, reminiscent of a large sun or planet, is between two worlds. This is a state I often saw the patients in, as their bodies deteriorated but their minds and spirits fought to remain. The colours reminiscent of a sunset or a sunrise, speak to me of descending or ascending—into an uncertain, unseen realm. The end of a day (life) slipping into evening (death).

In this image dialogue, the theme of winter (nature) as death arises, and the fear that one often feels as winter approaches. In the making of this image I reflected on how nature can teach me about dying. The cycles and patterns of the four seasons—occur without fail, every year—mirror inner emotional landscapes and physical journey from birth to death. The seasons, the abundance and growth of spring/summer, towards the surrender and death of autumn/winter, echo our own journeying from birth to death. I also reflect on how animals do not fret as winter approaches; their bodies know what to do in order to embrace the new season of surrender.

Week 2: Response Images. This week was a difficult one, as a young patient that the staff had become particularly attached to died. The response art I created echoes symbols from the artwork of that patient: suns, landscapes, and the theme of family. I was also processing some feelings of frustration regarding the politics of working within a hospital setting, and reflecting on how my own morals may affect my work with patients at end of life.

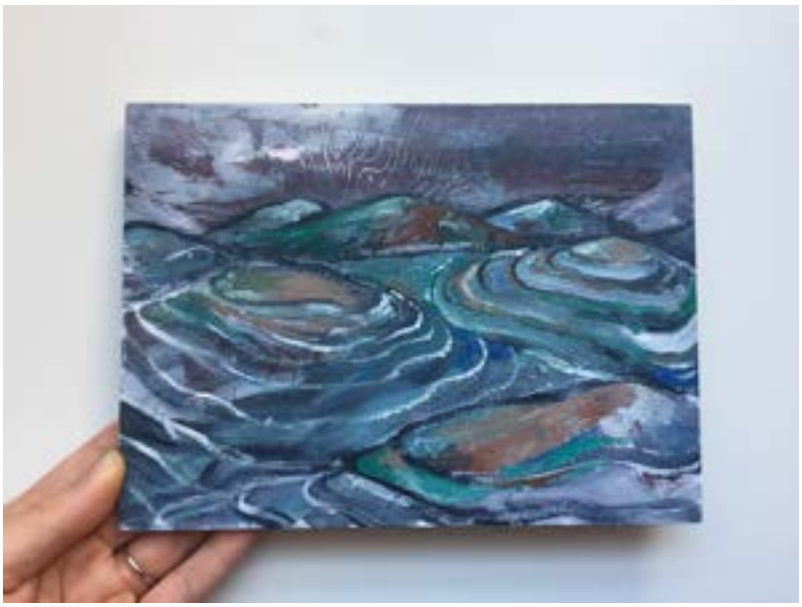

Figure 2. Decay. Acrylic on wooden board.

Summary Image (see Figure 2)**.** This landscape is devoid of life forms, the sky is dark, and the colours are reminiscent of bruises. It appears to be nighttime. In my image dialogue I admit that something about this image repulses me. As I dialogued with the image, I began recognizing the bruised hills as potentially a symbol for the decaying body. The painting of this image became a meditation on bodies and decay. This is a tired landscape that has seen life come and go, and is asking me to let go of it. I began writing from the voice of the landscape, and the persistent message was "let go". Just as we watch nature decay and wither in autumn and winter, so too do our bodies—and the bodies of loved ones.

I reflect on the fact that often at bedside (in the palliative care unit), there are family members who do not want to let go. The patient is ready to die, but the family or community is not ready to let go. The acknowledgement of death for the family is too much to bear. This is something I see very often while working with families at the hospital.

Week 3: Response Images. I notice a transition from landscapes (however, the landscape in Figure 2 is also very present, and in some similar colours as the previous image) to

predominantly figure-centered response art pieces. I see this use of figures both as my brain finding it easy to depict what I see—representational forms of the people I observe and interact with in the hospital rooms—but also as a meditation on the body. All the bodies I see in this space are dying and decaying, whether externally or internally. It makes sense that my response art would lean towards processing this, as I processed potential guilt, being a healthy, young person working with predominantly older, dying people. Many of the figures I draw are simply the head, torso, and arms, often androgynous or genderless. This could perhaps have been my way of beginning to see patients and people as beings, rather than marked by age. Recognizing that ultimately we are creatures with very simple desires: to be held, loved, and understood regardless of our ethnicity, religion, cultural norms. I processed how wonderful and healing it can be when people are granted these things, and how painful it is to be deprived of them.

I was also privy to numerous patient stories about familial trauma, fraught relationships, etc. I was struck by both the beauty and messiness of human relationship, how broken and how beautiful it can be depending on family experience and heritage. I also notice that I rarely draw objects, mostly people, seeking to depict what is most important to patients at end of life: relationships and loved ones. This could also be a meditation on the ways friends, family, and community can support/uplift/sustain patients, and how sad it can be to observe patients with no visitors.

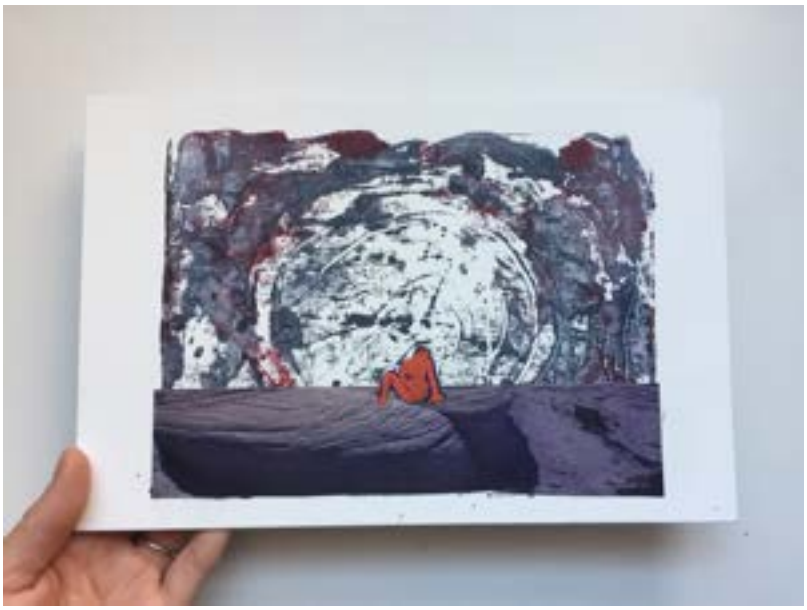

Figure 3. Healer. Mixed media (acrylic monoprint on mat board, found images).

Summary Image (see figure 3)**.** This piece was created almost as an afterthought. It was created on top of an abandoned monoprint I'd created spontaneously (not during one of my scheduled art-making sessions for research) one day after class. Additionally, the collage images were also salvaged from a previous project I'd long-since abandoned. It seems pertinent to name that this is an image created from abandoned and forgotten images. I began by noticing that the woman, a cut-out of from a Fauvist painting, is missing her feet, and is staring out at me with a blank expression. She sits alone in the middle of the spiral.

I begin talking to the woman, and how I address her yields many insights. At first, I think she looks lonely, but she balks at this. I call her Footless Woman, Red Woman—but she desires to name herself: Healer Waiting at The Edge of The World. She has waited there, all her life, never needing her feet, full of the emotion brought to her by many. When I asked her who visited her, she described "unwilling sojourners" at the end of their life. Their anger, sadness, and grief pour into her, and she accepts it and holds it.

This image is trying to teach me about several things. Firstly, my impulse was to name her based on her physical attributes—first her lack, and then her colour. As careful as I am in my work with patients not to do this, it's clear some part of me still tends to this. Secondly, I think this Healer is in some way a representation of how I feel working with dying patients: a presence that accompanies and listens. However, rather than healing of the body, art therapy instead provides emotional healing. It is a compassionate, attentive presence that heals during therapy, and I believe I was processing this concept in the making of this image.

Week Four: Response Images. In this week's response images I am mostly processing saying goodbye to a particular patient I became very close to; in the past week this person had deteriorated quite quickly, and I was processing how to say goodbye to the patient and their family as I prepared to leave and terminate therapy before my winter holiday. The issue of termination is complex in palliative care, because often it is unexpected and not within anyone's control. The end of therapy is often due to the death of the patient, or to their unexpected transfer to another hospital. My feelings of helplessness, along with the feelings of dread, were processed in this week's response images. I also reflect on the transfer and passing on of stories and energy. I process what often feels like a burden of stories and knowledge that the patient leaves to me. Their energy lives on in me.

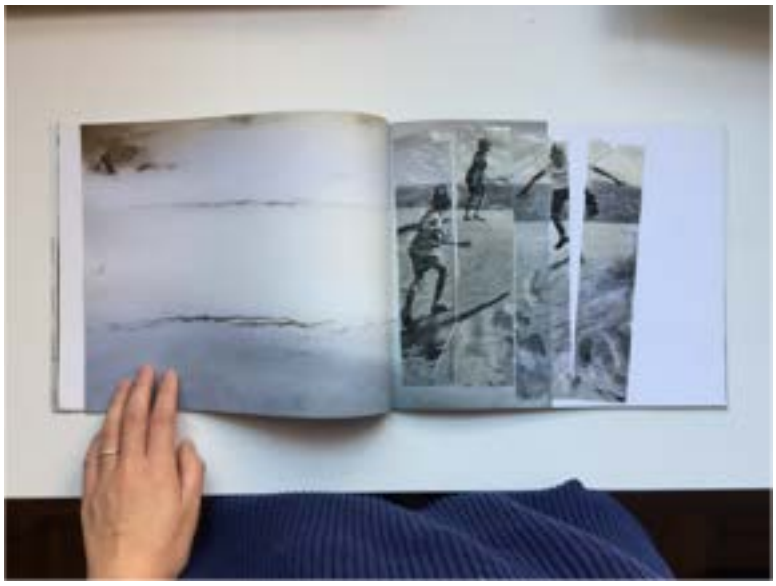

Figure 4. Iteration 1. Mixed media (packing tape image transfers, found book).

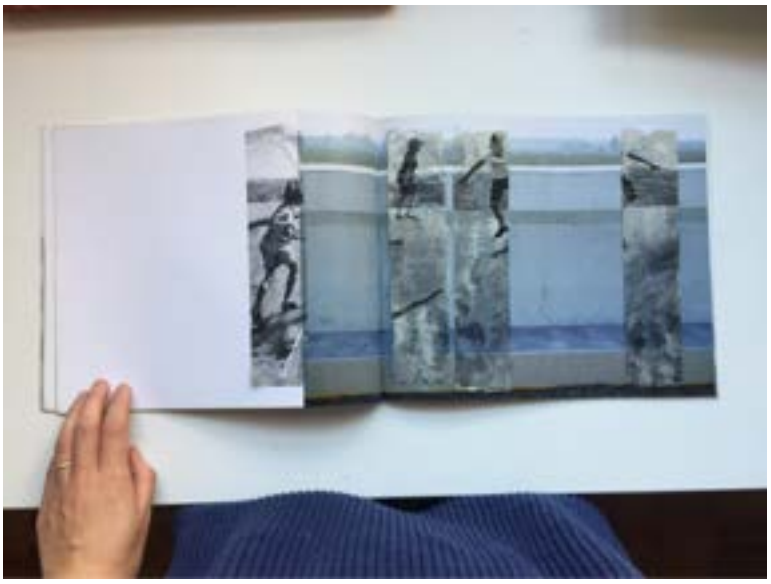

Figure 5. Iteration 2. Mixed media (packing tape image transfers, found book).

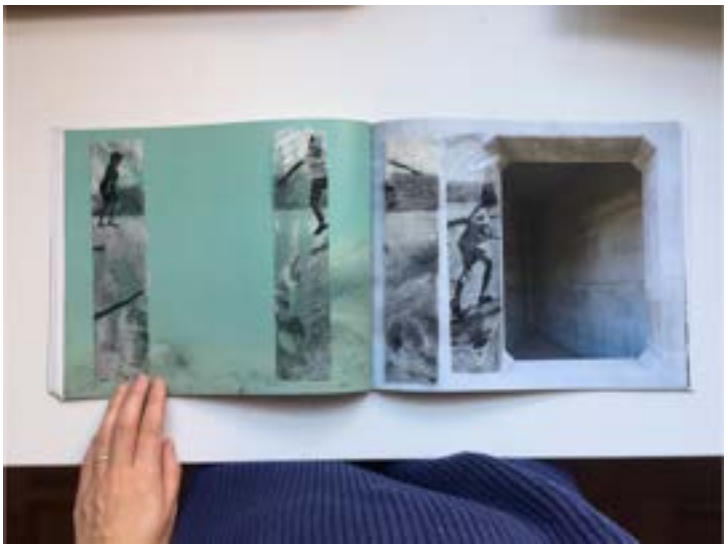

Figure 6. Iteration 3. Mixed media (packing tape image transfers, found book).

Summary Image(s) (see Figures 4, 5, and 6)**.** This last piece stems from my fascination with an image I found of three children playing in the desert. I created four image transfers from the magazine page, and couldn't find an appropriate way to collage them until I found a book of photographed landscapes. It did not feel right to glue them down onto one page; I found satisfaction in having the freedom to arrange, re-arrange, and play with the composition of the images in the book. This decision to leave the image transfers unfixed provides the viewer opportunities to interact with the images on a tactile level and to engage in a form of play. I chose to document three iterations, three scenes, and did brief dialogues with each of them.

The themes that arose had to do with play, and dialoguing with the children in the scenes. The children became embodiments of play, and embracing temporality. I also processed how children grieve through these images. Often in the palliative care unit I would see children, visiting with their parents, and I would wonder how they processed grief. Through dialoguing with these images, I began to learn about the simplicity of grieving—children feel grief, sharp pangs of it, and move on to play. For the most part, children are immensely present-focused, without denying the trauma the loss of loved ones may bring.

Findings

Based on the data analysis, I identified six recurring themes that I will outline below.

Themes

- Nature: The metaphors we find in nature can teach us about dying and surrender through the cyclical nature of the seasons
- Presence: physical, emotional, mental. Often, this is all one can offer in the face of death and dying. At a patient's bedside, it is a loved one's presence that fills and grounds them. It is often all I have to offer, and reminds others that they are not alone.
- Bodies: how they are utterly odd, miraculous resilient forms of water and skin and blood and cells, and we only get one. Our bodies will inevitably surprise and disappoint us with its desire to live. They take us through space, they sprint onto metro cars and avoid puddles, allow us to witness snowflakes and smell bacon, they give form to us. Our bodies instinctively know (and speak to us through its ailments) when rest is needed, and carry the traumas of life within it.
- The duality of life/death, growth/decay: these are cycles that we inevitably face. Life and death exist side by side, and embracing these rhythms can help us cope in the face of inexplicable suffering.
- Grief: this experience has burrowed deep into me, twisting and overturning everything I knew about grief and love and giving—and has taught me to hold things loosely, to embrace mystery, and to be more welcoming of the unknown.
- Relationships and Memory: the importance of making space to honour and celebrate relationships, whether between patient and loved ones, or the therapeutic relationship between myself and the patient.

Data Analysis Process

I approached data analysis with a simple intention: remaining attuned to the images themselves, and the process through which they were created. I chose to do one image dialogue per day, always at the same time and place. At the beginning of each day I cleared off my workspace of all belongings and images (a small desk facing a window) and placed the image on my desk with my laptop to the left.

On-Unit Response Art. This research has helped me understand the importance of personalizing self-care interventions within specific working contexts, and how valuable self-care can be when integrated into the work day. This ritual has helped me to become more mindful during sessions with clients, and has allowed me to record emotions, transference/countertransference responses, and images that would perhaps haunt or remain on my mind. Engaging in image-making often forced me to slow down and process all my client interactions, whether they were draining or life-giving. This self-care ritual gave me time to set down and let go of emotions I may have been feeling in order to enter into a new client interaction with less emotional baggage. Additionally, this was a metaphorical way for me to practice surrendering, letting go, in a more general sense. Holding too tightly to previous client interactions could have negatively impacted my work with clients. This self-care ritual asked me to pause, reflect, let go, and move on to receive more.

To directly address my research question, I would say that the role of ritualized image-making as a form of self-care is an important intervention. My self-care ritual was not simply to make art, but to make art in *response* to something felt and experienced. Using art not for art's sake, but to continue a conversation I began when I had my first client interaction. My art-making continues a dialogue between visual imagery and my inner landscape, one that has been

filled with conversations, images, and stories from patients I've interacted with. And in many cases, I made art to respond to loss, and to celebrate and honour past relationships.

Summary Images. This process, I felt added another (more succinct) layer of meaning-making in addition to the on-unit response images.

Image Dialogue. I feel that this part of the process was an immensely enriching exercise for me. Becoming attentive to images, particularly images I have created, affirms my vocation as an interning art therapist. I found that doing image dialogues could be likened to making space for a friend: I clear physical and mental and emotional space, and I spend time with it. Listening, mostly. I let it curl its hand around mine and tell me its story. With no desire to ask why, but simply wait and listen, and record what it says to me. To me, this is reminiscent of free association. Although I based my data analysis on McNiff's (1992) and Allen's (1995) image dialogue processes, I began writing in a poetic format rather than in prose. This occurred organically as I began the data analysis process. Perhaps it felt more accessible to me rather than writing many paragraphs about each image.

Connecting Creation and Death. The decision to engage with my research question creatively becomes more poignant when reading Allen's (2005) reflections on a commonly felt fear of creation in art-making. Often, artists may simultaneously fear and relish the act of creation, because in every act of creation there is death: creating art is "a path of being exceptionally alive and dying small deaths over and over and over" (Allen, 2005, p. 28-29). For many, the pain of death (the "pain of something coming to an end") is enough to prevent one from fully engaging in the act of creation, "as if that holding back would preclude the pain". Other times, we may trick ourselves into thinking that if death is inevitable, it is fruitless to even begin (Allen, 2005, p. 29). In a way, through my art-making while working with dying patients,

I entered into a parallel process on an emotional and creative level. In every act of creation, every act of renewal and creating something new, there is an entering into a small death of who I was before. I am perhaps not the same after creating, knowing something anew (Allen, 2005). In this I can honour the courage of the patients to live, as I practice the rhythms of living and dying through my art-making. As Allen (2005) writes, "every entry into art is a time to renew our membership in life" (p. 29).

Discussion

Returning to my research question—What is the role of ritualized image-making as a form of self-care for an interning art therapist in a hospital palliative care setting? —, I feel that after completing my study, the answer to this question is as varied as the themes that arose from my images. I do feel that image-making has an important role in self-care for an interning art therapist. However, the scale, time limit, medium of this process can vary and be customized for each intern in order to best suit her work environment. As I outlined in the Methodology section, each element of my self-care ritual was carefully considered and integrated into the existing work schedule/pace of the palliative care unit.

Ultimately, through this research I have gained some insight into what self-care can look like for me, and how to personalize it to the settings I work and live in. Prior to this research project, I had many assumptions about self-care as simply luxuries to self-soothe after an overwhelming experience. But perhaps self-care is less about luxury than it is about self-preservation, rejuvenation, and careful attention to the self and our needs. It can be a moment-by-moment attending to oneself, and incorporating small ways to be kind to our bodies and our minds. Lastly, though my goal was to explore self-care, I think that on some level this was also a

broader exploration of the themes one can encounter emotionally and internally while working within the landscape of death.

This self-care ritual has also contributed to my development as a more ethical and competent intern: it acted as a way for me to process clinical impressions and emotions that arose during sessions. These pauses in my work day were an invaluable time to take care of myself, and allowed me to enter the next session with more clarity and insight than if I had barreled onto the next session without processing. As a result, I believe this art-making ritual contributed to increasing my abilities as an art therapy intern, in turn allowing me to serve and give to my patients better care.

In this research, the role of ritual was approached as a responsibility (both for my research and my well-being); ritualized art-making provided a sound framework for my own self-care. The time spent at home creating the summary images were an important part of this process, providing more time, space, and materials to further process my clinical work. This weekly ritual greatly aided my growth in this practicum placement.

Limitations, Validity, and Reliability

As a qualitative, arts-based imaginal inquiry, the goal of my research was not to explain and predict, or to test theory, but to describe, explain, and build theory. Kapitan (2010) states that the question of validity for research based in phenomenology "must be addressed with respect to the quality of meaning that is its outcome" (p. 148). Validity is enhanced by repeatedly returning to the original data to "check depictions of the experience for accuracy and sufficient meaning" (Kapitan, 2010, p. 148). Because this research was done solely with one participant (myself), the results cannot be generalizable. At best, results may echo findings from past research, but there remains an urgency to implement similar research in order to obtain generalizable findings

across different palliative care contexts, amongst those working in end of life care. In terms of reliability, it is difficult to say whether my methodology would produce similar outcomes as others, as everyone's experience with self-care and working in end-of-life care is so diverse and specific to each of us as individuals. I would claim that this research understands what it seeks to understand (my experience using art as self-care in palliative care), though the findings are of course tinged with the other circumstances of my life (the stresses of graduate school, family issues, etc.) and thus cannot by generalizable.

Additionally, this study would be potentially difficult to replicate. Some additional limitations include my low level of experience as a researcher, and the time-consuming nature of data collection/analysis. It is my hope that my research can act as a base from which others can gain inspiration to design and implement their own self-care measures, whether in palliative care, or any setting that is emotionally demanding.

Straying from the research question. Though my initial goal was to explore self-care, I think this study was ultimately a broader exploration of the themes I encountered emotionally while working within the landscape of death. Though I addressed the research question through the process of using ritualized art-making, my data analysis centered around the themes and symbols that arose in the art. This led to a deeper dwelling in the resulting imagery rather than the perceived impact of the art-making. However I believe the image dialogues were inherently revealing and beneficial towards my self-care.

I realized that I wasn't analyzing the efficacy of ritualized art-making, but found that, as the research progressed, my main interest and focus was on analyzing the imagery, symbols, and themes that arose out of my art. Perhaps this was my desire all along and I simply was not cognizant of it at the outset, and it gradually revealed itself to me. I am content with the way this

process has gone however, and although it has not been perfect, it has yielded many insights for both myself, and hopefully others who read my research.

Recommendations for Future Research

With no time restraints and adequate financial resources, I would have loved to conduct this research with participants: other MHP's, other artists, and art therapy interns, working within PC. I would then be able to gather a broader perspective and more generalizable results, less anecdotal evidence that this method is successful and beneficial.

I would also give myself a little more structure for the Summary Images; as I set out to create at home, I was overwhelmed by the choices I had medium-wise. Perhaps limiting it to paint, drawing materials, and collage would be more beneficial.

I would also have preferred to conduct this study over the entirety of my practicum placement (eight months) in order to more comprehensively record my experience, rather than for one month in the middle of it. This would have captured a more comprehensive survey of my practicum experience, and perhaps have yielded more insights.

Additionally, the On-Unit Response Art could perhaps be adapted to a self-care ritual for MHP's in palliative care, and a more structured Summary Image process recommended for at-home processing. Furthermore, though this was done in a palliative care unit, I think ritualized art-making (though not as frequent) could be implemented into every staff member's (nurses, doctors) day, perhaps at the beginning and end of the day, to help center and ground themselves, providing space to process their emotions. Brief mindfulness exercises—centering in your breath, progressive relaxation—could also be implemented. Dwelling with imagery in a quiet space could also be helpful.

Though I did ultimately find this was an effective self-care intervention for me, though to implement it for other health care professionals (HCPs) in PC would require some tweaking. Especially for staff members who do not feel comfortable using art materials as a means of processing, using words would perhaps feel more accessible. Have a communal board in the nursing station, using Post-Its to write down names or things they want to "let go" of may be a good intervention.

Conclusions

As a qualitative, arts-based inquiry, the conclusions I have drawn are highly personal and cannot be generalized. Despite this, it is my hope that this research serves as a springboard and a tentative venture into an area of inquiry that desperately needs further study. If my journey in creating an art ritual for self-care and image dialogue sparks the desire to implement something similar for another art therapy intern, then I believe this process will have been worthwhile. In coming to a deeper understanding of how to customize self-care within workplace/clinical training, I feel that this process has helped me to view self-care as a more holistic practice—self-care need not be something intermittently sprinkled into my life. I can begin to approach self-care as a perspective, not simply as a series of actions or tasks to "treat myself to" when I begin to feel burnout.

My research has also helped me to see the validity and value of using art—the medium I guide clients into using—to replenish my own reserves, and to remain connected to my artistic self amidst the academic demands of being in a Master's program. This process has also served to validate image dialogue as a knowledge-revealing method to analyze data. Additionally, to view art and images as data; this creative process has renewed my appreciation of the lessons one can glean through making art and dialoguing with images.

Most of all, this process has enabled me to be increasingly aware of where I can implement more self-care measures in my life. I now know that small self-care interventions can be put in place as long as I am persistent in identifying how to take care of myself. Self-care is an on-going, life-long journey, and certainly this process has been imperfect. However I believe that with more practice and experience, I will become increasingly adept at making self-care my first priority.

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APPENDIX

Dialogue 1 (Week 1)

A tempera landscape I painted at the beginning of my month of image-making,
Horizon dividing the middle of the page.

The foreground is a blur of brushstrokes, warm ochre, rust orange, forest green, gray-blue,
charcoal black, forming a fluid land, perhaps water
An enormous orb, transparent but also taking up space, dips halfway below the horizon
Halfway above the horizon
It is a presence, it takes up space, this orb feels to me as old as time,
A part of the landscape, the land, but not quite,
It lives between two worlds
It looks like it is waiting
Somehow staring out from the horizon, waiting
To inhabit me, to envelop me,
It is inviting.
Me into a rhythm of its own.

On either side, the sky is rust orange and deep, inky blue.
Warm light, cool rest,
And trees grow on the horizon line, flanking the orb,
But they are blurry, they blend into the landscape they grow from.

The hills are smooth forms behind the orb,
Not jagged mountain faces,
But languid hills, their curves surrounding the orb as companions
This image speaks to me of waiting,
Of being between two worlds,
Of the reflections our bodies share with the natural world;

Of descending into a lake,
Of unknowns, uncertainty.

There are cycles that await us,
When winter comes to the world the turtle does not fret,
He will burrow deep into the mud and sleep,
His body knows this.

When winter comes to us, we wonder if we will survive,
We scurry around, terrified,
Gathering medical charts and professional opinions and
Suck up prognosis' and guesses
We cling to information about our bodies and
We avoid winter.
We avoid death.

We see the decay of our bodies and it terrifies us,
But nature– reminds us to let go,
Each year, the trees blush red and gold
And as they die there is beauty,
The leaves on the ground are nature's confetti,
This is surrender.

What will it take for us to walk into winter,
With peace,
Knowing deeply
That we belong to the earth,
And we will return to her

She is waiting, for us
Her body will surround our body
Warm and safe

We need not fear winter,
We need not fear death.

Dialogue 2 (Week 2)

This painting, Payne's gray acrylic and white and phtalo green,
A landscape with the same soft hills in the distance,
And three mounds, hills,
In the mid-ground and foreground.
They are ringed with contour lines in white and deep gray,
And they appear as if surrounded or immersed in water.

This landscape, though empty of lifeforms,
Does not seem lifeless to me,
Its lines vibrate and glimmer with a force unseen, deep within,
But the colours remind of me of bruises,
The mountains look battered and worn,
The sun looks long set and long gone,

And I hate to admit it but something about this painting disgusts me,
Part of me recoils even as I try to find meaning in it.

The painting asks me,
"what about me do you find revolting?
Look at me.
I am ancient, I have been here since time began,
I have been here, waiting."

"What have you been waiting for?"

"For peace, for rest,
for you to let go of me.
Let go.
I feel all of myself letting go, my hills cease to bear fruit,
My hills do not carry dens or trees or nests,
The birds have flown away,
And this is so.
Let it be,
Let me go.
The darkness is not an end,
It is a door."

This painting perhaps teaching me about embracing the decay of bodies.
How bodies, we only get one—and they will always fail us.
When our bodies speak we should listen,

Embracing darkness,
Letting it embrace us
Before we the light returns
On its slow and gracious march
It marches in tandem
With the animals and their soft bodies
Fox looking over her shoulder at the setting sun
And sliding into her burrow,
Her body knows,
She does not resist,
She waits.

Dialogue 3 (Week 3)
First I ask this image,
How did you come to be?
I think back on how I created this piece:
An after-thought monoprint
With cadmium red and Payne's gray and titanium white

Abandoned and forgotten monoprint,
It only seems fitting you now hold two other images that were
Abandoned and forgotten from last year,
Remnants of collage projects I never used
But the purple whorls of stone,
It fit perfectly at the base of this print,
And the small Fauve figure
Missing her feet
Staring out at me
Blank expression,

She sits alone in the center of the print,
In the middle of the spiral,

Perhaps she is seeking reprieve
Or resigned to this position
Because of her footless situation,
But why sit there, it seems desolate,
You look so alone.

I am not alone, I am thinking.

What are you thinking about, Footless Woman?

Why do you call me Footless Woman? That is not all I am.

I apologize. Red Woman?

You name me based on what you see. I want to name myself.

That's perfectly fine. What shall I call you?

I am Healer Waiting at The Edge of the World. I have waited here for all my life, never needing my feet. I am full of the emotion brought to me here by many.

Who comes to see you?

They are unwilling sojourners, desiring anything but the meeting of me. They know by meeting me it is the end of what they wish to prolong.

And what is that?

Their life, perhaps the first one, perhaps the last one. Their anger, sadness, and grief pour into me like water. Sometimes they yell, sometimes they say nothing at all. But I am here. I listen, and after some time, they are ready to go.

Where do they go?

I know not what lies behind me, I am merely a Healer of inner wounds, inner worlds. Their journey is their own, and I cannot force them one which way or the next, only that they go of their own choice

Dialogue 4 (Week 4)
The last image is
A series of images,
It asks you to interact with them with your fingers,
Your mind,

Your heart.

Four strips of packing tape
Form one image
Image transfers
I made by sticking packing tape onto a magazine page
Black and white picture
Of three children playing in the desert,
Running and jumping through the sand,
Glee evident

These four strips can be moved around the book they lay in
Changing their scenery,
Changing the meaning of their play
And as I compose the images,
I myself
Engage in play

First scene:
The children play
On an expanse of what looks like pale blue gray marble
With a hinting of wet sand in the upper right
They play alone but they care not

"are you playing a game?"

"No", yells one, "we are chasing our shadows in the sand"

"Is that not a game?"

"Of course not. It is what we do"

"Is that all you do?"

"We make patterns in the sand, see how they twist in the wind"

"Yes, they are beautiful. But oh- look, the wind has taken them away again"

"We care not. We can make more, we have been here forever"

"Don't you get lonely?"

"Of course not. We have each other"

"Children, how do you grieve? I see you crying, playing in the hallways of the palliative care unit. How do you process grief?"

"What is grief?"

"It's all the feelings you feel when someone you love dies"

"We feel it."

"Yes but how do you process it?"

"What do you mean how do we grieve? We feel it.
In our bodies. And then we go play."

Second scene:

Children playing on what looks like a bridge,
Bridges are transition, change,
One place to the next,
Children, where are you going?

"We care not, it is elsewhere"

Where is this elsewhere? How do you know it will be good? How will you know it will be safe?

"We play, we move, that is what we do—jump with us!"

Third scene:

Children playing in seafoam green water
On the next page, entering a cavity in the wall
Looking through, the hole in the wall
Leads to a corner,
Trapped,
Dead end.

Why are you going in there?
"Why not? We are playing, we can pretend it's the inside of a space ship"

Won't you feel stuck?

"No, it's all pretend, you use your imagination!"

I let go of planning and scheming and join them in play.