aNZJAT

AUSTRALIAN AND NEW ZEALAND JOURNAL OF ARTS THERAPY

Volume 10. Number 1. 2015

A peer-reviewed journal of the Australian and New Zealand Arts Therapy Association

Response art with a dying patient and her family

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Abstract

This article documents the use of response art by a trainee art therapist in a hospice in Singapore, which was the result of working with a dying patient and her family within a very short timeframe. It uses a personal narrative to present the therapeutic encounter and its aftermath, and shows the evolution of the therapeutic interaction within the context of the client and her family.

Keywords

Response art, dying patient, hospice care, Singapore, single session.

Response art with a dying patient and her family

This discussion of the use of response art with a dying patient and her family is based on my experience with a client while I was an art therapy trainee attached to a hospice in Singapore. It examines the process of response art and its relevance to the practice of art therapy. The study is based on Fishman's interpretive model which is "naturalistic, individual-case-based, qualitatively focused, and description-and-discovery-driven" (2005, p.3). I have used my personal narrative to present the therapeutic encounter and its aftermath. Edwards (1999) supports the use of the personal narrative in art therapy case studies, citing Mahoney's comments on Freud as being "patently prepared to erase the line between his role as case writer, clinical pathologist, and author of creative fiction" (1987, p.8). Kapitan also embraces the role of narrative in art therapy research case studies (2010).

In my art therapy work in the hospice, I used a humanistic hermeneutic framework that emphasised the potential for intersubjectivity and interchange between the therapist and the client, and allowed for the evolution of the therapeutic interaction within the interlocking context of the client and their family. In this case, I not only worked with the rapidly changing physical condition of my client, Clara (pseudonym), but also with her husband's grief and bereavement process.

Material used in the study is based on clinical medical records, process notes of my interaction with the client and her family, and documentation of the process of creating response art. These provide a background to the use of the response art image in the wider context of the client's death and family grieving process.

Therapeutic interactions with the client

Clara was a 56 year old Chinese woman who had been an English tutor. When she was admitted to the hospice in early 2015 she had terminal advanced metastatic ovarian cancer. First diagnosed six years previously, she had undergone a series of operations, chemotherapy and radiotherapy. In 2014, while on a visit to Australia, Clara had had a pulmonary embolus and insisted on being repatriated to Singapore, where she did not want further treatment. She waited for a month in a private hospital until a bed became available in the hospice, where she was determined to die.

On the morning of her admission I had been briefly introduced to Clara and her husband, Owen (pseudonym). Later that day the social worker referred Clara to me for art

therapy because of her love of art-making. The next day, I made my first visit to assess her suitability for art therapy. Although she was tired due to the transfer from the hospital, she wanted to talk. I found that she was orientated in time and space and was voluble and coherent. She appeared to acknowledge and embrace her approaching death, yet radiated energy and engaged with life as fully as she was able to. According to her husband she was an Anglophile and had been educated by Europeans as a child. She was keen to talk to me, and often used my Christian name after I introduced myself. At that time I was about to start a ten-day mid-term break from college, so we arranged that I would start regular art therapy sessions with her as soon as I returned.

Since Clara had spoken of her love of drawing, I left a block of cartridge paper and some pencils in her room in case she felt like doing something to pass the time. This is not unusual in palliative care, as described in a therapeutic programme where materials had been left with patients (Gabriel, et al. 2001). I have also learnt that two things happen in hospice: the clients and their relatives may have a lot of time on their hands, but when things happen they can happen very quickly.

When I returned to work and went to see Clara she seemed very ill and was drowsy. In order to be comfortable she had to sit upright in bed, with her head bent forward. She was propped up on pillows and wearing an oxygen mask. The tumour masses were pressing on her lungs and against the side of her neck, and she was not able to breathe in any other position. I talked at length to Owen and he shared their story. They were a close couple and she was very much the boss of the family. I wondered how he would cope without her. He was gentle and appeared relaxed, almost the opposite of the energy which seemed to radiate from her. Although he was accepting of her impending death, I felt that he was still not ready for her to die.

The next morning I went into Clara's room and found that Owen, who had been almost constantly by her bedside since her admission, had gone to work. She was awake and wanted to talk to me. I sat beside her bed on a stool and made sure that I was at the same level as she was. At times I rested my forearm alongside hers on the pillow, deliberately mirroring her arm position; this can facilitate "visceral-emotional meaning-making" (Hass-Cohen, 2008, p.288, referencing Gallese, 2003). I also felt it was important for her to have some physical contact, since patients can become very physically isolated during their illnesses and touch is important. She was not able to make eye contact for long, but occasionally raised her head, eased the mask away from her nose and looked at me as she spoke. She said she had not done any drawing, as she used to enjoy doing very delicate graduated shading in black and white, and now it was too difficult for her to hold the pencil and draw as precisely as she wished to.

She went over some of our previous conversation. I noticed that in spite of increasing doses of analgesia for her pain, she was very alert and still completely oriented mentally in time and space. She wanted to talk, and appeared to want to talk to me particularly. She said that she had been waiting for me to come back.

I reflected on two things. Firstly that, for once, my being English was an asset; it gave us a connection to which she responded. In contrast, there were many Chinese-speaking patients in the hospice with whom I was not able to communicate.

Secondly, this was going to be a talking session. This had happened to me previously in my clinical placements, and initially I had been worried, but clinical supervision had reassured me that art therapy could also include non-art-making sessions. I found that as I gained more experience I had become more confident in letting the client set the pace and find their own comfort level, in order to work on what was important for them. The art-making occurred when it was appropriate, but it did not always take first place (Milner, 2010).

Much of our interaction gave me the feeling that Clara was teaching me, and she used my name frequently. She was fully aware of her approaching death and appeared to want

to give me a legacy of what she had learnt – using time well, being content with a partner, enjoying life while one was able and not procrastinating. I was reminded of another hospice patient, a man in his 80s, who had talked to me in a similar manner. Wood (1998) has mentioned the powerful need to leave something of oneself behind for relatives or staff. I wondered if there was an urgency for these two clients to have their message 'heard' or acknowledged before they died. I have since discovered that this is not uncommon, and Coote has discussed how terminally ill patients may choose to "plunge into the deep" (1998, p.59).

Clara raised the subject of her death, and I asked her what she thought she would find after her death and how she might draw it. I had previously discussed this question with my personal therapist, who had experience of working as an art therapist in hospice care, and her suggestion was that such a direct question was a good way of embracing the 'elephant in the room' with dying patients.

Clara thought, and then said, "I can't draw it. It is nebulous, greys and black shifting, but not all dark. It is like pencil shading. There is nothing concrete so I can't describe it". I listened and reflected this back to her, and held my attention and gaze on her. After a pause it seemed that my having raised the subject helped Clara feel safe and allowed her to speak openly with me.

She then started to talk about seeing "three Chinese ladies with dragon eyes, one in front and two on either side". She stopped, and then more details emerged. "They are dressed as if for Chinese New Year, maybe with jewellery, Julia, and maybe with flowers." My reaction was to think of two things: first, the cultural impact of a reference to Chinese culture. Although I have lived in Singapore for many years, as a European I was aware that I still only knew the culture superficially; I thought that if I knew more maybe I could reflect back and further engage her about these 'dragon-eyed ladies'. Did they come from myth? I wanted to look the reference up. My concerns were later validated while listening to the dissertation presentation given by a member of our training class, which drew attention to her ability, as a Chinese speaker and scholar, to understand and work with the subtle metaphorical use of Chinese idioms and expressions made by a client.

I also reflected on the effects of high doses of analgesia. Was Clara in a kind of waking dream, or was it an hallucination? But I realised that she was just describing to me what she could see in her head, so I put aside my 'rationalisation' and joined her in the reverie. I felt that the Chinese ladies whom Clara was describing were like guardians, companions, but again I waited before speaking. Clara said, "They are in a circle", and repeated, "one is in front, on top, and the others are either side". I visualised them as being with her, or rather her with them, after her death.

In response, and to reflect some of my understanding, I described my husband's Chinese grandmother who always put a flower behind her ear each day, because it had a beautiful scent. Clara said that she could not draw now, but that she liked to think about the images of the dragon-eyed ladies, and visualise them. It stopped her from thinking about other things.

The session had already lasted for more than an hour, and I did not want Clara to be overtired, so I gradually brought it to a close. I said that I would come and visit her again the following day, and suggested that she rest.

Kramer has highlighted the importance of the therapist's "capacity for empathy" (1971, p.39) and Neuwirth (1997) has identified that one of the most useful experiences for ill patients is that of empathy from another person. I feel that this is the strength of art therapy in hospice; it brings an empathic, attentive response that can help the dying patient. Wright (2009) described the importance he placed on resonance as generating a feeling of affinity and a sense of mutual recognition and communication. Masterson (2008) references Brizendine (2006), in discussing biological gender differences in neuroscience,

saying that, compared with men, "women have livelier and bulkier insulas, a brain area which processes intuitive feelings. They tend to rely more on insight and are better able to infer and translate non-verbal clues, as well as access instinctual thought" (2008, p.174). While this may be a generalisation, in this instance, as a woman therapist working with another woman, I resonated with Clara's descriptions, and the creation of response art was one of my reactions to the session.

Following the session I made a process note summary for her art therapy record, and searched for references to 'dragon-eyed ladies' on the Internet, in the college library and with other students. I was only able to find one reference, which came in a blog, but I have included it, as it influenced my subsequent response art. It described the myth of 'The Clever Dragon Lady', see Figure 1. According to the information accompanying the image, she was a "Buddhist figure who reportedly was so sharp that she understood life and became enlightened at the tender age of eight after hearing someone read the Lotus Sutra aloud" (Custer, 2010).

I returned home, and as I was still thinking about Clara's words, I used a black pencil and paper to explore my response to the scene that Clara had described, see Figure 2. It was a single drawing of three dragon-eyed ladies as

Figure 1. *The clever dragon lady*, (http://www.theworldofchinese.com/2010/10/do-halloween-the-chinese-way/)

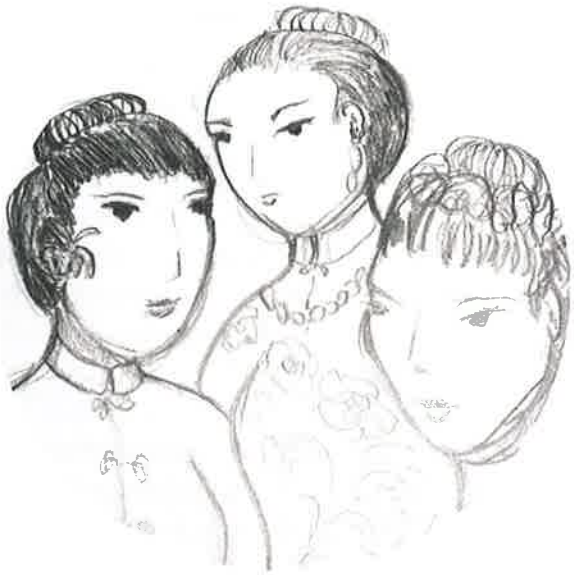

Figure 2. The three dragon-eyed ladies, one is above, and one on either side, Pencil, 280 x 280mm.

Figure 3. Leaf patterns, Found image, 140 x 140mm.

Figure 4. Golden dragon-eyed ladies, Photoshop composite image, 190 x 190mm.

far as possible as I had visualised them while Clara talked to me. When I was finished I wondered if I should take my drawing to share with her the following day, in order to continue with the therapy and help her further explore her dying, but I was not sure.

Early the next morning I found a picture of golden leaves, see Figure 3, and I combined it in Photoshop with the drawing. Everything changed, the faces altered, and the dragon-eyed ladies emerged, so I printed out the computer image, see Figure 4, and took it and my original drawing with me to the hospice.

I agree with Tyler (1998), and her belief in a 'collective unconsciousness' (Jung, 1989). According to Tyler we need to trust this sixth sense. She said, "I have used the word 'spirit' to describe this sense of 'otherness' which seems to act as illumination, prompter, guide, a sense of clarity, wisdom, a form of 'inner knowing' always accompanied by love" (1998, p.125). In my therapy session with Clara I felt that I had attuned to her so closely that I had made the drawing with an inner certainty that this was what she 'saw' in her reverie. Unfortunately, I was unable to know if my interpretation had the same meaning for Clara.

I went to Clara's room at around 9.30am with the drawing and the colour printout, intending to share them with her. There I learnt that she had collapsed during the night and she was unconscious, gasping, dying. Owen was standing at the end of the bed; he looked at me and started to talk. My focus shifted to him and I encouraged him to tell me what had happened, saying that I had had a long talk with Clara the previous morning. I shared a joke that she had told me and he laughed and said, "Of course, yes! She would have said that". I used this sharing to encourage him to reminisce about their early lives; he talked about her childhood, how they met, what they had been through together, her interests, and her love of creativity and drawing.

In the end, I decided to show him my final printout image, see Figure 4. He took hold of it, looked at it, and his response was, "This is just how she would draw, three women, maybe it is her three sisters". He kept the image, and I then encouraged him to still touch and talk to Clara, because even though she was unconscious she would still sense that he was there (Goldschmidt & van Meines, 2011). The doctor and nurses came into the room and I left. At 11.30am Clara died.

In Singapore, it is usual practice for Buddhist or Taoist Chinese to hold a wake for deceased family members before cremation. When I attended the wake as a member of the hospice staff, I found that golden curtains, with three bodhisattvas, and the central figure of Guan Yin, the goddess of mercy, surrounded Clara's open coffin. Owen stood beside us as we paid our respects, and then took us to a table to sit. He wanted to talk to me about Clara and the image, and he was joined by a niece who said, "I saw the image, of course we know who they are, we recognise the grandmother, and the older women, and yes, we do know about dragon-eyed ladies". On reflection, her comment made me wonder if this phrase was a metaphor used in the family, rather than a cultural reference, since I had not been able to trace an academic reference for the term.

I have not had further contact with Clara's family, as my training period with the hospice finished shortly after the funeral. We have been taught that terminations of whatever kind need to be attended to. I knew that in choosing to work in hospice care I would only spend short periods with clients, however, as this case has demonstrated it can be an extremely rich experience.

Discussion

Art therapy in palliative care

The terms 'palliative care' or 'hospice care' are used interchangeably to describe a concept first elucidated in 1967 by a doctor, Cicely Saunders, in reaction to what she saw as a lack of support for dying patients in hospital. She extended the concept of care at the end of life to emphasise a holistic or 'total' care approach (Richmond, 2005) that treated the patient and their family as a single unit, with "[i]mmense physical, social, psychological and spiritual needs which

were often neglected by health professionals" (Clark, 2007, p.238). This case study is an example of how art therapy in palliative care also extended beyond the dying patient to the family.

Art therapy in palliative care is practised in many different ways. To quote Connell,

> The situations encountered in a cancer hospital radically influence the therapist's approach. She works with what she finds, people who are enormously challenged by a life-threatening illness. Her role is constantly being rediscovered as she spends time with each individual, and the aims of treatment revealed in their many aspects seem to lead to but one aim: that for the patient, amidst all the fears, muddles and incomprehension, at least something might be understood. (1998, p.86)

Wood (1998) has written about the unusual boundaries in art therapy practice in palliative care, and while I hoped to maintain a reasonable boundary of safety, I felt that the interaction between myself and this particular client in the single session, and the resulting response art, may have been the result of some kind of creative fusion between us, which made me examine my experience and reactions closely.

The single session in palliative care

In my work as a trainee art therapist in palliative care settings in Singapore, I occasionally found a reluctance by staff to recommend some patients for art therapy, because they were considered to be too ill, and that there might not be enough time for effective art therapy to take place. This issue has been addressed by Hardy (2005) who examines the brief amount of time that patients may have to engage in art therapy in palliative care settings, and how this may affect the interaction between the therapist and the client. He cites Barraclough (1994) who "argued that brevity in therapy in palliative care compromises and restricts practice" (Waller & Sibbert, 2005, p.188), and counters this with an opposite viewpoint; that of the intense engagement by those who are near the point of death (Yallom, 1980; Wood, 1990; Schaverien, 1998). Several authors, including Balloqui (2005) and Wood (1998, 2005) give examples of the effects of single sessions with a dying patient, and I too found that it was possible to work within very short timeframes. Despite the restrictions referred to by Barraclough (1994), short-term interactions may be all that is possible with some dying patients. I feel that if the therapist is able to take a flexible of approach that is sensitive to the patient's needs, art therapy can still be of value to the patient, and should not be ignored.

The use of response art in art therapy

The term 'response art' was initially used by Allen (1999) when reviewing *Art and soul: Reflections on an artistic psychology* (Moon, 1997). It has become an embracing term for the art therapist's use of art in several different situations: within sessions to interact with clients (Fish, 1989; Kielo, 1991; Moon, 1997); following client sessions to process counter-transference (Miller, 2007); in supervision (Fish, 2008); and as advocacy for clients (Joseph, 2006). Dobbs said that as a therapist she found "image-making therapeutic in its own right" (2008, p.133). The use of response art by the art therapist can be compared to the 'space' that the art-making gives to the client in an art therapy session.

Personal use of response art

Throughout my training I used response art in reviewing my reactions to my encounters with clients. I have a strong visual memory and found that re-visiting my experiences through image-making helped me to process situations and make sense of my counter-transference. Much of the art that I made was very personal and I have only used one example in this study, as it specifically related to the clinical case that is presented.

My response to Clara was to create an image that allowed me to absorb and process the interaction between us, and gave me an image which also communicated with members of her family in different ways.

The art therapist as an attentive witness

When working with clients I particularly resonate with Hyland Moon's (2002) identification of the role of the art therapist as a witness, and the therapist's mirroring response (Lachman-Chapin, 1979). Balloqui, discussing the single session, references Learmonth's (1994) advocation of waiting in attentive silence, and she continues, "the silent, attentive therapist who resonates with the patient is a valuable witness to his or her experience. There are, however, times when we find ourselves inadvertently reacting to what the patient brings" (Balloqui, 2005, p.135). I had not planned to create response art following the session with the client, but what Clara shared with me created a strong visual impression that I could not entirely portray in the process notes of the session.

I was deeply affected by my interaction with Clara and her family. I learnt much from Clara, and have recognised that although we are taught art therapy theory that originates from a Western background, it is equally valid to use it in an Asian context. Despite the obvious outer veneer of culture, grief and bereavement are common human experiences; I feel that it is only the expression and rituals of grief that make it appear different. Art therapy is at its core a non-verbal modality, and thus enables emotional expression regardless of the cultural context.

Conclusion

This case study documents a very short period. The response art was created as a result of my verbal interaction during a single session with the client, Clara, but it was later shared with her husband, Owen, after she had become unconscious, dying soon after. I have considered whether my actions were ethical, in view of client confidentiality.

I was not only working with the client but I was also in close contact with her husband. Response art enabled me to pay attention to my reactions, and at the same time it acted as a partial facilitator of his bereavement process, in a similar manner to Rutenberg's legacy work with a clay casting of the dying patient's hands (2008).

In summary, I found that the image created as my response art to my session with Clara was used and reacted to by her family, as both her husband and niece interpreted the image as a reference to members of the family. My own reflection at the wake was to think of the echoes of the image in the golden curtains and statues of bodhisattvas, and I have chosen to write about the experience as yet one more example of how response art can be used; it can create a connection from the dying client to family members, and I witnessed how it became a legacy as each person who saw the image responded with their own interpretation. Finally, as an art therapy student working in hospice care, Clara's legacy to me was a rich learning experience in the power of the image in art therapy to communicate.

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