



Thanatology and the Arts

Expressive Arts and Thanatology:
An Image a Day¹



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*The ultimate goal
of all art is relief
from suffering and
the rising above it.*
—Gustav Mahler

Expressive therapy is predicated on the assumption that people can heal through use of the imagination and various forms of creative expression in the arts—literary, musical, dramatic, and visual. Expressive therapy, also known as creative arts therapy, differs from traditional art expression in emphasizing the creative process rather than the final product or work. Engaging in the arts—including the expressive therapies—as participant or observer is in itself a creative act, often catalyst enough to arouse our senses and stimulate our imaginations, causing us to wonder, to analyze, to feel connected (or disconnected), to be inspired. The engagement with art involves attention, analysis, identification, catharsis, and insight. The beauty of the process is its openness to interpretations, to the way any of us—therapist, nurse, patient, client, colleague—takes it in and uses it for oneself, in personal and professional contexts (adapted from Bertman, 1999, p. 3).

Why Write?

Artists are lucky. They are adept at using their own media to work out their questions, joy, or anguish. Adrienne Rich turns to her craft, poetry, to explore her own interior experience with cancer. Her words in “Diving Into the Wreck” (1973)



Figure 1. ©Deidre Scherer, “Mother and Child,” 2001. Fabric and thread. All rights reserved. Used with permission.

prod others to face empty spaces, to trust the unknown, the shady areas, and their own creativity in order to find the seeds of healing:

*I came to explore the wreck.
The words are purposes.
The words are maps.
I came to see the damage that was
done.
And the treasures that prevail.*
Physician and poet Rafael Campo makes no bones about resorting to writing poetry for insight, solace, and mastery. He wrote in the poem “Song Before Dying”:
*I have a cancer in my arm. I write
So I can see it better—on the page—
. . .
It's not the cancer, but the thoughts
I fear. . . .
It looks so harmless when it's poetry
(1996, p. 77).*

Author's note: The articles in this issue of *The Forum* document and expand on the creative uses of expressive therapies. A repertoire of case studies from the visual and literary arts and from popular culture is being compiled to elicit concerns, introduce concepts, enhance skills, explore attitudes, and promote healing. Please feel free to share your own experiences with the author. (Image-a-Day Repertoire Project/www.sandrabertman.com or sbertman@comcast.net)

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Campo suggests in this poem that just naming the disease—cancer—writing it down on paper, puts it out there. It's the Rumpelstiltskin effect. Finding the right name for something gives us control over it. When the queen guessed Rumpelstiltskin's name, he tore himself in two and troubled her no longer. As in the fairy tale, if the problem is named, it is somehow hobbled. One is able to see past the mental fears, to look squarely at the “damage that was done,” put it in perspective, and focus on the “treasures” that remain.

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In nonclinical and clinical populations, James Pennebaker demonstrated that when individuals write about emotional experiences, significant physical and mental health improvements follow (Pennebaker, 2000; Baikie & Wilhelm, 2005). Pennebaker has introduced writing exercises and documented mental and physical effects of expressive autobiographical writing. These exercises are widely used in a number of health and rehabilitation programs. He notes that patients' autobiographical writing can have a therapeutic effect for the sufferer. It is also a powerful means for health professionals to gain, with the perspective of narrative-based medicine (Charon, 2006), a better understanding of the patients' illness experience.

In *The Dead, Alive and Busy*, the poet Alan Shapiro graphically details human frailties and indignities, particularly with reference to his father's and sister's illnesses and death. He describes his father in the bath:

*Naked before me, helpless . . .
The penis slack and floating beneath the belly fat, . . .
We needed customary speech but knew no custom*
(2000, p. 14).

He declares, "Writing wasn't grieving but the deferral of grief, or at the very best the transformation of what I was passively suffering into something I could actively make. I was transforming a terrible sorrow into an aesthetic problem that the writing of the poem was a way to solve. . . . But all I solved in writing the poems was the writing of the poems" (McHenry, 2002). Nevertheless, the very writing is an act of respect rather than violation, turning grief into something "actively" made. Literary critic and English professor Lisa Schnell (2000) writes of slowly regaining her ability to find and express herself in words after her daughter's death. Claire, suffering from the rare and devastating birth defect lissencephaly, died at 18 months, leaving Schnell "choking on" her grief, her vocal chords metaphorically paralyzed.

Words had turned on me. . . . they were language, a reminder of what Claire would never have; or they were just absent—the core of inarticulateness inside me, my helplessness, my inability to turn my grief and fear into a narrative with a happy ending.

Incapacitated by grief, she wished only to be with her baby daughter: "I just wanted to be dead with Claire. I wasn't suicidal. I didn't want to make myself dead, just be dead." Ultimately, this grieving mother found the words for the "lessons" death had taught her.

Only later did I understand that Claire needed me to live; that her dying—and my not—hadn't been a flagrant violation of some sort of maternal symmetry. I am still Claire's mom.

Visual Case Studies

Visual case studies serve multiple purposes: to stimulate our imaginations; to initiate dialogues with clients, colleagues, friends, students; to elicit concerns; to introduce concepts; to enhance or build skills; to explore attitudes; and to promote healing (Bertman, 2002, 2003, 2008). The use of visual studies to stimulate the creative imagination benefits those living with and dying from chronic or life-limiting illness. It also benefits family members and practitioners during the illness and in its aftermath (Bertman, 1991, 1997).

Expanding from the well-known medical mantra, "See one. Do one. Teach one," I urge a further phrase—"Use one." In group settings, whether with health-care professionals or support groups, after allowing participants to silently immerse themselves in the image for a minute, I simply ask three questions: (1) What is going on in the image? (2) Why do you say that? (3) What else do you see? After several members have responded, one might add, (4) How might you change the image?

Moved by Schnell's writing, I invited her to take part in a visual case study exercise. I sent her a photocopy of Deidre Scherer's fabric art, "Mother and Child" (Figure 1), along with a broad "probe question" to guide her: "Please flesh out your reflections on this image with a story, vignette, title, quotation, or any commentary."

Schnell responded to the image and to how it felt to write about it:

I was very struck by one particular part of the incredibly moving image you sent me, but in focusing on that I've tried to get across some of the complexity of my own experience of mothering a dying child. . . . It was good to write it, a more powerful experience than I had anticipated.

Here is part of Schnell's response:

Clear plastic tubing: months after the breast pump had been put away it reappeared, what seemed like miles of it, stretching from the tiny cannula in her nostrils to the big oxygen machine. It was May now, and the tubing was soft and flexible as we carried her from the living room to the bedroom, and sometimes even outside to the front porch. The gush of milk had long since ceded to the persistent leak of tears; the chill of anxiety was about to be replaced by the everlasting ache of grief. But there was an unmistakable calm in her wide gray eyes as she looked at me, tangled up in all that plastic tubing.

Schnell gradually rediscovered the "redemptive power of language." "I found the process of writing profoundly enriching; in its simplest formulation I suppose it was a way I could continue to be Claire's mom" (2000, p. 26).

Debating the rightness or wrongness of these perspectives is not the issue. With any work of art—a poem, a painting, a photograph, a piece of music—there are always a host of participants: the creator, the subject of the work, the reader, the viewer or listener, and perhaps, even the teacher, therapist, or "user" of the work for a specific purpose. Whether they read another poet's lines or write their own, people in grief use words as a possible means out of their devastation.

I sent the same visual case study image to Annette O'Brien, whose grandson at age 2 years and 4 months died after a struggle with the same illness, lissencephaly. This image raised a question that still continues to haunt her: "Did we serve Liam's best interests by prolonging his life—and possibly his suffering—another 6 months with a feeding tube?" The following is O'Brien's interpretation of Scherer's art:

She closes her eyes. She thinks if she holds him a bit longer he may stay to comfort her. She is upright in her chair so sleep cannot creep up on her. How could she live with herself if she were to fall asleep only to awake and find him gone? The window is open but she and the child are swaddled together in the all too familiar quilt

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she had made to celebrate his birth. Now she uses it as a shroud. She is afraid to look into his eyes; she feels his bony prominences; she hears the whir of the feeding pump. Just who is she trying to sustain?

The child is suffering. He no longer wants this artificial feeding that has come to be a painful experience for him. He just wants to lie down beside her and close his eyes. His sunken eyes are wide open. He hopes his eyes will meet hers so that she might see what he is trying to tell her. He looks upwards desperately trying to catch her eyes in a glance. Can't she see what his eyes are saying?

Regarding the assignment, the grandmother comments:

Studying this visual has been a valuable, cathartic experience for me. I hope that sharing my thoughts and innermost feelings about our life with Liam will benefit other families and change the way we look at life of our most precious children. We need to rethink our approach to dying children. We need to look into their eyes and hear what they are saying. There is meaning to their brief lives. We only need to listen. The families are in such pain; guilt can be overwhelming; decision-making insurmountable. . . . They cling to hope, a hope that can never be realized. It is incumbent upon those who are professional caretakers of these families and children to be sensitive, compassionate, and supportive of the decisions these families make.

Why Art?

Let me whet your appetites for use of the arts and expressive therapies in your teaching and clinical practice by using the visual modality I'm drawn to in another way. Even in literature—especially poetry and children's books—dance, and drama, the arrangement of the words on the page, the choreography and staging are crafted to ignite our imaginations.

In illness, dying, and bereavement, we talk of being present—both of living in the now and of the power of presence. The creation of any of the arts is an active process, and part of their real strength as seen in the Rich and Campo excerpts is to motivate people to stay present in the world in a way that brings together dynamically both being and doing (Hartley & Payne, 2008, p. 30).

We are meaning-making, meaning-seeking creatures. We cannot look at an image—even a word image—without trying to find meaning. The following exercise shows how using a visual image can help people express themselves more freely and make the abstract concrete.

Let each of the letters in Figure 2 be the first of a word, phrase, or sentence. Write freely the words that come without stopping, censoring, or judging. This exercise is for spontaneity, creativity, and discovery, capable of concisely triggering a pointed or ingenious turn of thought. Poetic rather than explanatory, it validates the ability of the image to expand communication and offer insight outside the scope of

the reasoning mind (2001).

Here is the response from a palliative care nurse:

How are your spirits today?
Often I wonder; seldom I ask.
Perhaps you'd like to share your thoughts with me.
Every day is different.

A parent of a dying child wrote:

Heavenly father
Open your arms and heart
Prepare us for whatever happens
Endings are but new beginnings

These responses reflect the importance of acknowledging that hope changes over time: perhaps from cure to comfort, for the courage to stay present, to be able to cope with whatever happens. The gauze clears and one discovers exactly what one wants or needs. It seems that each responder gained a sense of comfort and an ability to express complex feelings from his or her use of this visual poetry exercise.

Why Expressive Therapies?

This article provides examples both of artists using their art to express their most complex feelings about illness, death, or grief, and of people responding to visual and word images as a means of expressing their deepest feelings about such crises. Art can help us gain some control over suffering, achieving catharsis and insight that may move us forward in the process of healing. For thanatologists—be they therapists, educators, or researchers—“I would go so far as to suggest that there is an unmistakable synergy between therapeutic and aesthetic competence. Both involve grappling with understanding of ambiguity, nuance, metaphor, and comfort with the inexpressible” (2008, p. 55).



Figure 2. Bertman, © 2000.

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