Art Therapy in Hospice: A Catalyst for Insight and Healing

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Published online: 06 Sep 2013.

To cite this article: Mary B. Safrai (2013) Art Therapy in Hospice: A Catalyst for Insight and Healing, Art Therapy: Journal of the American Art Therapy Association, 30:3, 122-129, DOI: 10.1080/07421656.2013.819283

To link to this article: http://dx.doi.org/10.1080/07421656.2013.819283
Abstract

The reach of art therapy in assisting a hospice patient in confronting existential issues at the end of life is illustrated in this article with a case that took place over the course of 22 semiweekly sessions. Painting with an art therapist allowed the patient to shift from a state of anxiety and existential dread to a more accepting, fluid awareness of the dying process. Additional benefits to the patient included improved quality of life, self-expression, and meaning making, as well as an increased ability to relate to the art therapist and to connect with family members and staff. The case illustrates the power of art, art therapy, and the therapeutic relationship in coping with end-of-life issues and concerns.

Art in hospice care is an important component of a holistic approach to patient care and well-being. When patients shift their focus from pursuit of a cure to an emphasis on quality of life while coming to terms with their mortality, art can serve as a powerful vehicle for expression and comprehension of this intensely personal experience. Patient distress can stem from a range of anxieties that may be difficult to articulate. Art therapy can provide a space for expression of concerns and support for patient needs on an individual basis. The art therapist can serve as a witness in the patient’s process of meaning making at the end of life and can provide support as patients explore their deepest wishes in the face of dying. In this article, a case history of a patient working with art in hospice care serves to illustrate how art therapy can be the catalyst for dealing with end-of-life issues.

A patient in hospice care often experiences feelings of isolation, which art therapy helps to mitigate through the transformative power of relationship. Patients can use art to enter into a time of growth that lifts them from their isolation to a place of connection. In the process they may be motivated to become active in taking leave of their families and friends. A heartfelt goodbye can be a source of sustained comfort for loved ones. Art therapy in hospice offers healing and life-enhancing benefits for patients, families, and staff.

Art Therapy in Hospice

Hospice is a form of palliative care for patients who, due to terminal illness, no longer qualify for curative medical treatment. This form of care involves an interdisciplinary team approach that is designed to enhance a patient’s life when life expectancy is months rather than years (Hospice Association of America, n.d.). Hospice is not a place; it is a status that certifies that treatment is no longer deemed effective and that the patient's prognosis is a life expectancy of fewer than 6 months. Hospice care addresses the emotional, spiritual, and social impact of serious illness on the patient and on the patient's family and friends. Guided by the mandate to control pain and to optimize quality of life, a hospice team comprising a physician, nurse, social worker, spiritual care counselor, therapist, bereavement counselor, volunteer, and other supportive helpers coordinates a treatment plan that is tailored to the patient’s individual needs.

As medical treatment ends, quality of life becomes paramount. The patient may need a vehicle for pain reduction, personal expression, increased family connection, and an opportunity to address end-of-life issues. Art therapy can have a role in pain management. When patients experience spiritual or emotional pain, their physical pain thresholds may lower, resulting in feeling bodily pain more acutely. Art therapy provides an opportunity for patients to express feelings and anxieties, which can help them release tension and boost their sense of well-being (Thomas & Kennedy, 1995).

Art making in hospice care is used to address not only the patient’s needs, but also those of families, caregivers, and friends. For the patient, making art provides an opportunity to shift from the passive position of being ill to the active stance of an expressive individual. Through art therapy, the patient discovers choices and independent actions in service of self-expression (Wood, 1998). The arts allow room for “what is possible rather than what has been lost” (Kelley, 1999, p. 139). In viewing patient artwork, family caregivers, and friends are invited into the patient’s creative process and prompted to relate to their loved one as a whole person rather than as a sick person. Kaye (1998) made a strong case for the effectiveness of art and art therapy as a bridge for communication between patients and their communities.

Art therapy in hospice care is an intimate encounter. During an art therapy session, the therapist and hospice patient enter into and share a space where the creative spirit can flourish. Kelley (1999) insightfully described her
understanding of the value hospice patients place on this creative collaboration:

The courage of the human spirit is never more evident as when patients choose to take creative risks, to transcend physical limitations, to examine their lives through the arts in order to meet death with equanimity. The artwork, or gift, becomes a visible symbol of their love and will, a triumph of their spirit. The whole process of making art is healing, as patients, families, and staff experience well-being and heightened awareness, approaching the great mystery of death. (p. 143)

The process of art making can open the door to a rich experience of summing up and savoring the experience of one’s life as a whole.

**End-of-Life Issues**

Medical treatment is often stressful, painful, and costly. Through it all many patients and their loved ones are sustained by a sense of hope that the course of illness will be stopped. For 71-year-old Eli (pseudonym), the subject of this case, the day finally came when his doctor informed him that further cancer treatment would not be effective and that he should make end-of-life plans. Despite several periods of remission during 5 years of cancer treatments, Eli’s illness had progressed.

When hope for a cure ends, feelings of despair are perhaps the most painful to endure. In his model of the stages of psychosocial development, Erikson defined the struggle of the eighth and last stage of life as integrity, defined as “a sense of coherence and wholeness,” versus despair or dread (as cited in Erikson & Erikson, 1997, p. 65). Although Erikson, in describing this last stage, was focused on older adults, serious illness affects people of all ages. Close to 60% of hospice patients in the United States are younger than 85 years of age (National Hospice and Palliative Care Organization, 2012). Erikson’s final stage of integrity versus despair seems applicable to patients of younger ages as they confront the end of their lives and the despair associated with decline and loss. “As independence and control are challenged, self-esteem and confidence weaken…. To face down despair with faith and appropriate humility is perhaps the wisest course” (Erikson & Erikson, 1997, p. 106).

As patients grapple with end-of-life issues, the wish to sum up one’s life as meaningful often asserts itself. This wish can fuel development of the psychosocial strength that Erikson and Erikson (1997) associated with the last stage, namely wisdom, defined as “informed and detached concern with life in the face of death itself” (p. 61). Wisdom can be viewed as the summation of all of life’s lessons.

Coming to terms with the end of life can be a time of rich understanding and connection, as was the case for Eli. However, the process of wisdom making is not straightforward. The dynamics of the final stage of life entail ongoing negotiation between integrity and despair with all the attendant ups and downs. Ravid-Horesh (2004) observed that integrity and despair coexist in a more mutually inclusive relationship than earlier previous research suggested. There is “no embedded conflict between the two themes” and a sense of integrity can be “flexible and pervasive enough to accommodate spells of despair” (p. 313). Although Eli struggled with despair that stemmed from his regrets and physical deterioration, at the same time he still engaged in art making as a means of self-expression.

The intense feelings evoked by facing one’s mortality propel many people to seek relief through a search for “wholeness, healing life’s wounds, and making peace with the world” (Kelley, 1999, p. 139). This effort to see one’s life as satisfying might well be the impetus for the development of wisdom. In the process of reflecting on past and present experiences and relationships, individuals can expand their understanding of themselves and their worth within the scope of their lives.

Yalom (1980) saw life and death as interdependent, writing that “though the physicality of death destroys us the idea of death saves us” (p. 40). A hospice patient’s acknowledgement of impending death “contributes a sense of poignancy to life, provides a radical shift of life perspective, and can transport one from a mode of living characterized by diversions, tranquillization, and petty anxieties to a more authentic mode” (Yalom, 1980, p. 40). The struggle of integrity versus despair is essentially the struggle of reframing life with death. In the process, extraneous concerns fall away as more authentic, true, and unique qualities gain prominence.

By its very nature, a shift from the preoccupations of everyday life to an awareness that one’s life is ending entails a journey through formidable inner terrain. For Eli the visual arts were of particular value. He used them to move into unknown territory where he could explore the mystery of his life through the creation of organic forms that appeared to him as having come from some unknown part of himself. Kelley (1999) saw this process as containing the “seed of transformation…present in every art-making process [that] can help to prepare patients for their final transformation, death” (p. 139). As he contemplated his artwork, Eli came to see himself in a new light that illuminated the richness of his inner world in ways he had not previously experienced.

**Art Therapy Sessions**

Eli entered a nursing facility in a large metropolitan city for the last 2 months of his life because he could no longer function independently. I met him a few days after his arrival. He was delighted, he said, to hear that I was an art therapist—“whatever that is.” Over the years, Eli had enrolled in a number of art classes and was a regular art museum attendee. More recently he had painted in an artist-run studio at the hospital where he was undergoing cancer treatment. We spent some time talking about the artwork that Eli had created previously. He speculated that painting might be too complicated now but he was willing to try collage, provided I brought no brightly colored paper and no pictures from magazines. He mentioned that his past artwork had been in imitation of well-known painters, mostly abstract expressionists whom he admired. He was particularly
drawn to the painter Rothko. We spoke of exhibitions and museums that we each had visited and found many points of common interest. This initial sharing helped us establish a bond as fellow art lovers in the first of what would be 22 art therapy sessions.

A week later I brought the collage papers Eli had requested, glue, and also oil pastels in case he wanted to use them. When he saw the art materials laid out on the table, he exclaimed that it felt “like old times.” Eli took a long time to meticulously examine the various papers and cardboard before him. As he fingered the materials, he compared them (somewhat unfavorably) to those he had used in the past. It became clear that what I brought was not what he anticipated and that he would have been happier having the materials he remembered. Eli described to me in detail the papers he was used to but eventually he agreed to try working with what was available. He took his time selecting the paper and tentatively placing one color next to the other. As he quietly tore the papers into shapes, Eli asked me to sit with him, saying that he “liked the company.”

Eli worked slowly and after some time asked for directions on how he should place his collage pieces. I encouraged him to move the papers around in order to evaluate various possibilities. As he did so, he mentioned that he had given the artwork he had done in the hospital to his doctors, saying that he wanted to be remembered. This wish for legacy emerged as important for Eli and motivated him to create even when he felt weak and discouraged.

As I watched, Eli made decisions about placement and determined that some oil pastels would be a good addition to the piece. He then reflected that he could not believe that in all the time we had been working together in the session, he had not thought about his habitual preoccupation. I asked what that was and he replied, “death.” Specifically, he said, he wondered if his mind would live on and what would happen to his soul. He feared he would cease to exist. When I asked if he thought about death frequently, he replied “all the time.” Yalom (1980) wrote that the fear of death is a “primal source of anxiety”; at base it is a dread about “ceasing to be,” or “losing oneself and becoming nothingness” (pp. 42–43). Eli’s fear and anxiety overwhelmed him at times, but even at such times he was quite willing to paint. I was able to observe how effectively art making helped him to express and relieve anxiety, to manage his fears, and to reduce tension.

When Eli finished his collage (Figure 1), we sat and looked at it for a long time. Then he said that for the first time in his life he now would like to work from his feelings and create something uniquely his own, rather than producing artwork in imitation of others. He expressed his wish to compose a series of paintings—something, he said, he had never done. “Now is the time,” he stated. We agreed to work toward bringing the project he envisioned to fruition. I was struck by the contrast between Eli’s ongoing preoccupation with death and his desire to make plans. I understood his wish to make art as an affirmation of his life. Then, as if to reconcile this tension, he confided that he intended to outlive everyone’s expectations.

![Figure 1 Eli’s First Collage (9” x 12” mixed media)](image)

**Meaning Making Through Life Review**

Unearthing the coherence of one’s life is itself a creative process. Inner storytelling can help to sort the stream of activities that comprise people’s lives. Individuals absorb, interpret, and reframe the events of their lives as new experiences accumulate. One outcome of life review can be realization of integrity. Gruen (1964) defined integrity as “a basic acceptance of one’s life as having been inevitable, appropriate, and meaningful” (p. 3). As an end-stage process, life review is the grappling with where and how to place life events within the inner story, which gradually results in a framework of cohesion.

Inner questioning that is connected to matters of conscience, self-worth, and relationship, both with others and with a higher power, can precipitate an existential crisis. This may manifest as a need to realize the meaning and purpose of one’s life. Such a crisis can open a space for creative solutions or reframing of life in ways that may not have been considered previously (Fink, 2011). A mix of verbal and nonverbal techniques can be of particular value in helping a person access a variety of perspectives and possible interpretations. According to Bell (1998), the nonverbal intuitive nature of art making in particular “can be the way in which a patient communicates to the world feelings of what may seem like unfathomable despair and uncertainty” (p. 95). In the
process of art making, intuition and feeling can be expressed in metaphors that speak to the patient and to the surrounding world.

Eli’s Life Story in Art

Eli described his life as quiet and uneventful. He was retired from his work as an accountant in a bureaucratic setting and had lived alone most of his life, having never married. Eli valued routine; he ate a fish sandwich every night for dinner. He habitually accumulated piles of papers and struggled to keep track of them. “You have no idea how much of my life I’ve spent checking and rechecking things,” he told me. His extended family was small and distant, but he maintained a connection with his brother until his death. Although he described himself as an unobservant Jew, he had belonged to a number of Orthodox synagogues over the course of his lifetime. He spoke about how intimidated he had felt by rabbis he had known. In speaking about himself, Eli emphasized his insignificance and his sense of unworthiness.

Eli requested that we meet more often. We started working together twice weekly and by our sixth session he decided it was time to paint. He had created some collages on his own, but said that when I was with him he felt like he wanted to paint. I provided watercolors, a few brushes, and small sheets of paper (5” × 8”). I kept selection options limited and the paper size small in recognition of how overwhelmed Eli seemed to feel when he needed to organize or decide on something. I arranged the art materials on a small table and explained the effects of using different amounts of water with the paint.

Eli liked to speak at length about how he was going to paint, and I had to encourage him to pick up the brush and begin. He requested that I paint along with him. I found that his preference for my company served to strengthen our therapeutic relationship, which called to mind Winnicott’s (1971) description of psychotherapy as occurring “in the overlap of two areas of playing” between patient and therapist (p. 51). The excitement of play is fueled by Eli’s eagerness to expand his perceptions. It was this eagerness, I believe, that moved Eli to explore the questions of his life in ways that he had not previously considered. As we talked together, Eli repeatedly said, “I need to hear this.” He referred to his life of “checking and rechecking” things and said that he now felt invited into worlds wider than any he had previously considered. As we talked, Eli completed a brightly colored painting (Figure 2) that we both agreed resembled an image of galaxies.

Eli’s physical abilities were declining and he could no longer get around without a wheelchair. He continued to wonder if he would cease to exist when he died; he wanted this not to be the case. He spoke about his sense of increasing helplessness and how hard it was to depend on others for his basic needs.

As he struggled to manage the anxiety related to his physical decline and the reduced effectiveness of intellectualizing as a coping mechanism, Eli and I discussed the possibility of a soul that could remain even as the mind departs. I mentioned faith as a function of integrating “the unknown and the known together in a living whole” (Merton, 2007, p. 136). Eli said that not knowing frightened him. We sat in silence for a moment in recognition of Eli’s fear. Then we each recalled reading Frankl’s (1984) work about meaning and purpose and considered his emphasis on moving beyond the self:

The true meaning of life is to be discovered in the world rather than within man or his own psyche, as though it were a closed system.... “The self-transcendence of human existence” denotes the fact that being human always points, and is directed, to something, or someone, other than...
oneself—be it meaning to fulfill or another human being to encounter. (p. 133)

The act of self-transcendence struck me as central to what was happening between Eli and me in our therapeutic relationship. Eli came to trust me as an ally, and in turn, I responded to his need for validation, strength, and support in the struggle of his life. Together we were able to move beyond ourselves into a space of special import to each of us, a place where we could use the energy of who we were to endow Eli with his unique worth. J. M. Erikson (in Erikson & Erikson, 1997) wrote of transcendence as a path to the fullness of our human potential:

I am persuaded that only by doing and making do we become. . . . Transcendence [sic] may be a regaining of lost skills, including play, activity, joy, and song, and, above all, a major leap above and beyond the fear of death . . . [to call] forth the language of the arts; nothing else speaks so deeply and meaningfully to our hearts and souls. (p. 127)

Self-transcendence is what happens when people reach beyond themselves. One might do so in order to connect with another being so as to elevate ordinary interactions into intimate encounters. Or self-transcendence might occur when a person dares to take a leap into the unknown. We take this risk for the sake of experiencing joy.

Art Making as a Medium for Self-Discovery

By our ninth session, Eli was talking less and painting more. Despite his continued inhibitions and fear that others would not find anything interesting in his work, he seemed to experience calm in reaction to my affirmation of his uniqueness. My support seemed to free him to paint. He had become comfortable with a process of washes and drips, which he allowed to dry before adding more layers of paint. I brought larger paper (9” × 12” ) that I bound along the edges with 5/8” masking tape to create a finished edge. Eli liked the idea of working on a larger surface.

During our 13th session, Eli filled his paper with blue and some red, and said that it was full of feeling. After he finished the painting (Figure 3), he looked at the results for a long time and said that the picture was “mysterious” to him and “unlike anything” he had ever done. He was pleased with the results.

A volunteer brought Eli a pamphlet about the work of Gustav Klimt, and he felt attracted to the peacock pattern on the woman’s cape depicted in The Kiss. During our 14th session, Eli wanted to paint something like that. He used pencil to outline details before painting. He worked hunched over the paper and carefully dabbed paint into the outline of his design. When he finished (Figure 4), he said that he liked it, but that it was “not him.” He referred to the painting as “wallpaper,” something in the background with no particular interest. About a week later, he decided to paint over his Klimt-inspired image. When he was finished (Figure 5), he liked it and said that it was definitely not wallpaper anymore. I regarded the transformation of the “wallpaper” painting as a milestone in Eli’s journey to “live authentically”—as distinct from the act of “trying to be like others” that he had expressed through imitation of the works of others (Jacobson, 2007, p. 291).
By our 18th session, Eli was choosing to spend more time in bed, due in part to weakness and perhaps to some extent from fear and anxiety. He told me he was in his last hours and spoke with urgency about calling his brother. Together we acknowledged his fear. We talked about his recognition that death was approaching. We agreed that his death was not imminent but was still frightening. Then we talked about the possibility of getting out of bed.

Eli decided to paint in bed before he got up. He had trouble starting this painting. We returned to our conversation about self-transcendence and the “courage, commitment, and conviction” required “to expand one’s life experience to include dying as a means of owning one’s unique existence” (Breitbart, Gibson, Popitto, & Berg, 2004, p. 367). Eli painted tentatively and did not complete the work. Eventually, he decided to get out of bed. After he was dressed and in his wheelchair, we gathered all of his paintings and I hung them on the wall at his direction. We sat for some time admiring the work and were both impressed with how beautiful his artwork looked all together.

Two days later, Eli had a sudden spurt of energy. He decided to finish the painting he had started when he thought his hours were numbered. Now he worked with confidence, turning the paper to various orientations before deciding on the vertical. When I noted how assured he seemed, he agreed. As he finished (Figure 6), he said he had painted the face of a “leader.” This was the only nonabstract work that he painted. He said that he wanted to put it on the wall alongside a face I had created when painting with him 2 weeks previously, which he referred to as a “warrior’s face.” We had become a team of strength.

Initially I had wondered if the rigidity in Eli’s character would cause him to resist new experiences. Although he worried incessantly about changes in his physical abilities, he worked with abandon as he experimented with a fluid style of painting. He was sometimes incapacitated by fear as he watched his body decline, yet he was able to take action through art making and in forming relationships with me and with others on the hospice team. The struggle of integrity versus despair played out on a daily basis; however, Eli remained engaged to the end.
Eli Moves On

Eli was declining; he was bedridden and listless. He did not paint during what became our last session. Instead, we sat together with periods of comfortable silence. At one point, Eli said, “God will take me by the hand and lead me somewhere—maybe no big deal but somewhere.” I gently brought up his previous doubts and fears that he would cease to exist; he said he was much less concerned now. We both were tearful. I suggested that we visualize openings; Eli mentioned a door.

We looked out the window and focused on the clouds and sky. I took a picture of what we were seeing and gave the camera to Eli to show him the digital image. He looked at it a long time and said it was beautiful. Then he said that he would like to do a joint project with me where he would paint, I would photograph, and we would show our work together.

Eli died the next day.

Afterword

I had anticipated grief at the loss of Eli. After he was gone, my sadness was mixed with appreciation for all that had happened through our work together. During the time I worked with him, I was relatively new to hospice caregiving and felt the stress of his dependence on me when I did not have confidence in my abilities. But as we worked, my reservations faded as I responded to his needs and became engrossed in the issues we explored. Through my work with Eli, I became more hopeful and my belief regarding the meaning and purpose of our lives deepened. After he died, I was grateful for the gift of growth in my inner life that I received from helping Eli come to terms with his life concerns.

Art therapy with Eli raised questions about therapeutic boundaries in the nature of this work. I have found that boundaries with hospice patients tend to be more fluid than those in other therapeutic situations, given the “urgency of the patient’s changing health” (Wood, 1998, p. 35). The presence of another who enters fearful places with a patient offers the possibility of a bond that can mitigate fear lived in isolation and can foster shared experience. When sharing experiences with patients, I might talk about an experience in my own life as a way of eliciting reflection or strength from the patient. The subject matter is of the heart; presence can exist; he said he was much less concerned now. We both were tearful. I suggested that we visualize openings; Eli mentioned a door.

Over the 2 months that he spent in the hospice facility, Eli, his family, and the hospice team observed how art therapy calmed and engrossed him as he worked on his end-of-life concerns. Art making served as the catalyst for him to engage with others. Through creating and sharing his art, Eli found a way to form supportive relationships, which in turn enabled him to gain confidence and equanimity even in the face of death.

References


