

ATOL: Art Therapy OnLine

Parting is Such Sweet Sorry or Is It? Closing the Art Therapy Space at Termination

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Abstract

Episodes of clinical art therapy practice include stages of assessment, planning, intervention, and endings (Wilson, 1984; Walsh, 2003). Terminations planned or unplanned each lend a particular psychological/cultural context. The space of the art therapist/patient has engendered a powerful fulcrum around which healing has occurred. The sanctity of the art therapy space will be dissolved. How will that work, that relationship, and that space be carried forward?

The 'creative potential' at closure is often overlooked as mourning begins, in some form, on all sides. Within that mourning of the art therapy can be seen the patient's gains, the patient–art therapist relationship, the art produced, and the art studio/office that provides a physical container for the work that is now being completed. Ending holds rich possibilities for the patient and the therapist.

Keywords: Art psychotherapy, endings in psychotherapy, bereavement, termination, closure, psychotherapy

Introduction

Stages of assessment, planning, intervention, and endings are part of all episodes of clinical art therapy practice, regardless of professional discipline or setting. (Wilson, 1984; Walsh, 2003). The 'creative potential' at termination is too often overlooked as mourning begins, in some form, on all sides. (Novey, 1983; Fagin, 1983; Lund and Kranz, 1991; Wadeson, 2003; Robbins, 1973).

Within the space of art therapy lies a fulcrum around which healing has occurred. The sanctity of the art therapy space will be dissolved. How will that psychological work, that art work, that relationship, and that contained space be carried forward?

Both patient and therapist begin a mourning process in their movement toward ending. What will that process look like that marks the end and what will it feel like? The 'creative potential' of the final work of this phase should not be lost. Within that mourning process, the art therapy space may hold the patient's gains. For example, in Fig. 1 the patient lists their successes in words and adds a heart that ripples out beyond the page indicating as the patient stated 'the ways in which my heart and my life have expanded' after a devastating divorce.

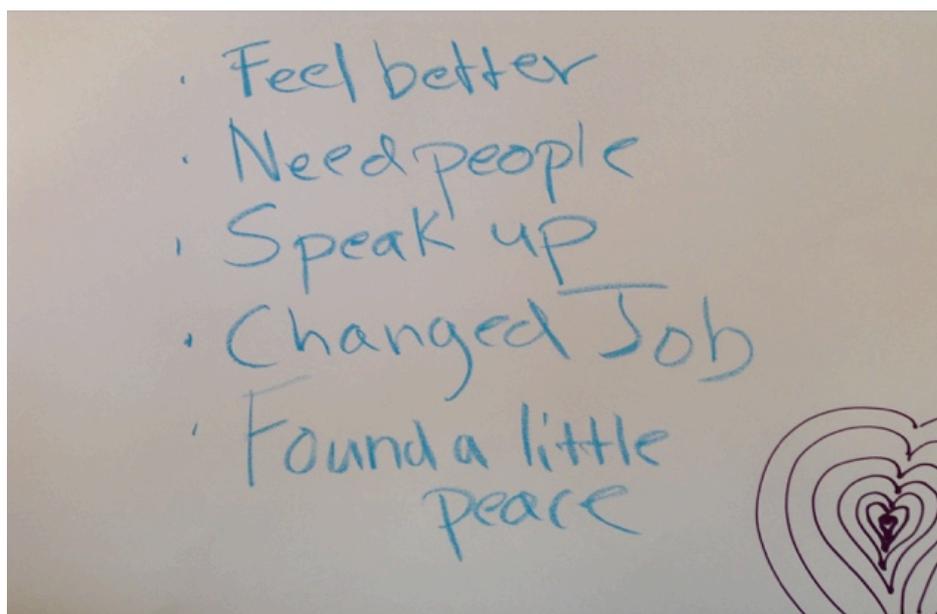


Fig. 1

Within this mourning process the patient–art therapist relationship may play an important aspect of the final sessions and remembrance. Here in Fig. 2, a 37-year-old male with Bipolar Disorder remembers his deep blue depression when entering therapy (on the left) and how in art therapy “the push and pull, the going around and around with my therapist” was of most importance. (Here the red central whorl). Out of this he describes a kind of new lightness, understanding, and acceptance of himself, “a small light of yellow, that I can now remember about myself” coming out of the relationship with his therapist and coming out of the red central whorl.

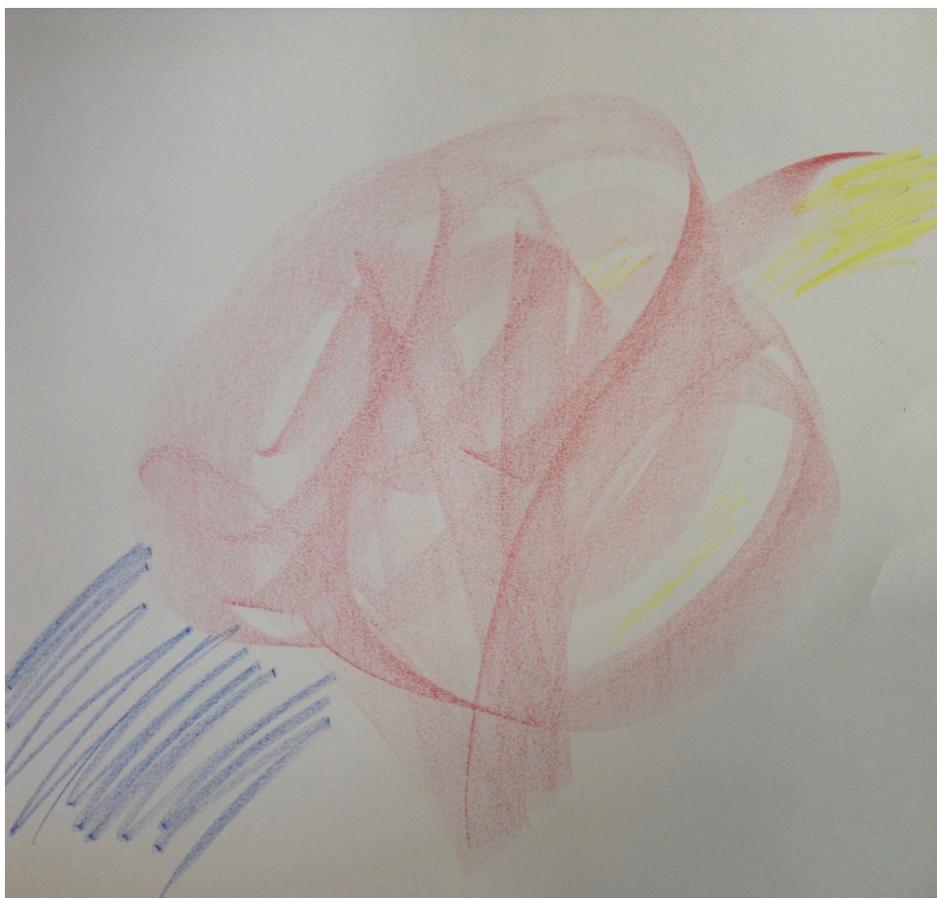


Fig. 2

Or within this mourning process, the emphasis can be on the art produced. The body of work that marks the rhythm and tempo of the art therapy sessions, one art piece at a time. Art that is consistently and reliably held week after week by the art therapist, possibly reviewed and returned to the

client at termination represents a body of psychological effort that is complete. Creating together a photo album of the patient's art therapy with considerations of what pieces the patient would present to the public and what would not. In this way the patient who wishes to share their art work can do so.

The art studio/office that was the physical container for the work that is now being completed can also be the focus of mourning. Recollections of place, bringing back tender memories, good or difficult, holds the completed work. Fig. 3 is a diorama brought in by a 62-year-old woman who completed her art therapy and expressed how the quiet of the room would be missed. She gave the art therapist this piece on her last visit and discussed her loss. One can see room devoid of people, but it is set, ready for an art therapy session.



Fig. 3

Endings

The element of endings being planned or unplanned can hold very different feelings and opportunities. Following are 19 scenarios that can be considered.

Unplanned endings initiated by the patient

Unplanned endings initiated by the patient are situations where the patient unexpectedly drops out. The patient might feel that they have made adequate

clinical gains but they are unable to request an end; they just do not show up again. Or the patient feels they are not making headway but may or may not discuss their feelings with the art therapist. Or the patient does not feel compatible with the art therapist, so does not return. Another scenario might be that the patient is frustrated with the agency policies and never returns.

Fig. 4 is the last picture done by a 16-year-old in adolescent day treatment, who had conflicts with the agency policies. As a result, she withdrew from services. Her drawing was of a sexualized leg in black net stocking with the red high heel that appears unsteady. Sadly, within a few months, the patient was possibly prostituting again when she took a fatal overdose.



Fig. 4

These situations where the patient disappears can be quite worrisome for the art therapist. The incidents may present an opportunity to review our work and consider if any changes might have allowed for the patient to continue. However, many such scenarios are simply out of the art therapist's hands.

Other unplanned scenarios, initiated by the patient might be that the patient takes advantage of a perceived opportunity to drop out of involuntary treatment. For example, during holiday breaks, the patient never returns. Or there can be confusion about the art therapist's method and leaves without asking their questions.

Unplanned endings can be initiated by the art therapist

Unplanned endings can be initiated by the art therapist. In some cases, the patient will not adhere to intervention plans deemed reasonable. After a period of trial and error as well as consultation, the patient may be asked to consider other services. Or if the patient abuses boundaries in the clinical relationship, termination is considered essential. Clarifying the physical/emotional limits of a therapeutic relationship are not only ethical and legal considerations but must be part of a sound practice.

Another situation may be that the patient engages in unacceptable disruptive behavior. If the behavior cannot be eliminated within the therapeutic container, then it is likely the patient may need a higher level of care or referral to another art therapist.

The issue could be that the art therapist has negative feelings about the patient. For example, if the patient has not paid their bill, the art therapist may feel they can no longer continue to provide services. Or if the art therapist is frustrated with other job stresses. For example, in institutions where the therapist must see a high number of cases where cases with high priority must be seen first, cases may fall by the wayside and disappear.

These unplanned endings initiated by the art therapist may still hold anxiety and discomfort for the both parties. For this reason, issues of closure are often best discussed with other colleagues or supervisors.

Planned endings

Planned endings are perhaps the best situations wherein the patient and art therapist mutually agree that the therapy goals have been met. There is an

ability to review where the patient began, how the art therapy progressed, and what aspects they will take into the future.

Fig. 5 is a 70-year-old woman who had lost her husband and was unduly anxious and depressed in her bereavement. She came into therapy in the fall and ended the following summer. The couple had shared a love of nature, but her painful bereavement prevented her from going out into nature. After a period of art therapy, this was her final piece, a collage of found poetry. It speaks of her freedom from the depression of bereavement.



Fig. 5

Autumn 2014

Lost in black forest

Light and dark collections only

Help

Trust playing a part

Time outdoors is free

Try the sea

This way to that way

So far helped

Acquire and care

Without the downsides

Notice events taking place

Love the energy

Hidden freedom

Nothing says freedom like

The summer.

Another planned ending is when the art therapist must observe externally imposed time limits such as traineeships or practicums. Even though the patient may know there will be a limited time together, the end can still be difficult. Fig. 6 is a 15-year-old girl seen in school based art therapy. This was her last piece, entitled 'Blue Tears', that she gave to the art therapist. The lonely depth of her feelings about not having future support in school, were able to be seen and considered inside her last session.

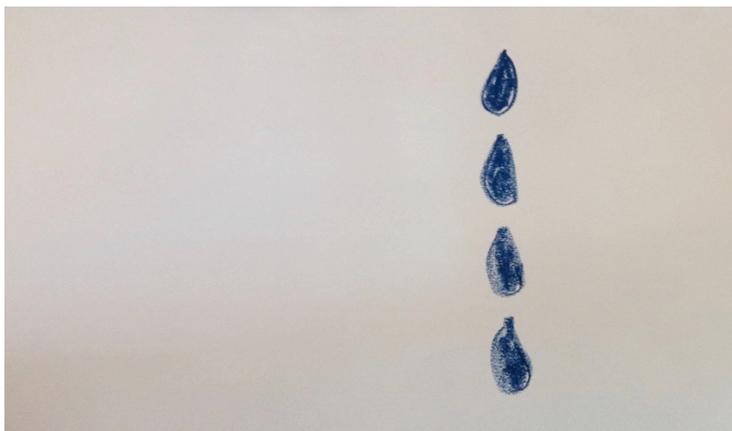


Fig. 6

A further situation is when the art therapist utilizes time-limited intervention modalities such as designed in certain theoretical orientations, or an agency regulates 10 sessions for therapy, or managed care mandates a limited time period. Fig. 7 reflects a 49-year-old male who had a limited amount of sessions in rehabilitation. Here, in his final drawing of his last session, are the buildings wherein the art therapy occurred and one window is darkened, Xed out, indicating the future unavailability of these services for him. His anger and disappointment in the red marks over the dark window and around the buildings as well as the ungroundedness he felt having no program in which to continue, like his buildings that are ungrounded, were able to come to the fore in his last session.

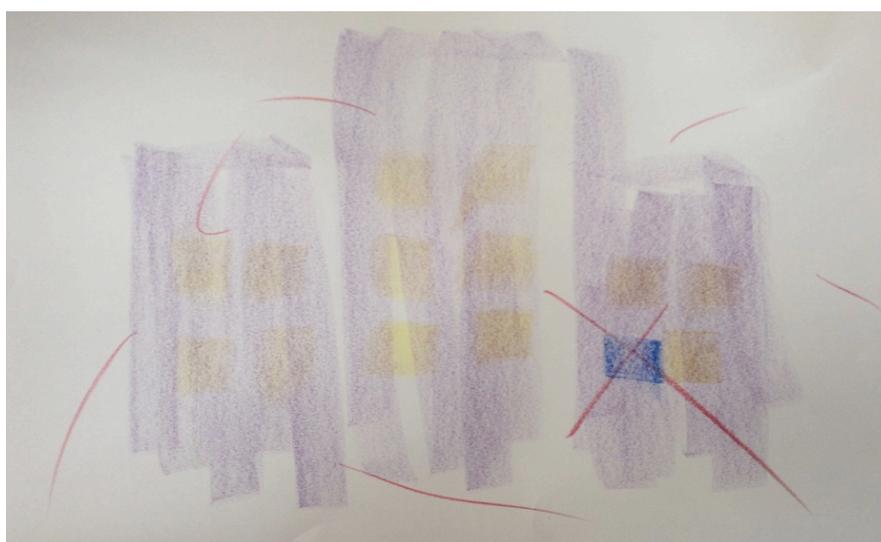


Fig. 7

Another ending may be when the art therapist decides they are not competent in a particular area and arranges for a referral to another therapist. Or an art therapist may depart from the mental health setting necessitating transfer to another practitioner. Endings are often felt most strongly by the art therapist who works with Hospice or similar programs designed to assist individuals in their final phases of life. Though death is expected in these circumstances, anticipating one's grief still does not lessen its effect of coping with this loss.

The role of agencies

The role of agencies in endings where neither art therapist nor patient has any control. In these contexts, the mental health facility terminates the services. This may be because new priorities are set or funding has been lost. A scenario that is not that uncommon today. Art therapists must find new jobs and the patient may or may not find continuing services. Fig. 8 reflects the final piece by a 45-year-old woman who had lost her support art therapy group due to cuts in budget. She was a child sexual abuse survivor, so this loss brought up many other losses in her life, which she expressed in her final art piece below. The crinkled paper, the dollar signs, the red-hot loss in the center expressed her frustration at this type of ending.



Fig. 8

Other endings may be scenarios such as the art therapist becomes pregnant. This may lead to a long or short period of absence in which the patient sees someone else or is referred onward for the rest of their therapy. Other situations could be when the art therapist or patient relocate, retire, become ill, or die. These terminations may or may not provide the time for a proper closure. These can remain difficult for both art therapist and patient.

Discussion

Resolving the clinical relationship holds important points: everyone's life continually oscillates between togetherness and parting. This affirms a natural part of life. How has the patient developed in their ability to work with these aspects? Have they experienced a comfortable oscillation between togetherness and parting? The art therapist may be able to identify and affirm the patient's ability to tolerate mixed feelings about relationships (Walsh, 2003). In this way the closure holds the opportunity to attend to reinforcing this tolerance, to see the normality it holds, and/or to find new ways to cope with togetherness and parting.

The patient's conclusion style varies depending on their emotional needs and personality patterns (Levenson, 1976). Past experiences with separation and loss, success in art therapy or perceived success, any sense of disappointment with art therapy, whether they feel their goals have been met, etc. These aspects can paint a very individual picture of the quality of ending in art therapy. The aforementioned particulars of the clinical picture generally inform the art therapist on a case by case basis.

The closing is the additional opportunity for the art therapist to review the patient's typical method of coping with separation and dependence, to review art work that may hold those feelings, and review those pieces, when appropriate, with the patient.

When considering an approach to these issues, the art therapy literature reflects that structured art experiences as well as more free art experiences

can both lead to positive outcomes at termination (Franklin, 1981; Weiss, 1991; Bull, 2008). However, having successful endings may require certain clinical tasks (Walsh, 2003). Using clinical wisdom to decide what is needed or would be helpful is essential. For example, the therapist and patient may begin early with a discussion of the possible length of treatment. Deciding when to actively implement the ending phase requires clinical planning (Miller, 1981). Setting final sessions may be done mutually, depending on clinical, ethical sense.

Anticipating the patient and one's own reaction takes a mindful approach to patient uniqueness and one's own responses to the patient.

Vignette: The Patient Knows Best

A child of six came into therapy due to one parent becoming homeless. The child's other parent felt therapy would be helpful to discuss the loss of visits, the loss of overnights, and feelings about all these changes for the patient. Within a few months, the conditions for the homeless parent altered, where food, clothing, and shelter were available and consistent. The patient would be able to visit for several hours twice a month. At the next session the 6-year-old announced that they would no longer need to come because the problem was resolved! And so art therapy was ended.

Taking the time to review interventions, generalizing gains, and planning of goal maintenance might all be a part of the clinical ending. For some individuals, discussing relapse prevention is also useful and appropriate. This entails reviewing triggers or circumstances that may pull the patient back into depression or anxiety. Playing out how the patient might respond to these circumstances, keeping themselves safe before they arise, can be predictive of positive outcomes. Setting up social support systems for or with the client may be some of the next steps.

Exploring the patient's remaining needs, as well as their hopes and fantasies helps solidify their gains. Evaluating separately and together the usefulness of interventions (process and outcomes) in which they may have engaged, all

become integral parts of the path toward closure. Resolving the clinical relationship as well as setting conditions and limits (if any) on future contacts supports the final pieces of conclusion.

As art therapists we understand the important meaning and depth that symbolic ceremonial rituals can hold at endings. Some examples might be:

Cultural rituals and values often reflect the nature of departures. Food, parties, words of remembrance, honoring people for who they are, can be a normal part of good-bye. Thus simple rituals involving foods such as tea and scones or cookies and milk on the last day of art therapy can be very meaningful. Patients have brought in their cultures favorite foods on the final session to share with their group art therapy participants.

An adolescent day treatment program began the ritual of good-bye parties when patients left. The process included, besides presents and cake, that everyone said good-bye while sitting around a table. The extraordinary result was that patients used the format to really express their deep sense of separation and loss. Boys who never expressed strong feelings cried. Staff modeled heart-felt good-byes. Participants described aspects of the person leaving. This type of ritual assists ongoing art psychotherapy as well as the patient leaving.

Another ritual was the making of stepping stones placed in the garden of an institution when patients left. Each stone was made by the leaving patient and placed in the garden. The stone was their design made of broken dishes and other bits and bobs. The process called pique assiette mosaic reflected the broken parts of the individuals which were put together again in personal design or picture set in the beauty of the garden.

Using expressive tasks in any medium: paint, draw, sculpt, collage, etc. that might reflect an essence of 'good-bye to the old, hello to the new', or 'best and worst memories of art therapy', or 'what the client will miss most and least'...can be insightful.

Sometimes, when appropriate, a symbolic object is exchanged. For example, a client that worked extensively with the snake image as healing in art therapy was given a small snake of cloth at the end of art therapy to honor and remember their work.

Conclusion

Resolving the clinical relationship is assisted by two important topics for reflection. Everyone's life includes continual oscillations between togetherness and parting (Sanville, 1982). Affirming this natural process assists the finality, as most relationships in life are relatively short term. Developing the ability to reflect on what one has gained and what one might take with one supplements the ending. Processing the conclusion of the clinical relationship offers an opportunity for the patient to experience a comfortable oscillation and may model a positive way to manage endings in the future.

The second topic is the art therapist's view of the patient's typical methods of coping with separation and dependence. One may identify and confirm the patient's ability to tolerate mixed feelings about relationships (Werbart, 1997). For example, the patient may have learned to express anger and also learned that such feelings need not prohibit gratifying relationships. Discussion of these topics helps to accept the mixed feelings related to separation as natural.

Endings can have unique phases aligned to the patient as well as the therapist themselves. The therapist may see parallels in termination within their lives and the lives of their patients (Landgarten, 1991) and it becomes a time to reflect on their own experience of togetherness and parting. In review, endings hold deep possibilities for the patient and the therapist. Each in their own way may be able to applaud success, acknowledge relationship, and affirm an ending.

Experiential

As a reader you may wish to engage in making a 3-D diorama art expression about one of the possible ending scenarios of your choosing from clinical experiences. It may be about your thoughts and feelings regarding a patient or about how you believe the patient thought and felt leaving the art therapy space. Share with a colleague what you have created.



Biography

Arnell Etherington Reader, Ph.D. is Professor Emeritus at the Graduate Art Therapy Psychology Department, Notre Dame de Namur University in California lecturing for 25 years. She is an art psychotherapist and clinical psychologist. She continues teaching NDNU's International Art Therapy class in the UK, Art Therapy Ph.D. classes and other graduate classes at the California campus several times each year. Having moved to the UK six years ago, she now lectures at Art Therapy Northern Programme, has a small private practice in Wokingham, and offers the Living Art weeklong painting workshops.

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