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Letting Go: Termination Through the Lens of Attachment and Reflective Art

Brittany Alexandra Peterson

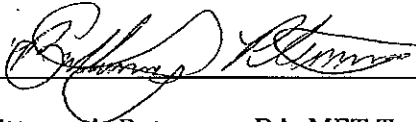
A research paper presented to the

FACULTY OF THE DEPARTMENT OF  
MARITAL AND FAMILY THERAPY  
LOYOLA MARYMOUNT UNIVERSITY, LOS ANGELES

In partial fulfillment of the  
Requirements for the degree  
MASTER OF ARTS  
May 8, 2013

## Signature Page

Author's Signature

A handwritten signature in cursive script, appearing to read 'Brittany A. Peterson', written over a horizontal line.

Brittany A. Peterson, BA, MFT Trainee, AT Trainee

Research Advisor's Signature:

A handwritten signature in cursive script, appearing to read 'Anthony Bodlovic', written over a horizontal line.

Anthony Bodlovic, MA, MFTI, ATR

## **Abstract**

This paper is a personal account of the discoveries made during a heuristic study in which the researcher sought to deepen her understanding of the difficulties of ending treatment with adolescent male clients as a female art therapist in training. Through the analysis of reflective artwork created during and after termination at a boys' home, the researcher uncovered multiple themes as they related to the therapeutic relationship, attachment, transference/counter-transference, dreams, vicarious trauma, self-care, and the ambiguity of termination. After reviewing the potential dangers of harmful termination and the paucity of literature on its effect on at-risk youth in group homes, this researcher chose to explore the personal meaning of this topic utilizing heuristic and arts-based methodologies. The process of data collection followed Moustakas's six heuristic steps, corresponding to each day of the week. Each week, an archival termination art piece was analyzed and a corresponding questionnaire composed of four research questions and an art response was completed. After four weeks of data collection, two cumulative art pieces were finished to summarize research findings. Further dissection of the collective data was completed through a theoretical lens of attachment theory. Results suggested that reflective art making was proven useful to this researcher as a living record of the termination process and therapeutic relationship. To encourage self-care, deeper introspection, and monitoring of one's expectations of termination, this creative modality could be utilized by other art therapists to externalize, cope with vicarious trauma, contain and process the complicated feelings of letting go.

### **Disclaimer**

This paper is based on an independent study resulting from the researcher's review of the literature. Due to the personal content within this heuristic study, the researcher has chosen to thoughtfully disclose family background information as it informed the content of this study and will give clarity to the reader. For purity of treatment, the researcher participated in personal psychotherapy during her work at the boys' home and the creation of this research paper. This paper does not reflect the views of Loyola Marymount University nor the Department of Marital and Family Therapy.

### **Dedication**

This paper is dedicated to my Father to whom I am eternally grateful. I dedicate this paper to the boys of Pacific Lodge Boys Home who inspired my research and left a lasting imprint on my heart. I am so grateful to my supervisors, co-workers, personal therapist, professors at LMU, my wonderful cohort, and my friends who have provided endless support. With all my heart, I thank you! Grazie mille!

### **Acknowledgments**

I want to acknowledge my research mentor, Anthony Bodlovic, who guided and encouraged my development as a budding researcher and supported my unique creative process. Through times of stress and anxiety, Anthony was a great source of compassion, integrity, and support.

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## **Introduction**

### **The Study Topic**

To say goodbye yet again... like acid over a fresh gaping wound it stings with the grimace of pain; a pain that screams of unspoken hurt caused by a loved one brutally killed and the guilt of not saving him; a pain that drowns tears from ever reaching the surface; a pain that numbs the skin and clouds the mind; a pain that reminds us of the times we felt unloved, forgotten, abandoned, and shamed. Pain is inescapable to the profession of a therapist and holding that pain for our clients is the greatest gift we can give to them. Holding that pain also means holding our own pain at the same time, finding a way to make peace within ourselves to better serve our clients with clarity of mind and heart. Welcome to my heuristic journey for clarity and inner peace in response to my first experience of client termination, a “bittersweet event that all therapists must face” (Brems, 2002).

### **Significance of Study**

The topic of letting-go is inspired by my work as an MFT and Art Therapy trainee at Pacific Lodge Boys Home. In the milieu setting, I provided group and individual art therapy to at-risk adolescent males on probation. Upon preparing my clients for my termination one month in advance, I was hit by a tidal wave of varying responses. This in-turn triggered emotions within me that I had never experienced in such a way; these strong emotions led me to create reflective artwork during and after termination. Varying reactions of my clients included no shows, avoidance, denial, forgetfulness, sadness, anger, anxiety, fear of abandonment, fear of being forgotten, triggering of old goodbyes, gratitude, and a desire to stay in touch and become friends after my departure. Of course, boundaries of the

therapeutic relationship had to be clarified as friendship would not be appropriate. But, the beauty of these messages made by my clients opened the door to deeper questions revealing attachment: What am I going to do without you? Will you remember me? With whom can I find security? Who can I trust now? Am I lovable? Who's going to care for me now?

Honestly speaking, my heart felt very heavy. Guilt tortured me long after terminating at the boys' home. I knew in my heart of hearts that I thoroughly prepared my clients for my termination, but I did not expect their projected feelings within me to last so long. As a perfectionist, I admit to having idealized expectations of the termination process. Reality proffered a painful process of humility and anxious thoughts within me: What was it about me that was making it so difficult to let go? Did I terminate well with my clients? Am I a good therapist? Is this a result of vicarious trauma, attachment or client dependency? Do I have issues with termination? Is this echoing a fear of abandonment imprinted by my own family-of-origin?

To uncover this mystery, I chose to analyze four archival art pieces created by myself, during and after termination. Research goals also included a desire to tackle unprocessed counter-transference, delineate my feelings from those of my clients, integrate knowledge of my own family background, and determine the value of reflective art-making as a clinical tool during termination.

### **Background of Study Topic**

According to Vasquez, Bingham and Barnett (2008), termination is the ending process and “culmination of the psychotherapy experience.” The success or failure of this ending process can greatly affect both the client and the therapist, leading to either positive or negative feelings towards therapy and the therapeutic relationship (Fraqkiadaki & Strauss, 2012). These feelings birthed by the therapeutic relationship are also known as *transference* and *counter-transference*. *Transference* refers to the feelings projected by the client onto the therapist, and *counter-transference* refers to the resurrected feelings within the therapist in reaction to the client.

During the give and take of emotional energy between the client-therapist dynamic, a therapist can easily feel tangled-up, especially during termination where both therapist and client mourn the ending of the therapeutic relationship (Riley, 1999; Rubin, 2005). Premature termination can be harmful to the client if attachment needs are not carefully considered, especially for children (Brems, 2002).

Termination with adolescents receives limited attention in literature prompting authors to make an open call for more research (Delgado & Strawn, 2012). Literature reveals a variety of approaches to termination which also includes art therapy and its “mysterious potential for healing” (Junge, 2010).

## **Literature Review**

### **Introduction**

“The memories of their joint efforts and benefits reaped from their work will remain with both individuals for a lifetime.” - Christiane Brems, 2002, p.372

According to Fragkiadaki and Strauss (2012), termination is a natural process in psychotherapy. This brief review of expansive literature on the issue of termination in psychotherapy has been narrowed to the most recent articles within the past ten years. The literature included will discuss the origin of the term, types of termination, good versus bad termination, client and therapist perspectives on termination, and terminating with adolescents.

Taking into consideration attachment theory, this literature review also includes the influence of attachment during adolescence which may or may not affect the difficulty or ease of ending treatment. It also focuses on the residue of the therapeutic relationship and the counter-transference that arises for therapists.

Lastly, this literature review will explore the use of art therapy in termination to process saying goodbye while coping with resurrected issues of grief and loss, and healing for both clients and clinicians.

## Termination

### What is it?

“Terminations are important because they can bring closure to the therapist-client relationship... especially when client and therapist have developed a strong connection over time”

-Patterson et al., 2009, p.241

As referenced by Fraqkiadaki and Strauss (2012), the term “termination” was first introduced into the world of psychotherapy in 1937 by a paper written by Sigmund Freud, Austrian neurologist and father of psychoanalysis. In the translation of his paper, Freud writes, ‘Analysis *terminable* and interminable’ (p.137). For some sources the word “termination” can be unsettling as evidenced by a quote by Brems (2002):

“Termination is the unfortunate word that has been chosen to describe the process of ending treatment and saying good-bye. The choice of terminology appears so unfortunate because of the pictures a mind’s eye will conjure upon hearing the word “termination”: some think of death, others think of the cessation of any link between client and clinician, and others even link the term with killing” (p.372).

Sources offer different definitions of the word, *termination*. Patterson, Williams, Edwards, Chamow and Grauf-Grounds (2009) argue that termination does not receive much notice in literature, resulting in a paucity of information for clinicians (p.241).

Fraqkiadaki and Strauss (2012) also critique that theoretical literature seems to struggle to conceptualize the event of termination, naming termination as a “blind spot in the training that prohibits scientific and clinical growth” (p. 147).

To refute Fraqkiadaki and Strauss (2012), many sources seem to actively struggle to conceptualize termination, referring to termination as a process rather than a single event; a process to be considered from the very first initial session with a client (Patterson, Williams, Edwards, Chamow & Grauf-Grounds, 2009; Nichols, & Schwartz, 2004; Maholick & Turner, 1979; Wallach, 1975; Weis, 1991; Weddington & Cavenar, 1979; Vasquez, Bingham & Barnett, 2008; Yalom & Leszcz, 2005).

According to Patterson et al. (2009) and Younggen and Gottlieb (2008), termination is a difficult time for both clients and therapists, creating the potential for clients to feel abandoned or insecure, especially if termination is abrupt. Quintana (1993) and Wallach (1975) agree in termination-as-loss, potentially resulting in crisis, but also, like most literature found, view termination as an opportunity for intrapsychic development, transformation, and growth. Yalom and Leszcz (2005) also see termination as a period of mourning and growth.

Hill (2008), Brems (2002), and Nichols and Schwartz (2004) also view termination through a positive lens, describing it as a “culmination of the psychotherapy experience, one that will build on gains made in treatment and enables patients to function effectively without the ongoing active assistance of the psychotherapist” (as cited by Vasquez et al, 2008, p.654) and a consolidation of gains to prepare for future challenges. Nichols and Schwartz (2004) also provide a termination checklist for the therapist to determine when a

client or family is ready for termination. Likewise, Patterson et al. (2009) provides a list for therapists, but focuses more on the therapist's goals for termination:

- To help client(s) consolidate gains made during therapy (i.e. reinforce new skills, behaviors, & ways of thinking)
- To empower client(s) to believe in their own ability to tackle/manage their issues in the future; increasing self-reliance
- To be sensitive to loss issues, especially if the client has limited social support (p.250)

Overall, both art therapy and non-art therapy literature agree on the power of termination and its value in treatment (Yalom & Leszcz, 2005; Linesch, 1988; Patterson et al, 2009).

### **Types of termination.**

Literature discusses the impact of successful and unsuccessful termination on both therapist and client, resulting in residual feelings (Brems, 2002; Patterson, Williams, Edwards, Chamow & Grauf-Grounds, 2009; Younggen & Gottlieb, 2008). Research also revealed three types of termination: (1) client termination in which the client decides to end treatment (2) therapist termination decided upon the therapist to discontinue services, and most preferred, (3) mutual/natural termination where both the client and therapist agree to end services when the client's desired goals have been obtained (Brems, 2002; Patterson et al., 2009).

Brems (2002) highlights the need for thoughtful preparation for termination to decrease distress. According to Brems and Patterson et al. (2009), preparation includes a



notice of 2-3 months or more depending on the client, spacing of sessions to *wean* a client from dependency on the therapist and the necessity for the therapist to explore his or her own feelings that are resurrected; in other words, we may call this phenomena of resurrected feelings as *counter-transference*. Patterson et al. also addresses the issue of counter-transference for the therapist. A deeper look at counter-transference will be revealed later in this paper.

### **Good/bad termination vs. “good enough” termination.**

“A successful termination will proffer likelihood of positive memories of therapy.”

- Christiane Brems, 2002, p.391

Transitioning from the definition and types of termination, this paper will now touch upon good/bad termination and “good enough” termination (Gabbard, 2009). Conceptualizations of the termination process have been chosen for study in order to delve deeper into the questions: Why is it so hard to let go? Can one find certainty in the ambiguity of termination?

According to Patterson et al. (2009), Nichols and Schwartz (2004), and Quintana and Holahan (1992), effective termination will address loss, gains made, and the client’s ability to face future challenges. Through a thoughtful review of treatment, gains made, and attunement to the client’s feelings, Brems (2002) shares that successful termination will “proffer likelihood of positive memories of therapy” as (p.391). “Good” termination also considers timing and addresses the client’s feelings of termination long before the last session (Varquez, Bingham & Barnett, 2012; Roe, 2007).

Yalom (2005) explains that termination should be considered at the beginning of treatment as each client may require more or less time to process termination due to attachment style or background. According to Patterson et al. (2009), a successful termination can help the clinician understand their helpfulness to the client; therefore building the clinician's confidence, and if handled properly, help both clients and therapists cope with losses.

On the other hand, negative termination will leave a client with a "bad taste" of therapy and taint their perception of mental health services (Brems, 2002, p.391).

Unique to the literature on termination, Gabbard (2009) calls for a paradigm shift from idealized versions of termination to "good enough" termination (p.575). Gabbard suggests that the fantasy of idealized termination is adopted during the one's training, predisposing that individual to a rude awakening of unfulfilled expectations and unbearable grief.

To expand, Gabbard adds that psychoanalytic theory and technique are "laced with mythic narratives" that are unconscious or preconscious and that the cultural collective is drawn to fairytale endings, especially American culture (p.576, 585). Generally speaking, Gabbard explains that theories do not fully aid a therapist and helping professionals need to embrace the notion of imperfect termination that is seated in humility, is tailored to each individual client, and is open to a wide variety of possibilities.

**Perspectives of the client and therapist.**

“The idea of termination is followed by both regression and aggression... rage at being abandoned. Expressions of sadness---of mourning---for ending a therapeutic relationship is a real... and symbolic loss.”

-Judith A. Rubin, 2005, p.236

***The client.***

As Rubin (2005) names in her quote, termination can cause a client to regress and feel abandoned by the therapist. Brems (2002) and Patterson et al. (2009) also refer to the issue of abandonment and over-dependence, resulting in clinical issues such as gift-giving and wanting to continue the relationship outside of therapy (p. 245). This author comments that over-dependence is more common with long-term individual therapy in which the therapeutic relationship is the center of therapy (p.245). Furthermore, this symbolic or present loss “may evoke memories of earlier losses, which may be so painful that the client truncates the termination work” (Yalom & Leszcz, 2005, p.384).

Case studies and interviews of clients coping with therapy termination are present in recent literature (Knox, Adrians & Everson, 2012; Westmacott, Hunsley & Best, 2012; Roe & Dekel, 2006). The range of emotions against the therapist parallel those found in the stages of grief and loss; these emotions include fear, anger anticipating loss, feeling unlovable or worthless, pride of accomplishments, and/or regression (Brems, 2002, p.381).

The stages of termination include the following:

Denial	Client ignores therapist, avoids the topic of ending, represses information, pretends not to hear.
Anger	Client displays aggressive behavior, blames therapist.
Bargaining	Client claims return of symptoms, new problems, negotiates, provides reasons not to end treatment.
Depression	Client displays sadness, mild symptoms of depression, fears loss of therapist, grieving.
Acceptance	Client accepts inevitability of ending, reviews & recognizes progress, makes plans for future, says goodbye, admits bittersweet feelings.

***The therapist.***

“Therapists sometimes develop a very strong connection with certain clients, triggering feelings of sadness that the relationship is ending.”

-Patterson et al., 2009, p.243

As clients process the ending of treatment, therapists experience a parallel process resulting in counter-transference (Brems, 2002; Patterson et al., 2009; Yalom & Leszcz, 2005). According to Patterson et al. (2009) and Brems (2002), these resurrected feelings can be “compounded by other losses experienced... and need to be prepared to acknowledge and deal with these feelings as they arise”; acceptance of these feelings is imperative for the course of treatment and self care of the therapist (p.378). If these

feelings are not addressed or termination is abrupt, the therapist may worry about the future welfare of the client, feeling guilt and worry that the client's needs will not be met (Patterson et al, 2009). Yalom and Leszcz (2009) describe termination as a "difficult parting with someone who is, in part, our [therapist's] own creation; saying goodbye to a part of ourselves" (p.388).

A deeper look into the perspectives of therapists on termination is analyzed in a case study by Fraqkiadaki and Strauss (2012) where ten psychoanalytic and psychodynamic therapists were studied. Only four articles were found regarding the case study of therapist perspectives on termination, revealing paucity in both art therapy and non-art therapy literature (Riley, 1999; Westmacott, Hunsley & Best, 2012; Fraqkiadaki & Strauss, 2012; Trimboli & Keenan, 2010).

Yalom and Leszcz (2005) also normalize the difficulties of termination for a therapist in the environment of a group, stating that the "therapist, like other [group] members, will feel the loss of departing members and by expressing their feelings openly.... and demonstrate that this therapy and these relationships matter, not just to the clients but to them as well" (p.385).

To work through the difficulties of termination for therapists, Patterson et al. (2009) suggests a list of interventions. Like Yalom and Leszcz (2005) suggested, the therapist can be transparent about reciprocal growth while acknowledging the value of the therapeutic relationship by sharing with the client something the client has taught the therapist (Patterson et al., 2009).

Bor and Watts (2006) remind clinicians to have faith in the client's resiliency when coping with termination: "Your client was coping before they came to counseling, and even

during the course of counseling, your client was coping in between sessions... it is important to point out to your client that THEY are the most valuable resource... even without you, they still have the capacity to heal and grow” (p.192-193).

### **Termination with adolescents.**

Delving further into the process of termination, research revealed very few references to termination with adolescents. While exploring the literature, most references discussed termination with children and only briefly mentioned adolescents (Freud, 1971; Brems, 2002). For example, Brems (2002) highlights the importance of healthy termination in childhood in order to prepare the him/her for the developmental task of individuation from parents during adolescence; additional detail to adolescence and termination is lacking.

Only three articles and one case study of termination with an adolescent boy suffering from the loss of his father were found that thoroughly addressed termination with adolescents.

## **Attachment Theory**

### **What is it?**

In retaliation against psychoanalysis developed by Freud, Attachment Theory was birthed by the guidance of John Bowlby and student Mary Ainsworth (as cited by Shumaker, Miller, Ortiz & Deutsch, 2011). Bowlby’s research was inspired by his own family dynamics and analysis of his attachment patterns between he and his widowed

mother. From Bowlby's three books, *Attachment and Loss: Vol. I, II, and III*, Shumaker et al, (2011) summate Bowlby's core argument:

"Human beings are biologically driven to pursue relationships that create security... the most critical attachment relationship is between a mother and an infant, in which a sense of protection is created for the infant by the mother via a series of reciprocal interactions... mothers, who are able to provide their children with a secure base from which to explore their environment, foster a crucial sense of security that has long-standing developmental implications" (p. 47).

Other patterns of attachment resulting from the mother-child bond are addressed by Ainsworth, Blehar, Waters and Wall (1978), Main and Solomon (1986), and Greenberg (1999). But, the preceding sources retain their focus on early childhood as does Bowlby (1988) in his book on developmental psychiatry or focus on insecure attachments patterns in adulthood (Dozier, Stovall & Albus, 1999). All of the preceding references place critical value on the importance of the mother-child dynamic and attest that the residue of this attachment is carried into the child's future relationships.

### **Processing Termination as an Art Therapist**

#### **Art as informative.**

"One of the major tasks in therapy is to pay attention to our immediate feelings---  
they represent precious data."

- Irvin D. Yalom, 2002, p.65

As suggested by Yalom (2002) in the above quote, a therapist's "immediate feelings" can be used as *precious data* in treatment (p.65) and according to Polanyi (1966), this data can be "profound and revealed in unexpected ways" (p.32). So, how does one obtain this *precious data* as an art therapist? McNiff (1998), Malchiodi (1995), Junge (2010) and Linesch (1988) suggest that through thoughtful awareness and connection to their client's artwork, one may obtain "precious data".

In contrast to the previous sources, Riley (1999) punctuates this "connection" when working specifically with adolescents (p.220). She acknowledges an art therapist's temptation to get "tangled up" in their relationship with teenagers and the artwork created (p.220). Furthermore, Riley (1999) empathizes with the difficulties of counter-transference for an art therapist and illustrates the unique sensitivity of the art therapist to client artwork: "Art therapists are usually very sensitive to visual images... they are vulnerable to the artwork created by their clients...drawings can linger in his or her dreams... or incorporated into their visual memory bank" (p.232). McNiff (1998) describes this *sensitivity* in terms of engaging with the energy emitted from a client's artwork in order for counter-transference to surface (p.149).

As the word is referenced by Riley (1999), the *lingering* of the client's visual images is indirectly referenced by McNiff (1998) as he focuses on the relationship between the work site an art therapist and its *lingering* effect on the art therapist's personal artistic expression and style (p.148). The result of personal art expression as a means of processing the client-therapist relationship provides a concrete vehicle that makes useful connections (p.152) and an opportunity to access the art therapist's immediate feelings in reference to Yalom's quote on counter-transference (p.65).



With the lens of “art therapist as artist”, Malchiodi (1995) speaks to the creative exploration of counter-transference and the importance of an art therapist’s personal art making: “The answers to our search will not come from our clinical practice alone, but rather from our knowledge of art and from an intimate, personal connection to our own art-making” (as cited by McNiff, 1998, p.144).

### **Art as Healing**

“Termination of professional treatment is but a stage in the individual’s career of growth.”

-Yalom and Leszcz, 2009, p.383

Most of art therapy literature speaks to the usefulness of art therapy but few refer directly to healing power of art therapy during termination. Art therapy literature revealed many references to the potential for growth and healing of clients (Junge, 2010), but little was found on growth and healing for art therapists.

Research revealed a very few articles providing examples of art directives which were found useful during termination. One non art therapy source, *A Guide to Child Psychotherapy*, Brems (2002) suggests making a conjoint painting during termination, involving both the therapist and client; goal: to address the gains of therapy and for the client to keep the painting as a transitional object and reminder of those gains made.

In *Adolescent Art Therapy*, Linesch (1988) provides a case study of a fourteen year-old Caucasian male, an illustration of an adolescent’s intrapsychic processing of termination through artwork he created. The goals of correlate to the goals of termination addressed in the section, “What is termination?”, found earlier in this paper. Like Brems

(2002), Linesch (1988) consolidates the client's gains through the artwork, but does so after asking the client to "depict the course of treatment" (p.95). Unlike Brems suggestion, Linesch does not join with the adolescent during the process of art making in her case example. Linesch's findings of the adolescent male included increased self-expression, increased ability to evaluate progress and to process new ideas.

## Conclusion

In summary, termination can be seen as a symbol culminating the psychotherapy as gains are remembered through a time of mourning and growth for both the client and therapist. More specifically, client imagery produced in treatment may linger in the memory of an art therapy long after completion (McNiff, 1998). Through a lens of attachment, prevention of attachment issues during termination may be achieved through thoughtful preparation from the onset of treatment and consideration of the client's culture, age, and family background.

Additionally, art therapy literature illuminates the healing power of art making with clients who include children and adolescents (Junge, 2010; Brems, 2002; Linesch, 1988).

Literature acknowledges a void in research on termination, specifically with adolescents (Delgado, & Strawn, 2012; Ekstein, 1983; Novick, 1976; Sugarman, 2010). Delgado and Strawn (2012) specifically state that termination with adolescents is of "critical clinical importance" despite being overlooked in research (p.21). Research revealed a vacuum in literature on attachment during the adolescent stage of development as evidenced by only one article found (Allen & Land, 1999). Likewise, only one article was found on attachment and termination (Holmes, 1997).

### Research Approach

“When we examine a painting that we make ourselves, we have access to a more direct encounter with inner motivations and creative forces.

The Heuristic dimension of this type of research increases the validity of what we [art therapists] say... heuristic art inquiry springs naturally from the experience of art therapy and the desire to understand it more deeply.”

- Shaun McNiff, 1998, p.61, 139

For this research paper I chose to use a heuristic art inquiry approach as a response to Moustakas’s challenge to “understand oneself and the world in which one lives” (1990). Art making combined with heuristic inquiry was utilized as a means to decrease the “polarization between empirical and introspective approaches to research” and to utilize the language of an art therapist (McNiff, 1998). According to McNiff (1998), art therapy students and practitioners need to return to the “personal wellspring of artistic knowing and to research its depths” (p.123).

By definition, heuristic inquiry relies on the personal insights of the researcher and the use of self-awareness (Patton, 2002). Kapitan (2010) refers to heuristic research as a powerful modality with the potential to reveal truths and holistic knowledge. Clark Moustakas, the creator of heuristic inquiry, describes the approach as a personal experience with phenomenon (Moustakas, 1990). In this project, the phenomenon will be the researcher’s relationship with archival response artwork created during and after termination with adolescent clients at a boys’ home. The researcher will gather raw data from *sustained immersion* and *exposure* to the archival artwork (Moustakas, 1990).

Kapitan (2010) quotes an expansion to Moustakas's definition of heuristic inquiry as the marriage between the "nature of human experience" as it can relate to "a connection to the experience of others" such as clients (p.145). The core concepts of heuristic inquiry include six systemic steps:

1. Initial Engagement: The discovery phase of intense interest in the object of study. Self-dialogue with the object of study is initiated, generating research questions that linger within the researcher in anticipation of uncovering meaning. The researcher turns inward and aspires for *tacit awareness* (Kapitan, 2010).
2. Immersion: Where the researcher is "living the question. He or she is "alert, focused, and actively involved in self-searching. Research questions become a living entity experienced in conscious and unconscious states; this process is called *indwelling* (Kapitan, 2010).
3. Incubation: The question is put aside, creating a shift from the intense focus on the object of study; a temporary retreat in which the question is pushed into deeper levels of the conscious mind (Kapitan, 2010).
4. Illumination: The breakthrough or "aha!" moment of study when the mind is in a relaxed state of concentration. Central themes and components are illuminated. Insights may arise throughout the day, taking on a different momentum and shift in awareness (Kapitan, 2010; Fenner, 1996).
5. Explication: The researcher uses critical thinking and logic to chew on the insights in search of meaning. The goal is to discern patterns and themes within the data for a more complete analysis (Kapitan, 2010).
6. Creative Synthesis: Where the researcher thoroughly understands the data, having a sense of mastery and clarity (Kapitan, 2010).

## Methods

### Definition of terms

Attachment - a connection fostering a “crucial sense of security” originated from the early relationship between mother and infant; theory based on the work of John Bowlby (Shumaker, Miller, Ortiz & Deutsch, 2011, p.47).

Counter-transference- the interpersonal material brought into the therapeutic relationship by the therapist which must be “internally monitored and interpersonally used for therapeutic progress to occur”; a term rooted in psychoanalysis (Patterson, Williams, Edwards, Chamow, & Grauf-Grunds, 2009, p.236).

Termination - the ending process of psychotherapy (Vasquez, Bingham, & Barnett, 2008).

### Design of Study

This heuristic art inquiry was structured according to Moustakas’s six systemic steps as described in the research approach. In response to McNiff’s (1998) statement of caution that a researcher may become lost in the self-immersion of heuristic study, I composed a questionnaire with clear and specific questions plus space for an art response to discover themes and process residual feelings when I analyzed the data/archival response artwork.

**Data collection.**

First, I chose the earliest created artwork that was created when I first spoke of termination with my adolescent male clients at the boys' home.

*#1 Day of initial engagement.*

On Monday, I placed the artwork in a visible yet private area for exposure and begin dialoguing. Questions were written on the Data Questionnaire. The culminating art piece made of wood was started; each Monday, the culminating art piece would be brought out for the researcher to sublimate any intense initial response from the reflective termination artwork.

*#2 Day of immersion.*

Tuesday the art piece was still in a visible area. The questions written on Monday plus the research questions already on the Data Questionnaire were answered. Dreams and abnormal daily habits were also recorded on the Data Questionnaire.

*#3 Day of incubation.*

Wednesday the art piece and Data Questionnaire were put-away.

*#4 Day of illumination.*

Thursday central themes and insights were written on the Data Questionnaire.

*#5 Day of explication.*

Friday the insights from Thursday were chewed-on in order to discern patterns. These patterns were written onto the Data Questionnaire.

*#6 Day of creative synthesis.*

Saturday the data was seen through with more clarity and summarized in the art response section of the Data Questionnaire.

For the following three weeks, the remaining three art pieces were analyzed using the same data collection design. Each week was devoted to a single art piece. Upon completion of the customized six heuristic steps for the four art pieces, the four Data Questionnaires were analyzed for patterns and themes for continued clarity. Once the data was collected, the final culminating artwork (which was worked on each Monday of the four total weeks) was completed on the last day of data collection, the Sunday of the fourth week, to summarize the overall findings from the data collection. This piece was significant as it journeyed throughout the data collection process and endured 4 different stages with the 4 reflective termination pieces.

The weekly questionnaire addressed the following research questions:

- 1. How did I experience and cope with termination of treatment?*
- 2. How does my reflective art-making reveal the therapeutic relationship between myself and the population I worked with?*
- 3. How did I experience the art-making process? What themes emerged for me?*
- 4. What issues of attachment were seen in artwork? And for myself?*
- 5. How can this knowledge be used as a clinical tool in treatment with clients?*

## **Sampling**

Because this is a heuristic study, the researcher was the subject of study. The sampling of response artwork was narrowed to four pieces created during and after the termination of

psychotherapy treatment at the boys home. The four archival art pieces were organized in chronological order of completion, title, size, and medium.

### **Gathering of data**

Archival reflective artwork created by hand was completed during the onset of termination and after termination at the boys home was collected as the body of data. A total of four reflective art pieces were chosen to be studied. Additional raw data in the form of four Data Questionnaires were completed on an ongoing and weekly basis as retrospective tools to deepen the Heuristic study.

Raw data was collected over the span of four weeks. To follow, a weekly art response was included in the questionnaire to be completed on the last day of each week to summarize findings in the data. To summarize findings, two culminating art pieces were created to illustrate my journey through the Heuristic study.

### **Analysis of the Data**

“The answers to our search will not come from our clinical expertise alone,  
but rather from our knowledge of art and from an intimate,  
personal connection to our own art making.”

- Cathy Malchiodi, 1995 (as referenced by McNiff, 1998, p.144)

This project will analyze data in the form of archival reflective artwork, questionnaires, and journal entries. Each art piece will be analyzed according to the following research questions:



1. How did I experience and cope with termination of treatment?
2. How does my reflective art-making reveal the therapeutic relationship between myself and the population I worked with?
3. How did I experience the art-making process? What themes emerged for me?
4. What issues of attachment were seen in artwork? And for myself?
5. How can this knowledge be used as a clinical tool in treatment with clients?

The raw data (i.e. questionnaires and journal entries) will be organized and analyzed from the earliest artwork created to the most recent. Lastly, to summarize the analysis of data, a final response artwork will be created and presented.

The format of the research project will follow Moustakas's six steps of heuristic research:

1. Initial Engagement: Self dialogue with the object of study, archival artwork, through exposure and journaling. The researcher will reflect back to research questions to uncover meaning.
2. Immersion: The researcher will "live the [research] question[s]", remaining "alert, focused, and actively involved in self-searching" by being aware and documenting conscious and unconscious states; *indwelling*.
3. Incubation: Research questions will be put aside, creating a shift from the intense focus on the archival artwork.
4. Illumination: The researcher's mind will be in a relaxed state of concentration. Central themes and components that have been documented through journaling will be illuminated.
5. Explication: The researcher will use critical thinking and logic to chew on the insights discovered in order to find meaning and patterns.

6. Creative Synthesis: The researcher will achieve a thorough understanding of the data and achieve a sense of clarity about the researcher's own difficulty "letting-go" during termination.

**Fig. 1**

<p><b>Monday:</b> DAY 1 (ponder research questions &amp; artwork)</p> <p><u>Initial Engagement</u>: discovery of intense interest in the object of study; begin Self dialogue with the art piece, generate research questions that linger within the researcher in anticipation of uncovering meaning. The researcher turns inward and aspires for <i>tacit awareness</i>.</p>	<p><b>Thursday:</b> DAY 4 (look at artwork for themes; write down insights throughout the day)</p> <p><u>Illumination</u>: The breakthrough or "aha!" moment of study when the mind is in a relaxed state of concentration. Central themes and components are illuminated. Insights may arise throughout the day, taking on a different momentum and shift in awareness.</p>
<p><b>Tuesday:</b> DAY 2 (fill-out research questions with artwork; record any thoughts or dreams)</p> <p><u>Immersion</u>: "living the question"; alert, focused, and actively involved in self-searching. Research questions become a living entity experienced in conscious and unconscious states; this process is called <i>indwelling</i>.</p>	<p><b>Friday:</b> DAY 5 (look for meaning)</p> <p><u>Explication</u>: The researcher uses critical thinking and logic to chew on the insights in search of meaning. The goal is to discern patterns and themes within the data for a more complete analysis</p>
<p><b>Wednesday:</b> DAY 3 (put artwork away)</p> <p><u>Incubation</u>: The question is put aside, creating a shift from the intense focus on the object of study; a temporary retreat in which the question is pushed into deeper levels of the conscious mind.</p>	<p><b>Saturday:</b> DAY 6 (draw &amp; summarize findings)</p> <p><u>Creative Synthesis</u>: Where the researcher thoroughly understands the data, having a sense of mastery and clarity</p>

## Results

### Presentation of Data

Each week a different reflective art piece was analyzed with the structure of a questionnaire. The data is organized in chronological order of completion. Corresponding questionnaires were written to complete the research questions. These questionnaires

have been transcribed for improved legibility and photocopies are included in this paper to reflect my creative process. For each week, Moustakas's six steps were followed as unconscious material was also recorded (i.e. Dreams).

### **Week 1**

**Title of Artwork: "Neverland/Lost Boys"**

**Media: paint marker on wood**

**Size: 1' x 1'**

**Date of Completion: 3/31/12 (1 month prior to termination)**

**Fig. 2**





Fig. 3

Date: 2/4/13

Subject: Brittany Peterson  
 Title of Artwork: "Newfoundland"  
 Media: paint marker on wood  
 Size: 1'x1'  
 Date of Completion: 3/31/12 → 1 month before termination

Data Questionnaire

1. How does reflective art-making reveal the therapeutic relationship?  
 Day 2: Yes, at Michaels I saw a piece of raw bark and had to buy it. It reminded me of the trees @ the boys home. The feelings that arose were strong. I need to carve into the wood to release those feelings within me.


2. How was art-making experienced? What themes emerged? (i.e. formal elements: symbolism, content, media...)  
 - body imagery also drawn on goodbye cards to symbolize the Thx  
 - media choice: paint markers (purposeful; for a/b/boys) → highly toxic  
 - style: included style learned from a CL  
 - boat drifting away  
 - sadness, left behind  
 - isolation  
 - body's posture: closed  
 - line purposefully made to flatline (like a pulse)  
 - body is transparent, wanting to vanish  
 - Peter Pan; orphaned youth

3. What issues of attachment were seen in artwork? And for the therapist? (i.e. counter-transference)  
 - title  
 - longing to be with those on the boat  
 - Face of boy = Thx (unintentional)  
 - empathy; mutual diff. letting go; fear of abandonment due to insecure attachment.

4. How can this knowledge be used as a clinical tool in treatment with clients?  
 Empathy  
 Personal experience of being left + isolated  
 Sadness  
 Attachment + internalization of clients  
 Sad counterpart to a childhood fantasy

5. Art Response:  
 Dreams: Intense; involved male fig.; can't remember  
 Sleep cycle: woke up every 2 hrs. → strange  
 My physical intimacy: got worse  
 As I read the names, my heart beats faster + I see their faces.  
 Art process:  
 - cathartic  
 - lonely fig. in corner w/ outstretched hands, communicating  
 - "Don't leave or forget me!"  
 - slow was hard; quick rep. + ruminating lines (like rain)  
 - got angry @ marker that started to squeal... had to stop... reminder of crying

Wood Carving: Phase I: "The (my) of a Scar."



**Week 1: Transcribed Questionnaire from Fig. 3**

*Day 1 & 2- Wrote Spontaneous Questions/Observations of Artwork: (written in the upper right-hand corner of Fig. 3)*

- 1) Why choose a concave surface? Containment? Choice of media? Toxic and favorite media used by boys. Color? Monochromatic. Posture of the figure? Hunched, safe. Ironical detail- the face of the boy looks like me.
- 2) It seems to be raining. The figure is transparent/not whole.
- 3) Initial feeling? Sad.
- 4) Why write names of my clients on the back? To leave a permanent memory?
- 5) Significance of the title? Boat imagery? Also drawn on cards/transitional objects
- 6) A crack on the surface.
- 7) Location where piece was created- in my car with doors locked in parking lot

*Day 3- Day of Incubation- no work*

*Day 4 & 5- Answered Typed Research Questions:*

- 1) How does reflective art-making reveal the therapeutic relationship?

*Yes, at Michaels I saw a piece of raw bark and had to buy it. It reminded me of the trees at the boys home. The feelings that arose were strong. I need to carve into the wood to release those feelings within me.*

2) How was art making experienced? What themes emerged? (i.e. formal elements, symbolism, content, media...)

*Spontaneously controlled. Themes of sadness, left behind, isolation, Peter Pan, orphaned youth, body posture is closed, lines purposefully flat-lining (like a pulse), body is transparent and wanting to vanish, covering of mouth, rain, water (internal flooding), contained shape and brick, style is griffitti-like and imitates that of clients, color is black, white, and grey.*

3) What issues of attachment were seen in artwork? And for the therapist? (i.e. counter-transference).

*Seen in the title. A longing to be with those on the boat. The face of the boy= therapist (unintentional). Empathy; mutual difficulty letting go; fear of abandonment due to insecure attachment. Sad counterpart to a childhood fantasy.*

4) How can this knowledge be used as a clinical tool in treatment with clients?

*Empathy, personal experience of being left and isolated, sadness, attachment, and internalization of clients.*

Dreams and Physical State:

*Intense; involved male figure; can't remember. Impaired sleep cycle, woke up every 2 hours, very strange. My physical immunity got worse, sick. Like the flooding in the image, I feel flooded with meds.*



## Cumulative piece #1: Wood Carving

### Phase 1- "The Cry of a Scar"

**Fig. 4**



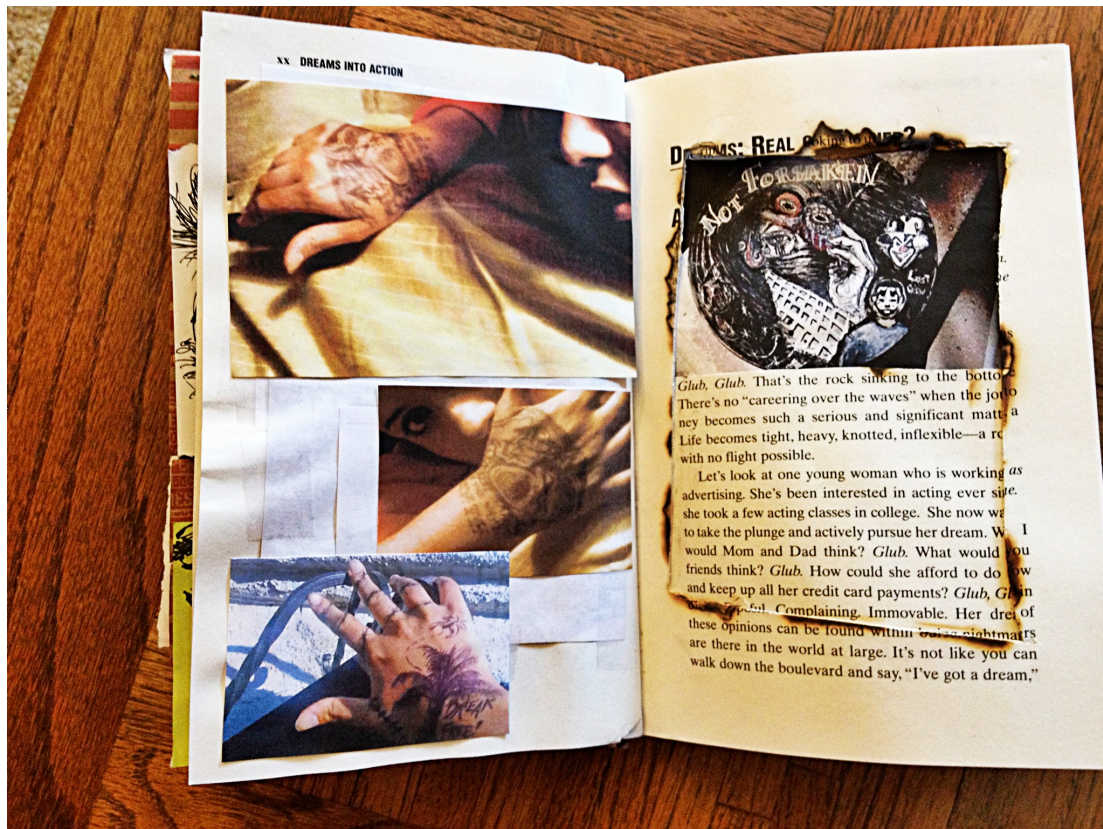
#### Day 6- Art response

*Of a barely visible infant reaching out from the corner of a black box. Black lines roughly colored downward like rain. Red peaks through the blackness. The baby looks distressed (see Fig. 3). Art process- cathartic, lonely figure communicating "Don't leave or forget me!" Drawing was hard; quick repetitive and ruminating lines (like rain). Got angry at marker that started to squeal... had to stop... reminder of crying.*

*Cumulative Piece #1: carving of a reaching infant using aggressive whittling strokes (see Fig.4).*

**Week 2****Title of Artwork: "Self Care in Solace"****Media: Altered book****Size: 5" x 8"****Date of Completion: Began in April 2012 and completed June 2012 (after termination)****Fig. 5**







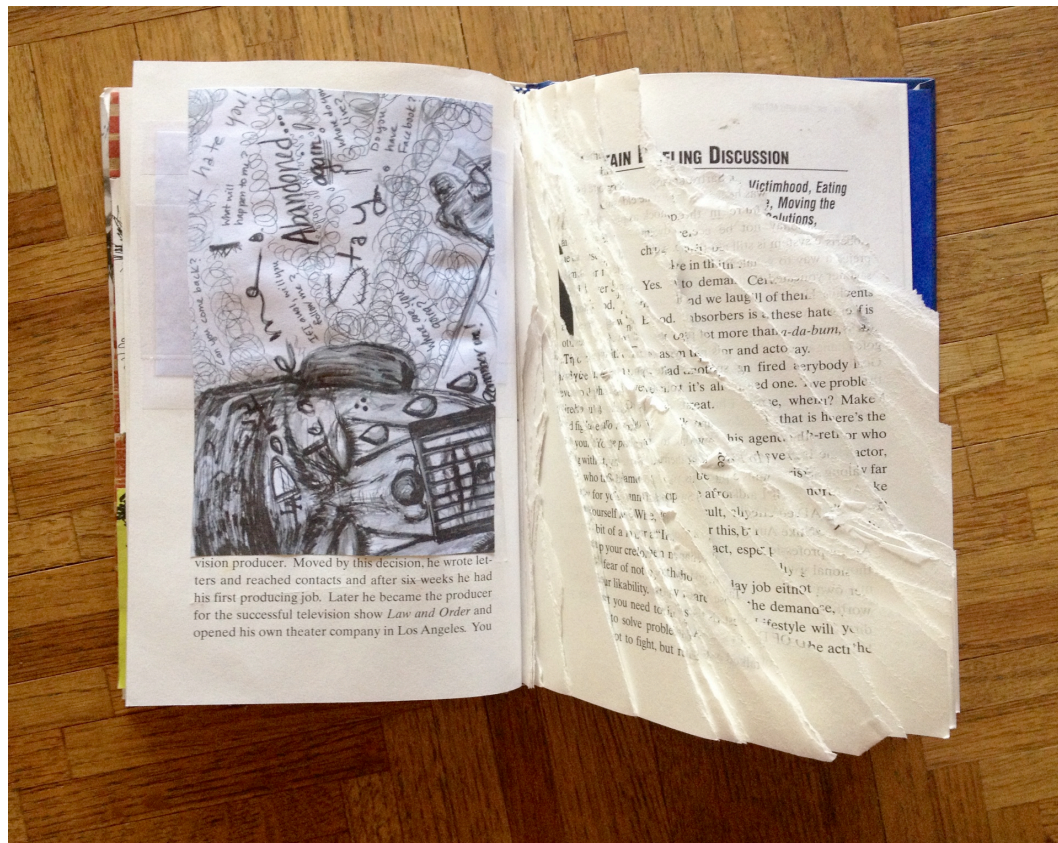




Fig. 6

Subject: Brittany Peterson

Title of Artwork: Self Care in Solace  
Media: Altered bk.  
Size: 8x6" *see: April 2012*  
Date of Completion: June 2012 (longer after termination)  
*end: 4*

Date: 2/11/13  
*sig: Boys up in my dreams, anxiety, fear, saving.*  
*→ on dreams*

Questions:  
1) Sig of book chosen? Why a book?  
2) Sig of cover image + quote?  
3) Why so long to complete?  
4) Art process used?  
5) Themes: obscured windows, torn drapery, CL's names (again), brick wall (again), dark colors, screaming + crying faces, grim reaper/Death, choking, broken face, deviance, covering of mouth (unable to talk about neg. emotion), barbed wire (CLarf), swirls, boat, goodbye (how), arms, vs. hopefulness in change, hands, prayers, inclusion of artwork made prior to sessions, obscured images of CLs, time, eyes, mask, tattoos, myself, drawing on myself (sub. angry + sad; imprint), *→ habit of m CL's too,* burning! tearing! *→ destruction!!!* only prayer + encouraging words of other clinicians *→ my anxiety: Did I make a difference? positive ↓ despite the pain of termination* heartwrenching: desperation + depression rising in my CL's as I was leaving.

Data Questionnaire

1. How does reflective art-making reveal the therapeutic relationship?  
Need for containment, like my clients.  
Vicarious trauma and importance of self-care.  
Tackling old goodbyes for both CLs + Thx.

2. How was art-making experienced? What themes emerged? (i.e. formal elements: symbolism, content, media...)  
*expressive, more open, containing, portable*  
*pattern: covered or gaping mouths, tears, swirls, clouds*  
*→ powerfully*  
*→ need for cathartic engagement in culm. art-piece (wood carving + fire)*  
*→ took longer to complete because termination feelings of abandonment were diff. → CLs desire to stay connected.*

3. What issues of attachment were seen in artwork? And for the therapist? (i.e. counter-transference)  
*Dreams* *→ EVERYWHERE!*  
*→ ie. walls/names parallels the list of encouraging emails from other clinicians to confirm to Thx made positive impact despite diff. of terminating.*


4. How can this knowledge be used as a clinical tool in treatment with clients?  
*→ CL's can also use altered book (cognitive organization + containment of strong feelings)*  
*→ Thx's management of self-care and countertransference.*  
*→ utilizing projected feelings (transference) to inform termination process*

5. Art Response:

*Dreams:*  
• helpless; kids attacking each other  
• sleep cycle impaired  
• violent  
• cannot rescue out of my control  
• cliffs, children falling

*Materials: wood, carving knives, plastic knife, glue, chain, tape, red paint, rubbing alcohol, hairspray, lighter/fire, stapler, styrofoam, burlap, matches*

*Artwork: Phase 2*  
*- destruction + stacking wood... intense feelings*  
*← during completion*



*namely, possibly friends*



**Week 2: Transcribed Questionnaire from Fig. 6**

*Day 1 & 2- Wrote Spontaneous Questions/Observations of Artwork: (written in the upper right-hand corner of Fig. 6)*

- 1) Significance of book chosen? Why a book? On dreams because at the time the boys were in my dreams, anxiety, fear, saving.
- 2) Significance of cover image and quote?
- 3) Why so long to complete?
- 4) Art process used?
- 5) Themes: obscured windows, torn drapery, CL's names (again), brick wall (again), dark colors, screaming and crying faces, grim reaper/Death, choking, break free, deviance, covering of mouth (unable to talk about negative emotions), barrio clown (found in client artwork), swirls, boat, goodbye, arms, hopefulness in change, hands, prayers, eyes, mask, tattoos, myself, drawing on myself (habit like CLs), burning, tearing and destruction to pages. My anxiety: Did I make a positive difference despite the pain of termination? Heart wrenching: desperation and depress rising in my clients as I was leaving.

*Day 3- Day of Incubation- no work*

*Day 4 & 5- Answered Typed Research Questions:*

- 1) How does reflective art-making reveal the therapeutic relationship?

*Need for containment, like my clients. Vicarious trauma and importance of self-care. Triggering of old goodbyes for both CLs and therapist.*

2) How was art making experienced? What themes emerged? (i.e. formal elements, symbolism, content, media...)

*Expressive, powerfully, more open, containing and portable. Pattern: gaping mouths, tears, swirls, clouds. Need for cathartic engagement in culminating art piece (wood carving and fire). Took longer to complete because termination feelings of abandonment were difficult; CLs desire to stay connected. This art piece was created at the boys home, in car, at home, and at school.*

3) What issues of attachment were seen in artwork? And for the therapist? (i.e. counter-transference).

*Dreams. Everywhere! Anxiety. i.e. wall of names parallels the list on 1<sup>st</sup> art piece, an effort to confirm that therapist made a positive impact.*

4) How can this knowledge be used as a clinical tool in treatment with clients?

*CLs can also use altered book (cognitive organization and containment of strong feelings). For therapist's management of counter-transference and self-care, utilizing projected feelings (transference) to inform termination process.*

Dreams and Physical State:

*Helpless; kids attacking each other. Violent. Cannot rescue, out of my control, cliffs, and children falling off cliff. Sleep cycle impaired. Eating habits more compulsive.*

## Cumulative piece #1: Wood Carving

### Phase 2- "Destruction"

**Fig. 7**



### Day 6- Art response

*An image from my dreams of the cliffs the children were falling from and a thin channel of water leading to an unknown destination (see Fig. 6).*

*Cumulative piece #1: Destruction and stabbing of wood... intense feelings.*

*Materials: wood, carving knives, glues, chain, tape, red paint, rubbing alcohol, hairspray, lighter/fire, staples, Styrofoam, burlap, matches (see Fig. 7).*



**Week 3**

**Title of Artwork: "Not Forsaken"**

**Media: Mixed media (paint marker & nail polish on lacquer placemat)**

**Size: 14" x 14"**

**Date of Completion: July 2012**

**Fig. 8**





Fig. 9

Subject: Brittany Peterson

Date: 2/14/13

Title of Artwork: "Not Forsaken"

Media: mixed media (paint marker + nail polish)

Size: 14" x 14"

Date of Completion: July 2012

Data Questionnaire

Questions:

- 1) Why masks? (guardians, fear)
- 2) Sig. of title? (project message by most CLs)
- 3) Infusion = / gang imagery + symbolism? (internalization)
- 4) Fences + barbed wire? (culture)
- 5) Tears + darkness (grief)
- 6) Round surface (containment)
- 7) Boat + island @ bottom? (cont. from 1st piece) (wouldn't matter)
- 8) Used CL inspired style (again)?

1. How does reflective art-making reveal the therapeutic relationship?

Internalized messages... esp. those that linger such as FEAR.

Painting nail polish on smooth surface was self-soothing + containing. Created at home.

2. How was art-making experienced? What themes emerged? (i.e. formal elements: symbolism, content, media...)

Swirls: Emotion concealed by masks.  
ICP mask - graphic / violent Pap groups (lived by CL)  
Title "Not Forsaken" -> not forgotten, left + behind w/ mal-intent

3. What issues of attachment were seen in artwork? And for the therapist? (i.e. counter-transference)

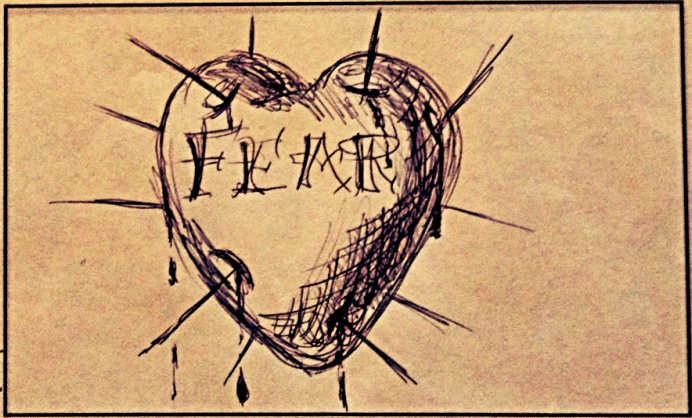
Mourning, use of CL inspired symbols (imprisonment, culture)  
Internalized themes of attachment revealed in dreams (during termination, after + this research project)

4. How can this knowledge be used as a clinical tool in treatment with clients?

Clinicians can process grief in appropriate way -> model for clients.  
Dreams can be broken down into from scattered metaphors to themes, and to alert Therapist of residual feelings and strong messages projected by clients... a way to untangle the past from present.

5. Art Response:

Dreams: (most vivid this far)  
sleep interrupted by dreams (2 nights in a row) - some time zone.  
- themes: male attachment, thin boundaries; adult fig. diffused / regressed into younger friend roles  
-> CL's request to become friends post termination.





## **Week 2: Transcribed Questionnaire from Fig. 9**

*Day 1 & 2- Wrote Spontaneous Questions/Observations of Artwork: (written in the upper right-hand corner of Fig. 9)*

- 1) Why masks? Guardedness, fear.
- 2) Significance of title? Projected message by most CLs.
- 3) Infusion of gang imagery and symbolism? Internalization.
- 4) Fences and barbed wire? Culture. Danger.
- 5) Tears and darkness? Grief.
- 6) Round surface? Containment.
- 7) Boat and island at the bottom? Continued imagery/narrative from 1<sup>st</sup> piece
- 8) Used CL inspired style (again)? Subconscious fear of forgetting CLs (projection); externalize symbols of CL's fears; to use their style is to remember them.

*Day 3- Day of Incubation- no work*

*Day 4 & 5- Answered Typed Research Questions:*

- 1) How does reflective art-making reveal the therapeutic relationship?

*Internalized messages, especially those that linger such a FEAR.*

- 2) How was art making experienced? What themes emerged? (i.e. formal elements, symbolism, content, media...)

*Swirls. Emotion concealed by masks. ICP mask- graphic, violent rap group like by one of my clients. Title, "Not Forsaken" meaning not forgotten, not left behind with*

*mal-intent. Materials: painting, nail polish on smooth surface was self-soothing and containing. This art piece was created at home.*

3) What issues of attachment were seen in artwork? And for the therapist? (i.e. counter-transference).

*Mourning, use of CL inspired symbols (imprisonment, culture). Internalized themes of attachment revealed in dreams (during and after termination at boys home, and during this research project).*

4) How can this knowledge be used as a clinical tool in treatment with clients?

*Clinician's own processing grief in appropriate way, a model for clients. Dreams can be broken down from scattered metaphors to themes, and to alert therapist of residual feelings and strong messages projected by clients... a way to untangle therapist's past from present.*

Dreams and Physical State:

*Most vivid so far. Sleep interrupted by dream 2 nights in a row at 2am. Themes: male attachment, thin boundaries, adult figure of my mother and other person diffused/regressed into younger friend roles like my client's request to become friends post-termination.*

### Cumulative piece #1: Wood Carving

#### Phase 3- "Burning"

**Fig. 10**



#### Day 6- Art response

*An image from of a heart stabbed with needles and blood dripping. The heart labeled with FEAR (see Fig. 9).*

*Cumulative piece #1: Burning of the wood. Teardrop barely visible (see Fig. 10).*

### Week 3

**Title of Artwork: "Hope"**

**Media: Paint markers**

**Size: 2.5' x 3'**

**Date of Completion: August 2012**



**Fig. 11**





Fig. 12

Subject: Brittany Peterson Date: 2/29/13

Title of Artwork: "Hope"  
Media: Paint markers  
Size: 2.5' x 3'  
Date of Completion: 9/2012

Data Questionnaire

Questions:

- 1) Sig. of title?
- 2) Hand + bird symbols? Flight, no longer caged.
- 3) Monochromatic?
- 4) Hiding eyes + dark crying clown face (fruit) + small woman with covered mouth + flower
- 5) New addition: hope written on sacred heart.
- 6) Why a fleur de lis? contained shape

1. How does reflective art-making reveal the therapeutic relationship?

The healing and hope after termination.  
Externalization of projected message of abandonment, dependency, fear and guilt of being.

2. How was art-making experienced? What themes emerged? (i.e. formal elements: symbolism, content, media...)

↳ calmer state of mind. created in studio. paint marker was easy to control = easier to manage the charged subject matter. surface was containing. only time I made reference to my own body/mind and used it as a model for this piece... was grounding... as a part of me 'grips' + now intricated a sense of hope, rather than overwhelmed despair + guilt of abandonment.

3. What issues of attachment were seen in artwork? And for the therapist? (i.e. counter-transference)


↳ hanging onto guilt  
↳ fear of being left behind

4. How can this knowledge be used as a clinical tool in treatment with clients?

↳ Knowledge of transference  
↳ awareness of RL projection  
↳ as separate from Thx... to relinquish guilt

5. Art Response:

Photos: Vivid, not fear based; included self as victorians



#### **Week 4: Transcribed Questionnaire from Fig. 12**

*Day 1 & 2- Wrote Spontaneous Questions/Observations of Artwork: (written in the upper right-hand corner of Fig. 12)*

- 1) Significance of title?
- 2) Hand and bird symbols? Flight, no longer caged.
- 3) Monochromatic?
- 4) Hiding eyes, dark crying clown face, small woman with mouth covered, and flower?
- 5) New addition: hope written on a sacred heart
- 6) Why a fleur de lis? Contained shape. Stylized flower, seen as symbol of victory and inspiration for therapist.

*Day 3- Day of Incubation- no work*

*Day 4 & 5- Answered Typed Research Questions:*

- 1) How does reflective art-making reveal the therapeutic relationship?

*The healing and hope after termination. Externalization of projected messages of abandonment, dependency, fear and guilt of leaving.*

- 2) How was art-making experienced? What themes emerged? (i.e. formal elements, symbolism, content, media...)

*Calmer state of mind. Created in a studio. Paint marker was easy to control = easier to manage the charge subject matter. Surface was containing. Only time I made*

*reference to my own body/hand and used it as a model for this piece...making it a grounding experience...as a part of me grasps a sense of hope rather than overwhelmed despair and guilt of abandonment.*

3) What issues of attachment were seen in artwork? And for the therapist? (i.e. counter-transference).

*Hanging onto guilt. Fear of being left behind.*

4) How can this knowledge be used as a clinical tool in treatment with clients?

*Knowledge of transference and awareness of CL projection as separate from therapist... to relinquish guilt.*

Dreams and Physical State:

*Vivid, not fear-based; included imagery of self as victorious.*



## Cumulative piece #2: Ink Drawing

## Final Phase of Cumulative Artwork- "Memento Mori"

**Fig. 13**

## Day 6- Art response

*An image of a hand (like the reflective art piece) with an eye in the center to reflect increased insight and ability.*

*Cumulative piece #2: Female face to represent therapist. Trauma with blood and morbidity as symbolized by skull and Italian phrase: Memento Mori- to remember the suddenness of death in order to live life to it's fullest each day) to reflect vicarious trauma and imprint on therapist. Pulse line (like 1<sup>st</sup> art piece).*

*Materials: ink, sandpaper, and red.*



## **Analysis of Data**

By isolating common threads within the collective of four archival art pieces, four questionnaires, and cumulative artwork, the following themes were uncovered:

- Fear of Abandonment and Anxiety
- Trauma, Imprisonment, and Sadness/Emotional Flooding
- Memory, Attachment, and Hope

### **Fear and anxiety.**

Fear of abandonment was a shared theme in all four archival art pieces and questionnaires. This fear is symbolized by the presence of a singular infant or person often placed in a corner or hidden in a body of darkness (see Fig. 2, 3, 4, 5, 8). Prior to the termination process, abandonment was a present reality at the boys' home and for myself.

To be transparent in order to deepen the content of this paper I will self-disclose for the reader's understanding, speaking to the complexities of therapy and termination. Before I began the termination process at the boys' home, my biological father left my family. To process my feelings and counter-transference I worked closely with my own psychotherapist before, during and after the termination process at the boys' home. My personal therapeutic journey helped deepen my empathy and inform my clinical work by dialoguing with my own pain. This process also resurrected an unconscious and irrational fear within me of repeating the same act of paternal abandonment to my clients.

The anxiety that was birthed from this fear of abandonment was sublimated through the process of reflective art making; thereby, creatively monitoring the intense

feelings projected by my clients as an act of self-care (see. Fig. 4). The theme of containing this anxiety was strongly present in the data.

First, a wooden concave form was chosen for protection to process the beginning of the termination process with my clients (see. Fig. 2). Then, in the heat of termination, a book was chosen for complete containment (see Fig. 5). After termination, more open yet still structured shapes were chosen to further externalize my anxiety (see Fig. 8, 11).

Controlled art media in the form of paint markers were used in all four archival art pieces as well as a monochromatic palette. I restricted my palette as it was safer and more comfortable for me to handle. As I relived these strong feelings, the first two weeks required additional art-making engagement as I carved, destroyed, and burned the piece of wood (see Fig. 4, 7, 51). During this time of data collection, my physical health declined and my dreams revealed intense anxiety, fear, violence, and helplessness to save (see Fig. 6, 9).

Fear is also revealed in the repeated imagery of masks and covered mouths (see Fig. 2, 5, 8, 11). This may speak to the clients who responded to termination with avoidance, denial, forgetfulness, and panic. It may also reflect my own introverted communication style and vicarious traumatization, leading to withdrawal within myself. Similar to my clients, these feelings were difficult to externalize verbally in which the art media provided containment and safety.

Interestingly, subliminal and unconsciously created images of the therapist are placed within each archival art piece further continuing the theme of concealment (see Fig. 2, 5, 8, 11). It was only until each piece was completed did the therapist recognize the unconscious material and obvious inclusion of transference/counter-transference issues.

The hidden-yet-observable qualities of these self-images convey an ambiguous anxiety of surfacing emotions, a hide-and-seek game regressive in nature.

According to Gabbard (2009), this regressive play or “pull” is at its greatest strength during termination (p.588). True to Gabbard’s statement, this *regressive pull* was demonstrated by my clients whose reactive styles included avoidance, anger, separation anxiety, and an emotional need to be remembered (see Memory section below). Long after I left the boys’ home, I still felt this *pull*. The question was: Who was *pulling*? My clients or myself? And, why was this *pull* so strong?

### **Trauma, imprisonment, and sadness/emotional flooding.**

The environment of the boys’ home was restrictive due to the culture of probation requiring constant oversight of the residents; privacy was not a luxury for most. To some, this placement felt like a prison which kept them from their families, home, and what they knew.

Art therapy sessions became a therapeutic escape from the confines of supervision, peer influence, and loneliness. The location of the large art studio in which I worked was also set apart from the cottages in which the boys lived; the room was spacious with a high ceiling and large windows for natural light. When I left, I felt that I was sentencing my clients back to imprisonment by taking art therapy with me. (see Fig. 2). In the *Neverland/Lost Boys* art piece, I saw myself as the ship sailing away, leaving my client stranded on an island. Though the ship is sailing away, unconsciously I drew myself as the male client on the island; I was being *pulled* to stay ashore.

More intentional imagery of imprisonment included barbed wire, chain, closed spaces, an inability to escape, and darkness (see Fig. 2, 3, 4, 5, 6, 7, 8, 11).

Most of my clients struggled with substance use that seemed to function as a coping mechanism to dull their pain, sadness, and memories of trauma. Termination was a stormy season where some clients were reminded of unresolved grief and loss from deaths and old goodbyes. When it was time for me to leave, this sadness was resurrected. In my dreams and artwork, emotional flooding was illustrated by large bodies of water, rain, tears, swirls, and smoke (see. Fig. 2, 3, 5, 6, 7, 8).

Trauma is most vibrantly illustrated in my final cumulative drawing revealing blood, danger, and death as evidenced by a skull, a silenced pulse line (see Fig. 13). The rupturing of blood from the skull spills over my self-portrait, thus reflecting the vicarious trauma I had experienced as a more graphic form of emotional flooding.

Trauma imagery is also contained within the safety of the altered book (images of selected pages were omitted), questionnaire #3, and the destruction of the wooden art piece (see Fig. 5, 7, 9). When comparing the sequential arrangement of my data questionnaires 1-4, I noticed that the first two questionnaires are visually flooded with words with barely any white space remaining on the page (see Fig. 3, 6). As the heuristic journey progressed, Questionnaire 3 and 4 revealed more space, affirmative statements, and more clarity within the written content (see Fig. 9, 12).

### **Memory, attachment, and hope.**

Also informed by internalized fear of forgetting, my client's names vandalized my artwork like graffiti upon a wall (see Fig. 5; images have been resized and some not

included to protect confidentiality). Names of my clients were also written on the back of the first archival piece, *Neverland/Lost Boys*, and within the altered book (see Fig. 5). An ode to memory is also the theme of the final cumulative piece, “Memento Mori” (see Fig.13). To remember is to hold value to an experience or relationship. For me, I measured my effectiveness as therapist-in-training through my creative effort to remember the gains in the therapy. In reference to Brems (2002), a successful termination will proffer likelihood of positive memories of therapy (p.391); this was my hope for my clients.

During termination I received the following messages from my clients: Will you remember me? I want to remember you. What if I forget you? Don’t forget me! Can we be friends? If you weren’t my therapist, would you be my friend? Can I take a picture of you so I can remember your face? Do you have a Facebook? If you leave, who do I turn to? These questions and others were also weaved into my altered book (see last image of Fig. 5).

Additionally, this fear of being forgotten was symbolically expressed by clients who consciously and unconsciously left their artwork with me for safekeeping. For example, one of my clients handed me his artwork and added, “I’m giving this to you so you can remember me and our time together.” It seemed important to my clients that I valued our time together and left the boys’ home, carrying a piece of them with me. The art seemed to function as a memorial of treatment and the therapeutic relationship. My art piece, *Hope*, and this research paper are memorials to my clients seated from a place of gratitude and inspiration rather than fear (see Fig. 11).

*Hope* was created on a solid, metal base of a fleur-de-lis shape, a self-contained shape that spoke of inspiration and victory. I purposefully created this piece as an ode to my experience at Pacific Lodge Boys Home. Affixed upon it, lies the word *hope*, a hope in my

development as a helping professional and most of all, a hope for healing within the hearts of each boy at Pacific Lodge. Likewise, my response art (see Fig. 12) illustrates a better grasp of hope and increased insight gained from my experience at Pacific Lodge and my journey through this heuristic research project.

## **Findings**

As evidenced in my reflective artwork and the data collected through the heuristic process, a part of myself that caused great discomfort was magnified and dissected. My goal was to uncover the fog of my anxiety so I could grow myself as a therapist. I found that letting go of my clients at Pacific Lodge Boys Home during the termination process was more difficult for my clients than I had anticipated.

Due to a preconceived fantasy of an idealized termination, the reality of saying goodbye to my clients brutally humbled and challenged me to reckon with great pain and sorrow, but also hope; a hope to find healing. I found that an unconscious guilt weighed on my shoulders as I felt like I was repeating the same act of abandonment with my clients as my own biological father. But in reality, this was far from true.

The fear of abandonment that I carried long after termination produced many symbols of anxiety. This anxiety was motivated by a desire not to forget my clients. To forget them meant that I made no impact and it was by this standard, I measured my worth as a beginning therapist. Even my dreams during and after termination revealed themes of helplessness and not being able to save my clients from pain. In truth, pain is an inevitable reality of life and dialoguing with this pain was the next step. For me, this dialogue was visually externalized in my artwork.

Anxiety was revealed through elements of gang culture, use of my client's favorite art media (paint markers), and symbols that my clients had drawn in their artwork.

Through the use of these client-inspired elements, I tried to capture their stories.

After my analysis, I found that a small part of my fear and anxiety was imprinted by my family-of-origin, but the larger portion of my anxiety was caused by client projection. I had absorbed my clients' fear of letting go and confused those insecurities to be my own.

Due to the trauma background of most of my clients and the isolative nature of the boys' home, attachment to a stable figure is a difficult task. Taking into consideration my natural tendency to be seen as a motherly female therapist by showing empathy, acceptance, and attunement may have caused my clients to become more attached to me than I realized; this attachment contributed my clients' fear of abandonment, especially for those who did not have mothers. Likewise, the narrow age difference between my clients and myself may have more likely caused an interruption in romantic projection due to my leaving.

Analysis of my reflective artwork also revealed symbols of attachment as evidenced by unconsciously created self-portraits where I identified myself as a male client. Through the termination process, the flooding of strong client emotions absorbed and drenched my identity (see Fig. 2, 13).

As stated by McNiff (1998), an art therapist's mind is more prone to be flooded with client imagery; a valid finding in my artwork. My unconsciously created self-portraits depicted my client's emotions within the form of my body which became a transformative symbol, physically containing their anxiety, sadness, and fear. Speaking to the therapeutic relationship, this process of containment speaks true of the therapist's role in holding the

therapeutic space for the client. Like holding one's breath, I held it in but needed to exhale, let go, and trust in the hope of healing for my clients and myself.

### **Conclusion**

In summary, the grimace of anxiety and fear of abandonment was imprinted by my family-of-origin and deepened through client projection via vicarious trauma. Taking into consideration the culture of the boys' home, probation and my clients' histories of trauma and insecure attachments, my clients' fears of abandonment were easily triggered by the termination process. As a result, my reflective artwork portrayed a flood of ambiguity blanketed by a lingering shadow of guilt, sadness, and uncertainty long after termination.

This heuristic study has taught me the dire importance of self-care during and after termination in order to avoid vicarious trauma and make peace with ambiguity. As a means of self-care, it would be beneficial for art therapists to utilize reflective artwork from the onset to aftermath of termination. Containing media such as an altered journal may provide added containment.

As a trainee experiencing practicum and the termination process for the first time, I was challenged to reckon with my idealization of termination (Gabbard, 2009) and identify the role of attachment between a female therapist and at-risk male youth on probation.

Reflective art making proved inherent to the termination process as a clinical tool in order to externalize and negate the strong feelings of both the therapist and client. The reflective artwork joined with my heuristic journey resulted in an uncovering of hope, healing, and deeper understanding of the complexities of letting go and saying goodbye to a part of myself (Yalom & Leszcz, 2005).



Most importantly, this study reminded me to review the gains made in therapy and to have faith in my clients' resiliency as emphasized by Bor and Watts (2006): "THEY are the most valuable resource... even without you, they still have the capacity to heal and grow" (p. 193). Truly, each one of my clients had incredible resiliency that inspired this heuristic journey. I feel grateful to them and have faith that they will continue to grow.

To grow the field of psychotherapy and art therapy, research on termination with at-risk youth, specifically in boys' homes would be beneficial in order to explore the complexities of terminating with a vulnerable yet resilient population. Further research may also benefit from a comparative study on the use of reflective art making during termination versus professionals who do not use art for self-care.

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