Exploring the Nature and Meaning of Art with Older Adults in Hospice

Catherine Alexandra Barrington
FLORIDA STATE UNIVERSITY

COLLEGE OF VISUAL ARTS, THEATRE AND DANCE

EXPLORING THE NATURE AND MEANING OF ART
WITH OLDER ADULTS IN HOSPICE

By

CATHERINE ALEXANDRA BARRINGTON

A Dissertation submitted to the
Department of Art Education
In partial fulfillment of the
Requirements for the degree of
Doctor of Philosophy

Degree Awarded:
Spring Semester, 2008

Copyright © 2008
Catherine Alexandra Barrington
All Rights Reserved
The members of the Committee approve the Dissertation of Catherine Alexandra Barrington defended on March 5, 2008.

David Gussak
Professor Directing Dissertation

Linda Vinton
Outside Committee Member

Marcia Rosal
Committee Member

Penelope Orr
Committee Member

Approved:

Marcia Rosal, Chair, Department of Art Education

Sally McRorie, Dean, College of Visual Arts, Theatre and Dance

The Office of Graduate Studies has approved the above named committee members.
ACKNOWLEDGEMENTS

I am very grateful to my committee for the time, wisdom, and support they unselfishly afforded me. I especially want to thank Dr. Dave Gussak, my dissertation chair, whose guidance, direction, and reassurance helped me gain more insight and think more deeply about matters. I also wish to thank Dr. Marcia Rosal, Dr. Penny Orr, and Dr. Linda Vinton for all of the encouragement and mentorship they extended me during this process. I have been most fortunate in having the opportunity to work with each of them. I would also like to thank Sister Delores Demulling, Director of LeRoyer Hospice, for her mentorship, guidance, support, and professionalism. She is a remarkable person, and her caring spirit continues be an inspiration to me.

I would like to thank the participants for their candidness, openness and resilient spirit. It has been both an honor and a privilege to learn your stories and see all the beautiful pieces of art that you created. I also wish to thank the Congress of Graduate Students, the Office of the Provost and the Office of Research for providing financial assistance in framing the artworks that were given to the participants.

Last and certainly not least, I would like to thank my family, Bob, Beth, and Matt, my mother, sisters, cousins, and friends whose continuously encouraged me. Thank you for believing in me. I could not have accomplished this without your support.
TABLE OF CONTENTS

List of Tables ....................................................................................................................... xi
List of Figures ....................................................................................................................... xii
ABSTRACT .......................................................................................................................... xiii

CHAPTER I – INTRODUCTION .......................................................................................... 1
  Statement of the Problem .................................................................................................... 2
  Research Questions ........................................................................................................... 2
  Justification of Study ......................................................................................................... 4
  Research Design - Qualitative/Phenomenology ............................................................... 5
  Definition of Terms ........................................................................................................... 6
  Overview ............................................................................................................................ 7

CHAPTER II – LITERATURE REVIEW .............................................................................. 9
  Physical Tasks .................................................................................................................. 11
  Psychological Tasks ......................................................................................................... 11
  Social Tasks ..................................................................................................................... 11
  Spiritual Tasks .................................................................................................................. 12
  Hospice ............................................................................................................................ 13
  Palliative Care .................................................................................................................. 13
    Palliative Care and Hospice Principles ........................................................................... 14
  The Hospice Team ............................................................................................................ 17
  Older Adults – Participants ............................................................................................. 17
  Creativity ........................................................................................................................... 18
  Courage ............................................................................................................................. 19
Human Connectedness ........................................................................................................... 20
Spirituality .............................................................................................................................. 20
Life Review and Reminiscing ............................................................................................... 21
Art Therapy ........................................................................................................................... 23
Art Therapy and Older Adults ............................................................................................... 23
Existential Art Therapy ......................................................................................................... 25
Reminiscing and Art Therapy ............................................................................................... 25
Art Therapy with Terminally Ill Individuals ......................................................................... 26
Collage ................................................................................................................................ 29
Summary ............................................................................................................................... 31

CHAPTER III – METHODOLOGY ......................................................................................... 33
Research Questions ............................................................................................................... 33
Theoretical Framework - Existentialism .................................................................................. 33
Research Design – Qualitative/Phenomenology .................................................................. 36
Sample .................................................................................................................................. 37
Qualification for Participation – Primary Participant/ Older Adult ........................................ 37
Qualification for Participation – Secondary Participant/ Loved One ...................................... 38
Interview Process .................................................................................................................. 38
Structure of Meetings – Primary Participant/Older Adult ................................................... 38
Structure of Meetings – Secondary Participant/ Loved One .................................................. 39
Structure of Meeting – Collage Project .................................................................................. 39
  Framed Art Works ............................................................................................................... 40
Role of Researcher ................................................................................................................ 40
Researcher as Participant Observer ................................................................. 41
Field Experiences and Field Notes ................................................................. 41
Storage of Field Notes and Voice Recordings ................................................ 42
Grounded Theory ............................................................................................. 42
Coding .............................................................................................................. 44
Theory Development ......................................................................................... 45
Reliability and Validity – Credibility and Generalizability .............................. 45
Summary ......................................................................................................... 46

CHAPTER IV – PRESENTATION OF FINDINGS ................................................. 47
The Lang Family .............................................................................................. 48
Ella Lang, Primary Participant – Background ................................................ 48
Ella Lang, Primary Participant – First Meeting ............................................... 49
1. Family .......................................................................................................... 51
2. Working ....................................................................................................... 51
3. Helping Others ........................................................................................... 51
4. Travel .......................................................................................................... 52
5. Fun .............................................................................................................. 52
6. Creative Outlets ......................................................................................... 52
Ella Lang, Primary Participant – Second Meeting – Highlighted Stories ........ 53
Ann Lang, Secondary Participant – Background ............................................. 54
Ann Lang, Secondary Participant – Highlighted Story .................................... 55
Ann Lang, Secondary Participant – Drawing .................................................. 55
Lang Family Collage ....................................................................................... 57
Summary ................................................................................................................................................. 59
The Park Family ......................................................................................................................................... 59
Amy Park, Primary Participant – Background .......................................................................................... 59
Amy Park, Primary Participant – First Meeting ....................................................................................... 59
  1. Family .................................................................................................................................................. 60
  2. Working .............................................................................................................................................. 60
  3. Helping Others .................................................................................................................................... 61
  4. Travel .................................................................................................................................................. 61
  5. Fun ....................................................................................................................................................... 61
  6. Creative Outlets.................................................................................................................................... 62
Amy Park, Primary Participant – Second Meeting – Highlighted Story .................................................... 62
Ted Park, Secondary Participant – Background ....................................................................................... 64
Ted Park, Secondary Participant – Highlighted Story .............................................................................. 65
Ted Park, Secondary Participant – Drawing ............................................................................................ 65
Park Family Collage Project .................................................................................................................... 67
The Holt Family ......................................................................................................................................... 68
 Deb Holt, Primary Participant – Background ......................................................................................... 69
Deb Holt, Primary Participant – First Meeting ....................................................................................... 69
  1. Family .................................................................................................................................................. 70
  2. Working .............................................................................................................................................. 70
  3. Helping Others .................................................................................................................................... 70
  4. Travel .................................................................................................................................................. 70
  5. Fun ....................................................................................................................................................... 71

vii
6. Creative Outlets................................................................. 71
Deb Holt, Primary Participant – Second Meeting – Highlighted Story ........... 71
Deb Holt, Primary Participant – Drawing #1 ....................................... 72
Deb Holt, Primary Participant – Drawing #2 ....................................... 72
Meg Holt, Secondary Participant – Background ..................................... 73
Meg Holt, Secondary Participant – Highlighted Story ............................ 74
Meg Holt, Secondary Participant – Drawing #1 ..................................... 74
Meg Holt, Secondary Participant – Drawing #2 ..................................... 75
Holt Family Collage Project.............................................................. 76
Delivery of Framed Art Works – Follow Up Comments .......................... 76
Lang Family ................................................................................. 77
Park Family ................................................................................. 77
Holt Family ................................................................................. 78
Coding Charts.................................................................................. 79

CHAPTER V – ANALYSIS AND IMPLICATIONS ..................................... 84
Encompassing Research Question ....................................................... 84
   Existentialism............................................................................... 85
Subsequent Research Question # 1 ...................................................... 87
   Physical Aspects............................................................................ 88
   Psychological Aspects................................................................. 89
   Social Aspects ............................................................................ 91
   Spiritual Aspects ........................................................................ 92
Subsequent Research Question #2 ...................................................... 94
Art ................................................................................................................................. 94
Art - Ella Lang – Primary Participant ................................................................. 95
Art – Ann Lang – Secondary Participant .......................................................... 95
Art - Lang Family Collage ............................................................................... 95
Art - Amy Park – Primary Participant .............................................................. 96
Art - Ted Park - Secondary Participant ............................................................ 96
Art - Park Family Collages ............................................................................... 97
Art - Deb Holt – Primary Participant ............................................................... 97
Art - Meg Holt – Secondary Participant .......................................................... 98
Art - Holt Family Collage ............................................................................... 98

Theory Development ......................................................................................... 98

Influences ............................................................................................................... 100

Inspirational Characteristics for Creative Outlets/Activities .......................... 100

Theory .................................................................................................................... 101

Limitations ............................................................................................................ 105

Future Research ................................................................................................. 105

Implications ........................................................................................................... 106

Art Therapy .......................................................................................................... 106

Art Education ...................................................................................................... 108

Death Education .................................................................................................. 110

Summary .............................................................................................................. 111

CHAPTER VI – SUMMARY AND CONCLUSION ................................................ 113

Mentoring and Nurturing Others ..................................................................... 114
Lessons of Life

Reminiscing and Meaning-Making

Conclusion

APPENDICES

Appendix A - Human Subjects Approval Form

Appendix B - Human Subjects Amendment Request

Appendix C - LeRoyer Hospice Authorization

Appendix D - Human Subjects Amendment Authorization

Appendix E - Informed Consent Form for Primary Participant

Appendix F - Logistical Information for Primary Participant

Appendix G - Survey for Primary Participant

Appendix H - Informed Consent for Secondary Participant

Appendix I - Logistical Information for Secondary Participant

Appendix J - Survey for Secondary Participant

Appendix K - Informed Consent for Adult Participant Collage Project

Appendix L - Figures

REFERENCES

BIOGRAPHICAL SKETCH
LIST OF TABLES

Table 1 – Code Chart for Lang Family ................................................................. 80
Table 2 – Code Chart for Park Family ................................................................. 81
Table 3 – Code Chart for Holt Family ................................................................. 82
Table 4 – Code Chart for Common Themes - Lang, Park, and Holt Families......... 83
Table 5 – Theory Flow Chart ................................................................................ 102
LIST OF FIGURES

Figure 1 – Letter from James Doyle, Governor of Wisconsin ........................................... 50/130
Figure 2 – Adaptive Embroidery Frame ................................................................. 53/131
Figure 3 – Ella Lang – Embroidered Dresser Scarf ...................................................... 54/132
Figure 4 – Ann Lang – Symbol Drawing ................................................................. 56/133
Figure 5 – Ann Lang – Symbol Explanation ............................................................. 57/133
Figure 6 – Lang Family Collage ............................................................................... 58/134
Figure 7 – Amy Park – Cowboy .............................................................................. 63/135
Figure 8 – Ted Park – Drawing – Mother at Table ..................................................... 66/136
Figure 9 – Park Family – Family Collage Project #1 ................................................. 67/137
Figure 10 – Park Family – Creative Works - Collage Project #2 ................................. 68/138
Figure 11 – Deb Holt – Green Bay Packer Game – Drawing #1 ................................. 72/139
Figure 12 – Deb Holt – Major the Cat – Drawing #2 ................................................... 73/140
Figure 13 – Meg Holt – The Piano – Drawing #1 ....................................................... 74/141
Figure 14 – Meg Holt – The Flower – Drawing #2 ..................................................... 75/142
Figure 15 – Holt Family Collage ............................................................................... 76/143
ABSTRACT

For some older adults in hospice, confronting end-of-life issues is frightening. It can also be alarming for loved ones and family members. Gerontologists recommend that people who are confronting death tell stories about their lives to reveal and create meanings for themselves. Hospice team members encourage individuals to express their thoughts and feelings to enhance and solidify meaning in one’s life.

This qualitative study utilizes reminiscing and creativity as a way for older adults in hospice to confront end-of-life issues, strengthen relationships and solidify meaning in life. The encompassing research question asks “How does art therapy help older adults in hospice express the physical, emotional and spiritual aspects of one’s life?” Two other questions are asked, “In the context of hospice, what is the nature and meaning communicated by dying individuals, their loved ones and family members using reminiscing and art-making?, and “In the context of hospice, what is the nature and meaning that the created art object(s) has to the older adult, their loved ones and family members who participated in the art-making experience?

Interviews were conducted with three family units. Each family unit consisted of an older adult in hospice and one of their loved ones. Interviews revealed stories about highlighted events, experiences and achievements, and an illustration was created to depict and symbolize that story. The final meeting consisted of a collaborative collage-making project depicting many of the highlighted stories, events and experiences of the older adult in hospice.

The data was analyzed using grounded theory, which is also known as the constant comparative method. The results reinforce that older adults in hospice, as well as loved ones, benefited from reminiscing and creatively expressing expression, and hence it is a useful tool for individuals to solidify meaning and strengthen relationships as one confronts end-of-life issues.
CHAPTER I - INTRODUCTION

Death threatens to disconnect us from our loved ones. For those who are in hospice, it can be especially frightening, not only for the individual, but also for their loved ones, family members and friends. However, death is a part of life and part of the human experience, and one cannot escape the fact that death will occur. It is as intrinsic to life as birth. Life does not exist without death. Bertman (1991) asserted that while death is frightening, it is also an opportunity to savor the “preciousness and wonder of life through the connectedness we share with others” (p. 88). A person in hospice has a unique opportunity to prepare for death with support from many disciplines and entities.

DeSpelder and Strickland (2005) indicated that an individual who is dying often has physical, emotional, and spiritual needs, and that these needs encompass three divisions. The first division is a need for the individual to seek meaning and purpose in one’s life. This may occur through activities such as recalling one’s life and making sense of various entities by recognizing how work, personal relationships and other achievements fit into the continuum of one’s life. The second division is a need for hope and creativity. This involves aspiring toward the future. Whereas the first division focused on looking back at one’s life, the second division focused on “now” and the future. An individual may aspire to achieve a personal task or look forward to the future after one’s death. The third division DeSpelder and Strickland indicated was the need for a dying individual to “give and receive love” (p. 216). It is important for an individual who is confronting death to be reassured that he/she is loved by others, as well as knowing that others need his/her love.

Corr, Nabe, and Corr (2006) stated that a dying individual is faced with navigating ways to cope with one’s own death. They posited that an individual can adapt “the posture of defense [that] is largely negative or adapt to an active process […] with positive orientations that seeks to resolve problems or adapt to challenges in living” (p. 137). Helping an individual cope with the prognosis of death involves tending to their needs and wishes. There are numerous people across several disciplines supporting the individual to prepare in a positive way for death. Preparation may involve advising the individual to contact people to help organize their legal affairs; helping and reinforcing the individual to stay connected to loved ones; assisting and highlighting accomplishments that the individual made on a particular day; and attentively listening to their stories and reassuring him/her that he/she is valued as a person.
Corr et al. (2006) asserted that no individual who is dying copes in the same way. They noted that some individuals cope from a negative viewpoint, while others cope more positively. Coping negatively focuses on what is lacking or to be passive. Coping positively focuses on attributes and emphasizes proactive styles. The model they developed emphasizes a proactive way to cope rather than a passive way, indicating that individuals are “actors, not just re-actors” (p. 137). The individual decides how to cope. The key emphasis is to place the active effort of coping onto the individual.

The hospice team members help empower individuals to confront death (Beresford, 1993). Hospice team members found helping an individual confront death involves encouraging the individual to express their thoughts and feelings (Beresford, 1993). This coincides with what gerontologists have found in research: individuals tell stories about their lives to reveal and create meanings regarding their life (Gelfand, Raspa, Briller, & Schim, 2005; Webster & Haight, 1995). Deeken (1995) asserted that some people confronting death need to express themselves creatively so that personal meanings become more clear and concrete, and recommended that the use of artistic expression helps people confronting death express those thoughts and feelings because they “are valuable elements in the care for the total person” (p. 22). Thus, artistic expression can be a dynamic tool for a person to reflect and communicate with others.

**Statement of the Problem**

Crimmens (1998) asserted that when older adults reminisce, they express thoughts and feelings that include wishes for staying connected to others. Those who work in hospice have encouraged individuals to review their life beginning with the highlights and achievements (Webster & Haight, 1995) as a way to prepare to accept that death will eventually occur. For older adults in hospice, it may be difficult to reflect over an entire lifespan and comprehend all the contributions and achievements that they have made. This study focuses on reminiscing, story-telling, and creating art as a way to express thoughts and feelings, as well as to communicate with others.

**Research Questions**

The study is designed so that the older adult in hospice has an opportunity to recall life events in a positive atmosphere and express thoughts and feelings creatively while feeling connected to loved ones. It was designed to help individuals convey their personal construction of existential meaning. The encompassing question for this research study asks, “How does art
therapy help older adults in hospice express the physical, emotional, and spiritual aspects of one’s life?”

Older adults in hospice need a variety of support to manage and cope with the numerous changes that each person experiences. These physical, emotional, and spiritual experiences appear in forms such as fear, physical discomfort, and depression (Stein & Esralew, 2004). Art therapy offers a means to sort out and communicate the experiences and meanings (Wadeson, 2000). Therefore, two subsequent questions were asked within this research study. They are:

1. In the context of hospice, what is the nature and meaning communicated by dying individuals, their loved ones and family members using reminiscing and art-making?

2. In the context of hospice, what is the nature and meaning that the created art object(s) has to the older adult, loved ones and family members who participated in the art-making experience?

Three family units participated, the Lang family, the Park family, and the Holt family. Each family was referred by the hospice team director of LeRoyer Hospice. Studying three families allowed the researcher to take the time and care needed to adequately focus on the individual stories of the older adult and one of his/her loved ones. Owens and Payne (1999) noted that it was important for those working with individuals in hospice to stay flexible in scheduling because oftentimes while an individual may intend to meet, he/she cannot because he/she is not feeling well. It was necessary for the researcher to be flexible in scheduling meetings and interviewing so that the study did not become too big and unmanageable. Hence, keeping the sample small allowed the researcher adequate flexibility to accommodate to the needs of the older adults and loved ones.

There were three levels of participation within each family unit. The first level of participation was the primary participant, the older adult. The second level of participation was the secondary participant, a loved one to the older adult whom the older adult chose. Both the primary and secondary participants told highlighted stories about the older adult’s contributions, achievements, events and experiences, and used art as an illustrative way to that the story. The third level of participant was a group collaborative collage-making project of which the focus was the highlighted stories, events and experiences of the primary participant. Participants at this level were invited by the primary participant to help with the creation of this collage.
Justification of Study

In our society, the aging population is rapidly increasing. The now baby-boom generation is graduating from middle-age to becoming “old” (Hooyman & Asuman-Kiyak, 2005). Our society is afraid of death (Corr, Nabe, & Corr, 2006; Hooyman & Asuman-Kiyak, 2005). Yet, as our society continues to experience the influx of aging adults, all of whom will die, people within society continue to argue about the broken present-day health care problems and concentrate on youth. These older adults are in the throes of an inefficient bureaucratic health care system and many of them are underserved. Hospice care in the United States was prevalent in mainly affluent areas (Connor, 2007), with rural areas being underserved (Beresford, 1993). While there has been a slight increase in hospice services across rural areas over the last three decades, it has not sustained the increase in population (Corr, Nabe, & Corr, 2006). Moreover, in a society that typically shies away from death, it is very difficult for people who are nearing death to have the adequate help and assistance necessary to confront death issues (DeSpelder & Strickland, 2005).

This study was conducted in an economically disadvantaged area in rural northern Wisconsin where health care needs are high and where there are too few health care providers. The study focused on older adults in hospice telling stories and creating art as a way to find meaning, solidify and strengthen relationships, and confront issues related to death and dying. It also focused on using art in conjunction with reminiscing to help older adults in hospice express their thoughts and feelings about life, and gave them an opportunity to communicate verbally and visually, which helps solidify and strengthen relationships.

This study is important to many fields. First, it is important to the field of art therapy because art therapy offers individuals a way to express their thoughts and feelings using creative processes that are both healing and life-enhancing (American Art Therapy Association, 2007). Few art therapy studies have been done in the United States that focus on individuals who are in hospice; most of the studies have been conducted in the United Kingdom. Second, this study is important to the field of art education. This study aims to show that creativity is cultivated and utilized across a lifespan. Creative energy is fundamental to each culture (Anderson & Milbrandt, 2005). An individual’s use of creativity tells a story about their life. It reflects and communicates personal context by calling attention to personal perceptions. Third, this study is important to the field of death education because death and the experience of loss are universal (Hooyman & Kramer, 2006). Yet, in our society, the topic of death is often avoided (Corr, Nabe,
& Corr, 2006; DeSpelder & Strickland, 2005; Hooyman & Asuman-Kiyak, 2005). For an individual who is confronting and preparing for one’s own death, there is fear and anxiety. Honoring, understanding, and helping individuals during this unique and vulnerable time may provide knowledge about the processes of grief and death, which may help people better understand the human experience.

**Research Design – Qualitative/Phenomenology**

The research design is qualitative and based on the phenomenological approach. Phenomenology has its origins with Husserl (Gubrium & Holstein, 2000, Scruton, 2002), who made two assertions; 1) that experience constitutes knowledge, and 2) meaning is derived from the experienced knowledge (Scruton, 2002). Phenomenological proponents assert that understanding the self and the world is done through the description of individual experience (Boeree, 2000). “Phenomena are not mere appearances, but those things that show themselves to consciousness” (Scruton, 2002, p. 270). Spiegelberg (1965) noted three characteristics to phenomenology: intuiting, analyzing, and describing. Intuiting is recalling a phenomenon by becoming consciously aware of it—almost as if one re-lives the experience. This can be done through reminiscing. Analyzing is examining the experience and understanding the dynamics of how it relates to the self. This can be done by acknowledging the experience and exploring the specific characteristics that made that experience important. Describing is writing down these understandings so that it is clear to both the self and others, the magnitude and meaning of the experience. This can be done by documenting these understandings through writing, and/or illustrations and/or through music.

A central theme in phenomenology is authenticity (Gubrium & Holstein, 2000). Authenticity means one is open and honest with the self and others (Prochaska & Norcross, 1999; Sartre, 1957), which allows the individual to be open to a full range of experiences. Understanding and making sense of experiences gives personal context and personal context is constructivist.

This research design is also constructivist in its approach. Constructivism “assumes the relativism of multiple realities [and] recognizes the mutual creation of knowledge by the viewer and the viewed …[which] reaffirms studying people in their natural settings” (Charmaz, 2000, p. 510). Understanding another’s viewpoint helps understand that person’s reality and context.

The purpose of this study is to develop a theory based on individuals’ reality and context as it relates to the dying process. This design consisted of individually interviewing three older
adults who are in hospice and a loved one of each of them. Each older adult was asked to tell a story about an achievement, event and/or experience that he/she considers a highlight in their life. Then the older adult was asked to illustrate that story using his/her choice of art materials that the researcher provided. Separately, each loved one was asked to tell a story about himself/herself that included the older adult and was positive in nature, and illustrate that story using his/her choice of art materials that were provided.

The first meeting with the primary participant was an informational meeting and an acquaintance meeting. The meeting was informational in the aspect that the study was explained and each participant was asked to sign a consent form (Appendix E). This meeting was also designed as an acquaintance meeting. It was a time when the researcher and the participant became acquainted through casual conversation. Additionally it was a time for the primary participant to become familiar with art materials so that he/she would be able to create an illustration about a highlighted story at the next meeting.

The second meeting was again with the primary participant. At this meeting, the participant was asked to tell a story about a highlighted event or experience. After the story was told, the participant was asked to make an illustration, which could be abstract or representational.

The third meeting consisted of meeting with the secondary participant. The participant was asked to tell a highlighted story that involved both himself/herself and the primary participant, and to subsequently make an illustration about that story. Again, the illustration could be abstract or representational.

The fourth meeting was a collaborative collage project whereby the primary and secondary participants had the opportunity to bring pictures, small found objects, and other items of interest so that they could assemble a collage depicting the highlighted stories, events and/or experiences of the primary participant. Participants for this collaborative collage project were other loved ones, friends or family members that the primary participant wanted to include. After all the meetings were completed, the researcher had the art pieces framed and delivered to their creators. The collaborative collage project was given to the primary participant.

Definition of Terms

To assist with the consistency of terms that will be used throughout this discussion, here is a list of the terms and their definitions.

Art—The tangible product of which its elements consist of line, color, value, form, mass and
space (Anderson & Milbrandt, 2005) and result from a creative effort.
Art-making process—The transformation of a memory from words into an image.
Art therapy—The creative process that believes art making is healing and life-enhancing and is a
form of non-verbal communication of thoughts and feelings (American Art Therapy
Association, 2007).
Collaborative art-making process—More than one person create images together.
Family gathering—Any time two or more family members are together.
Family member—Any person related directly or indirectly to the older adult in hospice.
Hospice—An approach that focuses on assisting individuals with a terminal illness to
retain dignity during the dying process while providing medical, nursing and supportive care.
Life review—An autobiography of a person that includes testimonials from people who know
that person very well.
Loved one—Any person whom the older adult feels close to whether directly related, indirectly
related or not at all related.
Older adult—A person age 65 or older.
Palliative care—Comprehensive management of uncomfortable or distressing symptoms.
Reminiscing—Informal conversations consisting of telling stories and experiences of the past.
Story-telling process—The transformation of experiences, events and ideas into words.
**Overview**

This study is grounded in Jean Paul Sartre’s existentialism, which asserts that when an
individual is born, that individual *exists* before he/she has *essence* (Kamber, 2000). Sartre wrote
“man first of all exists, encounters himself, surges up in the world-and defines himself” (as cited
in Kaufmann, 1975, p. 349). The notion of defining oneself occurs through the action of making
choices. These choices sculpt the essence of the human being as he/she exists (Sartre as cited in
Kaufmann, 1975). For an individual in hospice, the process of reminiscing life experiences,
contributions, and highlighted events helps an individual solidify meaning. To creatively
communicate these thoughts and feelings may help the individual confront end-of-life issues
emotionally, psychologically, socially and spiritually. Moreover, this process may help the
individual strengthen relationships, reduce anxiety and enhance spiritual well-being.
Chapter II is the literature review. Chapter III is the methodology that explains the research design and process. Chapter IV consists of the results with each individual family unit. Chapter V reveals the theory development, interpretation, and recommendations for future research, and Chapter VI provides the study’s conclusions.
CHAPTER II - LITERATURE REVIEW

There are many issues and concerns that older adults face when confronting death. This literature review addresses the hospice philosophy, tasks associated with coping with death and dying, palliative care, and the hospice team, then creativity, courage, human connectedness, and spirituality. Following that, the literature focuses on reminiscing, art therapy and existentialism, art therapy with terminally ill people and collages. Older adults who are terminally ill need the support and connection of others at this vulnerable time. Hospice is a choice that offers individuals comfort, care and support (Beresford, 1993). Hospice addresses the physical, psychological, social and spiritual concerns of individuals diagnosed with a terminal illness and their families (Balk, 2007; Beresford, 1993; Corr, Nabe, & Corr, 2006; DeSpelder & Strickland, 2005). It offers an individual the choice to die in the most dignified way possible by honoring their needs and wishes (Egnew, 2004).

Joan Erikson proposed that the process of dying and death is a universal event that is very personal (1988). She asserted that the eight-stage life-cycle model that was developed by her husband Erik Erikson, needed revising so that it included what she referred to as the existential identity. This existential identity “transcends the self and underscores the presence of intergeneration links” (p. 186). It offers the individual a unique dying process (Erikson, 1988; Friedman, 1999). Erikson said, “Erik and I wrote about old age long before we were there, and now I’m finding that there is another stage or two beyond the eighth” (Erikson as cited in Anderson, 2004, p. 122). Erikson (1988) also indicated that “perhaps there should be a ninth stage indicated, because there is, inevitably, one further challenge. The challenge may be a long or short one, but one will surely face it and live it through it with integrity” (pp. 109-110). Confronting and preparing for death is unique to each individual.

For the individual who has been diagnosed with a terminal illness and faces death, hospice offers an atmosphere in which an individual can address the personal challenges pertaining to the physical, psychological, social and spiritual dimensions that a terminal illness presents. It supports people by helping them prepare for their own unique dying process. Moreover, hospice helps family members address the impact of their own personal issues relating to physical, psychological, social and spiritual health and well-being when losing a loved one to terminal illness (Beresford 1993). This means as the older adults with the terminal illness strive to find meanings in their lives, retain as much personal control as possible, and maintain and strengthen
personal connections with family members and loved ones, as do loved ones (Egnew, 2004; Gibson & Burnside, 2005).

Confronting death is a time when everyone involved needs the support and comfort of one another, and people need each other the most (Gibson & Burnside, 2005). Whether being consoled or the one doing the consoling, it is a time when family members need to come together (Egnew, 2004; Gibson & Burnside, 2005). Family members find comfort knowing that they support each other during this vulnerable time, and hospice supports this system (Egnew, 2004; Gibson & Burnside, 2005).

Corr et al. (2006) stated that people who confront end-of life issues, whether it is the individual who is dying or the loved ones of that individual, have tasks associated with coping that need to be addressed. “Coping is, or at least can be, an active process, a doing with a positive orientation that seeks to resolve problems or adapt to challenges in living” (Corr, Nabe, & Corr, 2006, p. 137). They developed a task-based model of coping that includes physical, psychological, social and spiritual tasks. The results are individually-based and there is no specific order in which these tasks are to be achieved or completed. The main goal is to empower the individual with guidelines to proactively confront and manage one’s coping skills related to death and dying issues.

Corr et al. (2006) identified four areas of task work for those who are coping with dying. The first focuses on physical tasks such as pain management, hydration, rest, nutrition and the like. The second area focuses on psychological tasks such as autonomy, security and richness of life. The third area in the task-based model focuses on social tasks. The fourth task for an individual who is dying is spiritual in nature, which involves creating meaningfulness, connectedness, and transcendence.

According to Corr et al. (2006), this task-based model of coping is intended to empower individuals. For an individual who is dying, task work ends at death. For other individuals, task work continues into bereavement.

Corr et al. (2006) differentiated between tasks and needs for those coping with death and dying. Tasks imply that an effort be made; needs are implicit. That is, while needs often “underlie the task work that one undertakes, tasks are the specific efforts used in addressing death and dying issues.” These four tasks that Corr et al. (2006) identified focus on physical, psychological, social, and spiritual areas.
Physical Tasks
The physical tasks associated with the task-based model for coping with dying that Corr et al. (2006) identified focuses on physical attributes, such as pain, nausea, hydration, nutrition and rest. These functions are fundamental to biological life. Tending to these physical attributes may diminish physical distress that aids in higher levels of coping skills. Corr et al. (2006) pointed out that an individual in physical distress has a difficult time managing tasks related to other areas of his/her life. Particularly, if the physical distress is chronic, the dying individual may need highly skilled professionals to come to their home so that the physical distress can be effectively managed. They also pointed out that an individual who is dying may choose to accept a higher degree of pain or discomfort so that he/she may continue to stay at home.

Psychological Tasks
The second task that Corr et al. (2006) identified in their coping model focuses on psychological aspects. Specific components that encompass the psychological tasks include security, autonomy, and richness. For an individual who is coping with dying, security may be defined as that which makes him/her feel safe. Autonomy means “the ability to govern or be in charge of one’s own life” (Corr, Nabe, & Corr 2006, p. 139). They noted that while no one has complete autonomy, (that is, individuals confer and depend on one another to varying degrees, to deal with a person who is coping with end-of-life issues), the influence of others is second to understanding and honoring one’s own wishes. Notably, in some situations this may be a slippery slope, especially for the individual who is dying and important decisions must be made. But, Corr et al. (2006) advocated that the individual try to retain any degree of autonomy even if he/she is only able to state preferences.

Social Tasks
A third task associated with coping with dying revolves around social aspects (Corr et al., 2006). There are two main dimensions within this area. The first focused on an interpersonal dimension and the second on the interactions with social groups. Interpersonal tasks revolve around maintaining and augmenting interpersonal attachments, or relationships. Individuals who are dying often decrease their involvement with others and tend to focus on people and issues that are important and vital to their life. According to Corr et al. (2006), this can be liberating for an individual since the dying person no longer feels the responsibility and burden to impact the outside world because his/her focus is much narrower in scope (Corr, Nabe, & Corr, 2006).
second dimension within the area of social tasks is the interactions with social groups. While the scope of involvement becomes narrower, it may be necessary for the dying individual to engage and maintain a relationship with a person in a social institution or social system. Examples of this include interacting with people such as a minister who may visit regularly, the person who delivers meals to the home or people who live on one’s floor. These social interactions may need to be sustained for overall well-being.

**Spiritual Tasks**

The fourth task related to coping with dying focuses on the spiritual aspect. Of all the tasks within the model, this is the most difficult to describe because there is little consensus (Corr, Nabe, & Corr, 2006). They point out that North American society is “made up of many subcultures” (p. 141). What is spiritual to one may not be spiritual to another. Hence, three common themes are identified within the topic of spirituality across cultures. They are meaningfulness, connectedness, and transcendence.

First, for an individual who is coping with dying, the search for meaningfulness centers around formulating meaning as it relates to living life, suffering, dying and “for being human” (Corr, Nabe, & Corr, 2006, p. 141). There is a quest for “wholeness and integration” that will explain the meaning of one’s life. The second common theme within the topic of spirituality that Corr et al. (2006) asserted was that of connectedness. Connectedness relates to psychological and social connectedness, but in the spiritual area, is it regarded much deeper than the human element. The third common theme is that of transcendence. According to Groopman (2004), transcendence is linked to “hope,” which changes over time. For religious individuals, transcendence “enriches and deepens connections to god or some other reality” (Corr, Nabe, & Corr, 2006, p. 142). For non-religious individuals, transcendence can be a “place in a reality that is more than just the individual’s moment in the life of the universe” (Corr, Nabe, & Corr, 2006, p. 142) through contributions made today or in the future.

These task-based suggestions not only help the individual who is dying, but also the loved one of an individual who is dying because these provide valuable insights for others who are trying to address the complexity of end-of-life issues. Individuals learn from other individuals who foster trust and support (Corr, Nabe, & Corr, 2006). Thus, skilled professionals like those in hospice focus on developing trust and support (Lair, 1996).
Hospice

Fostering trust and support to aid in the comfort of a dying individual sends a message that the dying individual is valued. Saunders, founder of the modern day hospice movement said, “You matter because of who you are. You matter to the last moment of your life and we will do all we can not only to help you die peacefully, but also to live until you die” (Saunders, 1976, p. 1003). Dying people want their wishes, values, and attitudes respected and honored regarding how to live until death (Egnew, 2004).

The hospice philosophy is about “fully utilizing the life that remains to dying patients, about the choices that people can still make for their lives, about the meanings, values, and relationships that can be emphasized despite a terminal illness” (Beresford, 1993, p. 8), and providing “physical comfort and emotional support (Beresford, 1993, p. xix). People who are terminally ill “can still be active participants in life” (p. 7).

Hospice therefore offers an alternative to the “conventional cure-oriented medical treatment aimed at fighting the disease by any means possible at a time when the approach has become counterproductive” (Beresford, 1993, p. 4). According to Buckingham (1996), care should help the terminally ill “to continue as vital, functioning participants in life, and to maintain their identity and capacity to contribute as full human beings” (p. 51). Hospice workers encourage patients to make goals (Beresford 1993). These goals include “saying good-byes and summing up what one’s life has meant, or just finding moments of peace and joy each day” (p. 7). Rando (1984) agreed that those individuals in hospice make goals, but went one to state, “the hospice movement affirms life by providing support and care to the terminally ill so that they may live as fully and comfortably as possible as death approaches” (p. 296).

The hospice movement also endorses the concept that “dying patients deserve to be informed about their medical condition and treatment alternatives” (Beresford, 1993, p. xix) while supporting the concept of palliative care (Corr, Nabe, & Corr, 2003).

Palliative Care

Many people understand hospice care and palliative care to be the same, but Corr et al. (2006) pointed out that they are different. They wrote that palliative care “seeks to prevent, relieve, reduce, or soothe the symptoms of disease or disorder without affecting a cure” (Berzoff & Silverman, 2004, p. 9). It addresses and manages the “distressing symptoms in dying persons who are nearing the end of their lives” (Corr, Nabe, & Corr, 2003, p. 200). Together hospice and
palliative care address the immediate symptoms that individuals may need. While there are many holistic similarities between hospice and palliative care, Corr et al. (2006) asserted, “hospice care is a form of palliative care” (p. 200). The World Health Organization (1990) defines palliative care as:

The total care of patients whose disease is not responsive to curative treatment. Control of pain, of other symptoms, and of psychological, social and spiritual problems is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families (p.11).

The World Health Organization describes palliative care in six ways. Palliative care:

1. affirms life and regards dying as a normal process;
2. neither hastens nor postpones death;
3. provides relief from pain and other symptoms;
4. integrates the psychological and spiritual aspects of patients’ care;
5. offers a support system to help patients live as actively as possible until death; and
6. offers a support system to help family cope during the patient’s illness and in their own bereavement (WHO as cited by Davies & Seymour, 2002, p. 14).

Palliative care and hospice offer terminally ill people and their families a network and a structure with which to address the physical, psychological, social and spiritual needs as they relate to addressing grief, death and loss.

**Palliative Care and Hospice Principles.** Palliative care within hospice provides several components that comprehensively address the management for “physical, psychological, social, spiritual, and existential needs of people with life-limiting illnesses or who are free from chronic pain” (Berzoff & Silverman, 2004, p. 9). These components represent the interdisciplinary practices and attitudes of several professionals such as art therapists, music therapists, social workers, counselors, occupational therapists, nurses, and physicians, as well as clergy and spiritual leaders.

Palliative and hospice principles expanded after Kubler-Ross (1969) gained support for her work with dying people (Buckingham, 1996). This support led to the formulations of ten basic principles:

1. Hospice is a philosophy, not a facility—one whose primary focus is on end-of-life.
2. The hospice philosophy affirms life not death.
3. The hospice philosophy strives to maximize the present quality of living.
4. The hospice approach offers care to the patient-and-family unit.
5. Hospice is holistic care.
6. Hospice offers continuing care and ongoing support to bereaved survivors after the death of someone they love.
7. The hospice approach combines professional skills and human presence through interdisciplinary teamwork.
8. Hospice programs make services available on a 24-hour-a-day, 7-day-a-week basis.
9. Participants in hospice programs give special attention to supporting each other.
10. The hospice philosophy can be applied to a variety of individuals and their family members who are coping with a life-threatening illness, dying, death, and/or bereavement (Corr, Nabe, & Corr, 2003, p. 186).

These hospice principles offer individuals choices that empower to construct one’s own death while staying connected to other people. Individuals feel as if they have some control (Buckingham, 1996). The responses to hospice on behalf of patients and families alike have allowed hospice services to become more available in rural and remote areas, yet more access is needed (Berkoff & Silverman, 2004).

According to Beresford (1993), there are six requirements necessary for an individual to be accepted into hospice. The first is that the individual has a terminal illness with a prognosis of six months or less to live. However, some hospices are flexible in a prognosis that extends to one year. Beresford also noted that hospices do not want to admit people too early when aggressive medical treatment options exist. However, hospice does not want patients to be admitted too late because neither the individual nor the family members have had time to adequately prepare for the death process (Beresford, 1993).

The second requirement is that a patient seeks a “comfort-oriented care, rather than treatment aimed at cure” (p. 17). When curative measures have been exhausted from within the standard medical community, hospice is available to offer palliative approaches that promote physical and emotional comfort.

The third requirement is that the patient and family be informed of hospice principles and that they consent to these principles in writing to the hospice agency, the patients and the physician. This means that the patient and family members understand fully that it is necessary for immediate staff to be forthright and honest about the medical condition of the individual. The
hospice staff insists on “being able to honestly answer patients questions about their medical condition” (Beresford, 1993, p. 19). However, the patient does have the right to say that he/she does not want to know certain details or facts about his/her condition or to be told slowly, over time, so as not to overwhelm, scare or upset the patient.

The fourth requirement is that hospice care must be provided for in a safe setting (Beresford, 1993). “Since all dying patients eventually lose the physical ability to safely care for themselves” (p. 21), it is necessary that hospice provide skilled professionals to care for individuals. All hospice agencies have a base of volunteers able to fill in for family members for respite care when necessary. There was a time when some hospices “reluctantly turned away patients who lived alone and had no family or friends willing to take an active role in their care” (Beresford, 1993, p. 21). Hospice agencies realized that this policy was unfair and experimented with different measures to provide a safe setting. Some agencies began their own housing facilities to accommodate patients, others contracted for utilization of an entire wing of a hospital and others requested more time from volunteers. All of these measures helped provide a safe setting for individuals in hospice.

The fifth requirement Beresford (1993) named was that most hospices agencies require an order of “do not resuscitate,” or “DNR.” The DNR means that an individual and the patient’s doctor agree in advance that no measures be taken to should the individual’s heart stop beating. Those agencies that do not require the order emphasize that a person must be willing to “discuss and clarify wishes relating to resuscitation” (p. 22).

The sixth requirement is to know that individual hospice agencies may have other requirements, regulations, and/or rules unique to that hospice entity. These could include “clearly defined geographic areas” (Beresford, 1993, p. 23) and/or situations where there is “active alcohol or drug abuse by the patient or family member, or, where there are other circumstances that make it difficult, dangerous, or unsafe for hospice staff” (Beresford, 1993, p.24). These limitations tend to exist in areas where medical services are underserved and because of that may restrict qualifications to only admit people with particular diseases such as cancer (Beresford, 1993). This is problematic since the older population is becoming larger and therefore requiring more services over time.

Hospice agencies receive funding when the hospice principles and requirements are met. If agencies fail to adhere to these, that federal funding may be jeopardized. Therefore, it is
important that individuals entering hospice understand and accept these principles and
requirements.

The Hospice Team

Hospice is made up of an interdisciplinary team of nurses, social workers, the personal care
aide and spiritual leaders (Beresford, 1993; Buckingham, 1996), such as a rabbi, priest or
minister. Recently, art therapists and music therapists have been systematically added to the
team (Trauger-Querry & Haghighi, 1999).

The foundation of the team concept is the belief that there are “approaches, orientations, and
ideas that can make living with a terminal illness easier or better or help families cope in
healthier ways” (Beresford, 1993, p. 32). Buckingham (1996) and Beresford (1993) concurred
that each person in the hospice contributes their own expertise, which provides a holistic
approach and highly individualized type of caring for the terminally ill person. For the older
adult population, it is reassuring that their needs and wishes will be met and honored by a team
of experts who care.

Older Adults—Participants

The older adult population is rapidly increasing (Hooymann & Asuman-Kiyak, 2005). Clark
(2004) asserted that “the first baby-boomers will reach sixty-five years of age within the […]
decade” (p. 838). Corr et al. (2003) purported that those who are considered elderly in our
society are people 65 years of age or older. However, according to Haight, Schmidt, and
Burnside (2005), there is a category of “young-old” consisting of people between the ages of 55
and 74; the “old” consist of people between 75 and 85 years of age; and the “oldest-old” consist
of people 86 years of age and older. While it is very difficult to say exactly what traits make a
person “old,” age 65 continues to be used as a standard delineation (Corr, Nabe, & Corr, 2003;
Haight, Schmidt, & Burnside, 2005). The oldest-old are becoming the largest segment of nursing
home population and require the most health care services due to ailments and health-related
issues (Corr, Nabe, & Corr, 2006). For the purpose of this study, the term older adults means
those people 65 years of age or older.

The rapid increase of the aging population puts pressure on the health care industry,
including hospice (Beresford, 1993). While it may be logical that the oldest-old may need more
hospice services in the near future, hospice is designated for people who have been diagnosed
with six months or less to live. Petrishek and Mor (1999) conducted a study of nursing home
residents and found only one percent to have received hospice care. Simmons (2004) also found that “many patients do not and will not access hospice, or will enter hospice much too late to realize the full benefit of its unique clinical resources” (p. 820). Many people in nursing homes have wanted to die peacefully, which is within the hospice philosophy, but were unable to gain access to hospice due to mandated curative policies (Egnew, 2004; Nuland, 1993; Simmons, 2004). For those older individuals, choices were severely limited when aggressive medical tactics and procedures were used for too long (Corr, Nabe, & Corr, 2003). Providing a choice to terminally ill older adults offers them the opportunity to construct an atmosphere where they feel in control of as much of the dying process as possible. In many ways, it is the creative process of dying. It is the unique existential identity that Erikson (1988) discussed when an individual is given the opportunity and atmosphere that unifies mind and spirit, thus promoting wholeness.

The hospice philosophy promotes preparing for one’s own death. Skilled professionals of various disciplines focus on the many needs of the individual. The scope of those needs encompass physical, psychological, social, and spiritual dimensions. These professionals endorse and abide by the hospice principles that advocate for comfort, dignity, and personal expression. **Creativity**

Each person inherently possesses creativity (Erikson, 1988) and the potential to express that creativity (Cohen, 2000). For individual confronting end-of-life issues, hospice provides an environment that supports the exploration of personal expression. Whether a person is in the situation of confronting death or not, personal expression involves connecting and engaging with one’s innate creativity (Bayles & Orland, 1993). Creative acts produce new understandings and new awareness (Csikszentmihalyi, 1996). Personal experiences help construct new ideas from previous thoughts and experiences, which in turn can become foundations for self-expression (Anderson & Milbrandt, 2005). A new awareness may motivate an individual to find deeper meanings, and thus becomes a cycle of inquiry. “Creativity not only requires motivation but also generates it” (Sternberg & Lubart, 1999, p. 9).

Aging adults have unique advantages (Cohen, 2000) and the need for dying individuals to express themselves becomes central to stimulating and engaging their innate creative abilities (Wald, 2004). Wald (2004) noted that, “art is an excellent addition as part of a holistic approach to improve the patient’s quality of life at the end stage of life” (p. 231) and emphasized that the
most important concept in using art with older adults in hospice is “that the patient feels he/she still really matters, and is a person, despite his/her illness (p. 231).

Specific to older adults, Cohen (2000) highlighted four aspects of creativity. The first aspect is that “creativity becomes stronger in later life” (p. 11). This is because individuals have experienced problems and problem solving. Individuals know how to transcend situations using resiliency. The second aspect is that creativity enhances physical health. As individuals age, they should engage in creative expression because it “improves outlook and a sense of well being.” The third aspect is that “creativity enriches relationships because remaining engaged with others stimulated and strengthened connections to others” (p. 11). The fourth aspect is that “creativity is our greatest legacy” (p. 11). Cohen (2000) asserted that it is the elders who are the “keepers of the culture” (p. 12), and that it is the elders who educate the younger members about family, community, history, and values.

Telling stories not only conveys a sense of identity, the act of reminiscing itself is a creative form (Sherman, 1991). “Whether reminiscence is private in the form of thoughts and images or public in the form of group memory-sharing, it is an experience in its own right and as such has the potential of being a creative activity—an art, if you will” [and this creative act is] “immensely satisfying in its own right” (p. 196). Sherman (1991) asserted that the experience of reminiscing is rooted in memories and questioned how older adults use their imagination in “remembering the future” (p. 199). He wrote, “This paradoxical phrase … is the idea of remembering what in the past we imagined the future would be” (p. 199). As mentioned above, the creative process engages personal experiences by constructing new ideas from previous thoughts and experiences, and that the creative act produces new understandings and new awareness (Csikszentmihalyi, 1996).

**Courage**

Expressing one’s wishes and beliefs can be frightening in itself. Being able to express the intimate thoughts and feelings about life and its meanings takes courage. This courage taps into creativity in that as individuals age, they are able to have broader understandings of issues, experiences and life’s meanings.

May (1975) indicated that there are many different kinds of courage, such as physical, moral, social, and creative. Physical courage uses physical strength to confront situations. According to May, moral courage might also be called “‘perceptual courage’ because it depends
on one’s capacity to perceive, to let one’s self see the suffering of other people” (p. 17). Social courage is the courage “to relate to other human beings, the capacity to risk one’s self in the hope of achieving meaningful intimacy” (p. 17). Creative courage “is the most important kind of courage” (p. 21); it is having the capacity and ability to portray experiences through the “essence of being … by the creative act, we are able to reach beyond our own death” (p. 25).

Uniting courage with creativity spirituality provides for thoughts and feelings to be integrated into a feeling of wholeness. As mentioned previously, Beresford (1993) suggested that older adults make goals so that the terminally ill individual experiences control and wholeness. The process of making goals is similar to the process of problem solving (Cohen, 2000). This problem solving process employs courage and creativity (May 1975). When a person feels in control and whole, the person is likely to feel a unification of mind, body, and spirit (Cohen, 2000).

**Human Connectedness**

Feeling whole includes knowing there are family members and loved ones who care (Beresford, 1993). Older adults in hospice need the support of others at this vulnerable time (Beresford, 1993; Berzoff & Silverman, 2004) and hospice supports family involvement (Beresford, 1993; Berzoff & Silverman, 2004; Corr, Nabe, & Corr, 2003; Haight, Schmidt, & Burnside, 2005). For older adults in hospice, family involvement promotes family connectedness (Beresford, 1993), which strengthens overall well-being (Aranda, 1990; Kovach, 1991; Birren & Deutchman, 2005). These connections directly link older family members to younger ones, creating familial and cultural identity (Birren & Deutchman, 2005). One consistent way to maintain familial and cultural identity across generations is through storytelling (DeSpelder & Strickland, 2005). The storytelling process is done using life review (Birren & Deutchman, 2005) and reminiscing (Haight & Webster, 1995).

**Spirituality**

The spiritual care of an individual is essential to those involved in hospice (Beresford, 1993). Corr et al. (2006) asserted that spirituality has three components. The first is meaningfulness. This occurs when a person who is dying strives to “identify, recognize or formulate meaning for their lives, for death, for suffering and for being human” (p. 146). The second is connectedness. Here the dying person comprehends that the illness “threatens to break connections that lend coherence to one’s life” (p. 146). The third is transcendence, which focuses
on the notion that hope exists. Here the dying person transcends himself/herself into “hoping” that meaning will be illuminated either in this world or in the next world.

Driscoll (2001) emphasized that spiritual care is not the same as religion; rather, it spirituality focuses on the energy of another human being, his/her meanings and values. He stated “spiritual care discovers reverences and tends to the spirit—that is the energy, or the place of meaning and values—of another human being” (p. 334). This is very important for an individual is hospice. Glannon (2004) purported that individuals in hospice used the holistic and spiritual energy to “make sense of the pain.” Wood (1998) asserted that a spiritual pain “is seen in a person’s search for meaning in their situation, and in their re-evaluation of their lives” (p. 17).

It is in the tradition of hospice to honor the spiritual wishes of each individual. Though most hospices have an affiliation, Beresford (1993) noted, “all hospices are firmly committed to being nonsectarian and nondenominational in the care they provide” (p. 40). Hospice endorses the concept that every person has a spiritual component to his/her being and the hospice staff encourage that individuals express their personal spirituality (Beresford, 1993).

Corr et al. (2006) asserted that while spirituality is deeply personal, there are “communities” where spiritual issues operate congruently, and within these communities, support is extended for individualized spirituality. Settings of this nature can be physical, such as a place of worship or where people congregate, but they note that these communities may also be abstract, such as families. Non-physical communities may provide safety for an individual in hospice to express himself/herself through reminiscing.

**Life Review and Reminiscing**

Hospice team members encourage individuals to reflect over one’s life to create and solidify meaning (Wong, 1995). This is often referred to as reminiscing and life review. The concept of life review began with Butler (1963) who asserted that when older people told stories of their lives, they felt better about themselves. Butler stressed that life review is “spontaneous and unselective” (p. xvii). While life review occurs with other age groups, it is most prevalent to those who are older. The emphasis of “putting one’s life in order is most intense in old age” (Butler, 1995, p. xvii).

Butler (1995) also indicated that there are goals and consequences associated with reexamining one’s life and included “the expiation of guilt, resolution of intrapsychic conflicts,
the reconciliation of disturbed family relationships, the transmission of knowledge and values to those who follow and the renewal of ideals of citizenship and the responsibility for creating a meaningful life” (p. xix). Birren and Deutchman (2005) wrote that the act of telling stories has the following four advantages:

1. Expose the roots of successes, failures, conflicts, and hardships.
2. Identify similarities among family members, helping a person come to terms with family issues that in the past might have been viewed as a fault of another person or oneself.
3. Help a person reconcile the anger or anxieties that are the residue of past events.
4. Make sense of the common themes in one’s life (p. 196).

Gerontologists also have encouraged older adults to tell stories (Cohen, 2000; Hooyman & Asuman-Kiyak, 2005; Lawton, 2001) because the process offers the individual a method to solidify past choices, foster pride and promote acceptance of life and its mortality (Koffman, 2000). This strengthens a family’s cultural identity by teaching family members about the ancestral roots (Aranda, 1990; DeSpelder & Strickland, 2005). Researchers found that this solidifies self-worth and pride, not only for the older adult who tells the genealogical story (Lashley, 1992; Wholihan, 1992), but also for the younger family members who learn from the stories (Coleman, Hautamaki, & Podolskij, 2002; Haight, Schmidt, & Burnside, 2005).

Viney (1995) asserted that stories can be self-empowering in four ways. First, the stories older adults tell help construct and retain a sense of identity. Augmenting that notion, Mair (1990) asserted that if anyone lived in a culture that never told stories, people would not have a sense of identity. Second, Viney (1995) asserted that reminiscing provides a person a role that acts to guide how one lives one’s life. This functions to broaden one’s scope of possibilities, and to acknowledge that one has resources to sustain uniqueness. Third, reminiscing helps organize and sequences thoughts. Telling stories provides practice to orderly recount sequential events and experiences. Fourth, the act of telling stories to someone produces more power than that person might have had otherwise. This is because the storyteller is an active agent giving information to a listener.

Viney (1995) also asserted that there are four ways that stories can be self-limiting. First, the loss or reduction of identity can cause self-doubt and depression. Second, this depression tends to produce a narrower view about one’s abilities and possibilities. Third, this narrower world-view
reduces the brain’s ability to link and sequence possibilities. Fourth, when some people feel as though they have been discounted, they retreat more, causing this cycle of negative effects to repeat.

Art Therapy

If a situation occurred when an individual felt discounted due to storytelling, art therapy could be utilized as a non-threatening, non-verbal way to communicate thoughts and feelings. Art therapy has been used with older adults and with individuals who are terminally ill (Sezaki & Bloomgarten, 2002; Wald, 2004; Whalen, 2004). For some, creating art has a stigma that people generally do not feel as if they are artistic enough to create art. Art therapy offers individuals a means to express themselves (Rubin, 2005). Rubin (2005) asserted that anyone can create art by integrating mental imagery and art materials. Wadeson (2000) stated “creativity is at the core of art therapy” (p. xiii) and Perry-Magniant (2004) asserted that art therapy has the potential to be very important for the older adult population because as a person ages so do the problems and issues that he/she has lived with all their life. Perry-Magniant (2004) also asserted that as older people “look inwards” (p. viii), they recognize that they have less time to face that issue.

Art Therapy and Older Adults. Art therapy offers older adults opportunities to use their creativity. Callahan (1994) reminded art therapists who work with older adults to stay mindful that these people “possess wisdom of survival” (p. 1). Wadeson (2000) made the point to art therapists working with older adults that they should be “sensitive to their unique physical, mental and emotional conditions” (p. 388) and indicated “many older adults have experienced loss of their abilities” (p. 389) as well as “loss of loved ones” (p. 380).

Wald (2003) offered fifteen suggestions to all art therapists who work with older adults:

1. Provide art activities within a framework that the client can feel success. Gear the activity and the art materials to the level of the group or individual to minimize deficits and maximize strengths.
2. Allow the release of pent-up emotions and expression of underlying psychosis and problems. This arises in art, verbalizations and writings.
3. Preserve a sense of pride and dignity as productive adults by a visual and tangible product.
4. Encourage reminiscence and life review to help resolve and integrate unresolved conflicts and to take pride in one’s past. Reminiscence and life review can be
encouraged through themes of memories for childhood school, work, trips, family, special events, holidays, and hobbies.

5. Provide a visual focus for reality orientation, particularly for clients with psychotic disorders or dementia.

6. Provide a non-verbal visual means of communication for clients whose language skills are compromised, especially with dementia and/or stroke clients.

7. Bring clients out of personal isolation and despair by encouraging socialization and group support in creative therapy groups.

8. Allow clients to make their own choices, to be original, to feel a sense of self-worth and integrity.

9. Improve self-esteem by giving the artistically skilled an opportunity to gain recognition when working with persons with physical disabilities.

10. Make the client aware of individual problems.

11. Teach compensatory techniques to deal with deficits.

12. Improve functional, manipulative ability.

13. Assist the client to mourn, grieve and accept change in body image.

14. Support efforts to work through his/her emotional reaction to losses and limitations.

15. Assist finding inner strengths and old and new resources (p. 299–300).

When art therapists work with individuals, they usually cultivate trusting relationships with individuals because art therapists help individuals feel successful. Feeling successful at making art begins when a trained art therapist can match the materials with a person’s abilities (Wald, 2003). Art therapists know the materials and their psychological affects and adapt interventions accordingly (Rubin, 2005; Virshup, 1993; Wald, 2003). Matching the material to a person’s ability builds trust and confidence (Rubin, 1999; Virshup, 1993) because when an individual feels anxiety about a material or artistic abilities, they may withdraw and sometimes isolate when the art therapist tries to include everyone (Wald, 2003). All of these suggestions help art therapists who interact and conduct studies with older adults. For a person in hospice, feeling successful promotes confidence and a sense of control (Wald, 2004). Confidence and sense of control produces mindfulness, and it is this mindfulness that allows individuals to approach life using creativity (Nickerson, 2005).
Creativity can be explored through art, which allows for a search for meaning. Meaning through art-making is “bound by where we are, and the experience” (Bayles & Orland, 1993, p. 52). It is guided by the unique perspective and context of the maker (Bayles & Orland, 1993). This authentic viewpoint is what the existential art therapy perspective provides.

**Existential Art Therapy.** Moon (1995) asserted that an existential art therapist helps an individual with creative artistic expression using mindfulness and personal authenticity. Existentialism encompasses the concept of transforming thoughts and ideas into meaningful images (Malchiodi, 2003, p. 59). “The essential essence of existential art therapy is found in the visual image” (Moon, 1995, p. 7) and indicated that the relevance of an object is always relative to the time and situation when it was created.

When an art therapist takes an existential approach to art therapy, the relationship between the therapist and the individual places more emphasis on the individual conveying personal meaning to the art therapist rather than the emphasis on the therapist deciphering meaning for the individual (Malchiodi, 2003). Malchiodi suggested that the art therapist follow six conceptual guidelines in both the art-making process and therapeutic exchange. The first guideline is to recognize and acknowledge that the art therapist and the individual have a capacity for self-awareness. The second is to understand that freedom and responsibility are cornerstones to choice. The third is that creating one’s identity is important to establishing meaningful relationships with others. The fourth is that a person creates one’s own meanings, purposes, values and goals. The fifth is that anxiety is a condition of living. The sixth guideline is that there is an awareness of death. These six guidelines are important when working with individuals in hospice.

**Reminiscing and Art Therapy.** Art therapy provides a format for older adults in hospice to have a creative outlet with which to express their thoughts and feelings (Perry-Magniant, 2004). Bergland (1982) conducted a study using art review with art therapy and found that it solidified self identity by offering individuals an “opportunity to integrate thoughts and feelings” (p. 121). Bergland asked older adults to draw a series of life lines. Several years later, Ravid-Horesh (2004) conducted a similar study using a single case-study method and had similar results of solidifying self-identity using art as a way to communicate thoughts and feelings.

Dewdney (1973) used life review and found that encouraging individuals to recall past events that were important increased the self-esteem of older adults. Zieger (1976) expanded
Dewdney’s ideas by asking residents of a nursing home to make artwork based on memorable events in one’s life, like a wedding, and found that individuals felt positive and proud about the accomplishments made in their life.

Art therapists can develop trusting relationships with individuals who experience illness and disabilities by using art therapy (Wald, 2003). Art therapists help the individual engage in activities that increase interaction and promote recall through reminiscing (Stallman, 1996; Denz, 1997; Wald, 2003). Whalen (2004) declared, “May the arts bring into your life the tools you and your client need to embrace stillness and to tell your stories so that they may live” (p. 120). Sezaki and Bloomgarten (2000) conducted a study with homebound individuals and found that people in this setting need outlets to express themselves. Biederman (1988) conducted group sessions with women and found that the women felt better about themselves and developed trusting relationships.

**Art Therapy and Terminally Ill Individuals.** Art is a major component in this research study as people confront end-of-life issues. Not only does telling stories verbally reinforce purpose and meaning, especially to a person facing end-of-life issues (Greenspan, 2003; Rubin, 2001), but telling stories artistically also achieves the same result (Webster & Haight, 1995). The dynamic interaction between art and the words play a powerful role in the reflection process (Wald, 2003). Therefore, art illustrates what a person is thinking and feeling about a particular memory (Rhyne, 2001; Rubin, 2005) and an individual has the opportunity and choice to transform a memory from words into an image, which the researcher refers as the art-making process. Spaniol (1997) asserted that an individual’s artwork is a tangible remembrance of stories told which are preserved and passed on to future generations.

Whalen (2004) used collage with dying people and stated, “collage can be more truthful way of telling a complex life story because it captures the way life is lived—not with linear story lines, but with things happening in the piecemeal and overlapping way that we all know to be the way it is” (p. 109). Rogers (1993) asserted that collage builds confidence and is “well suited for those who are fearful of drawing” (p. 31).

Wald (2004) worked for a hospice that provided art therapy to “people who prefer to spend their last days at home in familiar surroundings with their loved ones” (p. 224). She received the referral from a social worker. She used drawing, painting and looking at pictures as ways for individuals to address their emotional needs by providing “review and closure for some issues”
(p. 225). Wald (2004) asserted that the weekly sessions created meaningful interactions about the created images, elevated the individual’s mood, increased mental alertness and helped the individual feel less isolated.

Whalen (2004) asserted that art offers patients a way to respond to their suffering and wrote “in my experience, dying people often express a desire to leave a legacy, engage in a re-evaluative process in order to make peace with their life, mourn their losses, and find a way to say goodbye to their loved ones” (p. 103). Whalen endorsed using a combination of “art-based modalities” (p. 103) that allows a person to “access resources and shape their own solution” (p. 103). According to Whalen, art-based modalities allow an individual to use art in non-threatening ways (2004). Individuals need no formal artistic training, “only a willingness to explore one’s inner territory” (p. 103).

Whalen (2004) offered eight suggestions of non-threatening, non-judgmental techniques to use with individuals diagnosed with ALS. While this not an exhaustive list, it does provide a starting point. Moreover, she emphasized that it is important for an art therapist to stay attuned to the “emotional energy of the person you are working with” (p. 117). Whalen (2004) reminded art therapists that individuals may not be able to complete all the directives that the therapist planned (2004). There will be times when an individual may only be able to listen to parts of a piece of music and times when the individual will be “able to engage more actively” (p. 117). Whalen’s eight suggestions for helping an art therapist begin a session are:

1. Try to help the individual explore the opposites found in nature and in the human experience; begin by talking about the range of emotions and responses that are possible. For example, sometimes we are the tidal wave (the one who is powerful), sometimes the puny surfer (the one who is struggling); sometimes we say yes, and sometimes no. We are capable of responding to our life from anywhere along this continuum and we can make out choices from this wide range if we become aware of it. The next step in this process is to choose images from a magazine (like National Geographic) that say something about the range of a quality or situation. They can create a collage out of the images, which then act as an oracle, answering questions and speaking directly to the individual. He also suggested that if personifying the work of art is difficult, then a discussion can be had about the process of making the collage, how the images were arranged, what was easy, what was difficult and to
think about the fact that if they can live together on one page, perhaps they can live
together with a person and his/her life situation.

2. Choose a quality like power, love, compassion or anger and write down as many
words as possible that he/she associates with this quality. Whalen suggests working
with “power” one might have with water, money, red, the Madonna, shark, tree, etc.,
and to make a long list using colors, historical figures and places, and ask can he/she
claim the power at either end of this continuum.

3. Go to a museum for an hour or two, or read some poetry, listen to music and/or plant
some seeds. Encourage the individual to appreciate beauty both within himself/herself
as well as within the world.

4. Tell stories in groups or family settings. Working in dyads, having each member tell a
two minute story to the other person about someone (other than a family member)
who has had a big influence on his/her life. Take turns listening and telling stores
between the pair. Make a collage out of the stories either as pairs or as an entire
group, and then have everyone share each story.

5. Bring attention to breathing by guiding the individual through a guided body scan.
Have the person remain in a comfortable position and suggest that they begin rolling
a short movie in his/her head of the events of his/her life during the last week, year, or
whatever time frame you would like to work with. After 10 or 15 minutes, have the
person mentally come back in the room and let one scene come to mind, one that
he/she wished would be different; take a pencil and paper and rewrite the scene.
He/she is the director, the editor, the rewrite person and now it is his/her chance to
make it come out differently. Use dialogue with as much detail as possible. Continue
to expand this story writing a poem or doing some drawing with oil pastels.

6. Write a letter to himself/herself to the person he/she is today, for the person he/she
was several years ago, or vice versa.

7. Using oil pastels, have the individual create a series of three abstract drawings, each
taking approximately five minutes. The first one will say something about where
he/she is now, the second about where he/she wants to be, and the third about what it
will take to get there. After the drawings have been done, move the individual into
writing a “once upon a time” story based on the drawings.
8. Enlarge available living space, called “play space” by exploring some art modalities that are unfamiliar, such as clay. Have the client knead and manipulate the clay with eyes closed. Explain that there is no need to make it into a recognizable shape, just stay with it for a few minutes and see what happens. Be curious about what happens when you stop trying. Buy a set of watercolors and play with the colors, letting them flow together. Try using musical instruments and “play” the colors. Write an ode, a hymn of praise, to your shoe or telephone, or the first things you see when you wake up in the morning. “Wake up to the beauty that is all around us” (p. 117–119).

Whalen (2004) emphasized the importance in empowering the individual, which is consistent with humanistic psychology (Prochaska & Norcross, 1999), humanistic art therapy (Garai, 2001; Malchiodi, 2003) and existential philosophy (Sartre, 1957).

Wood (1998) worked with hospice patients, and believed that “people have the capacity and potential to use their innate creativity to uncover and discover meaning in their lives” (p. 140). She was not able to see the patients as often as was needed because all too often “admissions to hospice are for an average of two weeks it is usually only possible to see a patient for three sessions” (p. 141).

The imagery that an individual diagnosed with a terminal illness creates contains significant themes about that person’s life (Bell, 1998). She explained that “arrangement and the expressive qualities of every mark on the paper” (p. 94) are important and reflect the thoughts and experiences of the individual. Horn-Coneway (2005) advocated that terminally ill individuals use the collage process to create images that reflect a person’s thoughts and feelings because creating collages “helps externalize different parts [of oneself] to gain greater awareness” (p. 145). Collages offer a suitable format for individuals in hospice to create expression and meaning.

**Collage.** Collages are a process of “assembling and arranging materials” (Wadeson, 2000, p. 406). They are easily adaptable with individuals or groups and therefore are a technique that can be utilized in collaborative projects (Rogers, 1993; Wadeson, 2000). Wadeson (2000) stated that the technique of making collage “is one of the least threatening activities that can be presented to those new to art therapy who may be fearful of committing themselves to the creation of an image” (p. 406). Collages convey importance and significance to the individual because they are constructed using pictures and found objects that the individual finds important, significant and relevant to what it is he/she wants to express (Rogers, 1993).
Wadeson (2000) discussed five different types of collages. The first was magazine collage. Using magazine collage, the art therapist or individual offers a supply of diverse magazines from which the individual chooses, cuts or tears pictures, then glues it onto a surface. Wadeson noted that when working with people who are not able to use scissors, such as very young children, older individuals diagnosed with Alzheimer’s or incarcerated people, an art therapist can offer an array of precut images.

Another type is tissue-paper collage. The tissue-paper collage is made by applying layers of different colored tissue paper and applying a mixture of glue and water onto the tissue. The ratio of water to glue should be 50-50. The individual has the choice to wrinkle the wet layered tissue, which forces the colors to blend. The result becomes layers of highly textured color-blended tissue paper.

The third type of collage is called found-objects collage. This type of collage uses only found objects, which are then glued onto a surface. This type of collage omits any use of scissors and employs the gluing of objects onto a surface. Ruland (1998) used this technique when working with Alzheimer patients. Macaroni and different types of seeds were used to create collages. Del Signore (1999) used the collage method that focused on scented found objects for olfactory stimulations when she worked with residents of a nursing home. Objects such as potpourri, herbs, spices, and small soaps were glued onto surfaces.

The fourth type is called mixed media collage, in which any material can be used. Wadeson (2000) discussed how some people may use magazine pictures and integrate drawings onto them. Found objects are often incorporated which provides a three-dimensional design.

The fifth type relies on group interaction collage. This is a collaborative technique designed so that many people can contribute to a single creation. Biederman (1988) worked with a women’s support group in a seven-week session that addressed the problems of menopause. During the last session, the group expressed that they felt very connected to one another. Biederman (1988) then initiated the group interaction collage technique for a final directive.

Virshup (1993) presented the advantages and disadvantages of using collage. According to her, there are three advantages in using collage. First, the collage technique is “easily controlled.” By this, Virshup meant that a collage is assembling images onto a surface and gluing them onto that surface. For most people this is a relatively easy task. Second, it is “instantly gratifying” (p. 430) which produces confidence in its application. Third, it requires
“no talent and stimulates imagination by finding words, images and unusual juxtapositions” (p. 430).

As well, she believed there were two disadvantages in using collage. First, the glue itself may become the focus rather than the pictures or objects used for the collage. Second, the creator may become preoccupied and distracted with “the search for images” (p. 430) thereby losing focus and unable to complete the collage in the time allotted. However, given those two disadvantages, Virshup’s overall claim is that collages offer a picture of a person’s life that has been placed onto a surface. The pictures depict individual events, experiences and wishes, but in its totality, one has a sense of how this person understands the “big picture” of his/her life.

A collage of words and themes when seen in totality provides characteristics, qualities and an impression of the composite. One does not comprehend the meaning until the collage is finished. Yet most know that collages are made up of words, pictures and other found objects that are of importance to the person creating the collage. The only way to grasp the meaning is after the collage has been created. Whalen (2004) asserted that the collages can “act as an oracle, answering questions, and speaking directly to a person” (p. 117). In the situation when a person uses a collage to address conflicts, Whalen (2004) noted that “the images on a collage have a life together on a page, [and] perhaps they can live together within a person and his/her life situation” (p. 117).

When an art therapist works with an individual in hospice, it is important to be non-threatening and non-judgmental. Reminiscing and making collages can foster that tone and atmosphere. Therefore reminiscing and collages are suitable to help an individual express, create, and communicate meaning.

Summary

The individual who is in hospice faces a myriad of challenges and anxieties. The “process of dying always involves death anxiety” (Lair, 1996, p. 4). The purpose of hospice is to support the individual (Beresford, 1993) by making ‘the final period of a person’s life more comforting” (Lair, 1996, p. 3). Though there are anxieties and challenges associated with physical, psychological, social, and spiritual aspects, an individual’s identity is not that if their illness (DeSpelder and Strickland, 2005). The multi-disciplinary hospice team offers skilled professionals to help individuals face their issues and concerns.
Art therapists can be part of the multi-disciplinary hospice team. They are skilled professionals who can help an individual explore and express personal issues and concerns as it relates to the physical, psychological, social, and spiritual aspects. Since each individual has an innate creative capacity, art facilitates and empowers the exploration of these issues and concerns in a non-judgmental and non-threatening way, which can provide a positive sense of control and confidence.

The next chapter discusses the methodology, in which the overall design constructing the structure of meetings and coding schemes are presented.
CHAPTER III - METHODOLOGY

This research study is qualitative in nature. The following section focuses on the research questions and the design that the researcher created to answer the questions. This section also includes the epistemological framework.

Qualitative research helps people “understand and explain the meaning of social phenomena with as little disruption of the natural setting as possible” (Merriam, 1998, p. 4). This structure offers researchers the opportunity to study from an emic perspective, that is, from an insider’s point of view. This inside perspective provides deeper understanding of how the participants construct personal meanings in order to make sense of the world around them (Merriam, 1998).

Research Questions

The main research question for this study is, “How does art therapy help older adults in hospice express the physical, emotional and spiritual aspects of one’s life?”

There are two subsequent questions asked in this research study, which when answered will support the main question:

1. In the context of hospice, what is the nature and meaning communicated by dying individuals, their loved ones and family members using reminiscing and art-making?
2. In the context of hospice, what is the nature and meaning that the created art object(s) has to the older adult, their loved ones and family members who participated in the art-making experience?

Theoretical Framework - Existentialism

The epistemological framework of this research is based upon Sartre’s existentialism and is rooted within the broader construct of humanistic psychology (Prochaska & Norcross, 1999). In humanistic psychology, concepts of personal authenticity and empowerment (Prochaska & Norcross, 1999) are emphasized, along with concepts of “freedom, choice, responsibility, autonomy, and meaning” (Malchiodi, 2003, p. 59). Existentialism posits that the human condition is in a constant state of development and that the individual is responsible for his/her own destiny (Rubin, 2001). Existentialism is also referred to as the phenomenological perspective (Prochaska & Norcross, 1999). In phenomenology, the focus is on how a person interprets and understands the world (Schwandt, 2000; Scruton, 2002). The aim is to reconstruct meanings of actions, focus on communication with others, and exist within a social world (Schwandt, 2000). These reconstructed meanings lead to acceptance of the phenomena.
There are six basic principles within existentialism (Lavine, 1984):

1. Existence precedes essence. This means that a human exists before one’s human essence exists.
2. Anxiety is a universal condition. This means that fear is common to everyone.
3. The universe is composed of absurdity. The purpose of existence is unclear.
4. There is nothingness to the world. A person exists in a world that is ambiguous and lacks structure.
5. Death is a universal condition.
6. Alienation is a universal condition.

Sartre’s existentialism (1957) proposed ways to overcome these human conditions. He asserted that as people age, they seek meaning to life. This is similar to what Erikson theorized in the later stages of his psychosocial development theory (Friedman, 1999). Finding meaning for Sartre incorporated perception and imagination. Utilizing these provided knowledge with which an individual can effectively make decisions and thereby create meaning for oneself. Joan Erikson asserted that as people confront the end of life, the meanings they made incorporated creativity and maintained that every human has a creative spirit until death (Erikson, 1988).

Sartre (1957) asserted that human beings exist before there is an essence (Sartre, 1957) and that man is what he/she makes of himself. “Not only is man what he conceives himself to be, but he is also what he wills himself to be after this thrust toward existence. Man is what he makes of himself” (Sartre, 1957, p. 15). This knowledge about oneself is a dynamic composite depicting the authentic understandings about oneself and the world one lives in.

This concept of authentic understandings refers to what Sartre and other existentialist proponents call personal authenticity. Personal authenticity means that a person must be open to confront life with honesty and integrity, which results in having a harmonious relationship with oneself and others (Prochaska & Norcross, 1999). Frankl (1984, 1988) challenged individuals to live authentically because in doing so individuals will find meaning and purpose.

Sartre (1957) purported that a human being is created by the choices he/she makes. “A human being is not born with a fixed character or nature; a human being creates his or her own character through choice and action and, therefore, bears full responsibility for what he or she becomes”(Sartre as cited in Kamber, 2000, p. 5–6). These choices rest on one’s integrity and intentions. It is a willingness and courage to learn about oneself and make meaning about one’s
life. This courage and willingness to be the best one can be and to live the life that a person chooses is what Sartre calls personal authenticity (Sartre, 1957).

Personal authenticity results in individualism: Know oneself. It also encompasses a broader view of humankind: “Not only is man responsible for himself, he is also responsible for others” (Sartre, 1957, p. 15). In other words, being authentic is not only knowing, honoring and being responsible for oneself through the choices and actions that an individual makes for oneself, but also it puts responsibility onto that same individual to help others using one’s abilities and potentials so that this world is a better place for oneself as well as others. The world is not comprised of single individuals; individuals live within communities. This points out that Sartre’s existentialism is a tool for action, which poses to individuals the idea that it is the individual’s responsibility to improve oneself as well as improve the global conditions that affect everyone.

This philosophical framework complements hospice philosophy. Death is frightening for everyone (Beresford, 1993; Corr, Nabe, Corr, 2006; Sartre, 1957). Hospice asserted that notion as well, but rather than focus on the fear of death, hospice philosophy affirms life.

The hospice philosophy honors individual wishes and choices without compromising dignity (Corr, Nabe, & Corr, 2006). Sartre (1957) proposed that individuals have the ability to make choices. Because the individual is authentic to oneself, that is, he/she knows himself/herself the best, then he/she can utilize their own abilities to choose what is best. Sartre (1957) recognized that humans need the help and support of others: humans do not live in the world all alone, nor do humans live in a vacuum. Honest, caring, “authentic” individuals exist. Sartre asserted the idea that if a person knows that another needs help, and that person has the ability and resources to help, then it is the responsibility of that individual to help the other. Consistent with the hospice philosophy, the interdisciplinary team of skilled professionals respectfully helps the individual in every way possible. Moreover, this interdisciplinary team provides a sense of community so that the individual can prepare for death by solidifying, finding and creating meaning in one’s life.

Hospice remains a choice that honors one’s wishes (Beresford, 1993). Moreover, hospice provides a structure for care and endorses family connection and involvement for the emotional well-being of everyone in the family. This involvement strengthens families as each person confronts death from his/her vantage point. Because these vantage points vary for each person.
based on personal contexts and experiences, each person looks for answers when addressing the meaning of life (Cohen, 2000). This construction of meaning inherently requires the use of creativity (Cohen, 2000) by challenging an individual to make sense of one’s world, and this is a component to the creative process (Cohen, 2000; Csikszentmihalyi, 1996).

The humanistic qualities of existentialism and hospice work well together. The existential principles are that fear and anxiety is common to everyone. The world is what one makes of it through the choices that he/she makes. Personal authenticity, which is, knowing and honoring oneself, and human connectedness offers structure to a world that is ambiguous. The principles of hospice affirm life, honor individual wishes and offer community support, thus providing choice and control to the individual. Therefore, hospice provides an obvious choice in which to study the importance of life affirmation, human connectedness and reminiscence.

**Research Design - Qualitative/Phenomenology**

The research study was qualitative in nature and based on phenomenology. According to Scruton (2002) phenomenology is based on the concept that experience constitutes knowledge and meaning is derived from the experienced knowledge. This study was conducted in a rural area in northern Wisconsin. The overall design of the study focuses on three family units. Within each family unit there were three levels of participation. The first was the primary participant, who is the older adult in hospice. The second was the secondary participant, who is a loved one of the primary participant. The third level consisted of other family members and friends.

The researcher designed four meetings within each family unit. The first two meetings were with the primary participant, the older adult; the third meeting was with the loved one; and the fourth meeting was a collaborative collage-making meeting that included other family members and friends.

The individual meetings with both the primary and secondary participants consisted of semi-structured interviews. Seidman (1998) recommended that the structure of interviews in qualitative research designs be a series of at least three interviews to provide cohesiveness. He asserted this structure offers cohesiveness in three ways:

1. The first meeting establishes the background and setting by focusing on a past lived story that details experiences.
2. The second meeting allows for construction of the details to occur.
3. The third meeting provides reflection about the stories.
Relevant to this design, the first meeting with the primary participant established background and rapport. The second meeting with the primary participant consisted of stories which also included the art-making activity of illustrating that story. The third meeting with the primary participant was during the collaborative collage project, which was a reflection about the stories that were told.

Interviews with the secondary participant revealed some similar stories and some different stories. This gave the researcher a deeper and richer understanding about the primary participant’s life.

Sample

Three families participated, the Lang family, the Park family and the Holt family. These are not their real names so that their identities remain protected. These three families were referred to the researcher by the director of LeRoyer Hospice in Antigo, Wisconsin. The researcher designed this study to include three families for two reasons. First, the researcher wanted to keep the study relatively small so the study would not become too big and unmanageable when working with individuals who are confronting issues of death and dying. Second, because of the sensitive nature of working with older in adults in hospice and family members, it was necessary to remain flexible with time. Hence, if the study were larger, there would have been a large risk that the researcher would not have been able to adequately address the needs, concerns and subsequent details of more participants. With each participant, the scope of issues, concerns and details are exponentially increased. Oftentimes, the primary participant was not feeling well enough to complete each interview in its entirety, so it was necessary for the researcher to return a different day. Keeping the study relatively small was manageable.

Qualifications for Participation—Primary Participant/Older Adult

There were five qualifications that were necessary for participation of the primary participant:

1. Each primary participant would be at least 65 years of age and should have overall recall memory. This evaluation diagnostically originated from a tending health care provider. Typical qualifiers for rendering this opinion are that the older adult be able to understand what is occurring in his/her immediate environment.

2. Each primary participant had to be able to sign a release form or have someone with power of attorney who can do so.
3. Each primary participant needed to be willing to tell stories about their life.
4. Each primary participant had to have at least one loved one or family member willing to tell at least one highlighted story involving both the primary and secondary participants.
5. Each primary participant was willing to participate in the construction of a collage project.

Qualifications for Participation—Secondary Participant/Loved One

There were four qualifications necessary for participation:

1. The secondary participant was to be of sound mind. This opinion can be provided from any health care provider or staff member.
2. The secondary participant needed to be willing to tell a story that involves both the primary and secondary participants.
3. The secondary participant needed to be willing to make an interpretive drawing about that story.
4. The secondary participant needed to be willing to participate in the construction of a collage with the older adult and perhaps other loved ones and family members.

Interview Process

This study employed what Seidman (1998) called phenomenological interviewing. Phenomenological interviewing consists primarily of open-ended questions (Seidman, 1998) using a semi-structured format. The semi-structured interview format allowed the interviewer flexibility in wording of questions as well as sequence and order of questions. This flexibility benefits both the researcher and participant. According to Kvale (1996), this flexibility benefits the researcher by initially asking questions and having the ability to follow up with questions that are directed to clarify preceding statements or ask adjunct questions that expand concepts. This benefits the participant in two ways. First, it offers him/her the opportunity to convey the sequences of and events; and second, it offers him/her the opportunity to expand their thoughts and feelings about lived experiences so that the stories become richer and denser with details.

Structure of Meetings—Primary Participant/Older Adult

Meetings with the primary participant occurred at his/her residence. Two of the three primary participants lived at assisted living facilities, which were different facilities, and one participant
lived at home. Specifics of each meeting with each participant will be discussed in Chapter V, Analysis and Interpretation.

At the first meeting, the study was explained and the consent form (Appendix E) was signed. Authorization for the conversation to be voice recorded and logistical information (Appendix F) was obtained. This was necessary so that the researcher knew who to contact in the event that immediate assistance became necessary during a meeting.

After engaging in casual conversation for about an hour, each primary participant was asked if he/she wanted to try drawing, painting or coloring. This was designed to familiarize the primary participant with art supplies so that the primary participant would be ready and agreeable to make an illustration of a story at the next meeting.

The second meeting consisted of asking the primary participant three survey questions (Appendix G). The first is, “How are you feeling?” This is designed to assess the mood and strength of the individual. The second question asks, “What story can you tell me about a past event or experience that you remember as being a highlight in your life?” This is designed to capture a prominent story that he/she remembers about past experiences and/or events. The third question asks, “Will you please illustrate what that story looks like using colors and shapes?” This is intended to grasp what his/her interpretation of the story looks like. This initial meeting was designed to last 60 minutes. However, with each participant, the length varied and will be specifically discussed in Chapter V, Analysis and Interpretation.

**Structure of Meeting—Secondary Participant/ Loved One**

The first meeting is with the secondary participant, a loved one of the older adult. While this meeting is the first, it is also the third meeting within the scope of the research design. The study was explained and the informed consent (Appendix H) was signed. Permission was given to voice record conversations and logistical information (Appendix I) was obtained. The participant was asked to tell a that involved both himself/herself and the primary participant (Appendix J). After the story was told, that person was asked to create an illustration that reflected that story. The meeting was projected to last approximately 90 minutes. Specific details about each participant will be further discussed in Chapter V, Analysis and Interpretation.

**Structure of Meetings—Collaborative Collage Project**

The fourth meeting in this study was designed so that the older adult, the loved one, and other loved ones, family members and friends could gather to tell stories and create a collage that
depicted the contributions, achievements, events and experiences of the older adult. It was designed so that people had the opportunity to share these highlighted stories as well as include other people. The loved ones, family members and friends were invited to participate by the primary participant.

The collages were mixed media whereby pictures, found objects and drawings were integrated. Mixed media collages involve gluing, drawing and/or affixing pictures or small items (Landgarten, 1987; Virshup, 1993). The art materials were supplied by the researcher while the photographs and found objects were supplied by the families. The duration of this meeting was designed to last approximately 60 minutes and varied in length with each family. Specific details will be discussed in Chapter V, Analysis and Interpretation.

Framing of the art works. At the completion of the meetings, the researcher had the artworks framed. The artwork created by the primary participant was given back to the primary participant. The artwork created by the secondary participant was given to that person. The collaborative collage was given to the primary participant. These framed works were delivered to the location where the meetings took place.

These framed works may act as transitional objects and validates the work that they did. That is, these objects may function as symbols and time frames relating to perceptions and memory. Hallam and Hockey (2001) asserted that material objects “construct an ongoing relationship with the dead” (p. 113). Goldman (2004) asserted that objects that were created by a person who is now deceased promotes connections to other family members by telling stories about that object, such as remembering the person painting the picture, sewing the quilt, or sitting outside sketching the flower.

Since studies have documented that remembering the act of creating the image was important, then the act of creating a collage might become a significant memory within this study (Perry-Magniant, 2004). The loved one who participated will likely have memories of this process along with all the people who participate in the collaborative collage-making project. The images that were created within this study have the potential to become transitional objects that document stories, and have personal cultural meaning long after the older adult has died.

Role of the Researcher

The role of the researcher was to provide a safe environment for the individual to communicate. Mertens (2005) stated that the researcher’s role is to “support and facilitate the
process” (p. 390). When working with older adults in hospice whose voices may be weak, it was essential that the researcher listen attentively. Loh (2004) posited that it is important to listen attentively “in a non-judgmental manner [because it] relieves suffering, helping them to find inner comfort and tranquility near the end of life” (p. 551). Thorsheim and Roberts (1995) contended that the act of telling stories gives an individual a sense of empowerment, which in turn reassures a person that he/she belongs inside a community.

In the event that any of the participants experienced a sad memory that required addressing, the hospice director agreed to meet with each individual and discuss it at greater length. If for some unforeseen reason that the researcher was unable to contact the director, the researcher would refer to the logistical information sheet (Appendix F, Appendix I) and contact the person named.

**Researcher as participant observer.** The researcher as participant observer means that the researcher will participate in the situation that the researcher is observing (Fraenkel & Wallen, 2003). Being a participant observer, the researcher experiences each situation and can use those reflections of experiences to sort, decipher, and analyze data. Bogdan and Bilken (2003) cautiously advised researchers in becoming too involved. They recommended that the researcher who is a participant observer balance gregariousness and shyness and do so without comprising integrity and authenticity. Bogdan and Bilken (2003) stressed that in order for researchers to find that balance, the researcher who disciplined himself/herself into compiling field notes has an advantage when the data is analyzed because the interpretations were easily identified.

Pertaining to this study, the researcher assisted the primary participants only when it was absolutely necessary such as performing dexterous tasks that the participant was unable to perform. This researcher interviewed older adults in hospice as a participant observer. This means that the researcher engaged in activities while conducting research. The participants were fully aware that the researcher was conducting research.

**Field Experiences and Field Notes**

Each meeting was voice recorded with the permission of the participant (Appendices E & H). After the interviews were completed, the researcher paid for the recordings to be transcribed by two different certified court reporters. These transcriptions became a main component in the process of analyzing the data. There were times when the voice recorder malfunctioned and
hence it was important that notes be taken so that a record could be made about what transpired at the meetings.

After each meeting with a participant, the researcher journaled about the meeting. These notes or memos consisted of ideas that resulted from the meeting and included documenting the surroundings, highlighting contents of the meeting that the researcher felt was pertinent and important, as well as additional interactions that may have influenced the meeting. Sometimes these memos were informal and sometimes they were formally structured. Strauss and Corbin (1998) advocated that the researcher write memos for two purposes. First, memos help clarify, expand, and support gathered information and impressions. Second, memos help the researcher maintain awareness particularly during the process of gathering information. This documentation aided in identifying patterns and/or relevant themes. These memos became important for coding data (Charmaz, 2006; Strauss & Corbin, 1998) and revealed consistent themes within each family as well as across the three families.

As part of the field notes, the researcher also did her own artwork that coincided with meetings. This artwork mainly consisted of drawings, paintings and small mixed media collages. Doing art was another form of documenting impressions and interpretations and was consistent with the overall constructivist design of this research study.

**Storage of field notes and voice recordings.** The transcriptions of the interviews, the voice recorded tapes and the memos will be stored in a locked file for six years by the researcher. Keeping this information locked ensures confidentiality of the related data and allows it to be accessed if needed. The six-year status complies with the Wisconsin State Statute of Limitations, which covers the longest period for anyone to sue for reasons of misrepresentation (State of Wisconsin, 2005).

**Grounded Theory**

The data was analyzed using grounded theory method, which relies on the constant comparative method (Glaser & Strauss, 1967). Glaser and Strauss (1967) “set out to generate theory from empirical data without minimizing the importance of verifying the theory” (Rafuls & Moon, 1996, p. 66).

Grounded theory is constructivist in nature (Charmaz, 2000). In constructivist research, knowledge is constructed and interpreted through personal meaning-making (Mertens, 2005). Charmaz (2006) stated “constructivists study *how*- and sometimes *why*- participants construct
meanings and actions in specific situations” (p. 130). This emic perspective helps the researcher understand an individual’s situation from the insider’s point of view. Particular to this study, learning the highlighted stories of older adults in hospice, gaining knowledge about their understandings, and seeing the artworks that were created became a powerful tool in understanding their world from their perspective.

According to Chamberlain (1999), grounded theory has two central premises. The first premise is that it focuses on developing a theory, and the second is that it documents the process. Chamberlain (1999) stated that grounded theorists examine the process so that the researcher understands the participant’s situation, context and points of view. It is because of this emphasis on process that proponents of grounded theory suggested that researchers using this method begin formulating theories when they begin collecting data (Chamberlain, 1999; Rafuls & Moon, 1996).

Researchers investigating end-of-life issues and meaning-making rely on the context and personal meaning of participants. “The grounded theory method depends upon developing and refining the data collection tools while in the process of collecting the data” (Charmaz, 1997, p. 273). This ensures that both the process is documented as well as the concrete evidence (Chamberlain, 1999; Charmaz, 2000). Grounded theory researchers focus on action and process (Rafuls & Moon, 1996). Using grounded theory, themes became transparent because cogent patterns and connections became apparent (Charmaz, 2000).

Researchers who use the grounded theory method often use semi-structured interviews to collect data (Rafuls & Moon, 1996). Specific to this study, the researcher used semi-structured interviews to generate conversation while diminishing any hierarchal relationships that might exist between the researcher and participant. Kvale (1996) asserted that it is best to interview in a relaxed atmosphere and it is the researcher who sets the tone for the meeting. There are instances when it is necessary to be more formal and instances when it is not (Charmaz, 2006; Kvale, 1996). For this study, the researcher created a relaxed, comfortable atmosphere through informal conversation.

The grounded theory approach “specifies analytic strategies, not data collection methods, and has become associated with limited interviewing studies” (Charmaz, 2006, p. 514). Semi-structured interviews were used to collect data. Central to this approach is the ability to interact directly with the participant (Owens & Payne, 1999). This interviewing process allows a
researcher to gather data without forcing the data “into preconceived categories” (Charmaz, 2000, p. 514) and claims that this documents the participant’s authentic experiences by saying, “the data do not lie” (p. 514). Therefore, the collected data comprised of the transcribed interviews that the researcher had with each participant, as well as the drawings created, and the researcher’s field notes.

Coding

In order to build a theory using the constant-comparative method or grounded theory, the data was analyzed using a coding process. This coding process contains words that are similar, or events, or ideas/concepts. By engaging in this type of coding process, common themes begin to emerge.

Chamberlain (1999) recommended that grounded theory development occurs in three phases. The first phase is open coding, where categories are identified (Chamberlain, 1999). During open coding, data are reduced and dissected for similarities and differences (Strauss & Corbin, 1998). The second phase is axial coding, where “more data confirm and elaborate categories” (Chamberlain, 1999, p. 185). Strauss and Corbin (1998) referred to axial coding as “the process of relating categories around the axis of a category, linking categories” (p. 123). Chamberlain (1999) described the third phase as the “deliberate and directed selection of further data from persons, sites or documents to confirm and verify the theory as a whole” (p. 185). Strauss and Corbin (1998) referred to selective coding as “the process of integrating and refining a theory” (p. 143).

The analytic strategies in arriving at a theory within this research depended upon being both open and sensitive to emerging consistencies as well as inconsistencies within the data and handling these consistencies and inconsistencies through coding processes. Charmaz (2006) stressed that when the researcher is in the coding process, the researcher should stay open to emergent themes. The researcher was also an instrument in the process. While the coding process relies on the data, the researcher’s lens or bias cannot be totally discounted, and may be considered as additional data resources.

The coding process was organized based on primary and secondary participants. Since the researcher met more often with the primary participant, there was more data involving the primary participants. That data constantly strengthens and reinforces presented themes. The
categories that were created are a result of analyzing the transcriptions of the meetings. With each participant, story line topics were repeated even though the actual story was different. Coding charts are discussed more thoroughly in the next chapter, Chapter VI Presentation of Findings.

**Theory Development**

Theory development occurs as the coding process is being formed. While analyzing the newly acquired data, the researcher was forced to ask more questions and illustrate interpretation, which became part of theory development. The illustrations took the form of charts, graphs, and drawings which were representative of the interpretive and analytic process. Charmaz (2000) advocated that the reflexive process is important because it helps the researcher clarify and verify data using categories and themes. Once the categories, themes and emerging data became saturated and redundant, a theory was formulated.

**Reliability and Validity - Credibility and Generalizability in Qualitative Research**

Reliability refers to the extent the measurement is consistent (Barlow & Durand, 2002). The researcher was the primary person conducting the interviews. The questions for each interview were asked in the same sequence, also consistently, but since the interviews are semi-structured, there were varying follow-up questions. Rafuls and Moon (1996) stated that “reliability and validity serve as standards that determine how good the research is” (p. 77). In qualitative research, Lincoln and Guba (2000) asserted that reliability and validity centered around the credibility and trustworthiness of the entire study. Rafuls and Moon (1996) asserted that qualitative researchers contend with issues of external and internal reliability as well as external and internal validity. For the qualitative researcher, Rafuls and Moon (1996) defined external reliability as the “likelihood that an independent researcher would have a similar result if he/she replicated the given study” (p. 77), and internal reliability as “whether or not a researcher would arrive at similar findings from the data that were collected in a previous study” (p. 77). Rafuls and Moon (1996) advocated that qualitative researchers “use descriptions phrased as precisely and concretely as possible … to help remedy concerns about reliability” (p. 78).

According to Lincoln and Guba (2000), validity is also authenticity on the part of the researcher as well as the participant. Authenticity is when one is open to confront life with honesty and integrity, resulting in a harmonious relationship with oneself and others (Prochaska & Norcross, 1999). This means for an older adult in hospice, the paradigm, context and
meanings are a unique and individualized belief constructed with honesty that make meaning about one’s life. Moreover, the authentic grounded theory researcher brings to the study honesty and integrity by documenting the truth and reality (Rafuls & Moon, 1996) of the older adult.

Internal validity is “the representations that exists between what researchers believe is observed and what was actually observed” (Rafuls & Moon, 1996, p. 78). Denzin and Lincoln (2000) asserted using multiple data sources, known as triangulation, to address this concern. External validity is the generalizability of findings (Rafuls & Moon, 1996). While qualitative researchers who use grounded theory are not interested in generalizability, they are interested in the analytic process that conveys finding from case to case (Firestone, 1993).

The authentic grounded theory researcher finds patterns and themes within the authentic data (Chamberlain, 1999). That is, the data and analysis are woven together. These patterns and themes are used to relevantly and cogently develop a theory grounded in authentic experiences gathered from data. According to Rafuls and Moon (1996), qualitative researchers using grounded theory need to be creative and possess critical thinking skills.

**Summary**

The goal of this research was to learn the stories about the lives of older adults, understand how each individual illustrated and interpreted their created pieces, and develop a theory. The design was to offer older adults in hospice an opportunity to tell highlighted stories about their life. Consistent with the hospice and existential principles, this gave the older adults an opportunity to construct and identify, and solidify meaning. These tangible framed illustrations have three purposes. First, it gave the participants an opportunity to reflect both verbally and visually about the achievements and contributions through the stories that were told. Second, it provided framed illustrations that each can admire. Third, the framed illustrations may become transitional objects that are treasured long after the older adult has died. Chapter IV discusses the results.
CHAPTER IV - PRESENTATION OF FINDINGS

This chapter documents the meetings with the Lang family, the Park family and the Holt family. These names are not their real names. Each family was referred by the director of LeRoyer Hospice located in north-central Wisconsin. This region in Northern Wisconsin consists of many small dairy farms, potato farms and large wooded areas. The area is considered by state standards to be economically disadvantaged, with the closest mall being 40 to 50 miles away. While to some, referencing that the closest mall is a 40 to 50 miles away may imply an interest in consumerism, rather that reference is intended to imply that there is a lack of standardized and common resources that many people in more urban areas have come to expect and demand. The two largest employers in this county where these families reside are the school district and the local hospital. With jobs, resources and, to some degree, technology being somewhat scarce, some might say that life in rural northern Wisconsin can be simplistic, harsh and difficult.

The families were referred one at a time by the director of LeRoyer Hospice. Prior to meeting with the family, the director informed the researcher of facts about the family, such as gender, setting of residence and location. The director was careful to convey only the facts that were necessary, such as directions, and did not reveal opinions that would influence the researcher.

I met with each older adult and loved one individually except for the collage project. In all the meetings, the older adult appeared delighted in knowing that another person was genuinely interested in hearing his/her stories. This made it difficult to limit the stories. Each older adult told many highlighted and important stories from different time frames of their life and indicated that it was very difficult to tell only one highlighted story. When the design of this research project was constructed, I tried to be sensitive to the concept that an older adult in hospice may not be willing and/or have the physical or emotional strength to identify and articulate more than one story. What was discovered when interviewing all three of these older adults was the opposite of these expectations. There were many stories that the older adults were delighted and proud to recount, especially to someone who seemed genuinely interested in learning the stories.

The meetings were guided by survey questions for the primary participant, the older adult (Appendix G), and the secondary participant, the loved one (Appendix J). None of the primary participants in the study told only one story, but rather several more. Each individual was allowed to tell the stories that he/she wanted to tell.
The following chapter relies on the excerpts of conversations that occurred during the interviews. This was done for two purposes. First, this was done to accurately document the comments and conversations that occurred during the interviews, which Charmaz (2006) indicated was important because it provides context by defining intentions and clarifying meaning. The second purpose was to reveal the exact wording of statements and conversations so that the integrity and cohesion of the data was maintained. These excerpts reveal context and personal paradigm constructions. After the interviews were completed, the stories told by each participant had similar themes. There was a pattern of six main topics that existed among the participants. They were: 1) family, 2) working, 3) helping others, 4) travel, 5) fun and 6) creative outlets. Hence, the following discussion has been organized to reflect these common topics, and their own words conveyed to stress meaning.

The highlighted stories told by the corresponding loved one, who is also sometimes referred to as the secondary participant, consisted of more than one story. However, there was little consistency with and thus they are documented and headlined as their highlighted story.

Following the family stories is the coding chart for each family. These individual coding charts show six common themes used in this discussion. They are: 1) family, 2) working, 3) helping others, 4) travel, 5) fun, and 6) creative outlets, because each family discussed these topics when telling their stories.

Each family created artworks that illustrated the stories. The final section of this section portrays comments made by the participants when these works were delivered. This next section begins with the Lang family, followed by the Park family and concludes with the Holt family, as this was the order in which each family conveyed their stories.

The Lang Family

Ella Lang, Primary Participant—Background

The first family was the Lang family, Ella and Ann. Ella is the older adult and Ann is Ella’s loved one, her niece. Ella lives in a small assisted living facility. Prior to meeting Ella, the director of the hospice agency said that Ella is 88 years old, has heart problems, suffered from a stroke and her left side is now paralyzed. The director indicated that Ella is quiet in nature, and spends five to seven hours a day embroidering with the aid of a mounted embroidery frame. Until her stroke, her dominant hand was her left. Since her stroke a couple of years ago, she now does everything with her right hand. The staff supports Ella’s passion for embroidery and has
created a space just for her in one of the main living areas that is designated “Ella’s.” This space entails a long folding table in front of a large picture window facing a large tree whose branches hold different types of bird feeders. Neatly folded on the table are several completed embroidered works such as pillowcases, dresser scarves, runners, dishcloths and large cotton towels. These items are ready to either be given away or sold, and some on the table are still being worked on.

**Ella Lang, Primary Participant—First Meeting**

On May 11, I met with Ella for the first time. She lives in a small assisted living facility in a small town in North Central Wisconsin. The meeting was held in her room because the staff thought Ella would prefer privacy. All subsequent meetings were held at her table in the main living room. After the study was explained, Ella signed the consent form and authorized that the meeting be voice recorded. Consistent with the design of the study, the intention of the first meeting was simply to become acquainted.

Her room was modest with many family pictures on the walls and shelves. When Ella was asked if she was in any pain and she replied “no.” When Ella was asked about her childhood and background, she said that she grew up on a dairy farm in the country, about nine miles out of town and came from a large family. As a young girl her job was to take care of the animals. She milked the cows twice a day, before and after school, baled hay in the summer, cooked, canned, and performed all the other tasks that were asked of her by her parents. She walked to school, which was a one-room schoolhouse. After graduating from high school, she took a job in town at the local shoe factory. Her main job was making children’s shoes, but when World War II began, the government contracted with the local shoe factory to produce shoes and boots for soldiers in the Army. She worked at the factory for the next 27 years. In 2006, these achievements at the shoe factory were recognized by the Governor of Wisconsin, James Doyle, who wrote a letter to her thanking her for all the work she did and for her long years of service (a copy of this letter, Figure 1, is included in the collage that was later created). This letter stands prominent on her work table in the main living area of the facility.
Ella was married and did not have any children. She has a younger sister who had two daughters. One of those daughters currently lives in the area and visits Ella regularly. Ella recommended that her niece, Ann, become the secondary participant within this study.

Consistent with the design of the study, the first meeting included a time for the primary participant to become acquainted with art materials so that she would feel comfortable in making an illustration of a highlighted story at the second meeting. However, this did not happen as Ella refused to engage with any art supplies. She stated that she did not have very much control with her hands and that she simply preferred not to. Though she was able to sign the consent form and perform intricate embroidery tasks, she clearly indicated that she did not want to engage in making art. The issue was not pursued and the focus was on the stories that Ella told about her past and her embroidery work.

The first meeting with Ella lasted over two hours. She told many stories about her childhood, her early years of marriage, her years working on the farm and in the shoe factory, her time gardening, her time with her husband fishing and dancing and her embroidery. There were family pictures on the walls and shelves inside her room and she talked fondly about the photographs.
The following section consists of highlighted stories that Ella told at the first meeting. These stories are presented as themes that emerged to help make sense of the numerous stories that were told. These themes are family, working, helping others, travel, fun and creative outlets. These themes provided the scaffolding for all subsequent interviews with the primary participants.

1. **Family.** Ella said that she has so many favorite memories of being with her husband. One of her favorite stories is how she and her husband first met. Their friends set them up to go on a blind date. She told a story about a time just after she and her husband were first married. They did not have much money, so they would often go fishing at a local lake with the hope of catching a fish for supper. She said:

> Well, I remember my husband and I would go fishing together at a little pond southeast of town. We would catch some trout and bring 'em home and cook them right away. We had so much fun together and the fish was so good.

Years later, she was taking care of her niece’s boys and took them to the same fishing spot. They caught so many fish. Ella said, “Yeah, we went fishing together, at a little pond southeast of here. We caught some beautiful fish. I can still see them frying in the pan.”

2. **Working.** As a child, Ella and her siblings were assigned chores on the farm. She said that one of her favorite memories of working on the farm was when she got to drive the team. She explained what driving the team meant:

> Well, you just hook the horses to the old wagon and you sit on the bench, and sit there looking smart. And you go, "Hew Haw." One is right and one is left. Hee is one way and haw is the other. But, those days were real cold. We had to haul out the manure from the barn, so we had to take it out in the field.

When those horses got going, it was great. “We went fast.” They were “good horses.” She said that one of her jobs was to milk cows and take care of the animals.

3. **Helping others.** Ella is family-oriented. She conveyed a story about helping her younger sister, her niece Ann, and her grand-nephews. She said her favorite story was taking Ann’s kids fishing. She said that there was a special lake that she and her husband went to and caught the best fish. One day when Ann could not make it home, Ella watched over the boys. When it was getting near dinner, Ella decided to take the boys fishing. She got the motor boat and caught trout. They brought them home and fried them up. The boys loved them.
4. **Travel.** Ella loved to travel and spoke fondly of learning about new and different places. However, she said that her husband disliked traveling, so they rarely traveled. She was quick to say that traveling was expensive. But, she had her husband made one trip that remains a highlighted memory to her. It was the time when she and her husband went by train to Chicago to get married. It was the first time that she had ever been on a train. They got on the train and “railed for seven hours”, passing through little towns that she had only heard other people speak about. She was thrilled at the speed of the train. When she and her husband arrived in Chicago, they went to the Justice of the Peace, were married, stayed the night and came home the next day, again by train.

5. **Fun.** Ella spoke about how much fun she and her husband had together. She said that they would go dancing every Friday night; they looked forward to spending the time with friends and that they would dance and laugh together. She said that her husband died of cancer in 1991, she said that he had some very rough years and she drove him to his treatments every day at a hospital that was over an hour away because that was the only place to get treatments.

6. **Creative outlets.** Ella works on her embroidery every day for five to seven hours a day because “It is relaxing.” The staff at the facility designed and installed an adaptive device that holds the embroidery frame. It is mounted on the table with a flexible arm extension so that she is free to move it higher and lower and from side-to side. Figure 2 illustrates Ella working on her embroidery.
Ella Lang, Primary Participant—Second Meeting—Highlighted Story

The second meeting was on May 12 in the large living area where her embroidery table is located. Ella was asked questions directly from the survey (Appendix G). The first question asked was “How are you feeling today?” Ella’s response was that she felt very good that day and that she had a good night’s sleep. When asked the second question from the survey, “What story can you tell me about a past event or experience that you remember as being a highlight in your life?”, she replied that she has “a lot of them” and that they were about her husband and family, her work, her childhood and other times.

Because of her lack of finger dexterity with her left hand, she has trouble tying all the snipped threads that exist on the back of the embroidery. The nuns who are involved in hospice recognized this and created a “finished backing” for all of the pieces that Ella had made so that Ella could give them away or sell them in her Church’s holiday bazaar. Ella was very touched about this.

After Ella told highlighted stories about her life, Ella was asked, “illustrate what that story looks like using colors and shapes?” Ella replied, “I can’t draw. My hands are stiff. Instead, look at my embroidery. That’s what I like to do.”

Ella did not create an illustration about the highlighted story. Yet, since one outcome was to give the participant a framed piece of art that she created as promised in the initial session, Ella
was asked if there was a particular work that she wanted framed. She said that there was one of
the pieces of embroidery that the nuns had finished (Figure 3).

![Embroidered Dresser Scarf](image)

**Figure 3: Embroidered Dresser Scarf**

**Ann Lang, Secondary Participant/ Loved One—Background**

On May 14, I met with the secondary participant, Ella’s niece, Ann Lang. This meeting took
place at the assisted living facility in a private area where the Ella resides so that after the meeting
Ann could visit with Ella. I explained the study to Ann and she signed the consent form
(Appendix H) and I asked about logistical information (Appendix I).

Ann is married with three boys. She came to the meeting with her mother, Ella’s sister.
Before Ella moved to the assisted living facility, Ann lived very close to her aunt. Ann said that
her family is close. She fondly told stories about her aunt’s garden and going over to her house
for this or that. Ann is supportive of Ella and visits her two or three times a week. Ann told me
that her sons love Ella, too. She relayed a story about her eldest son going to prom. He and his
date came to the assisted living facility to show Ella how they looked in their prom attire so that
she could be a part of the prom festivities. Pictures were taken. Ella gave her advice to the prom couple and offered her well-wishes to the teenagers. Ann pointed out that the effort made by her son to include Ella in this prom night showed how important Ella is in his life. Ann said that her other sons have also done things to include Ella and again, emphasized that Ella is very important to everyone in their family.

Ann talked about how Ella would help other people in town whenever she was asked. Ann picked up a card that Ella recently received from a friend in Florida. The card said, “To my second Mother—Happy Mother’s Day. You have always helped me and other people and you have always been my second mother.” Ann pointed to the huge bouquet of flowers and a large balloon on Ella’s table which accompanied the card and told the researcher that Ella is loved by “a lot of people.”

**Ann Lang, Secondary Participant—Highlighted Story**

Ann was asked the survey questions (Appendix J). “How are you feeling today?” She replied that she felt great. Ann was then asked “What prominent story can you tell me about a past event or experience that you had which also involved your loved one?” She replied that she has three boys and life gets really hectic:

One time I really needed help. She [Ella] came and babysat for the boys. She would cook for them and help me out at home. One time she took them fishing. She took them to a little lake south of town. The boys had so much fun. They caught fish, brought them home, cut them up, which wasn’t so great, and then ate them To this day they say those were the best fish.

**Ann Lang, Secondary Participant – Drawing**

Ann was asked, “Will you please illustrate what that story looks like using colors and shapes?” and Ann was offered a sketch pad, paints, markers, charcoal, pastels and colored pencils and pens. Ann chose a pencil and made the following drawing (Figure 4).
Ann was asked to explain it. She wrote line by line (Figure 5). It reads line by line:
Her explanation made a clarifying statement about Ann’s relationship to Ella—though Ann’s mother is still alive and lives in the area, for Ann, Ella is the matriarch and model of the family.

**Lang Family Collage Project**

The collage project was arranged for May 20. Ella was if she wanted to invite other people to a meeting where a collage would be made to highlight Ella’s stories. Ann invited her husband, sons and mother. Ann was asked to remind her family to bring pictures and/or found objects, magazine pictures, and whatever else they would want included on the collage.

The collage-making project consisted of Ella, Ann, and Ann’s mother Bea, as Ann’s husband and sons had to work. The study was explained to Bea. She signed the consent form (Appendix K) and authorized that the meeting be voice recoded. Ella and Ann also consented to the voice recording of the meeting. Two blank boards were provided, one to use and one to have as a back-up. Ann brought some pictures and the researcher brought pictures of the embroidered
works that she had photographed previously. She also brought other materials such as glue, scissors, and magazines.

Because it was very difficult for the primary participant to maneuver her hands, Ann made most of the decisions about placement, pictures, and overall design. At the end of this meeting, they were told that these works would be framed and returned. Reactions to the framed items will be discussed further in Chapter VI, Analysis and Implications.

The two framed works were delivered to Ella, (the embroidered piece and the collage). Ann was seen one week later and was given her art work. Ann was delighted with her art work and said that his project was rewarding for her. She learned new stories about her aunt. She said that too few people take the time to concentrate on what is important—family. Ann said that she is so happy that she was able to participate. Figure 6 is the collage.

Figure 6: Lang Family Collage
Summary

The feedback from Ella and Ann was positive. They said that they were glad to have participated and hoped that this researcher project continues as it was personally beneficial and enjoyable to do.

The Park Family

The Park family was referred by the director, who indicated that life has been turbulent for them and that they have endured many hardships. The first meeting with Amy Park occurred on June 14. The study was explained to Amy, who agreed to participate, signed the consent form and authorized the meeting to be voice recorded. She indicated that her son, Ted, lives with her, and that he would probably be interested in participating as the secondary participant.

The stories that Amy told were dramatic and numerous. The topics were diverse and are listed in the coding chart that is shown further in this discussion. There were stories consisting of topics about family, working, helping others, travel, fun and creative outlets. Hence, the stories told by Amy Park are organized below. They are 1) family, 2) working, 3) helping others, 4) travel, 5) fun and 6) creative outlets.

Amy Park, Primary Participant—Background

Amy is 74 years old with chronic obstructive pulmonary disease, also known as COPD. She lives at home with her 45 year old son, Ted, who has learning disabilities. The home is modest with renovations in progress. Amy sat at the kitchen table, which was tidy and clean. Quietly lying on the floor close to Amy were two dogs and two cats.

Amy was married and had five children. Amy’s husband died several years ago at age 53 from an aneurism. Since then two of her children have also died. Amy is currently on oxygen and suffering from chronic back and leg pain.

Amy Park, Primary Participant—First Meeting

Amy grew up a small town in north-central Wisconsin. She started out working at the local shoe factory, but was laid off shortly after she started. Amy felt forced to leave the area because she needed a good paying job to support her family. The family moved around, first to the Milwaukee area, then to Brillion, a town closer to Green Bay. Amy spoke about her husband and said he had trouble keeping one job. During this meeting with Amy, Ted came in and out of the room. Ted heard Amy speak of her husband and said, “I used to get in a lot of trouble and Mom
patched things up and kept them from my father finding out so he wouldn’t kill me. I mean I had a father that was just something, boy he was a packing pistol.”

The meeting with Amy was lively. She was gregarious and willing to tell many stories, such as living in Milwaukee and then moving to Billion, Wisconsin, where the company Ariens has a plant. Ariens is a small company that manufactures lawnmowers, snowblowers and other lawn and garden items. Amy worked at Ariens for 27 or 28 years. She worked on a drill press and did piece work. She said that she succeeded at this job because she was good with her hands and that she was fast. She said that she liked to work with her hands. Amy told several stories about her life and similar themes such as family, working, helping others, travel, fun, and creative outlets emerged.

1. **Family.** Amy had five children, two of whom have died. Death was a topic that was often referenced in the stories told by Amy, and her son Ted, the secondary participant in this study. Amy said that she took care of her daughter who died from ovarian cancer, she cared for her son who died from cancer, she cared for her nephew, Charlie, who had yet another type of cancer, and she cared for her husband who has since died. Amy said that they are all buried close to one another and that Ted tends to the grave sites.

Amy was glad to have been able to take of her daughter, son, husband and nephew when they were sick, before their deaths. She brought out many photo albums and told stories about the people. However, as Ted went between rooms, he indicated “I don’t like looking at those books. It brings back sad memories. Everyone in there is dead-dead-dead.” Amy responded to Ted by telling him to stop and that he was “talking stupid.” Amy continued to tell stories about the people that she cared about and loved. The researcher listened attentively.

Amy showed pictures that were taken of her at the plant. She said that the owners of the company, where she worked for 27 years were, for the most part, “good to her.” She liked working at Ariens, but of course there were a few times when she became angry. One of those times centered around the fact the she knew men got paid more money than she did. She was told that the men had to raise a family. Though she tried to make her case that she too, had to raise a family, her wages were not increased in spite of doing the same job as her male counterparts. She was dissatisfied with that policy.

2. **Working.** Amy next conveyed that she was curious about machines. She was a fast worker and she produced more than most of the men who worked on similar machines during the
day shift and the night shift. In one of the photo albums, she showed a company newsletter naming her as an outstanding employee. She talked proudly about her work. She said, “I ran everything from processor machines to drill and punch presses. If a machine broke down, the guys came to me and asked for help.” She said that she was willing to help when it was needed, but she wished she would have gotten paid the same as the men because, in her opinion, she actually knew more and did more work than they did.

3. Helping others. Amy told a story about a time when a single mother worked evenings and did not have enough money to pay for child care. So Amy decided to watch the children and not charge the mother.

Not only did Amy reveal stories about taking care and helping family members during vulnerable times in their lives as well as hers, she talked about helping out that single mother, and that she had love and respect for animals and nature. She told a story about a time when squirrels got in their house and rather than evict them back into the cold weather, they fed them with nose-droppers. She told another story about feeling sorry for her cats and dogs, so she fed them their favorite foods, such as apple pie.

4. Travel. Amy told a story about her favorite memory of traveling to the Pioneer Village in London, Nebraska. She said:

I think one of the nicest things that we did was we went to London, Nebraska, to that pioneer village, that pioneer outfit. Took the truck, had a camper on it, and bed made in it, and a tent, and it’s a good thing we did, because the motels were full, you had to get them way in advance. But then they had a campground where we set up the tent and the bed in the truck. But we slept in that. And we went through all these old cars, they just had buildings, and buildings, and buildings of them.

She talked about her love for the traveling and said that she always wished she could have been a truck driver. She loved the open road, driving, and visiting new places. She sighed and said “Life just didn’t work out that way.”

5. Fun. Amy said that she loved to read and conveyed that it was an enjoyable activity. Ted, who heard this, said “She didn't spend much time with us kids because the simple fact is she spent more time reading books and drinking coffee, and going to work.” Amy was quick to reply, “Ted’s been bitching at me about reading all his life. It just irritates him to death…[However,] I think everybody should get a good education. That’s one of the main
things. That is your foundation. Some of these kids just don’t want to go to school. They don’t want to learn or anything. They are in for a rough ride.”

Amy said that in addition to reading, she liked to use her hands. When she was 17, she saw her mother making a wedding-ring quilt and asked if she could try it. Her mother told her “no” because “it was too difficult.” Amy then said, “I just wanted to prove to my mother that it wasn’t as complicated as it looked. So I made one. I was going to give it to her, but she died, so I made it a little larger and gave it to Ted. I was determined that I was going to make a wedding-ring quilt—and, it wasn’t that hard.” She’s been quilting ever since.

6. Creative outlets. Amy not only quilted, but she did ceramics, painted them and sewed clothes for herself and for her children. She embroidered and crocheted. She said that she has a curious nature. She talked about crocheting a blanket for one of the children’s beds. She used double thick yarn because the winters are so cold. By the time she completed it, it was so heavy that she could hardly throw it over the bed.

When asked if she was interested and willing to draw, she said that she was “not interested in drawing at all”. This meeting lasted three hours.

Amy Park, Primary Participant—Second Meeting—Highlighted Story

Amy was seen on June 15th. When asked the survey questions (Appendix G) “How are you feeling today?” Amy replied:

I'm fine as long as I don't move around. My body hurts. I don't know, some days are bad, and some aren't. Can't walk more than a couple minutes at a time. After a couple minutes it hurts so bad I got to sit down. And there ain't much you can do about it either. I got morphine, but that stuff makes my head roll. I don't like to take that. The pain pills don't seem to do much for the back pain. They don't do anything for it hardly. Maybe dull the edge a little bit, but that's about it.

When asked if she was well enough to meet today or if another day should be arranged, Amy replied that she felt well enough to tell stories. She was asked, “What story can you tell me about a past event or experience that you remember as being a highlight in your life?” Amy repeated the story that she told the previous about going to London Nebraska. She was fascinated with everything there and said, “There were old tractors there, and they had a washing machine that fascinated me the most of anything I seen there. It would take a person days to go through the whole village and absorb everything.” Her voice became stronger and she smiled as she talked about Pioneer Village in London, Nebraska.
She asked Ted to retrieve a brochure about the place so that she could explain it more adequately. Ted did and Amy focused on the pictures of the fire station, an old fire engine, the old doctors’ offices and old kitchens. She said that it was just absolutely “fantastic”; and said, “Yeah, we went and the school teacher come in and give us class, teaching us how to say the ABCs without books or how to add. I thought it was so cute.” Ted was in the room at that time. He added that he remembered the trip to be full of fights. Amy did not respond.

Amy was asked to “Illustrate what that story looks likes using colors and shapes.” Amy refused. She said, “No, but I did a painting after we got back that reminded me of that trip. (Ted) go get it.” Ted retuned with a painting of a cowboy. It was dusty and had several heavy fold marks indicating that it had been in storage for a long time. The painting was done on black velour with artex paints, the type one might find at a Western roadside market. It is shown below (Figure 7).

![Cowboy Painting](image)

Figure 7: Cowboy Painting

Amy said, “It’s my cowboy. I should get this one finished. It’s all wrinkled.”

Incidentally, when the cowboy painting was brought to the kitchen table by Ted, he also placed several open boxes of completed quilted squares onto the table. When Amy was asked to describe and talk about the individual completed quilting squares, she stated that there were
enough completed quilt squares “to make two full size beds.” Amy then said, “I got to finish those before I die.” Ted continued to participate in the conversation, he said:

Yeah, yeah, when they said that she was going to die, I thought for sure that my sisters was going to walk off with the whole house, the way they were carrying on. I had to sleep on all the quilts, had to rescue my meat grinder, lost a couple cookbooks. I tell you, someone got a bad habit of stealing the photos out of the photo albums. You go through them and she takes whatever she wants out of them.

Amy added:

When the doctor said I'm going to die, I thought, ‘Oh cripes, I better go finish those darn things. And I better finish those pillow cases I was embroidering and I better finish that other one that's half done,’ and here I sit, and I'm still here.

Ted said “Yeah, and you forgot to die.” She replied, “That's right. I was so busy I forgot to do that.”

Because it was not clear if Ted would be an appropriate participant in this study, he was asked Ted if he thought he could tell positive stories about his mother. Ted said that he didn’t know. He said, “What kind of stories do you want to hear? I got nothing good to say.” It was pointed out that the study is designed to focus on positive stories and asked if there was anything positive that he could say about his mother. At this point, Amy said, “I have been butting heads ever since (he) was big enough to butt heads.” The researcher continued to question whether the son was an appropriate secondary participant because there are obvious struggles between the mother and son. It should be noted that it is important to have the loved one tell highlighted positive stories so that the hospice patient would not be surprised by unexpected grievances that are instigated by others. As stated earlier, the philosophy focuses on creating a safe comforting and supportive atmosphere where conflicts are addressed in a controlled manner rather than addressing conflicts or grievances in an uncontrolled manner. Having said that, Ted said he thought he could tell one positive story about his mother and a meeting was arranged for the next day.

**Ted Park, Secondary Participant—Background**

Ted is a 45-year-old man living with his mother, Amy. He has learning disabilities and openly admits that he has trouble reading and writing. As earlier mentioned, Ted and Amy argue consistently.
Ted Park, Secondary Participant—Highlighted Story

Ted was seen on June 16. He was carefully informed of the study. He agreed to participate, signed the consent form (Appendix H) and authorized that the meeting be voice recorded. Logistical information was asked (Appendix I) along with the survey questions (Appendix J) starting with “How are you feeling today?” Ted replied, “Good.” When asked, “What prominent story can you tell me about a past event or experience that you had which also involved your loved one? What good or positive story can you tell me about you and your mother?” Ted said there wasn’t much good, but went on to say that his mother was a good cook, a good housekeeper, generous with money and a loveable mom. He said, “Let’s see what else I can find that is good.” He said that she did a good thing for his sister’s wedding. She did “all the baking and all the cooking for it.” “Yeah, I guess so.”

She covered up mistakes that I made when I was a kid and kept my father from finding out. He was not a nice person when he was sober. He was a Jekyll and Hyde, and when he got drinking he’d blow up and whoop us. It was a touchy situation when we were young. Ma protected me I guess.

Ted was asked to describe his mother in a positive way and he said:

Oh I definitely do love her. She’s done her best to raise us kids. We're not really, really close I mean, my ma was the quiet type. She's a loner type, you know what I'm saying? She didn't spend much time with us kids because the simple fact is she spent more time reading books, and drinking coffee, and going to work. She didn't spend much time with us unless we were working or cooking or something in that order, do you know what I'm saying? There's quite a few years when she worked night shifts. We hardly ever seen mother when we were young, do you know what I'm saying? And then she had a bad habit, she loved to read books. She spent more time reading books than she did paying attention to us. I mean, I can’t blame her, I mean, she wasn't a young mother, she was an older mother, you know what I'm saying? By the time she had us kids, we were, you know, she was too old to be chasing us around.

Ted Park, Secondary Participant—Drawing

When Ted was asked “illustrate what that story looks like using colors and shapes”, Ted said, “I'm not good at drawing.” But he took crayons and did his drawing and made the image seen in Figure 8. Then he said, “I can't believe you got me doing this. It didn't turn out very good. That didn't turn out very good.”

When asked to explain the drawing. Ted said, “My ma sitting at the kitchen table reading her book, drinking her coffee, there you go.” When asked to describe how this was positive, he
indicated that this story is positive for his mother who was taking time for herself. Ted went on to say that while this was “good” and “positive” for her to do; in his mind, this was not a good thing to do. Ted was reminded that in earlier conversations he indicated that his mother was a good cook, a good housekeeper, and generous with money. His response was that his mother took too much time for herself when she should have been looking after the children.

![Figure 8: Mother at Kitchen Table Drawing](image)

Ted was asked if he was interested in creating another drawing. He declined. However, he did retrieve photographs of the family.

Amy did not hear the conversation with Ted. She was in her room resting. After the meeting, Ted went to get her and he told her most of the conversation, showed her the drawing; and she appeared to be very hurt. Ted left and then Amy stated:

Before Ted was born the afterbirth rose, and they couldn't figure out what was making me hurt so bad, and they couldn't figure out, they had me in the hospital a couple times, but when placenta pulls loose the baby don't get enough oxygen, and Ted didn't get enough oxygen and I almost bled to death. But he's always
been hyper, emotional. He got a dead spot in his brain, he can really be, well, I don't know, me and him been going around and around ever since he was little.

Amy was reassured that Ted had said some thoughtful and kind words about her and asserted that perhaps Ted didn’t know how to tell his mother positive things. She agreed, but indicated that she blamed herself for his disabilities. Amy was asked if she wanted to speak more about this issue with the director of hospice, who is also a registered nurse. Amy declined. However, the director was immediately informed about the meeting.

**Park Family Collage Project**

Ted and Amy worked on the collage project together. Other family members were invited but due to work schedules and distance, they were not able to come. The meeting was held on June 17. The researcher brought two blank boards, one to use and one to have as a back-up. Other materials were also provided such as glue, scissors, markers and magazines. Amy and Ted found and retrieved numerous pictures that they intended to use. Ted placed them on the table. There were so many pictures that one could not see the surface of the table.

There were so many pictures it was impossible to organize them onto one board. Rather than disappoint Amy and Ted, they created two collages (Figure 9 and Figure 10). Ted took charge over organizing the placement of all the pictures, while Amy helped cut and glue. The first collage consisted mostly of pictures of family members. The second consisted of pictures of the items that Amy created throughout her life, such as quilts, crocheted blankets and ceramics.

![Figure 9: Park Family Collage #1](image URL)
This meeting lasted about four hours. Ted was meticulous and focused about the placement of the pictures. He also talked about the people in the pictures. He showed a picture that he had taken of his deceased cousin in his coffin. He indicated that his cousin “looked good.” More stories were told and the atmosphere was lively. Both the mother and son laughed and argued. Amy replied that it was fun remembering, and Ted replied that he was having an OK time but that it was hard work to get the pictures “just right.”

More stories were told about the pictures of family members and the quilts. Ted reminded Amy which family members deservedly or undeservedly received this quilt or that quilt, the crocheted blanket and so on. At the conclusion of the meeting, the researcher took the two completed boards and told them that she would arrange to have them framed along with the other. After the framing was completed, she would contact them and deliver them.

**The Holt Family**

The third family referred by the director of LeRoyer hospice was the Holt family. Deb Holt is 93 years old and lives in an assisted living facility in town. Deb Holt is the older adult in hospice and the primary participant in this study. Deb’s niece, Meg, is the secondary participant
in this study and lives 30 to 40 miles away. Meg has health problems and visits Deb as often as she is able.

**Deb Holt, Primary Participant—Background**

Deb Holt was seen on June 26. When Deb was informed about the study, she agreed to participate, signed the consent form (Appendix E) and authorized that the meeting be voice recorded. She was then asked logistical information (Appendix F).

The meeting took place in Deb’s room. It is spacious with a big picture window overlooking a playground. This facility is close to an apartment complex where young families live. Sometimes Deb watches the children play outside on the playground equipment. Her room has several pictures on the walls. Deb is a tiny woman who sits in a big recliner. Next to her is a large stack of letters and cards bound together with a rubber band. The chair faces the television and she keeps the remote close to the packet of letters. There was no air conditioning and it was a hot day. There were two oscillating fans that ran continuously.

Deb was born in Indiana and moved to Green Bay at a very young age. As an adult she moved from Green Bay to the rural area in Northern Wisconsin where she now resides. Deb fondly spoke of Green Bay and asked me if I was a Green Bay Packer fan: I am. Deb is a 93-year-old woman who is just that—proud, devoted and passionate about “her team.” Deb talked about the quarterback, Brett Favre, named linebackers and defensemen with much fervor and was quite informed about her team’s history, statistics and general knowledge. Deb said that as a girl she saw the first Packer game in 1917, back “in the day” when there was no formal stadium. The games were held behind the Green Bay High School where it was often very cold and windy.

**Deb Holt, Primary Participant—First Meeting**

The conversation continued on the topic of football. Deb discussed the upcoming season and indicated that she watches “the game” every week. She gave the researcher an open invitation to come watch “the game” with her on “any given Sunday”. Deb declared her disappointment with last season’s team performance, offered several explanations as to why that occurred and then made her predictions for the upcoming season. She asked the researcher to state her predictions for the upcoming season, and the researcher simply responded “Go Pack Go,” a common phrase used by Packer enthusiasts.
A casual conversation occurred about work and family. Deb indicated that her family owned a small successful awning company in Green Bay. When her parents retired, she and her parents moved to what was their summer house on a lake in northern Wisconsin. Deb spoke freely and easily about her life.

Like others in this study, she appeared delighted to tell stories to someone who was interested. Many of the themes of Deb’s stories were again, similar to themes of other participants in this study: 1) family, 2) working, 3) helping others, 4) travel, 5) fun and 6) creative outlets.

1. Family. Deb indicated that most of her family and was told that most of them “are gone” or “don’t live around here” except for a niece, Meg, who lives about 40 miles away; Deb spoke fondly of her. Years ago, Deb was the church organist. Meg would come over and listen to Deb practice. Over the years, they became close. Deb indicated that she would help Meg in any way that she could. Deb worked at the school that Meg attended and Deb would often drive Meg to and from school. Deb loved to sew her own clothes. She indicated that she was always a very overweight girl and couldn’t find clothes to fit her. People would laugh at her and mock her, so she decided to make her clothes. She stated, “Besides, one could always be ‘in-style.’” When Meg went to the prom, Deb altered a dress for Meg.

Deb was asked if she thought that Meg would be interested in becoming the secondary participant in this study and Deb provided Meg’s contact information.

2. Working. Deb took a position at the local school district where she advanced to become secretary of the Board of Education for more than twenty five years. There is a plaque hanging in the hallway of the high school which recognizes Deb’s achievements and service to the school district. Because school was closed for the summer, the researcher was unable to see it.

3. Helping others. Deb told stories about knitting scarves and mittens for people and giving them to children who needed them. She also told a story about one of “the town drunks.” She said:

There used to be an elderly man and he’d get drunk. And whenever I would see him walking on the road, I’d stop and pick him up and take him home. And he would say to people at the grocery store, ‘She’s the only one who would pick you up when I’m drunk.’

4. Travel. Traveling was important to Deb. She said that she wanted to see the world. She showed photographs of trip that the family had taken in 1932 to Niagara Falls. The family had
taken the train and Deb enthusiastically said that they saw parts of the United States that were “just gorgeous.” She said that Niagara Falls was the most beautiful place that she had ever been to and showed black and white photographs that were taken with what was then her new box camera. The photographs were clear, dramatic and perfect in tones. Deb also recounted the trip she took to Memphis. She loved Memphis and said it was a lively place, but that it was also very hot.

5. Fun. Deb talked about being the church organist and belonging to an organ club. This organ club met every Sunday afternoon for about three hours after the football game. They played music, sang songs and then had a pot-luck supper. Deb talked about her favorite songs “Cuddle Up a Little Closer,” “Five Foot Two, Eyes of Blue” and “Harbor Lights.” Her role in the organ club was to play the organ or piano and then everyone else sang songs. Each person had their own songbook. She said that she “loved that club”.

6. Creative outlets. Deb told stories about sewing. One favorite story was about when she was a girl and she knitted a tie for her father. She admitted that she did not know much about men’s ties, and therefore, did not pay attention to how long was becoming. When she finished the tie, it turned out to be “below his knees.” She laughed and laughed at that and noted that it is important in life to keep a sense of humor.

Deb Holt, Primary Participant—Second Meeting—Highlighted Story

I met with Deb Holt on June 27, and brought a bag of art materials that included paper, paints, markers, colored pencils, crayons and more. Deb was asked from the survey (Appendix G) beginning with, “How are you feeling today?” Deb replied, “Good.” When asked, “What story can you tell me about a past event or experience that you remember as being a highlight in your life?” Deb enthusiastically said:

Seeing the first Packer game. They used to play behind a high school. They became so popular that it didn’t have enough capacity. So they had to build a bigger field. We had season tickets. We went to every single game. But, after my dad died, my mother was in a wheel chair and I couldn’t go to games because I couldn’t pawn her off on anybody because she had to have help to go to the bathroom.
**Deb Holt, Primary Participant—Art, Drawing #1**

Deb was asked to illustrate what that story looks like using colors and shapes. She asked for paper and pencils, and Deb drew a picture of the first Packer game. Below is her drawing of the first Packer game (Figure 11).

![First Packer Game](image)

Figure 11: First Packer Game

Deb explained that this picture is of the first Packer game which she saw in 1917. The person on the left is a Packer player who has the ball. She identified the other player as a “A Bear, of course.” Deb was referring to the staunch rivalry between the Green Bay Packers and the Chicago Bears. Deb giggled and commented that she was having fun, so she agreed to draw another one.

**Deb Holt, Primary Participant—Art, Drawing #2**

She took another piece of paper and made a drawing of a cat (Figure 12). She said that when she was a little girl, she had a cat whose name was Major. She had owned several cats throughout her life, but there has never been a cat like Major, whom she said was a good friend to her and whom she still loves.
Afterwards, Deb indicated that she wanted to show photographs. The pictures were well preserved. Deb gave her permission to have them copies so that they could be used for the final collage project. After leaving the facility, arrangements were made with Deb’s loved one, Meg, at her home July 5.

**Meg Holt, Secondary Participant—Background**

The meeting was held at Meg’s home on July 5. After Meg was informed of the study, she signed a consent form (Appendix H) and authorized that the meeting be voice recorded. Logistical information (Appendix I) was gathered after the time was spent to get acquainted with Meg.

Meg started the conversation by asking the researcher if she knew that Deb was a Packer fan. Meg said that her aunt loves to talk about the Packers. Meg said that Deb went to the first Packer’s game in 1917, which was held behind the Green Bay High School. Meg showed a picture of Deb taken with a famous Green Bay Packer player, Mark Tauscher, taken in the last year or so. The niece spoke highly about Deb’s mental sharpness and witty humor. She also spoke fondly about Deb teaching her to sew. Meg told the story of being a teenager and going to her first prom. Deb altered one of her own dresses for Meg so that Meg would not need to spend the money on a new one. Meg said that she remembers it as stunning on her.

Meg indicated that Deb taught her different techniques in sewing. Meg became accomplished at sewing and said that she sewed both of her daughters’ wedding dresses. Meg said she learned intricate techniques from Deb and showed pictures of the wedding dresses that she had made. Though each was different in design, both dresses had elaborate and intricate handwork of hand-sewn pearls, lace and veiling. Meg continued to say that her aunt believed in making one’s
clothes because it was less expensive to make rather than to buy from a store. It “always fit” and besides, living in an area where shopping can be difficult, when one sewed their own clothes, one was always “in style.”

**Meg Holt, Secondary Participant—Highlighted Story**

After approximately 30 minutes of casual conversation, Meg responded to the survey questions (Appendix J), beginning with “How are you feeling today?” Meg replied, “Good. But I’ve had some health problems. I’m doctoring. I have had good days and bad days. But today is a good day.” Meg was asked, “What prominent story can you tell me about a past event or experience that you had which also involved your loved one?” Meg replied:

I loved to have her play in the evenings a lot of times. I loved the music because it just made you feel good. Usually had a fire in the fireplace and it would a lot of times just be the three of us sitting there, her mother and I. She would play and we would sing.

**Meg Holt, Secondary Participant—Art, Drawing #1**

Meg was asked to illustrate what that story looks likes using colors and shapes and was offered Meg an array art materials consisting of markers, crayons, paints, colored pencils, charcoal and the like. She chose one pink-colored pencil. She said that she really “loved to draw in high school” but that was a long time ago. She was apprehensive to make a drawing and drew a piano (Figure 13).

![Figure 13: The Piano](image-url)
Meg was embarrassed about the drawing and indicated that she did not think it was very good. Meg was reassured that there was no right or wrong when making a drawing. Meg told said that this drawing was of a piano and that the piano represented the music that Deb made. Meg went on to say that “when I think of Deb, I think of music and flowers.”

**Meg Holt, Secondary Participant—Art, Drawing #2**

Meg was asked if she wanted to make another drawing, Meg said that she did. Meg then drew a flower and indicated that flowers always reminded her of Deb. Deb loved to garden and she loved flowers (Figure 14).

![Figure 14: The Flower](image)

Meg drew the image lightly. While both of these drawings are faint, they illustrate important stories and concepts for Meg about Deb. The first drawing reflected a time when her aunt would play the piano and she would sing. The second drawing was an additional thought and reflects a memory about how her aunt cared for flowers.

Meg was asked if she could schedule a time to create a collage, and she replied that her health has been poor and that she has difficulty scheduling things right now. She said that she
was unable to schedule a time to make a collage, but she emphasized that the meeting that day was important to her because Deb is a very important to her and that her stories are interesting. **Holt Family Collage Project**

Deb was contacted and a time was scheduled to meet on July 7. Again, two blank boards were brought, one to use and one to have as a back-up. Other materials were offered such as glue, scissors, markers, and magazines. Together the collage was created.

Deb was unable to place pictures onto the board. She made the decisions as to which pictures were used and gave instructions where to place them. Deb appeared to enjoy this process. She retold the stories as she saw each picture again. The process was lengthy. All the pictures were tacked, then transported them to a different room to glue them in place. Deb was not present during the final gluing stage (Figure 15).

![Holt Family Collage](image)

**Figure 15: Holt Family Collage**

**Delivery of Framed Works—Follow-Up Comments**

The framed works were delivered to the Ella Lang, Amy Park, and Deb Holt. All the framed works were delivered except that of Meg Holt, whose piece was delivered at a later time.
Lang Family

The first delivery was to Ella and Ann Lang. The Lang Family was seen at the assisted living facility near Ella’s table. When Ella saw the framed pieces, she said they turned out “beautiful.” When Ann was asked for feedback about the project, she said that she found it great and that she loved the pieces. Others who were around, commented favorably about the pieces. A staff member said that they would hang them on a wall right next to Ella’s table.

Ella was asked to identify three items of advice that she would like to give to younger people. Ella replied:

Ella: I’d say stick with it. There are so many things to do and beautiful things you can make.

Researcher: What three things have you learned throughout your life that you would like to tell young people?

E: Well, I appreciate how everyone has helped me and I appreciate my family and I love my embroidery.”

E: Can you name what it is about embroidering that you enjoy so much?”

E: Mainly because it’s relaxing.

Ann was asked to comment about her experience with the project. Ann replied:

Just getting together and looking at pictures, sharing the family memories was really great. Life is so short and we’re so busy. I guess we don’t stop and appreciate what we have.

Ella had fallen asleep and Ann needed to leave. The staff was notified that the researcher would return at another time.

Park Family

The Park family was brought the cowboy picture, the picture that Ted made and the two collages. Amy was sitting at the kitchen table and Ted was in the other room. When Amy saw the cowboy picture, she appeared so happy to see it. She pushed away some things so that it could be propped against the wall and admired it. She looked at the collages and said they turned out great, too. She appeared very pleased. Ted came into the kitchen and expressed his delight and approval. They talked about the pictures and the framing and were very happy.

Amy was asked to make comments about doing this project. Amy responded, “I had forgotten a lot of those stories, so it was good to remember them again. It was great to finally
bring down all those quilt squares.” Amy was asked to identify (if possible) an aspect that made quilting so satisfying to her.

Amy replied: I have a curious nature. I’ve always been good with my hands. I see it, I figure out how things go together. Ted is the same way. We want to take it apart and put it back together again. We want to see what made it tick. Y’know? I know about patterns. [She went to say], “Any female that’s got kids and no income would have a horrible time surviving. She can’t even get a babysitter and have enough money to live on.

Researcher: What three things have you have learned throughout your life that you would like to tell young people?”

A: The most important thing is family. If you work hard and you are honest and you are faithful that the rest of it will fall into place. Go back to the basics: family life. Y’know, family life is the key to everything. You can’t predict what life is going to be. I’ve had a good whack at everything. I don’t know what else I can tell you. I think everybody should get a good education. That’s one of the main things. That is your foundation. Some of these kids just don’t want to go to school. They don’t want to learn or anything. They are in for a rough ride. My life has been kind boring, other than raising kids and working all my life. I never been drunk, I’ve never been arrested, I’ve never been in jail, I’ve never nothing.

R: Is there anything more you would like to say?

A: You are welcome to come over any time even though the project is over.

R: Thank you, I will come and visit again.

Holt Family

The framed works of the First Packer Game, the drawing of Major the Cat and the collage were delivered to Deb Holt. Deb was asked comment about participating in the project. Deb replied that she enjoyed doing the project.

Deb: I pretty much enjoyed everything about doing this. It was fun to look at pictures and tell stories.

Researcher: Can you name what it was about sewing that you found so satisfying?

D: It made me independent. I could make a dress cheaper than you could buy one. It was stylish and then people didn’t laugh at me.

R: Can you name three things that you have learned throughout your life that you would like to tell young people?
D: Do good things for people. Do not snub anybody, and do not laugh at anyone. Never use words that they wouldn’t understand. Never make fun of people how they dress. Never make fun of how they walk or talk.

The statements from Ella Lang, Amy Park, and Deb Holt provided insight about each person’s worldview. For example, each noted that family was important. More consistencies occurred. The following section provides information about how the themes were explored and categorized.

**Coding Charts**

Coding charts were constructed for each family and then analyzed for broader themes. For example, a person may have been talking about how good it felt to take care of the barn animals when she was a little girl, and as an adult, she cared after wounded animals. The theme of being an active, caring being whose agency helps another living being was common with each primary participant. After each meeting, I journaled and/or created my own art by reflecting about the meeting.

Tables 1, 2 and 3 are coding charts that illustrate the open coding, which is the first phase of theory development (Chamberlain, 1999; Charmaz, 2006; Strauss & Corbin, 1998). In open coding, categories are identified (Chamberlain, 1999). In the open coding phase, data are reduced and dissected for similarities and differences (Strauss & Corbin, 1998). The charts on the following pages represent topics revealed by the primary participant.
Lang Family

Table 1: Coding—Lang Family

<table>
<thead>
<tr>
<th>Lang Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Topics of Stories Told (Alphabetically)</strong></td>
</tr>
<tr>
<td>*Caring for Others—Self, Spouse, Nieces, Nephews, Grand- Nieces, Grand-Nephews</td>
</tr>
<tr>
<td>**Care For Animals—Horses, Cows, Cats, Dogs, **</td>
</tr>
<tr>
<td>*Creative Outlets - Embroidery, Knitting, Sewing, Crocheting,</td>
</tr>
<tr>
<td>*Family—Parent, Spouse, Siblings, Nieces, Nephews</td>
</tr>
<tr>
<td>Farming—Hay, Corn, Milking</td>
</tr>
<tr>
<td>Food—Planting, Gardening, Cooking, Food for Animals</td>
</tr>
<tr>
<td>*Fun—Picnics, Dancing, Embroidering, Fishing, Playing Cards</td>
</tr>
<tr>
<td>Gardening – Flowers</td>
</tr>
<tr>
<td>*Travel – Chicago</td>
</tr>
<tr>
<td>*Working - Farming, Shoe Factory</td>
</tr>
</tbody>
</table>

*Indicates that these categories were similar with other participants.

** Indicates this was collapsed into Caring for Others.
Table 2: Coding—Park Family

<table>
<thead>
<tr>
<th>Park Family</th>
<th>Topics of Stories Told (Alphabetically)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Caring for Others</td>
<td>Self, Spouse, Children, Nieces, Nephews, Grandchildren, Neighbors, Friends</td>
</tr>
<tr>
<td>**Care For Animals</td>
<td>Cats, Dogs, Squirrels</td>
</tr>
<tr>
<td>*Creative Outlets</td>
<td>Embroidery, Knitting, Sewing, Crocheting, Reading, Painting, Ceramic, Candle-Making</td>
</tr>
<tr>
<td>*Family</td>
<td>Spouse, Children, Cousins, Nieces, Nephews</td>
</tr>
<tr>
<td>*Fun</td>
<td>Reading</td>
</tr>
<tr>
<td>*Travel</td>
<td>London, NE; Mackinaw Is., MI; Black Hills, ND</td>
</tr>
<tr>
<td>Weather</td>
<td>Ice storms, Accidents</td>
</tr>
<tr>
<td>*Working</td>
<td>Shoe Factory, Manufacturing Plant, Babysitting</td>
</tr>
</tbody>
</table>

*Indicates that these categories were similar with other participants.
** Indicates this was collapsed into Caring for Others.
Table 3: Coding—Holt Family

<table>
<thead>
<tr>
<th>Holt Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Topics of Stories Told (Alphabetically)</strong></td>
</tr>
<tr>
<td>*Caring for Others—Mother, Nieces, Nephews</td>
</tr>
<tr>
<td>**Care For Animals—Cat Major, Dog Skippy</td>
</tr>
<tr>
<td>*Creative Outlets—Knitting, Sewing, Ceramics, Crocheting,</td>
</tr>
<tr>
<td>Embroidery</td>
</tr>
<tr>
<td>*Family—Parent</td>
</tr>
<tr>
<td>*Fun—Packer Games, Organ Club</td>
</tr>
<tr>
<td>Gardening—Flowers</td>
</tr>
<tr>
<td>*Travel—Niagara Falls, NY; Dunbar, WI; Michigan; Indiana;</td>
</tr>
<tr>
<td>Memphis, TN</td>
</tr>
<tr>
<td>*Working - Business Owner, School District</td>
</tr>
</tbody>
</table>

*Indicates that these categories were similar with other participants.
**Indicates this was collapsed into Caring for Others.

After all the meetings were completed, a vast amount of information existed, the most important themes were extracted relative to the research questions. The following categories consist of relevant emergent themes that were found in the data relating to the primary participants.

Table 4 is a coding chart that illustrates the second phase of theory development, axial coding. Axial coding is when “more data confirm and elaborate categories” (Chamberlain, 1999, p. 185). Strauss and Corbin (1998) referred to axial coding as “the process of relating categories around the axis of a category, linking categories” (p. 123). Here the researcher identified common themes that link the categories to in similarities.
Common Themes
Table 4: Codes Common Themes

<table>
<thead>
<tr>
<th><strong>Common Themes Between</strong></th>
<th><strong>Lang, Park and Holt Families</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Alphabetically)</strong></td>
<td></td>
</tr>
<tr>
<td>Caring for Others—Self, Spouse, Children, Nieces, Nephews, Grandchildren, Neighbors, Friends, Animals</td>
<td></td>
</tr>
<tr>
<td>Creative Outlets—Embroidery, Knitting, Sewing, Crocheting, Reading, Painting, Ceramic, Candle-Making</td>
<td></td>
</tr>
<tr>
<td>Family—Spouse, Children, Cousins, Nieces, Nephews</td>
<td></td>
</tr>
<tr>
<td>Fun—Reading</td>
<td></td>
</tr>
<tr>
<td>Travel—London, NE; Mackinaw Is., MI; Black Hills, ND</td>
<td></td>
</tr>
<tr>
<td>Working—Shoe Factory, Manufacturing Plant, Babysitting</td>
<td></td>
</tr>
</tbody>
</table>

The third phase of theory development is selective coding. Selective coding occurred in the final stages of refining the theory. All the memos, journals, art, transcribed interviews and already-composed coding charts and detailed relevant actions were combined. Strauss and Corbin (1998) referred to this as “the process of integrating and refining a theory” (p. 143).

The following chapter, Analysis and Interpretation, will provide analysis of these charts by threading together common concepts that were revealed by the Lang, Park and Holt families in this chapter. Interpretation focused on the interplay between the theoretical concepts of existentialism which anchors this study and the events, experiences, and choices that the individuals relayed in their stories. This directly relates to death and dying literature which says that individuals confronting death create meaning by telling stories and in so doing, they are reassured that they are loved and can feel that their love is reciprocally received (Corr, Nabe, & Corr, 2006; Lair, 1996).
CHAPTER V - ANALYSIS AND IMPLICATIONS

Terminally ill individuals often experience negative symptoms such as physical limitations, depression, confusion, and anxiety. Individuals in hospice need reinforcement and reassurance that their lives have meaning and that they have made positive contributions in their lifetime (Corr, Nabe, & Corr, 2006; Lair, 1996). “If we can overcome the tendency to allow a life-threatening disease to overwhelm us then we can use it as a life-promoting event” (Lair, 1996, p. 5). Lair indicated that “reviewing the past, continuing positive relationships and reducing conflicts are all aspects of the dying process” (p. 33).

This study used reminiscing, story telling, and creating art, as a way to communicate with others and to express thoughts and feelings, which focused on the highlighted events, experiences, and achievements of an individual’s life. The main research question for this study is, “How does art therapy help older adults in hospice express the physical, emotional and spiritual aspects of one’s life?” There are two subsequent questions asked in this research study, which when answered will support the main question:

1. In the context of hospice, what is the nature and meaning communicated by dying individuals, their loved ones and family members using reminiscing and art-making?
2. In the context of hospice, what is the nature and meaning that the created art object(s) has to the older adult, their loved ones and family members who participated in the art-making experience?

The individuals told poignant stories that revealed individual paradigms and contexts. These paradigms and contexts became the foundations from which individual meanings were derived. The created illustrations revealed, communicated, and supported the paradigms and contexts of each individual’s reality.

**Encompassing Research Question**

The encompassing question asks, “How does art therapy help older adults in hospice express the physical, emotional and spiritual aspects of one’s life?” An individual in hospice faces many challenges in every aspect of their life. Fears of losing physical, emotional control, loss of connection to others, and uncertainty of what will happen after death occurs all loom causing anxiety. Facing death is a vulnerable time. Erickson (1988) advocated adding a ninth stage to the Erikson eight-stage human life span cycle because the dying process is a unique and vulnerable time that most everyone will face. The prospect of one’s own death can be daunting
to confront alone. “The process of death always involves anxiety” (Lair, 1996, p. 4). Lair also wrote “we have become so afraid of dying that we do not realize the potential it holds for growth and meaning in our lives” (p. 5). A peaceful death occurs when the individual has been able to use the dying process as an opportunity to wholeness by exploring how their life had meaning (Lair, 1996).

The theoretical framework that this research is based is existentialism. To answer the encompassing research question more thoroughly, existential principles are integrated.

**Existentialism.** In existentialism, struggles and anxiety are constant, which move an individual into action. Frankl (1984) survived the atrocities because he found meaning in suffering. He transformed and transcended his situation by employing the limitations and redirecting its emphasis. “Without the suffering, the growth that I have achieved would have been impossible” (Frankl, 1984, p. 172). Each primary participant used her creative abilities to address the anxiety that existed in her paradigm and each found a solution. He advocated that an individual, “a victim of a hopeless situation, facing a fate he cannot change, may rise above himself and go beyond himself, and by so doing. He may turn personal tragedy into triumph” (Frankl, 1984, p. 170).

The individuals who participated in this study demonstrated that context, choice, action and responsibility are key factors to understanding one’s situation. This is similar to Sartre’s existentialism. Sartre (1957) proposed that individuals create meaning in their own life by first acknowledging that anxiety exists. Second, he proposed that when an individual employs personal authenticity, he/she is honest with oneself about that anxiety. In doing so, action is employed to improve the situation, which actualizes the choice that was made. Sartre (1957) goes on to say that if an individual has the ability and resources to help another individual, then it is that person’s personal responsibility to do so if the result is that the world becomes a better place for everyone.

Sartre’s existentialism (1957) asserted that when an individual is born, that individual *exists* before the individual has *essence* and that man is what he/she makes of himself. Universal concepts such as anxiety, fear and alienation occur in varying degrees for all humans (Sartre, 1957). Therefore, there is an inherent challenge for humans to attempt to construct a life that eases or alleviates the suffering associated to being inherently human. “Not only is man what he conceives himself to be, but he is also what he wills himself to be after this thrust toward
existence. Man is what he makes of himself” (Sartre, 1957, p. 15). Individuals have choices available to activate action. Potentially, the choices that one makes present other choices.

The participants in this study, Ella and Ann Lang, Amy and Ted Park, and Deb and Meg Holt, all came from different backgrounds and socioeconomic status (SES). The primary participants, Ella Lang, Amy Park, and Deb Holt had varying resources available to them, such as personal and professional networks, and had unique challenges within their families. Yet, each primary participant admitted their anxiety, evaluated and chose a strategy to deal with a given situation, gathered the courage to activate the strategy which was best for her to handle and cope with situation(s), took inventory of that strategy ready to again evaluate and employed new strategies that averted pitfalls from previously made decisions.

Ella Lang’s left side is paralyzed due to a stroke. Her dominant hand had always been her left. Ella learned to develop stronger dexterity in her right hand. She did not give up when she was no longer able to use her favored and dominant left hand, rather, she made a deliberate choice to develop skills that cultivated a stronger right hand. She continued embroidering and staff members helped her by making and mounting an adaptive frame for her.

Amy Park was challenged with struggles most of her life. She had choices available to her as well. She worked long hours in a manufacturing plant working whenever she could so that she could provide for her family. She made the choice to succeed at her work because her family was important to her.

Deb Holt suffered from being overweight and was ridiculed as a child. She later became a successful business person in her family’s business and later worked at the local school doing administrative duties. Her determination helped her make choices that offered more choices by constantly developing new skills, which over time, helped her advance.

Each primary participant cultivated the teachings and offered their creative abilities to another. Thanatologists, social workers, and gerontologists asserted that individuals who are confronting death and end-of-life issues have anxiety associated to physical, psychological, social and spiritual dimensions (Corr, Nabe, & Corr, 2006; Hooyman & Asuman-Kiyak, 2005; Wong, 1995) and thus seek resolution in the form of creating meaning and purpose in their life (Rando, 1984). Cook and Oltjenbruns (1998) identified four concepts that older adults who are confronting death need. They are: 1) a need to maintain a sense of self, 2) a need to participate in
decisions about their life, 3) a need to be reassured that their life still has meaning, and 4) a need to receive adequate health care, all which aid in finding meaning and purpose in one’s life.

Life review using reminiscing communicated highlighted stories about one’s life. Communicating creatively augments understanding and clarifies ideas. For an individual in hospice who simultaneously confronts many forms of anxieties, story-telling and art-making offer a non-threatening way towards wholeness by integrating and expressing their thoughts and feelings. This may stimulate or solidify existential meaning.

Art therapy empowered an individuals in hospice a safely explore and express thoughts and feeling which may help to find meaning about one’s life. Art therapy offered enjoyment through relaxation and at a time when crisis and anxieties are plentiful. Art therapy helped individuals stay connected to others, and the tangible art works may prove to hold important stories that future generations will find meaningful.

**Subsequent Research Question 1**

The first subsequent question asks, “In the context of hospice, what is the nature and meaning communicated by dying individuals, their loved ones, and family members using reminiscing and art-making?” For those in hospice, fears and anxieties can be mitigated with the support the multi-disciplinary team. This team is professionally trained to focus on the whole person by helping the dying individual address concerns and anxieties that pertain to physical, emotional, psychological and spiritual aspects. They are “concerned with being empathic and creating a relationship with [the] dying person rather than making decisions for them” (Lair, 1996, p. 4). There are three points to make in answering this question. First, each participant conveyed many stories rather than what was originally designed. This showed that each individual took pride in remembering and conveying their highlighted stories. Each participant found overall enjoyment in the process of recalling their life histories and was delighted that someone wanted to learn their stories.

Second, through the process of reminiscing and art-making, each primary participant conveyed a sense of resourcefulness, creativity, and resiliency. These traits influenced the secondary participants, who also possess these traits and influence others. This was seen in the way they conveyed their own story(ies).

The secondary participants, the identified loved ones, who participated in this study, Ann Lang, Ted Park, and Meg Holt, supported the older adult as best as he/she knew how. Each one
of those participants had varying abilities and varying available resources that aided in handling and coping with situations. This helped in understanding individual contexts and to be supportive to the older adult as well as the loved one.

Third, two of the three secondary participants communicated their pleasure in recalling and telling stories about their loved one while the third loved-one struggled to tell positive stories. Though not all of the secondary participants were able to convey positive stories in the reminiscing and art-making processes, each secondary participant conveyed a connectedness to the primary participant; including the secondary participant who struggled. While that secondary participant who struggled did not convey a positive tone with either the highlighted story or the illustration, he conveyed a deep connection to his mother in other ways such remodeling the house and cooking for her. All the secondary participants, in their own way, seemed to have at least one positive connection to their loved one.

Lair (1993) asserted that the dying process can be “a life-promoting event” (p. 5). Individuals are encouraged to reflect and communicate their thoughts and feelings (Lair, 1993). Positive connections made by the multidisciplinary team to the dying individual involve four basic aspects: physical, psychological, social and spiritual (Corr, Nabe, & Corr, 2006).

**Physical Aspects.** Corr et al. (2006) asserted the individuals who are dying have concerns about losing control over functions, being in pain or distress and being abandoned. According to Saunders (1976), dying individuals ask for three things: 1) “help me; 2) listen to me; and 3) don’t leave me” (p. 151). For an older adult in hospice, the physical aspects are a focus of care (Beresford, 1993). Palliative care is a part of the hospice philosophy (Balk, 2007; DeSpelder & Strickland, 2005; Hooyman & Auman-Kiyak, 2006) and addresses the management of “distressing symptoms in dying persons who are nearing the end of their lives” (Corr, Nabe, & Corr, 2003, p. 200). Together hospice and palliative care address the immediate symptoms that individuals may need. Hospice nurses and doctors emphasize the concept of quality of life and in so doing they aim to control and manage chronic pain and suffering.

The primary participants in this study, Ella Lang, Amy Park, and Deb Holt, all have a terminal illness relating to heart problems. Each has a prognosis of dying within six months. Each individual suffers with chronic pain. Each individual has specific medications that will minimize or control it. Each person is aware that her body is failing and that death is nearing.
Each individual reported that the doctor and nurses visit regularly and provide them with adequate medication, and suffering is a repeated theme among all the primary participants.

Ella Lang receives her pain medication on a regular basis which makes her fall asleep easily. Ella is given the medication by the nurse(s) who are on staff at the assisted living facility. The staff at this assisted living facility is very attentive to all of its residents. Ella takes high doses of a medication that makes her sleep. The name(s) of the medication(s) was/were not disclosed. However, Amy Park has chronic leg and back pain and said that she has been prescribed morphine. She said that she does not like to take it because she said “it makes my head roll” and reported that she only takes the medication when she “is in a lot of pain.” One can infer that Amy does not like to take her pain medication as it limits her function and hence lowers her perceptions of quality of life.

Deb Holt is frail and experiences pain regularly. She spends most of her day sitting. She has leg pain and is dispensed medication routinely. The name(s) of the medications was/were not disclosed.

All of these women require medication daily to control pain. As the body will likely deteriorate, each individual is routinely evaluated. Should it be necessary to change dosages or acquire more support staff, the multi-disciplinary staff will make considerations as necessary and on an individual basis.

**Psychological Aspects.** For older adults in hospice, their sense of psychological well-being needs to be tended to just as their physical aspects need tending to. This is one reason why the multi-disciplinary hospice team is integrated. Hospice team members such as counselors and social workers visit individuals on a regular basis to assess how well that individual is doing. Corr et al. (2006) asserted that individuals who are in hospice need “psychological security, autonomy and richness in living.” (p. 139). Corr et al. (2006) defined psychological security as feeling safe. They defined autonomy as having control over one’s life as much as possible. Richness in living refers to appreciating those moments or situations that are familiar and make that person feel good, such as a haircut, or tasting their favorite food. Corr et al. (2006) linked these psychological aspects to personal dignity.

The hospice philosophy endorses the notion that individuals be treated with dignity. Saunders indicated, “You matter because of who you are. You matter to the last moment of your life and we will do all we can, not only to help you die peacefully, but also to live until you die”
(Saunders, 1976, p. 1003). This statement by the founder of modern-day hospice illustrated an advocacy for helping dying individuals have dignity during the dying process.

Ella Lang, Amy Park, and Deb Holt displayed psychological security, autonomy and richness of living. Regarding psychological security, Ella Lang stated that she likes it at the facility. She has a big room and she can go to her table when she wants. She can look at the birds and she feels comfortable there. The sense of feeling comfortable denotes psychological security of feeling safe. Regarding autonomy, Ella indicated that she has the option to eat whatever she wants and whenever she wants. She is not required to eat on the same schedule as some of the other residents.

Amy Park said that she feels safe in her house but that there is so much remodeling going that she wished it was complete. Since her son is doing the remodeling, Amy becomes worried that problems may occur, or that accidents may happen. In that regard, there is not a sense of complete psychological security. However, it must be noted that Amy feels safe in her own house.

Regarding autonomy, Amy Park is tethered by a very long cord to an oxygen tank. She is able to move freely around her house and is ambulatory to do so, but admittedly she does not go outside too often. Once in a while Amy will go in the backyard to fetch the dogs, but other than that Amy does not go outside. She does have limited autonomy, as she can cook for herself and move around. Amy enjoys making an apple pie. She reads and watches her favorite shows on television. The enjoyment derived from those actions indicated that she has some measure of rich living.

Deb Holt lives in a very large room overlooking a municipal playground and her room has a large picture window. The staff at this living facility is also very attentive to all the residents. Regarding psychological security, Deb Holt said that she liked living there. She is especially fond of one of her nurses. Regarding psychological security, Deb refers to her room as home, implying a feeling of safety. With regard to autonomy, Deb has the option to come and go as she wishes. Staff is available to go for a walk if that is what she wants. She has the option to eat when she wants and what she wants, but that she usually eats what everyone else is having. Deb said that twice a week a person comes to play the piano and everyone gathers around to sing. Deb looks forward to this as she played the piano and the organ for so many years. Hence, it can be inferred that Deb has a rich life.
Social Aspects. Corr et al. (2006) asserted that individuals who are in hospice concern themselves with two types of social attachments: interpersonal and interactions with groups. Typically individuals in hospice reduce interactions with groups as one nears death so the social interactions with groups decline. But there are situations when an individual in hospice is faced with groups or team interactions, such as with a nurse, doctors, a clergyman or volunteers, such as in hospice or Meals on Wheels. Whatever the situation, the individual in hospice is not completely isolated.

Ella has a large support base. Many people visit her, including her sister, her niece Ann, Ann’s family, and hospice staff. Ella’s embroidered pieces often go toward fundraising for her church, so church members come by as well as the clergy. People within the assisted facility openly convey compliments to Ella and for Ella’s embroidery. Ella’s interpersonal relationships, along with her interactions, are solid. As for the interactions within groups, the researcher was told that it occurs, but it was not experienced it firsthand.

Amy Park lives with her son Ted. From an interpersonal perspective, Amy and Ted bicker often. Though Ted said that he loves his mother, Ted does not have the skills to develop healthier communication skills. The staff from hospice visits regularly and offers techniques that would help, but these techniques are foreign to Ted, and hence, it is difficult for Ted to employ those skills after the staff member(s) leave, as it is difficult to break old and dysfunctional habits (Barlow & Durand, 2002; Prochaska & Norcross 1999).

Amy’s daughters visit regularly, though by her reports, “not enough”, as they are busy working and raising their families. Amy understands how hard it can be when everyone is so busy, with there being so little free time and people living a couple hours away. From the perspective of interacting with groups, Amy does not have visitors. Amy is not active in her church, so church members do not come over. Amy cooks for herself, and if she is not able to do it, Ted will. Therefore, civic groups such as Meals and Wheels do not come. Amy is, for the most part, isolated.

Deb Holt lives in an assisted living facility. She does not have many family members living in the area except for her niece who lives about 40 miles away. Her niece visits when she is able, but recently her niece has not been well and therefore has been unable to leave her own house. Hence, few people come to visit her. Deb has the support of staff members within the facility. With regard to group interactions, Deb participates in groups by dining with the other residents.
and participating in group sing-alongs on music days. She plays Bingo with the others, and when available, she participates in other activities. For example, she showed pictures of a time when children from a local child-day center came to the facility to visit the residents. The children sang songs and danced, and the residents handed out candy for the children.

**Spiritual Aspects.** Corr et al. (2006) asserted that individuals who are in hospice seek spirituality through meaningfulness, connectedness and transcendence. They indicated that individuals yearn for resolution, not necessarily to end life, but to know that their life has meaning and purpose. They stated that individuals who seek meaningfulness, do so to “seek to identify, recognize or formulate meaning for their lives, for death, for suffering and for being human” (p. 141). Meaningfulness is an integration of the entire person toward wholeness and away from feelings of fragmentation (Corr, Nabe, & Corr 2006). Corr et al. (2006) said that connectedness goes deeper than the social aspects. It is anchored to integrity, or having a deep satisfaction with the universe. It is a yearning that offers “coherence to one’s life” (p. 142). Regarding transcendence, Corr et al. (2006) asserted that this aspect is a direct link to hope. They asserted that individuals aspire to “find their place in a reality that is more than just the individual’s moment in the life of the universe” (p. 142). Transcendence is the culmination and unification of life’s efforts.

Ella Lang said that she found meaning in doing her embroidery and being with family; her embroidery work was relaxing, and it gave her satisfaction and purpose. She said that she looks forward to doing her embroidery and that she will give it away or give it to the church to sell at the bazaar. Connectedness is realized when the embroidery work is given away or sold with a double benefit—the benefit that Ella received by creating the piece and the benefit the receiver has in owning the piece. The transcendence occurred in knowing that she was valued and that her work is treasured. Moreover, Ann’s symbol illustrating Ella’s importance within the family connotes transcendence. Those feelings and thoughts are conveyed in a honest and open way not only by the niece, but also by the niece’s sons who try to include Ella in their lives. When Ella dies, she will have a legacy. Most important is that because of the open communication between family members, Ella knows that she is loved and valued.

As previously mentioned, Amy Park has struggled most of her life, and she indicated that she has overcome some hurdles. She worked hard at the factory and did piece work. She was thankful that she could work fast with her hands and liked the machines. The family did not have
extra money, so Amy made items that the family could use, such as food, blankets, clothes and candles. Amy found meaning by caring for her family, and in providing food, shelter and household items. She is very resourceful and she did the best that she could with the resources available to her. Amy reported that she is not sure that she did everything “right” and that she probably made mistakes along the way, but she tried. She has integrity, which fostered a sense of resolve—that she did the best that she could have done. She helped people when she knew they were in need without expecting payment or anything in return. Knowing and admitting to the resolve may indicate that a wholeness exists or at least is solidifying. Her efforts carry transcendence. That is, her efforts carry a sense of hope for others to carry on. The works that Amy created are constantly being fought over. Members of the family want something that Mom or Aunt Amy made, and Ted is going to protect those things from being “stolen.” Hence, Amy is a strong link for her family.

Deb Holt indicated that she believes people should be kind to one another; she finds meaning in helping others. She also said that one has to learn to laugh at oneself, and has a very healthy sense of humor. Deb receives many letters, and her bundle of cards and letters are snugly placed next to her right hip as she sits in her chair. She can name every person who has written to her. If she has a picture, she shows it and names the people in that photo. She wants to be connected not only in a social way, but deeper. She said that she knows she will die sometime and indicated that she hopes people will take care of her things. She talked about owning a program that documented the first Green Bay football game in 1917, and that she lent it to someone who never returned it. She was sad by this and asked how she could find this person and ask for it back. This item signifies attachment and ownership to an the football team that she passionately loves. She wants her legacy to be transcended as part of national football history. She is emotionally physically, psychologically and spiritually invested in the Green Bay Packers.

Individuals confronting death face physical, psychological, social, and spiritual anxiety (Rando, 1984). They have concerns about finding meaning and purpose (Rando, 1984) and fear losing control, being in pain and/or abandoned (Corr, Nabe, & Corr, 2006; Hooyman & Asuman-Kiyak, 2005; Wong, 1995). The four needs that Cook and Oltjenbruns (1998) identified that help an individual who is confronting death are: 1) a need to maintain a sense of self, 2) a need to participate in decisions about their life, 3) a need to be reassured that their life still has meaning,
and 4) a need to receive adequate health care. When these needs are met, anxiety is reduced (Lair, 1996).

Individuals are able to maintain a sense of self because the stories are personal. Individuals are able to participate in decisions about their life by choosing what, when, where, and how to tell the story. Individuals can be reassured that their life continues to have meaning. Saunders (1976) said, “You matter because of who you are. You matter to the last moment of your life and we will do all we can not only to help you die peacefully, but also to live until you die” (Saunders, 1976, p. 1003). A person’s illness is not their identity (Balk, 2007; DeSpelder & Strickland, 2005). Individuals in hospice receive adequate health care as well as support.

**Subsequent Research Question 2**

The second subsequent question asks, “In the context of hospice, what is the nature and meaning that the created art object(s) has to the older adult, loved ones and family members who participated in the art-making experience?”

There are two relevant points to make. First, the process of reminiscing and art-making revealed information that had a direct impact on the secondary participant. The primary participant told stories about learning and developing a set of specific skills and techniques and then taught those skills and techniques to the secondary participants. Not only was the specific skill and technique learned, but this process also passed on pride, values and resourcefulness.

Second, the created objects reflect energy, pride, and resiliency; and hold stories about the primary participants’ life. The art works have the potential to become objects that document personal history, such as achievements, interests and important contributions. These objects also have the potential to be documentaries that inform, remind, and/or convey meaning to others, perhaps future generations.

**Art.** Creativity continues with aging and, in some cases, even during the dying process (Whalen, 2004). Though the creative energy may appear to be waning as energy levels decrease (Whalen, 2004), each primary participant in this study displayed and revealed hope for their own future and a will to make their remaining days as good as they can be. Reminiscing and art offers a non-threatening way to communicate (DeSpelder & Strickland, 2005; Wald, 2004). The following discussion focuses on the art made by each participant, primary and secondary, and discusses its relevancy. The discussion begins with the Lang family, followed by the Park family, and concluding with the Holt family.
Art—Ella Lang—primary participant (Figure 3). The highlighted story that Ella Lang told was that about how the nuns affiliated with LeRoyer Hospice finished the backing for this dresser scarf that Ella embroidered. Ella was so moved that the nuns would take the time and effort to make a beautiful finished backing for the piece. After the story was told, Ella was asked if she would create an illustration about the highlighted story. Ella refused. Rather, she said that her embroidery shows it all. She told the story of how the nuns put a backing onto the dresser scarf so that it was neat and tidy because the threads were not tied as they should be. She showed the embroidery and talked about it. She said that it was very time consuming. She said this was her favorite piece because it had her favorite colors, the blues, purples, and pinks. She said that she liked the flowers because it reminded her of her garden. Ella communicated how proud she was of this piece. Ella chose this dresser scarf to have framed.

Art—Ann Lang—secondary participant (Figures 4 and 5). The highlighted story that Ann Lang told was about how Ella helped Ann out with watching her sons at a time in Ann’s life when obligations were numerous and schedules were full. Ann chose a soft blue colored pencil and drew a triangle on the top of the paper. She then drew a circle at the bottom of the piece paper and drew sections in the circle. Ann was asked to explain the symbol either verbally or in writing. Ann wrote:

Aunt — represents family
to me! What a great aunt!
Triangle is a symbol Aunt ***
triangle represents our family.
She @ this time is the oldest +
through the years the triangle changes.

The pie shape symbol—represents
family also—We are each a
piece of the pie + all made up
of triangles.

Ann indicated that this project gave her the opportunity to express how important her aunt is to her. Ann said that this project has been rewarding for her. She said that this project gave her an opportunity to concretely identify her thoughts and feelings about her aunt.

Art—Lang family collage (Figure 6). The Lang collage was made by Ella and Ann. Ann brought pictures and the researcher brought pictures of the embroidered works that she had
copied with the permission from Ella. Ann, Ella and Ella’s sister Bea composed and organized the collage. After 90 minutes, Ann and Bea stated that they needed to leave, so another collage meeting was scheduled for the following week. The words that are shown were words that were used during the story-telling process. The organization of the placement of pictures and words was done by Ella, Ann, and Bea.

Bea brought Ella’s favorite cookies and everyone was invited to have one. The atmosphere was relaxed and merry. Ella, Ann, and Bea talked as they placed pictures onto the board. They continuously asked Ella to tell more stories especially about the times when she and Bea were children, working on the farm, and going to a one-room school house. Stories exchanged between Bea and Ann along with laughs. They said that they were having fun. The collage was not completed by the time Ann and Bea had to leave, so another meeting was scheduled. At that meeting, only Ella and Ann were able to attend. That second meeting lasted about 60 minutes.

**Art—Amy Park—primary participant (Figure 7).** The highlighted story told by Amy Park was when she and her family went Pioneer Village in London, Nebraska. Amy conveyed her fascination about the machines and the one-room school room where teacher taught students without the usage of books, using only chalk and a slate. She talked about her fascination with the old cars and relayed how big Pioneer Village really was. Amy was asked to create an illustration depicting the story and Amy refused. She was not feeling up to it. But Amy said that she had made a painting just after that trip which reminded Amy of the trip. It was a black velveteen background with a cowboy resting in the moonlight. Amy said she’s always like that picture and it reminded her of going to Pioneer Village where they had so many items of the West.

Amy said that the painting was made with artex paints and that she had always wanted to put it on a wall. Amy chose “her cowboy” to be framed and was thrilled when the artworks were delivered. She immediately asked her son to find a place for it on the wall, even in the midst of remodeling.

**Art—Ted Park—secondary participant (Figure 8).** Ted Park told a highlighted story about how his mother liked to read and took time for herself. He acknowledged that his mother had a tough time raising the children, yet he was resentful that, from his perspective, she chose her personal time over time with him. As he told the story, he struggled between making the story positive and telling his side of the story. Ted drew a picture using crayons that illustrated his mother sitting at the kitchen table reading while having a cup of coffee. During the
conversation, he said that he understands that his mother was doing something that was good for her, yet it was clear from his tone of voice and illustration that he continues to harbor negative feelings. Ted was asked if he wanted to talk more about the issue with the director of hospice, and he said no. He was also asked if he wanted to tell another story, one that was more positive and he said that he was not interested. After the conversation with Ted, Amy returned to the kitchen and Ted told her the story and showed her the drawing. She became aggravated with Ted, appeared to be somewhat hurt and then said that she blames herself for his learning disabilities. Amy was asked if she would like to talk to the director of hospice about that day’s meeting and Amy said no. The researcher notified the director about the meeting so that she was ready if necessary.

**Art—Park family collages (Figures 9 and 10).** Amy and Ted agreed to meet to create the collage. Amy’s daughters were invited, but were unable to come. The collage was assembled by Amy and Ted. The researcher brought the materials such as scissors, glue, some copied photographs that Amy had given and some words that the researcher jotted down while Amy told stories on previous days. There were so many pictures that the researcher asked if they wanted to make two collages. They did. With the approval of Amy, Ted organized one collage that had “people” on it, and the other showed pictures of the works she had created throughout her life. She indicated amazement about the quantity that she has done over the years. She said that she has two more quilts to finish before she dies. She named who will be given the quilts and objections were voiced by Ted.

**Art—Deb Holt—primary participant (Figures 11 and 12).** Deb Holt told a highlighted story about going to the first Green Bay Packer football game that was held behind the Green Bay High School in 1917. Deb was four years old. After the story was told, Deb to illustrate it and was provided with paper and choice of writing media. Deb chose colored pencils. She made the drawing and was asked to explain it. Deb pointed to the player on the left and indicated that was a Packer player, and said that the other player was a Bear. She signed and dated the illustration. Deb is a small woman who does not possess a large amount of physical strength, and therefore, the lines are somewhat faint. The drawing indicates the date 1914, an error she made in writing down the year. She appeared to enjoy the process of telling stories and making drawings, so Deb was asked if she wanted to do another illustration. She told a story about her
favorite childhood cat, Major and made the drawing with colored pencils, signed and dated it. She was asked if she wanted to another drawing, and said no.

**Art—Meg Holt—secondary participant (Figures 13 and 14).** Meg Holt’s highlighted story was about her aunt, Deb Holt, playing the piano and the organ and signing songs. Meg was asked to illustrate the story and offered materials to Meg. Meg took a red colored pencil and made a drawing of a piano. Meg had not been well and she was not strong. Her drawing is very faint. Though Meg was not strong, she indicated that she was feeling nervous about drawing. She was not happy with her drawing. Meg was asked if she wanted to do another drawing, and she said yes. Meg told the story about Deb’s garden. She grew beautiful flowers. Meg chose the same colored pencil and drew a flower. The lines are faint. These two drawings illustrate memories that Meg has for her aunt.

**Art—Holt family collage (Figure 15).** The Holt family collage was created by Deb and the researcher. Meg Holt was not able to come. The collage documented stories of her life from when she was a younger to the present. Decisions of what pictures to include and where to place them were done by Deb. The pictures were arranged on the board, but were not secured until Deb was completely satisfied with the arrangement and placement of each photograph. Deb gave her final approval and the researcher glued down the photographs.

The primary participants told positive highlighted stories as well as stories of suffering and loss. Hooymann and Kramer (2006) stated that positive outcomes can arise from grief and asserted that women typically “express their feeling more openly and verbally” (p. 67). The women in this study not only openly expressed themselves verbally and through their created works.

**Theory Development**

One of the goals of this study was to develop a theory. Theory development using grounded theory involves open, axial and selective coding processes. Open coding is when data are identified and categorized (Chamberlain, 1999; Charmaz, 2006; Strauss & Corbin, 1998). This phase was the first in the theory development process. Axial coding is when the data are reduced and dissected for similarities and differences (Strauss & Corbin, 1998). These two phases were discussed earlier in Chapter IV – Presentation of Findings. The third phase of third phase of theory development is selective coding. Chamberlain (1999) describes the third phase as the “deliberate and directed selection of further data from persons, sites or documents to confirm and
verify the theory as a whole” (p. 185). Strauss and Corbin (1998) referred to selective coding as “the process of integrating and refining a theory” (p. 143).

As the selective coding phases progressed it was deduced that each individual’s creative activity, Ella Lang and her embroidery, Amy Park and her quilting, and Deb Holt and her sewing were each taught a skill from an older loved one. Each primary participant was influenced by a loved one. The skill that each woman learned provided them with opportunities and enjoyment, which were taught to a younger loved one. Each woman received a gift in the way of a skill and then freely gave that knowledge to another hoping it would bring similar opportunity and enjoyment. The tangible items made enhance that person’s life in some way and have been appreciated by others. Each primary participant identified characteristics about their creative activity(ies).

Examples of this are how Ella Lang embroidered dresser scarves and pillowcases so that a higher quality of life could be felt by the people who used them and/or owned them. Ann cherishes all the things that Ella has made and given to her and indicated that others in the family do also cherish the things made and given to them. There is a direct link to concepts of pride, appreciation and connection to Ella, the maker.

This idea holds true for the quilts that Amy Park made. As mentioned earlier, she was proud to learn how to make quilts. Not only that, Amy Park had very little money and it was less expensive to make blankets that it was to buy them. Now her family argues over who will take ownership of those items, which indicates that not only do these items continue to function, but there is a sense of pride, value, and direct connection to Ted, who is at the center of these exchanges.

This is also true for Deb Holt. She made her own clothes. When her niece, Meg needed a prom dress, Deb altered the dress to fit Meg. Throughout Deb’s life, she also made ceramic items, knitted hats and mittens, and sewed other clothes to give to Meg and other family and friends. Meg still possesses some of these items and indicated that she values them. Moreover, Meg indicated that because she learned new sewing techniques from Deb over the years, Meg was able to make each of her two daughters their wedding dresses. Meg said that her daughters are saving their wedding dresses. Concepts of value, pride and connection to the maker continue to exist for Deb about the things that she made and gave away. It will be interesting to see if this may happens for Meg and her daughters.
Influences. The influences that each secondary participant received illustrate how concepts of value, pride and connection to the primary participant are passed on. Ella Lang nurtured Ann. Ann now nurtures back to Ella but also to her husband and sons.

Amy Park nurtured her children. Now her son Ted, in his own way helps to provide his mother a similar quality of life by cooking and helping out around the house. Since they live together, Ted has taken on remodeling projects in the house so as to increase the quality of life for both of them.

Deb Holt sewed for herself. She sewed for Meg. Meg sewed wedding dresses for her daughters. Not only have the tangible items been important as products that depict pride, value and connection to the maker, the actions of creating have also played an important role in the areas of pride, value and connection to the maker, the primary participant. Not only do the tangibles get passed on, but the actions do as well.

Inspirational characteristics for creative outlets/activities. During theory development, the participants were asked if they could identify characteristic(s) about their specialized activity that they found most inspiring. Each individual was asked, “What is it about embroidering/quilting/sewing that keeps you doing it?” Each said in different ways that once they got started they just wanted to finish and that it made them feel good. They also stated that by making the items, it saved them money.

Each individual was asked to identify one characteristic that they found the most important. Ella Lang responded simply by saying that “it is relaxing.” Amy Park responded by saying that “it is curiosity”, and that she wanted to learn how to make all the types of quilts that she liked. Deb Holt responded by saying “it made me independent”.

Each primary participant in this study, Ella Lang, Amy Park and Deb Holt, displayed creative qualities over time. The characteristics that all three individuals indicated are very similar to what Csikszentmihalyi (1996) identified as 10 common characteristics for highly creative individuals. They are:

1. Creative individuals have a great deal of energy.
2. Creative individuals tend to be smart yet naïve at the same time.
3. Creative individuals have a paradoxical trait that involves a combination of responsibility and irresponsibility—playfulness and discipline.
4. Creative individuals alternate between imagination and fantasy.
5. Creative individual have extroverted and introverted tendencies.
6. Creative individuals are both humble and proud.
7. Creative individuals are not limited to gender roles.
8. Creative individuals are rebellious and independent.
9. Creative individuals are passionate about what they do.
10. Creative individuals expose themselves to suffering and enjoyment.


The creative qualities and characteristics that Ella Lang, Amy Park, and Deb Holt displayed consistently spanned many topics just as Csikszentmihalyi (1996) suggested. Subjects that the participants identified centered around energy, tenacity, resourcefulness, cleverness, passion and vulnerability, again what Csikszentmihalyi (1996) suggested. The primary participants were all highly creative women.

**Theory**

The primary participants in this study comprised of women with varying backgrounds. Each individual has determination, creativity, and resiliency, which can be seen in through the stories they told. Through the nurturing of oneself, each in turn nurtured others.

The theory that emerged from this investigation is that creativity was inspirational, which fostered both self-sufficiency and nurturing. The tangible items that resulted from using their creative abilities have two purposes. The first is that they are functional, and the second is that they strengthen values. Figure 5 indicates how this occurs.
This theory flow chart illustrates how the creative process is influential, which solidifies values and spurs innovation. The first step begins with someone making something. As this relates to this study, the art of each primary participant was influenced by older person. For Ella, there was a older lady who embroidered, which inspired Ella. For Amy, her mother quilts inspired her. For Deb, her mother sewed and that inspired her. For each, they witnessed creativity. Creativity can be described as “any act, idea or product that changes an existing domain, or that transforms an existing domain into a new one” (Csikszentmihalyi, 1996, p. 28).

The second step of this process emphasizes the act of appreciating the entity’s usefulness or potential. For each primary participant, not only did they admire it, they were genuinely interested in creating it. Ella was interested in learning how to embroider. For Amy, quilting
spurred her curiosity. For Deb, sewing was going to help her wear clothes that were fit and were stylish.

The third step is for the skill to be learned. Ella was taught how to embroider by the person whose work inspired her. Though Amy taught herself, she said that occasionally she would either ask her mother questions about quilting or sometimes she would just watch and learn that way. For Deb her mother taught her.

The fourth step is for others to recognize the value in what was created. Ella was asked by parishioners to donate her work for fundraising. Amy’s family members all want one of the quilts she made and they continue to argue who gets what. Deb was admired for her craftsmanship.

The fifth step advocates repetition, which strengthens the value. Ella enjoyed herself creating her embroidery and was supported in doing so. She has taught others how to embroider. The repetition occurred in two ways, for herself when she continued to make more items, and in teaching others. Amy received support from family and continued to create more quilts as well as knit, make ceramics, and paint. She taught one of her daughters to quilt. Deb also received support. After she started making her own clothes, she said that she was no longer mocked and teased. Deb taught her niece to sew, who in turn sewed for her own family.

The sixth step asserts that over time, adjustments, modifications, and/or improvements occur causing changes. Ella had a stroke, which paralyzed her dominant hand. Rather than give up her passion of embroidering, she taught herself how to embroider with her non-dominant. For Amy, she tried new patterns which forced her to learn and develop new skills. As technology increased, new materials and fabric blends became available. As such, new techniques were learned. For Deb, She, too took advantage of opportunities to expand upon her skill. She challenged herself to sew more difficult types of attire which encouraged her to expand her technique and skill.

This sixth step also impacts the secondary participants. Over time, the influences that shape values get passed on to loved ones. This illustrates a shift from an individual perspective toward one that is more focused on others. Each secondary participant indicated that he/she learned from their older loved one. For example, Ann said that Ella loved to garden. She said that Ella “has a green thumb.” Ann would help Ella and she said that she “learned a great deal” about it. Ann now teaches her sons the techniques that Ella taught her.
Regarding Ted, though he does not quilt, he said that he “love[s] to tinker with things…something I got from Ma.” Tools and machinery may be updated and improved causing Ted to learn new skills, however, the knowledge and skills about how machines work and how things go together started with his mother.

Deb taught Meg how to sew and Meg sewed for her family. As Meg sewed more, she became more proficient which allowed her to tackle more difficult projects, very similar to what Deb did.

As Csikszentmihalyi (1996) described creativity can be “any act, idea or product that changes an existing domain, or that transforms an existing domain into a new one” (p. 28). The creative process is influential, which solidifies values and spurs innovation.

After conducting the study, theoretically, it was becoming clearer that as one starts in an individualistic existential paradigm, one may move into a systems model. This is consistent with Sartre’s existential perspective when he stated that every man is responsible not only for himself, but also for others. Existentialism posits that the human condition is in a constant state of development and that the individual is responsible for his/her own destiny (Rubin, 2001). Existentialism is also referred to as the phenomenological perspective (Prochaska & Norcross, 1999). In phenomenology, the focus is on how a person interprets and understands the world (Schwandt, 2000; Scruton, 2002). The aim is to reconstruct meanings of actions, focus on communication with others and exist within a social world (Schwandt, 2000). These reconstructed meanings lead to acceptance of the phenomena.

Being authentic is not only knowing, honoring and being responsible for oneself through the choices and actions that an individual makes for oneself, but it also is puts responsibility onto that individual to help others use their abilities and potentials. The world is not comprised of single individuals; individuals live within communities. Sartre’s existentialism is a tool for action which poses to individuals the idea that it is the individual’s responsibility to improve oneself as well as improve the global conditions that affect everyone.

Customs, tradition, shared beliefs and behavioral norms characterize a group of people and a common identity (Hooyman & Asuman-Kiyak, 2005). Relative to this study, whether it is a tangible that is valued or the action, the value, pride and connection to the maker can create more value through generations. Over time, the worthiness of action or the tangible is evaluated for use. The action or item is modified, changed or adapted to meet the currents needs of those
“evaluators.” That action of improving the current status of the current action or tangible changes and takes on a new form.

The analysis centered on the grounded theory method whereby the researcher develops abstract ideas through inductive comparative processes. When a theory is constructed, comparisons were made within the data that “reach up to construct abstractions and simultaneously reaching down to tie these abstractions together” (Charmaz, 2006, p. 181). For a researcher to successfully build a theory, that researcher must “compare the data with data, data with category, category with category and category with concept” (Charmaz, 2006, p. 187). The theory construction done is interpretive, grounded in the data itself.

Limitations

Several limitations were identified. The first limitation was that the researcher did not plan for more than one highlighted story to be told. The literature indicated that participants were more likely to be resistant in telling stories and hence, the design was constructed so that each primary participant told only one story. What actually occurred in this study was that the participants were open and willing to tell several stories. Hence, the researcher was faced with adapting to accommodate the participants. They were excited to have the opportunity to talk to someone who was genuinely interested in stories about their life.

The second limitation was that the study was small and therefore cannot be generalized. The study included only women. Therefore, the study does not offer concrete information into understanding the process as it applies men. The study was narrow in ethnicity as it was done in an area where the population is predominantly white and Christian.

The final limitation was that there was the risk that a participant would not be able to complete the study due to death or complications that debilitate the primary participant. While that did not happen in the scope of this research, anyone attempting to replicate this study must factor in that possibility.

Future Research

The aspirations for future research include contacting each secondary participant one or two years after the death of each primary participant and interviewing them. Questions to be asked should be focused on their reflections about participating in this study as well as their attitudes about the art that was created, including both the art that each primary and secondary participant created. In addition to interviewing the secondary participants, it would be interesting to explore
and investigate the thoughts and feelings of other relatives about the collage work. Future research should include conducting this study by interviewing equal numbers of men and women to see if gender may affect perspectives.

Future research should be done across disciplines of art therapy, art education, death education, social work and psychology. Employing reminiscence and art offer researchers an opportunity to document what individuals think about as they confront and grapple with end-of-life issues. Researchers would have the opportunity to correlate these ideas with illustrations. This may be instrumental in providing care or counseling. Issues may arise such as those encompassing anger, blame or forgiveness, which could be addressed if caregivers and support staff specifically knew about those issues. Furthermore, addressing these issues may offer ultimate relief and resolution for the individuals. The fields are open to explore issues surrounding death and dying, art therapy, art education, social work and psychology.

**Implications**

This study offers positive implications across several disciplines particularly for art therapy, art education, and death education.

**Implications for the field of art therapy.** Health care controversies exist in the United States. These controversies focus on the need for various and numerous reforms. One of those reforms includes placing more health-related responsibility onto the patient (Hooymann, & Asuman-Kiyak, 2005). This reifies that the patient has a degree control and can be a part of the decision-making process. It also complements the hospice philosophy by showing that an individual is capable to participate in making choices and decisions about one’s own care.

Art therapy as a discipline and profession has been consistently expanding, with new programs being implemented both in the educational and clinical realms. However, art therapy in hospices is in its infancy. Implementation of art therapy that focuses on death education is a relatively new concept for hospice agencies. Currently the majority of studies of art therapy in hospices have been conducted in the United Kingdom. Many of those studies have shown that art therapy is beneficial to individuals in hospice and to their loved ones. Those studies have inspired other art therapists to continue examining more integrative approaches of art therapy here in the United States.

This study broadens the scope of art therapy not only because it is one of a few such studies done in the United States, but also because it is based on phenomenology. The central
focus of phenomenological inquiry is to describe; understand, and document the lived experiences of life (Streubert-Speziele & Carpenter, 2007). “It is the lived experience that presents […] what is true or real in his /her life” (p. 77). Therefore, this study provided insight of the understandings and realities that exist with older adult in hospice in the United States.

Older adults in hospice were encouraged to tell stories about life, connect with others, and work toward spiritual wholeness (DeSpelder & Strickland, 2005). The multi-disciplinary team, which included art therapists encouraged individuals to seek transcendence, or spiritual resolution because as stated earlier, a peaceful death occurs when the individual has been able to use the dying process as an opportunity to become whole by exploring how their life had meaning (Lair, 1996). Streubert-Speziele and Carpenter (2007) stated that “personal knowing deals with the fundamental existentialism of humans, that is, the capacity for change and the value placed on becoming” (p. 6).

The art therapist who works in hospice offers “presence” not typically found in other situations. Heath (2005) described presence as:

   presence is entering into an ill person’s room and respecting where they are and trying to bring them what they need in the way they need it. Presence is being grounded and breathing and being fully with the patient, not thinking about anything or anyone else or trying to “fix” them. Presence is acting as if we had all the time in the world to be with this person. It is a gift that is so rarely given (pp. 199-120).

For the art therapist, providing “presence” to an individual in hospice sets a tone of trust, validation, and acceptance. The atmosphere established in this study was conducive for the individual to explore his/her creativity and express thoughts and feelings.

This study also demonstrated how an individual in hospice can benefit from having as much control as possible regarding their daily life and subsequently, their own dying process. Each participant was empowered to form goals, make decisions, and explore meaning for their life. The art therapist played an important role in shaping and providing an atmosphere that encouraged safe exploration of thoughts and feeling through reminiscing and art-making as a way for the individual to create, communicate, and solidify meaning.

This study also demonstrated that creativity is innate and that it continues into the dying process, and perhaps until death. The three primary participants all stated that creativity played a prominent role throughout life. The nature of creativity as perceived by dying older individuals
through their descriptions of relaxation, curiosity, and independence offer art therapists a
springboard to conduct more research on creativity with older adults in hospice.

The art therapist who works in hospice is part if a multi-disciplinary team. This team focuses
on the comfort of the individual. This study showed that art therapists are important members of
the multi-disciplinary treatment team of skilled professional within hospice agencies and
programming. Thus, the art therapist is a link not only to the individual, but also to other skilled
professionals who care for the well-being of the individual and family members.

This study highlighted the importance of creativity throughout the life-span. It also
highlighted the importance of an art therapist having presence with dying individuals and family
members so that meaning could be revealed and solidified through reminiscing, art-making and
engaging in the collaborative collage project. This study showed that art therapists can work in a
team setting to meet this goal.

The findings from this study may open new pathways for more studies to be conducted
within hospices. This study adds to a small body of work that has been done in the United States
and to the greater body of work that has been done globally. As research continues it is ideal for
art therapists to stay connected to one another so that shared information is readily available and
networks of expertise are formed. This connection expands the body of knowledge and expertise
overall which has a positive implication for the discipline of art therapy.

Implications for the field of art education. Art education focuses on bringing art and
relevant issues to classrooms and communities. Anderson (2005) proposed that art education, or
what he calls art for life, is a teaching and learning strategy that focuses on students’ lives as
personal and social expression.

Art for life is the story of individual human beings and the groups we live in,
told through art. Art education for life is comprehensive art education based on
content and on the premises of authentic instruction, which recognizes works of
art as both windows into and mirrors of our lives (p. 3).

This study is relevant to the field of art education because it integrates art making with issues of
aging and paradigms of illness that have or will confront every person.

The aging process is dynamic. Cohen (2000) differentiated between personal creativity and
public creativity. He asserted that personal creativity:

depicts something new, perhaps a product or an idea [and] public creativity
represents created acts that are recognized and celebrated as such [one’s] own
community, culture or beyond. Both dimensions of creativity are valuable and both continue robustly throughout the human life cycle, independent of age (p. 25-26).

Efland (2002) asserted that the function of art within a society is a represents reality. “The purpose of teaching the arts is to contribute to the understanding of the social and cultural landscape that each individual inhabits” (p. 171). Art communicates the knowledge that one has. “Creative expression can effectively communicate knowledge” (Weisman & Hanes, 2002, p. 177). Living life, experiencing losses, aging, the dying process, and death itself are part of the social and cultural landscape.

This study revealed that creativity was used over time and that creativity and resourcefulness were incorporated throughout each participant’s life. Creativity and resourcefulness directly influenced loved ones and may perhaps influence future generations through the stories and the art. Accepting that art is an integral part of understanding our culture, and thus ourselves, creativity and resourcefulness offer a format for expression as well as a network to give and receive knowledge. “Artmaking challenges students to think, imagine, and visualize, and then act upon ideas in inventive and personal ways” (Marshall, 2002, p. 279). Exploring the nature and meaning of art with older adults in hospice places attention on the aging and dying population.

Creativity is a compilation of experienced successes and losses. From these successes and losses, wisdom is cultivated through personal understandings. When these understandings are illustrated and communicated, life may be more easily navigated through understanding. This could make societal views of aging and dying more normative than what is currently recognized. Perhaps fears will diminish if the notion of aging and death is less frightening. Perhaps a cognitive shift will occur from fear-based to age-affirming. Cohen (2000) indicated “the ultimate expression of potential is creativity. Creativity has always been there with aging, but many have not recognized or searched for it in themselves in later life because society has so denied, trivialized, or maligned it with advancing years” (p. 5).

This study showed that the discipline of art education has the ability to bridge creativity and social issues not only in the classroom but to society as a whole. The aging process and life cycle can be enhanced and better understood through the process of making art as well as learning art history. Cohen (2000) indicated:
the old negative views of aging stifled individual motivation and short-circuited social policy deliberations that could improve individual and societal access to what is possible with advancing years. We need to peel away all the negative stereotypes that have erected so may obstacles to seeing what we are truly capable of accomplishing in the second half of our lives (p. 7).

The implications from this study on art education show that creativity is a source for inspiration and motivation not only to those who are aging and healthy, but also to those who are terminally ill. Expressing thoughts and feeling through art can help individuals navigate the successes and losses that life present. Highlighting that creativity can be accessed as a way to navigate through life’s joys and challenges is something that the educational system could expand upon. However, this requires funding, and funding does not happen unless there are studies to show that there is a need. Therefore, in order to justify financial underwriting of such educational programming, more studies are necessary to examine all of the implications and possible benefits in the symbiosis of art therapy and art education in the life-long creative process.

**Implications for the field of death education.** Death education, or thanatology, focuses on the human experience (DeSpelder & Strickland, 2005). To study death, dying and bereavement, one starts with the realization that all human beings are finite (Corr, Nabe, & Corr, 2006). Studying death and dying teaches that a person is a unique individual: “no one else can die our death or experience our grief” (Corr, Nabe, & Corr, 2006, p. 11). The art therapist who can provide “presence” to an individual suffering from any type of loss provides that individual time and space for reflection, exploration of thoughts and feelings and communication. Incorporating art is a way to safely explore those concepts as well as progress toward meaning.

Corr et al. (2006) asserted that individuals, who are confronting death, either one’s own death or the death of another, are confronted with four coping tasks. Those coping tasks involve physical aspects, psychological aspects, social aspects and spiritual aspects. It is here that the intersection of art therapy and death education helps individuals navigate and manage losses. The art therapist is equipped to help an individual address these four aspects using art. First, creative expression can be utilized through varying degrees of physical movement. Second, psychological tasks involve autonomy such as decision making. Given the conducive atmosphere that the art therapist establishes, the individual is empowered to explore, make decisions, communicate, and express. The third task focuses on social concerns. The art therapist is prepared to integrate art at
the level of social interaction that the individual chooses. The fourth task is spiritual. The art therapist is prepared to be present with individual so that the individual can explore personal transcendence in the manner that is best for him/her.

According to Lair, (1996), the aging and dying process has its challenges. But amidst all the challenges, he advocated that it is also a time of opportunity because an individual strives toward wholeness by exploring how their life had meaning. Cohen (2002) asserted that “the creative spirit can find expression despite obstacles, grief, and loss, and sometimes even more powerfully in the process” (p. 17).

The intersection of death education and art therapy was positive in this study. It showed that creativity linked how individuals relied on the art-making processes when navigating and managing both the challenges and joys of life. This behooves individuals to become educated about the processes of aging, death and the relevant phases and issues associated with losses including death. When a person must confront each of them, he/she is equipped with the knowledge and information to access their creative capacities so that he/she is able to better manage and cope with the issues at hand.

**Summary**

This study focused on three participants who presently confront death and whose focus was to live life as fully as possible. The stories told provided insight about the life and values that three individuals maintained while in the midst of confronting death. This study demonstrated that art therapy has positive implications to the disciplines of art therapy, art education, and death education. It demonstrated the importance of phenomenological inquiry because it affirmed each participant’s context and reality especially as it relates to the creative process during the dying process. It demonstrated that the art therapist can be an integral member of the multidisciplinary team approach to end-of-life issues. It demonstrated that art stimulates creativity even during the end-of-life period, helping to make the dying process a more positive experience for all involved.

The act of creating is deeply rooted in the values, customs and rituals of an individual’s community (Anderson & Milbrandt, 2005). It is life enhancing and healing (American Art Therapy Association, 2007). Each primary participant in this study indicated that their individual creations occurred because they were inspired by the work of another. Meanings solidified are revealed through the process of reminiscing and creativity. Individual processes of reminiscing and using art helped the individual realize the numerous contributions that they have made
throughout their life as well as the positive impact that they have had on other people. Overall, the process was positive and successful.
CHAPTER VI - SUMMARY AND CONCLUSION

The discipline of art therapy promotes that the process of creating art improves and enhances the overall well-being for individuals of all ages (American Art therapy Association, 2007). For older adults in hospice, art therapy provides an opportunity to identify and communicate important issues relevant to an individual’s life, especially as that individual confronts death. Erikson asserted (1988) that she and her husband were going to expand the eight-stage theory beyond the eighth stage to included existential identity. Erikson said:

The eighth stage could stand some revising. Erik and I wrote about old age long before we were there. And now I’m finding that there is another stage or two beyond the eighth. I’ve been pondering the extension of the life cycle, especially since I’m finally in the last stages (Erickson, as cited, and Anderson, 2004, p. 122).

This is important because it supports the idea that the process of dying is very different that than the process of aging. Erikson (1988) explained that the eighth stage, ego integrity versus despair, was not comprehensive enough. She stated, “with the final stage of aging so much longer … the time is ripe for integralional of past, present and future in the final existential identity. Such an identity transcends the self and underscores the presence of intergeneration links” (p. 186).

Central to this entire study is the statement “You matter because of who you are. You matter to the last moment of your life and we will do all we can not only to help you die peacefully, but also to live until you die” (Saunders, 1976, p. 1003). Dying people want their wishes, values and attitudes respected and honored regarding how to live until death (Egnew, 2004).

Each family in this study had their hardships and their triumphs. The stories were compelling and moving. Each participant faced anxiety and tried to handle life the best way possible based on when he/she knew at that time. All of the participants within this study displayed the quest and zeal for survival not only for themselves but also for the generosity to help other people and animals in the face of danger and harshness.

Doric-Henry (2004) and Callahan (1994) asserted that using art with older adults helped them discuss thoughts, feelings and past experiences. Those thoughts, feelings and experiences reinforce autonomy. Moon (1995) asserted, “the essential essence of existential art therapy is found in the visual image” (p. 7). DeSpelder and Strickland (2005) stated that “the first step toward gaining new choices about death is to recognize that avoiding thinking about it estranges us from an integral aspect of human life” (p. 34). The hospice team encourages each participant
to plan, provide and nurture the relationships that he/she has with loved ones. This is what will keep those feelings of disconnection at bay.

Within the scope of this study, the use of reminiscence and art were complementary and helpful for the individuals. They individuals were able to identify and comprehend some of the numerous highlighted stories that shaped their life. Each primary participant was able to see and understand contributions they made in their life. The collage offered a visual as to how they have positively affected other people in their life.

The analytic strategies addressed in these questions were based on the transcribed interviews, field notes and personal art. Because the transcriptions were lengthy, over 200 pages for each interview, hence it was decided not to include them in the appendix.

Consistent with the theoretical framework of existentialism, an individual creates meaning within and about their life. The mission statement of the American Art Therapy Association (2007), states, “the making of art is healing and life enhancing.” Meaning is created using art, and art was defined as the tangible product of which its elements consist of line, color, value, form, mass and space (Anderson & Milbrandt, 2005), resulting from a creative effort.

**Mentoring and Nurturing Others**

For many individuals, that which is learned from others becomes the way that things are done. Patterns of repetition exist through social learning (Efland, 2002) as models of personal symbolism (Arnheim, 2002). Sartre (1957) asserted that individuals have struggles and choices about how to handle those struggles. The decisions they make present new struggles and choices. Human potential exists, but an individual uses present conditions of community to make meaning and progress. In other words, individuals employ information from the immediate surrounding to assess, choose and actively direct oneself toward future action.

Particular to this study, each participant endured struggles. Ella Lang grew up on dairy farm with very little money. She learned from her family how to care and nurture the animals so that the cows would produce the milk for their livelihood. While finances were a concern, she was taught by her immediate community, her family, how to care for all that was on the farm. She also learned to sew and embroider from a neighbor. This resulted in creating useful household items, but most importantly, it served as an embodiment of self-satisfaction. Ella Lang works on her embroidery for five to seven hours a day. She stated that she finds it “relaxing.”
Amy Park had her struggles. She took care of all of her children, buried two and continues to do the best that she is able to do. She stated that she “has a lot of work to do before she dies” after she found enough completed individual quilting squares to make two full size beds that she promised to two of her daughters.

Deb Holt said that she continuously sought independence in her life. Her stories about becoming independent began when she was mocked as a child for being overweight. However, she loves life. That was reflected in the stories she told about different points in her life, as a school-girl, a career woman, and an older adult. Her stories reflected willfulness, determination and a desire to have fun and relax. Her highlighted story about seeing the first Green Bay Packer game in 1917 at age four solidifies that through her willfulness and determination, one enjoys one’s life. She makes it a priority to continue enjoying this passion as she schedules to watch “the game” each week in the fall.

With these three individuals, each experienced struggles or problems and experienced anxiety. The anxiety fostered each person to find a solution. Again, each individual used the teachings from an experienced person and integrated it into finding their solution. There are two areas of focus that are relevant. The first area of focus is that the individual learned a skill that improved life. The second area of focus is that each individual made the choice to actualize the skill. Having the skill is not a solution unless the action of using that skill is employed. It takes both the tangible and knowledge to be utilized with the action. Then it can be passed on to generations who will modify it, which also hopefully makes an improvement.

The participants in this study demonstrated that. Ella Lang learned to embroider from a neighbor. She learned that skill to create necessary items for family use, which saved the family money at a time when money was scarce. Amy Park became interested in quilting because she saw he mother do it. While her mother had little confidence that her daughter could accomplish creating a complicated quilt such as the Wedding Ring Quilt, she took the challenge that her mother posed and in a determined manner accomplished creating the quilt. She used the skills that her mother taught her. Deb Holt learned to sew clothes from her mother and she created clothes that fit better and were stylish. This curtailed the teasing that had been happening. She taught techniques to Meg who sewed her daughters’ wedding dresses.

In each instance, and consistent with existential philosophy, individuals use struggle and anxiety to take positive action in making their world a better place and this is done with the help
of others. According to Sartre (1957), not only is man responsible for himself, he is also responsible for others. We belong to a community of other human beings who help teach skills required for survival. Sartre asserted the world is not comprised of single individuals, but rather communities. The teachings the individuals receive from others become a foundation for that same to individual to also teach others.

The secondary participants indicated that this study was beneficial to them. Ann Lang said that people do not take enough time and focus on what is really important—family. Ted Park struggled to find positive things to say, yet he managed to identify ways his mother has helped him. He communicated to her that he was able to say positive things. Corr et al. (2006) indicated that those confronting death, the individual as well as loved ones, may go through several phases of anger as they grapple with the notion that death will occur sometime and that death threatens to disconnect relationships.

Meg Holt said that this project was important to her because it gave her the opportunity to think about and communicate how important Deb was in her life. She indicated that more studies should be done about story-telling so that the stories about that person are documented and kept alive.

Lessons of Life

Each participant named three things she would tell to younger people if they had the chance. Ella Lang told the researcher that she wanted to tell young people to 1) work hard; 2) stick with it; and 3) enjoy life. Amy Park told the researcher, “I believe if you 1) work hard, and 2) you are honest and faithful, and 3) get a good education, that the rest of it will fall into place.” Deb Holt said, “1) do good things for people, 2) do not snub anybody, and 3) do not laugh at anyone.” All of these statements reflect a level of compassion and personal authenticity, which younger people could benefit.

Knowledge itself is static. The process employed involves choices. These choices surround personal honesty with one’s self, situation and context. The solutions that one individual may find may help others because of the choices he/she makes. This knowledge may help others who may be in similar situations. Hence, in Sartre’s existentialism, while it begins with an individualistic paradigm, it makes a shift toward a systems paradigm centering on choices and action.
Reminiscing and Meaning-Making

The act of reminiscing keeps memories alive. Hooymans and Kramer (2006) stated, “reminiscing is a way to keep our loved ones alive” (p. 47) and went on to say that reminiscing may be a way to search and identify meaning. This may mean “accepting reasons that cannot be comprehended and answers that may not exist” (p. 48). Creating value and appreciation in our lives in another way of making meaning. Hooymans and Kramer (2006) advocated that when people can find meaning in their loss(es) and that if and/or when that happens, there is a “healthier physical and mental well-being” (p. 76). When that happens, “individuals move from the world that is meaningless to a life that is full of meaning” (p. 77).

The individuals who participated in this study engaged in the art-making process as a way to create meaning in their lives. The tangible products that each created contain the elements attributed to art. The objects have value associated with pride and connectedness to the maker, which has the potential to sustain meaning over time.

Conclusion

Customs, traditions, shared beliefs and behavioral norms characterize a group of people and a common identity (Hooymans & Asman-Kiyak, 2005). Relative to this study, whether it is a tangible object that is valued or the action, the value, pride and connection, the art maker can create more value through generations. Over time, the worthiness of action or the tangible is evaluated for use. The action or item is modified, changed or adapted to meet the current needs of those “evaluators.” That action of improving the current status of the current action or tangible changes and takes on a new form.

Sartre (1957) proposed that individuals have the ability to make choices. Because the individual is authentic to oneself, that is, he/she knows himself/herself the best, then he/she can utilize their abilities to choose what is best. The hospice philosophy honors individual wishes and choices without compromising dignity (Corr, Nabe, & Corr, 2006). Sartre (1957) recognized that humans need the help and support of others: Humans do not live in the world all alone, nor do humans live in a vacuum. Honest, caring, “authentic” individuals exist. Sartre asserted the idea that if a person knows that another needs help, and that person has the ability and resources to help, then it is the responsibility of that individual to help the other.

The process of dying is a unique and vulnerable time in an individual’s life. Allowing the individual who is confronting death to express thoughts and feelings through reminiscing and
creating art, may provide that individual with an opportunity to find deeper insight and meaning about life while feeling comforted and connected to others. After the individual dies, the stories and the created art may become entities that document and influence others in a positive way. This potential of legacy may help others celebrate the life of the deceased individual, as well as enhance and deepen life’s meanings to the person that the stories and art influenced.
APPENDIX A

Human Subjects Approval Form

OFFICE OF THE VICE PRESIDENT FOR RESEARCH
HUMAN SUBJECTS COMMITTEE
TALLAHASSEE, FL 32306-2742
(850) 644-8633 · FAX (850) 644-4392

APPROVAL MEMORANDUM

Date: 2/26/2007

To: Catherine Barrington

From: Thomas L. Jacobson, Chair

Re: Use of Human Subjects in Research
   Art and Older Adults in Hospice

The forms that you submitted to this office in regard to the use of human subjects in the proposal referenced above have been reviewed by the Human Subjects Committee at its meeting on 2/14/2007. Your project was approved by the Committee.

The Human Subjects Committee has not evaluated your proposal for scientific merit, except to weight the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval does not replace any departmental or other approvals which may be required.

If the project has not been completed by 2/13/2008 you must request renewed approval for continuation of the project.

You are advised that any change in protocol in this project must be approved by resubmission of the project to the Committee for approval. The principal investigator must promptly report, in writing, any unexpected problems causing risks to research subjects or others.

By copy of this memorandum, the chairman of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols of such investigations as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Protection from Research Risks. The Assurance Number is IRB00000446.

cc: Dr. Dave Gussak
HSC No. 2007.030
APPENDIX B

Human Subjects Amendment Request

Human Subjects Committee
Florida State University
Tallahassee, Florida

Art and Older Adults in Hospice
Approved February 24, 2007

April, 30, 2007

Dear Human Subjects Committee:

This letter is requesting that an amendment be made to my study, Art with Older Adults in Hospice. My research project was approved by the committee on February 14, 2007. At that time, I thought that I would be conducting my study in the North Florida area. Now, I would like to expand that to include LeRoyer Hospice in Antigo, Wisconsin. I have been in contact with the Sister Delores Demulling, Director of LeRoyer Hospice in Antigo, Wisconsin and she granted permission. Attached is a letter from Sister Delores Demulling, Director of LeRoyer indicating her authorization. Please accept this letter as an amendment request.

Should you have any questions, please contact me by email at [email protected] or by phone at [phone number]. Thank you for considering this request. I look forward to hearing from you.

Sincerely,

Catherine Barrington
Department of Art Education
Florida State University
Tallahassee, Florida
APPENDIX C

LeRoyer Hospice Authorization Letter

April 30, 2007
Review Board:
Art Education Department
Florida State University
Fax 850-644-5067
RE: Katy Barrington

From: Sister Dolores Demulling
Phone:
Fax:

Katy requested authorization to do some research work to complete her studies in Art Therapy. We would be honored to have Katy participate in LeRoyer Hospice Care Service and perhaps other opportunities of working with the elderly population.

We would also be willing to provide any assistance with the approval of our hospice patients. Dr. Jay Turnbull would also cooperate in giving any assistance as well. If you have any further questions we would be happy to respond to them.

Sincerely,

Sister Dolores Demulling, BS MS
Director of LeRoyer Hospice
APPENDIX D

Human Subjects Amendment Authorization

Office of the Vice President For Research
Human Subjects Committee
Tallahassee, Florida 32306-2742
(850) 644-8673 · FAX (850) 644-4392

APPROVAL MEMORANDUM (for change in research protocol)

Date: 5/3/2007

To: Catherine Barrington

Dept: ART EDUCATION

From: Thomas L. Jacobson, Chair

Re: Use of Human subjects in Research Project entitled: Art and Older Adults in Hospice

The memorandum that you submitted to this office in regard to the requested change in your research protocol for the above-referenced project have been reviewed and approved. Thank you for informing the Committee of this change.

A reminder that if the project has not been completed by 2/13/2008, you must request renewed approval for continuation of the project.

By copy of this memorandum, the chairman of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols of such investigations as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Protection from Research Risks. The Assurance Number is IRB00000446.

cc: Dr. Dave Gussak
APPLICATION NO. 2007.080
APPENDIX E

Informed Consent Form — Primary Participant — Older Adult in Hospice

Name____________________

Date____________________

I willingly give my consent to participate in this study as it described above. I understand that all interviews will be confidential to the extent allowed by law.

I give my permission to the researcher, Catherine Barrington, to voice record the meetings.

I understand that should this study be published, that my name will not be used and that a pseudonym will be assigned by the researcher.

I understand that I may withdraw from this study at any time and that I do not need to provide any reasons why I did so.

I understand that there is minimal risk to me, and in the unlikely event that a sad memory occurs when I will want to address it, that the researcher will promptly contact the health professional of my choice.

I understand that the voice recorded interviews will be kept in a locked safe by the researcher for a period of five years to ensure privacy and confidentiality.

I understand that there will be three artworks created and that the works that were created by me along with the collage will be framed and delivered to either me or a person I designate at the completion of this study.

Signed__________________________________
APPENDIX F

Logistical Information—Primary Participant—Older Adult

To be gathered at the initial meeting.

Name__________________________________________________________

Address_______________________________________________________

Telephone Number_____________________________________________

• Age_________________________________________________________

• Birth Date____________________________________________________

• Gender_______________________________________________________

• Race________________________________________________________

• City and state of residence_______________________________________

• Religious affiliation__________________________________________

• Diagnosis_____________________________________________________

• Date referred to hospice_________________________________________

• Emergency Contact Number_____________________________________

• Doctor’s Name________________________________________________

• Doctor’s Phone Number________________________________________

• Counselor or Clergy Member (Name)_______________________________

• Counselor or Clergy Member—Phone______________________________

• Name of Recommended Loved One Participant:

__________________________________________________________________

Other Information________________________________________________
APPENDIX G

Survey for Primary Participant

1. How are you feeling today?

2. What story can you tell me about a past event or experience that you remember as being a highlight in your life?

3. Will you please illustrate what that story looks likes using colors and shapes?
APPENDIX H

Informed Consent Form—Secondary Participant

Name__________________________

Date__________________________

I willingly give my consent to participate in this study as is described above. I understand that all interviews will be confidential to the extent allowed by law.

I give my permission to the researcher, Catherine Barrington, to voice record the meetings.

I understand that should this study be published, that my name will not be used and that the researcher will assign a pseudonym.

I understand that I may withdraw from this study at any time and that I do not need to provide any reasons why I did so.

I understand that there is minimal risk to me, and in the unlikely event that a sad memory occurs when I will want to address it, that the researcher will promptly contact the health professional of my choice.

I understand that the voice recorded interviews will be kept in a locked safe by the researcher for a period of five years to insure privacy and confidentiality.

I understand that the artwork I created will be framed and delivered to me at the completion of this study.

Signed________________________________________ Date__________________________
APPENDIX I

Logistical Information—Secondary Participant

To be gathered at the initial meeting

- Name____________________________________________________
- Address__________________________________________________
- Telephone Number_________________________________________
- Age_______________________________________________________
- Relationship to Older Adult__________________________________
- Emergency Contact Number__________________________________
- Doctor’s Name____________________________________________
- Doctor’s Phone Number________________________________________
- Counselor or Clergy Member (Name)______________________________
- Counselor or Clergy Member—Phone ______________________________

Other Information that Participant thinks is important

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

127
APPENDIX J

Survey for Secondary Participant

1. How are you feeling today?

2. What prominent story can you tell me about a past event or experience that you had which also involved your loved one?

3. Will you please illustrate what that story looks likes using colors and shapes?
APPENDIX K

Informed Consent Form—Participant for Collage Project for an Adult

Name_____________________

Date_____________________

I willingly give my consent to participate in this study as it described above. I understand that all interviews will be confidential and voice recorded.

I understand that should this study be published, that my name will not be used and that the researcher will assign a pseudonym.

I understand that I may withdraw from this study at any time and that I do not need to provide any reasons why I did so.

I understand that there is minimal risk to me, and in the unlikely event that a sad memory occurs when I will want to address it, that the researcher will promptly contact the health professional of my choice.

I understand that the voice-recorded interviews will be kept in a locked safe by the researcher for a period of five years to insure privacy and confidentiality.

I understand that the collage will be given to the older adult.

Signed_________________________________________ Date ______________________
APPENDIX L

Figures

Figure 1 - Letter for Jim Doyle – State of Wisconsin Governor
Figure 2 - Adaptive Device
Figure 3 - Ella Lang—Primary Participant—Dresser Scarf 16 X 16
Figures 4 and 5 Ann Lang—Secondary Participant—Drawing/Explanation

Figure 4 - Symbol - 8 X 10

Figure 5 - Explanation - 8 X 10
Figure 6 - Lang Family Collage Project - 20 X 30
Figure 7 - Amy Park—Primary Participant—Cowboy Painting - 20 X 30
Figure 8 - Ted Park—Secondary Participant—Mother at Table Drawing - 5 X 7
Figure 10 - Park Family Collage #2 - 20 X 30
Figure 11 - Deb Holt—Primary Participant—Green Bay Packer Drawing - 5 X 7
Figure 12 - Deb Holt—Primary Participant—Major the Cat Drawing - 5 X 7
Figure 13 - Meg Holt—Secondary Participant—Piano Drawing - 8 X 10
Figure 14 - Meg Holt - Secondary Participant – Flower Drawing - 8 X 10
Figure 15 - Holt Family Collage Project - 20 X 30
REFERENCES


BIOGRAPHICAL SKETCH

Catherine (Katy) Barrington graduated from Illinois State University in 1977 with a Bachelor of Art degree. Her area of focus was photography and painting. After Katy married and moved to northern Wisconsin in 1980, she and her husband Robert each operated successful businesses while being active in the community and raising their two children, Beth and Matt. When their younger child entered college, Katy and her husband sold their businesses and returned to school themselves. Katy received her Masters of Art degree in Art Therapy in 2004 from the University of Wisconsin, Superior. She then enrolled in the PhD program at Florida State University in Tallahassee, Florida, where she pursued her doctorate in Art Education with an emphasis in Art Therapy. Her husband completed his juris doctorate at the University of Wisconsin Law School.

While studying at Florida State, Katy was a teaching assistant. She taught in the Department of Art Education and supervised students in their school placements for three years as she completed her coursework. In 2006, Katy was nominated for Florida State’s prestigious Outstanding Teaching Assistant Award (OTAA). As a finalist nominee, Katy mentored other teaching assistants and was a liaison between faculty members and graduate students. At the completion of her PhD, Katy hopes to continue teaching, conduct research, and work in hospice.