



Techniques of Grief Therapy

Creative Practices for
Counseling the Bereaved

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Prescriptive Photomontage

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CLIENTS FOR WHOM THE TECHNIQUE IS APPROPRIATE

Grievors who seek but who have not yet found hope or meaning from individual or group therapy and who have opted out of expressive arts therapy and life in general. Prescriptive photomontage may be less impactful for less visually oriented mourners, as well as those in the early weeks of loss.

DESCRIPTION

Grief not only follows the loss of a beloved person. It also poses a fundamental challenge to one's identity, goals, plans and dreams (Neimeyer, 2000). Inside a negative filter, reclaiming hope or envisioning the future dies with the deceased. Fortunately, a new generation of narrative methods has evolved to help individuals get unstuck from loss and regrets. For those who seek but do not find meaning outside of therapy or support groups and who have yet to experience a marked shift in perspective and feeling, narrative and play-based methods can be greatly enhanced by prescriptive art.* Cognitive neuroscience has shown that while trauma is still fresh (or refreshed by memory), Broca's area (the language center of the brain) becomes suppressed. This leaves the amygdala in large part unreachable—a location believed to be critically involved with memory and where our attachment symbols reside.

However, the preferred mode of communication for the emotional brain is the language of sensory images, metaphors and symbols. This is the level at which prescriptive photomontage operates. Capitalizing on advances in technology (namely digital photo manipulation), my methodology involves digitally repurposing the positive fragments of an individual's memory into a *Preferred Story*. All available photographic imagery that can stand in for my client's stories, anecdotes and epiphanies from therapy is utilized so that I can craft a film still of a time and place where my client is no longer stuck. This *Healing Dreamscape*, as I call these fine art photomontages, can then become a starting point for beginning the re-identification process in an individual rudderless from loss.

A typical *Dreamscape* is an iconic scene populated with people, objects and landscapes from the griever's life that hold positive connotations, with imagery extracted from personal

* *Prescriptive art* is a term I coined for meaning-laden artwork custom-created by trained artists with and for individuals through empathic listening, brainstorming and consensus-building.

photos, and if no photos exist, researched and fabricated from any means available. Indeed, the very reason these visualizations are called *Dreamscapes* is because dreams have their own set of rules. They give us a freer rein to interpret and make free associations. So by meshing together fantasy, reality, past, present and future, *Dreamscapes* allow us to view emotionally-wrought photos from a different cognitive place as symbols, metaphors, and sensory images, and on a purely artistic plane, as players, props and plots.

The injection of play, humor and irony into both the process and product is also key—helping individuals view their tragedies more universally and thus philosophically. Responding with laughter or even the laughing cry further stimulates their brains to deliver encouraging bursts of dopamine, moving the individual one more baby step towards recovery and resolution.

Shared with family and friends, the *Dreamscape* launches a second round of healing—a process of joint reminiscing—and then a third as the individual’s own words are read back to him or her from transcripts made throughout the *Healing Dreamscape* process. The reaction to their own grace and wisdom is commonly, “No! Did I really say that?”

CASE EXAMPLE

Hope (a pseudonym), age 62, is exhibiting complicated grief and suicidal ideation after her youngest son, Ishmael, is murdered. Concerned about Hope’s lack of progress in support group after 15 months, her social worker suggests expressive arts therapy. “Using brush and paint, I couldn’t deal with it,” says Hope. “I was completely numb. I wanted to do nothin’, know nothin’. Nothin’ to do with nothin’.” When Becky suggests the playful process of Dreamscaping, Hope agrees. During the photo review, anger surfaces over the botched murder investigation and Ishmael’s murky involvement with his murderers. With legacy in jeopardy, I point out photos that capture Ishmael’s upbeat and loving nature and exemplary work ethic. Given Hope’s expressions of faith and spirituality, I curate photos that are a fitting metaphor for “being in the light” and that represent her Safe Place (i.e. cruise ship memories). Hope delights at resolving photo challenges (e.g. seeking an Afro for baby Ishmael from Ishmael’s own son, Aquil, Figure 53.1), as it feels like a posthumous gift from father to



Figure 53.1 Baby Ishmael

Source: Courtesy of the family.

son. Hybrid memories, like those occurring across two time periods (e.g. Baby Ishmael's footed pajamas, warmed by the adult Ishmael's grill in the snow, or at bathtime, Figure 53.2), allow for memory reconsolidation and mobilize her positive thinking. "When I used to close my eyes I'd see my baby in his casket. The hot dogs take my mind off trying to take revenge and getting even. In the night I get up and go to the computer and put up the little baby part and hey, I can go right to sleep." Presented with her Dreamscape (Figure 53.3), Hope makes a discovery. Her left arm branches



Figure 53.2 Ishmael's sons in the bath

Source: Courtesy of the family.



Figure 53.3 Hope's Healing Dreamscape

Source: Prescriptive photomontage by Nancy Gershman, copyright 2008.

Escher-like from Ishmael's left arm, a reversal of Finkbeiner's amputation effect, reaffirming the bond between mother, son, and the future. Hope is now Ishmael's "memory-keeper." Her gifting of Ishmael's Dreamscape to others initiates a ritual of healthy reminiscing. Receiving an artist's portrait made for Hope's recovery is perceived as a special honor. In turn, Hope is rewarded with loving memories of her baby boy.

THE METHOD

The *Healing Dreamscape* method—both product and process—has two aims: (1) to shift the griever's perspective of the deceased from absent supporter to supportive presence; and (2) to provide the griever with a tangible object that reinforces this shift. Made in consultation with a grieving client to augment traditional bereavement support, the *process* entails an interview and photo review, culminating in a brainstorming session where the Preferred Story is defined. Up until this point, it has been a co-creation. Now in the final phase, the *product* is executed solely by the prescriptive artist, in studio.

The *Dreamscape* visualizes how the griever might draw strength from a continuing bond with the deceased, without the co-dependency. For example, a choral singer appears on a grand stage with his deceased partner—a choir master—because this was a shared dream. Upon closer inspection, we see the deceased is conducting from *behind* his partner so that his widely spread arms can be read either as an embrace or a musical cue. Or, a new baby is slipped into the arms of her [deceased] great grandfather as he enjoys his favorite treat, a turkey leg, because the family always shared in his adventures (and vice versa). In this respect, the *Dreamscape* gently reminds grievers to do active work on their Preferred Legacy (to see the deceased as a role model), or with their Preferred Future (by consummating a dream or goal shared with the deceased). The more it activates the imagination, the more invested grievers become in their own healing.

Tracing the steps of prescriptive photomontage, a recursive process, you will notice movement back and forth between any two steps:

Step 1: Intake phase: A major premise of prescriptive photomontage is that *the problem is not all there is*. As my client flips through personal photos introducing the loved one and the circumstances of the loss, I probe for nearly forgotten events once associated with great joy. I ask them to elaborate on their sense-impressions (as this rich visual detail later becomes sustenance for the emotional brain). I identify any positive recurrent themes that translate well into visual terms. For example, holistically viewing the "bright" elements in her *Dreamscape*, Hope will finally be able to see herself as an epic character persevering against evil (White & Epston, 1990).

Step 2: Brainstorming phase: Determining whether the *Dreamscape* should represent a Preferred Future or Preferred Legacy leads to a set of questions that take on more of a provocative quality. Each is designed to stretch clients creatively as they think about their loss and continuing bond with the deceased:

- *What would [the deceased] say about the current state of affairs (i.e., his/her death)?*
- *What do you think [the deceased] would want you to do now in terms of changes/goals?*
- *Where do you think [the deceased] lives now? What do you think it looks like?*
- *Where might you and your loved one meet again? What props would be there?*
- *Other than you and [the deceased], who else would be there?*
- *What is the deceased wearing? What are the others wearing?*
- *Who gets to keep the Dreamscape? Where do you think it will be displayed?*

Step 2 ends with a final selection of photos, an inventory of missing imagery and a more defined Preferred Story. At this stage clients may change direction as they become aware of implied meanings in the final composition. (Example: Hope's second husband is the true father figure. Later Hope feels obligated to include the biological father as well.)

Step 3: Photo Search phase: Wolfelt (2006) emphasizes “doing” in play therapy, so the goal-oriented activity now is the hunt for missing elements. It is not at all unusual to find a person otherwise limited in his or her social interactions due to grief now finding this activity intriguing and even fun. A hunt might be for preferred body parts—as heads and bodies can be swapped at any time due to the digital medium. (Example: Because Baby Ishmael's precious Afro disappears into the background, Hope locates a similar Afro among Ishmael's own sons.)

Step 4: Creation phase: Back in the studio, I survey the final photos and review the key memories for which there are no photographs. The final assemblage is informed by my intuition and experimentation, with input from my client limited now to feedback about the mock-up. Now with a deep understanding of my client's motivations, goals and the important themes in her life, I will need to stimulate my client to engage in imaginative and interpretive processes of her own. I may embed a piece with visual cues about the deceased known only to the griever; pose the players so that they are literally and/or metaphorically linked together; create a Safe Place enhanced by favorite colors, objects and locations; and/or fuse together past, present and future to demonstrate that souls across time lay witness to our traumatic events so that we never feel alone.

Step 5: Sharing phase: My client now has ownership of the *Dreamscape* (and a transcript of all recorded conversations taking place during the *Healing Dreamscape* process). Sharing is bi-directional, although I disclose my own interpretations or intentions if my client desires it. Tentatively or with great enthusiasm, a client will share the piece with all who loved the deceased. Gradually the sharing tends to open dialogue about the human being who was lost rather than on the loss itself.

Today, Hope's *Dreamscape* has given her the courage to reprocess, recover and reclaim the shattered pieces of her life. The living Ishmael is gone, but through his redemption, Hope has never felt more alive. “We really should not grieve ourself to death; our loved ones will not like that,” says Hope. “They are at peace and they want us to be happy with the time that we have here.”

CONCLUDING THOUGHTS

To date, there is no formal association or discipline of prescriptive artists. Until a formal discipline is established, as it was for the field of expressive arts therapy, the mental health community will need to rely upon articles, posters, presentations and panel discussions to recognize existing and emerging prescriptive artists. As for identifying whether prescriptive art is even appropriate for a client, this is dependent upon what the prescriptive art method needs to accomplish for the individual rather than what medium is best. The question to ask is: would my client benefit from healing artwork that feasibly: (1) re-contextualizes a distressing event in order to open dialogue?; (2) documents legacy to make meaning out of loss?; and/or (3) reinforces goals and purpose that surface during therapy, spurring them on to positive action?

As for selecting a prescriptive artist who would best fit a client, allow me to make this suggestion. As you familiarize yourself with a prescriptive artist's body of work, try also to get a firsthand opportunity to speak with the artist to assess their range of experience. A

precedent has been set in my work to document the *Healing Dreamscape* process from intake period forward, providing real-time conversations in transcript form. Clinicians should be able to get a good sense of the interpersonal sensitivity and interviewing skills of a prescriptive artist from these entities.

References

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