

DRAWINGS FROM A DYING CHILD:

A CASE STUDY APPROACH

By

JUDITH DIANE BERTOIA

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF

THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

in

THE FACULTY OF GRADUATE STUDIES

(Department of Counselling Psychology)

We accept this thesis as conforming

to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA

April 1990

© Judith Diane Bertoia, 1990

In presenting this thesis in partial fulfilment of the requirements for an advanced degree at the University of British Columbia, I agree that the Library shall make it freely available for reference and study. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by the head of my department or by his or her representatives. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Department of Counselling Psychology  
The University of British Columbia  
Vancouver, Canada

Date April 23, 1990

## ABSTRACT

Only in the past two decades have adults become aware that terminally ill children do know at some level when they are dying. This research used a case study format to investigate the changes in how one child dying of leukemia viewed herself. Specifically, it looked for symbolic and emotional themes which emerged in the material, including Decathexis (separation) and Rebirth. Each of twenty-eight drawings created by this child was analyzed in-depth for content by the researcher. Convergent material from hospital records and a parent journal supplemented the stories and teacher notes accompanying the drawings. Six experts from three countries also categorized each drawing for images of Decathexis and Rebirth. Initially, themes of threats, dreams, trickery and intuition appeared along with fear and sadness. Once the child seemed to clearly understand that she would die, these changed to fading and distancing images, indicative of separation. There was a slight increase in images supporting themes of resignation and happiness. Physical deterioration and resistance appeared throughout the series as distortions of a girl and dilapidated and edged houses. Themes of a new home and travel also appeared throughout. The classification by experts according to Decathexis and Rebirth resulted in unanimous agreement on twenty-five per cent of the pictures and two thirds of the experts agreed on the placement of eighty-six per cent of the pictures. It would appear that on one

level the child knew from the beginning that she would die, but at another level she resisted that knowledge for a time. As clear awareness of death was developing, defensive themes such as trickery and dreaming appeared in stories which accompanied the drawings. However, the images, themes and convergent material suggest that she reconciled the dual awareness levels and worked towards acceptance of her fate.



## TABLE OF CONTENTS

	Page
Title page	
Abstract .....	ii
Table of Contents .....	iv
List of Tables .....	vi
Acknowledgement .....	vii
Chapter 1. Introduction	
Background .....	1
Statement of the Problem .....	7
Subproblems .....	7
Underlying Propositions .....	7
Definitions .....	8
Delimitations .....	11
Limitations .....	11
Organization of the Study .....	12
Chapter 2. Review of the Literature	
Children's Awareness and Expressions of Dying .....	14
Models of Understanding .....	20
Use of Drawings .....	27
Analysis of Drawings .....	29
Case Study Approach .....	30
Significance of the Research .....	31

	Page
Chapter 3. Design of the Research	
Research Design .....	34
Rationale .....	34
Data Collection .....	36
Data Analysis .....	42
Chapter 4. Analysis of the Data .....	
Pictures .....	45
Experts' Classifications .....	107
Chapter 5. Summary, Conclusion and Recommendations	
Summary .....	111
Conclusion .....	121
Implications for Theory .....	130
Recommendations .....	135
References .....	138
Appendices	
Appendix 1: Information Sheet .....	143
Appendix 2: Drawing Classification Form .....	149
Appendix 3: Figures 1 - 28 .....	151
Appendix 4: Text to Accompany Figures 1 to 28 .....	165
Appendix 5: Chronological Order Matched to Random Order .....	178
Appendix 6: Expert Classification of Random Drawings According to Decathexis (D), Not Applicable (NA), and Rebirth (R) .....	180

## List of Tables

	Page
Table 1: Chronological Order Matched to Random Order .....	178
Table 2: Expert Classification of Random Drawings According to Decathexis (D), Not Applicable (NA), and Rebirth (R) .....	180
Table 3: Comparisons of Drawing Classification by Model of Awareness .....	118

## ACKNOWLEDGEMENT

I would like to express my deep gratitude to Dr. John Allan. He has provided unfailing support as my supervisor and constant encouragement for my professional and personal growth.

For their time, suggestions and guidance, I thank Dr. Larry Cochran and Bob Steele.

For their encouragement and gentle teaching, I am grateful to Dr. Gregg Furth and Dr. Walter Boldt.

For their contributions in time and energy, I thank Stan Auerbach, Gwen Buker, Suzanne Elliott, Bay Gumboc, Diana Livingston, Mary Ann New, and Corry Roach.

I am grateful to my parents Henry and Barbara for their early guidance and on-going encouragement. My family Wayne, Richelle and Kevin have provided immeasurable support, tolerance and love over the five years this research developed. This work is very much a reflection of them also.

Finally, I am most grateful to Caroyl. Her incredible spirit continues to teach us through her drawings. Her parents Doug and Carol have provided permission to use her material and encouragement when the task seemed overwhelming, and I thank them. I stand in awe of how this family coped with Caroyl's experience and death. Caroyl's legacy has been a profound gift.

## CHAPTER 1

### Introduction

Although there is a trend towards more open discussion of death and the dying process in society today than there was twenty years ago, a pervasive discomfort with the topic still exists. The reality of death is brought home nightly in evening news. Death is televised to us from Tiananmen Square, Central America and Eastern Europe. Increasingly, the number of deaths, and fear of death, from diseases such as AIDS have forced many adults to face their own mortality. Yet, some people still tend to repress the thoughts and emotions death elicits. The numbness that comes with viewing the carnage in movies such as "Rambo" fuels the "it can't happen to me" fantasies many people entertain, just as the re-appearance of many "dead" performers in the visual media perpetuates the wish to deny personal mortality. While there has been a trend to more open discussion of death, and to more support for the dying and their loved ones such as the hospice movement and bereavement groups, many adults retain a fear, a wish to avoid both the dying and the bereaved.

This discomfort is intensified when death involves a child, whether a grieving or a terminally ill child. Many people avoid the topic with children, believing this avoidance protects the child. Others think children do not understand death, and so there

is no need to talk with them about death issues. While children's understanding of death depends on many factors such as age and experience, they do know some of what has happened and will create their own version of circumstances when not told. Perhaps even more disconcerting is the thought that children do know when they are dying. If no one talks to them about it, what can they use to fill in the blanks; what frightening experiences do they create in their imaginations?

Several authors indicate that terminally ill children do, at some point in their disease, know they are dying. Elizabeth Kübler-Ross (1981) cites several examples of children expressing this knowledge in either symbolic, nonverbal language (drawings and play) or in symbolic verbal language, depending on their age. A few are even able to clearly verbalize their knowledge, "I know I'm going to die very soon and just have to talk to somebody about it" (p. 21) from an eight year old.

Bluebond-Langner (1978), an anthropologist, studied hospitalized, terminally ill children and discovered they progressed through five stages of changing self-concepts, finally viewing themselves as dying. These changes were expressed through their behaviors and language. In some cases the awareness of being near death was overtly stated, depending on previous interactions with the adults involved. Bluebond-Langner found that what the children were able to clearly communicate depended strongly on

their perceptions of adult expectations of them and on what any given adult could tolerate. In There is a Rainbow Behind Every Dark Cloud (Dezedorf et al., 1978), several children have worked together to write about their experiences with potentially fatal diseases and they say

It was hard for most of us to talk about how we felt inside. And it was hard for us to find someone who would really listen without being afraid. Sometimes the questions we were afraid to ask were: "Am I going to die?" "What is dying like?"

We knew certain questions would bring tears to our parents' eyes so we learned not to ask those questions. All of us seemed to want to protect our parents.

At the same time, we wanted to be physically close to our parents most of the time. Lots of times we didn't want them out of our sight (p. 31).

Siegel (1989, p. 232) reports the case of a two year old, who, during his final hospitalization, was able to tell his mother "I'm going to be a little bird soon and fly off. I wish you could come with me, but you can't". A few weeks later, this same child indicated he wanted a kiss on either cheek from Dr. Siegel, a privilege never before permitted his doctor; he died fifteen minutes later.

Bach (1969) has been working in this field for decades and has repeatedly found that children's drawings reveal both their psychological understandings of what is happening to them and their physiological state. She uses the phrase "it knows" indicating that even before the children are consciously aware of their prognosis and revealing it in their symbolic language, their art indicates a preconscious knowledge of their illness and its outcome. She uses this information to assist the child and family in dealing with the impending death when that is appropriate for their needs. Keipenheuer (1980) and Furth (1981) have written of similar findings and the use of drawings with critically ill children.

Bach (1969), Keipenheuer (1980), and Furth (1981), all advocate the use of drawings with children to determine what they know about their disease. Some children, especially older, verbal children may be able to articulate what they already know and what they still need to know, but many cannot. This inability may be a result of being socialized into not acknowledging their awareness, or it may simply be because they lack the verbal skills to bring the topic into the open. There are also some children who should not have discussions go beyond their feelings about their illness. By "reading" a child's drawings, Bach believes those adults involved can help the child at the appropriate level of need. Kübler-Ross (1981) writes,



Spontaneous drawings reveal the same information a dream will reveal. It can be obtained in a few moments in almost any environment - hospital, school, or home. It costs simply a piece of white paper and colored pencils. It sheds light within minutes on the preconscious knowledge of children and adults - a tool simple and inexpensive and easily accessible, as long as we have enough conscientious therapists who have been trained in the interpretation of this material (p. 17).

Allan (1988), describes the value in using drawings with children for a variety of problems, including terminal illness. Bertoia and Allan (1988) detail a variety of techniques and situations using drawings with children who are coping with death. Having children draw permits the expression of inner issues in a way that can be easily shared with another. This sharing allows those adults willing to talk with a child an opportunity to gain some insight about what is significant for them at the moment. It also allows the adult to see what is happening for the child, and thus avoid projecting the adult's perspective of what is happening into the child's work.

When there is an opportunity for serial drawing, that is, for the child to meet alone on a regular basis with a supportive adult for creative activities, Allan (1978) believes the child's

unconscious material is more readily expressed in symbolic form. This activates the healing potential of the psyche, thus permitting the terminally ill child to access inner resources for coping with problems, including death.

Rando (1984) reviews the literature on the awareness of terminally ill children and writes that it is a moot issue whether or not these children can comprehend their own death, but it is necessary for adults to help them with their feelings and with whatever understandings they do have. She refers to the loneliness and fear a terminally ill child feels with no one to talk to about the disease and prognosis.

Given that terminally ill children do have some understanding of and emotions related to their dying, and that many adults are unwilling to talk to them about it, it is important that the few who are willing be effective and understanding of what the child needs. It is also important to understand the experience of a dying child. Since pictures drawn by children reveal their inner experience, this research intends to describe what that experience may be, as indicated in one child's drawings.

The following material in this chapter will include a statement of the problem along with the subproblems and underlying propositions. It will then provide definitions for terms used throughout the research and explain the delimitations and limitations of the study. Finally, it will describe the

organization of the remaining chapters for this research.

### Statement of the Problem

The purpose of this investigation is to describe how the content of a series of drawings made by one terminally ill child reflects changes in the view of self over time.

### Subproblems

This investigation will describe themes of decathesis and rebirth appearing in the drawings.

It will look at whether the drawings of a terminally ill child, whose work is done at home, appear to reflect a progression through the same stages of a changing self-concept as hospitalized children experienced.

### Underlying Propositions

The work of this research is based on the following propositions:

1. that there is an unconscious and an inter-connectedness between the physiological and psychological aspects of an individual, and drawings are one form of expression from these aspects of the individual.
2. that hospitalized, terminally ill children progress through five changing stages of how they define themselves.

### Definitions

For the purposes of this research, the following definitions will be used:

Directed drawings. Drawings which are created following a request from another person, either for a specific topic or simply for a picture, "Would you like to draw a picture?"

Spontaneous drawings. Drawings initiated by an individual without any stimulus from another person.

Stages of illness. These stages have been defined by Bluebond-Langner (1978) based on her study of hospitalized, terminally ill children.

#### Stage 1: Seriously ill

The children have thought of themselves as well until symptoms necessitated hospital admission for tests. This experience and reactions of family to the diagnosis leads to a new view of self as being "seriously ill". This view of self persists until there is evidence they are getting better.

#### Stage 2: Seriously ill and will get better

Regular out-patient clinic visits for treatment result in the children learning of various drugs and their effects, usually from conversations with other children. In stage two, the drugs have made them feel better and most most people treat them normally again.

Stage 3: Always ill and will get better

Following the first relapse the children's view of self changes again, to always being ill. However, once the children are in remission again, the parents and consequently the children come to believe that one can be sick many times, but one can still recover.

Stage 4: Always ill and will never get better

More relapses, drug complications, and on-going pain force the children to see themselves as always ill and never being completely better.

Stage 5: Dying

Once children who are in Stage 4 hear about the death of a peer from the same disease, they move into Stage 5. In various forms, either overt statements, or through symbolic verbal and nonverbal images, the children indicate that they know they are dying.

Decathesis: This refers to a diminishing investment of energy being directed into attachments. In the past the child has put considerable emotional energy into relationships and attachments to people, pets, favourite toys, places, and so forth. With death approaching, everything must be left behind and the child must gradually detach from them. Decathesis will have two aspects. One will be the awareness of death reflected in various death images, and the other will be separation or distancing from all attachments.

The dying must separate from everyone and everything they love, from this world and even from their own bodies. There is a decreasing interest in wordly events, a sense that these things do not matter as much anymore. There are often images of physical separation and distancing such as travel or barriers. There is also a need to recognize and deal with the deterioration of the body which will lead to death and force the separations. As the disease continues and the body fails and is in pain, the children gradually move towards an awareness of the dissolution of the "shell" they have inhabited and to which they are so attached. The task of decathesis then is a difficult one of separating from all things of this world.

Rebirth. This refers to some form of transcending death, of being re-born into some new frame of existence. In this sense, the rebirth also applies to the development of some form of tolerance for the dying process and for what happens after this body dies. For many it will be a clearer spiritual awareness of whatever they believe happens following biological death. This may manifest as religious images, as a form of continuation in this world within the memories of others, or as a specific contribution such as a poem written for a loved one or tree planted with great care. It can also appear as some other personal belief system which provides comfort. The development of the rebirth awareness allows for some degree of mental well being; otherwise all the emotions surrounding

the approaching death and total separation could be overwhelming. This transformation or rebirth can provide for a relatively peaceful transition into death, and at times the images are filled with joy.

### Delimitations

This research will be concerned with twenty-eight of the sixty drawings made by Rachel (pseudonym). This limit is set for three reasons, the first being a possible influence from family. A few of Rachel's spontaneous pictures were drawn the evening prior to the researcher's visits. Those drawings made in the presence of family members or with directions and encouragement from family are not included in this study. Secondly, some of the drawings were "scribbles, lines and patterns", according to Rachel and their abstract nature makes many of them difficult to analyse. Finally, some of the drawings were made following guided imagery activities and the direction was to draw something specific from the imagery, which obviously influenced the content. Thus, just over half of the drawings were eliminated in this pre-selection process primarily because of the potential for strong influences from others or because of possible difficulty with interpreting the content.

### Limitations

A potential limitation is that in choosing which of the pictures will be analyzed, the researcher may omit drawings which

would appear significant to others, or which, through inclusion or exclusion, may bias the findings. By defining the selection process prior to carrying it out, the researcher hopes to decrease this possibility.

For some readers of this research, who are only used to art as therapy, the fact that analysis occurs post hoc may raise some questions. This child had died before any in-depth analysis took place. Based on the principles that the drawing alone, in the presence of a caring and supportive adult reveals the inner world (Allan, 1988; Furth, 1988) and that accurate physiological and psychological information is revealed through this process (Allan, 1988; Bach, 1975; Furth, 1988; Kiepenheuer, 1980), this researcher believes that accurate interpretation is possible with cautious, thorough examination of the drawing content.

#### Organization of the Study:

Chapter One provides an introduction to the study. It consists of the background to the problem, a statement of the problem, a list of the definitions, the delimitations, the limitations and the organization of the study. Chapter Two presents a review of the literature related to children's awareness of their illness and dying, as well as the literature related to the use of drawings with children in crisis. It also addresses the use of a case study format and the justification for this research. Chapter Three describes the design of this research. It includes



includes the rationale for a case study approach and the procedures for data collection. There is also a discussion of the techniques to be used for in-depth analysis of picture content and for classification of the pictures by experts in the field. Chapter Four presents the analysis of the data. The first part will be a synthesis of the in-depth analysis of picture content with the convergent material, and the second part will be a presentation of the results of classifications by experts in the use of drawings. Chapter Five provides a discussion and summary of the themes and patterns which emerged in the data analysis thus addressing the problem of what changes appear over time. This chapter will also address comments and queries raised by the physician assisting with medical interpretations, by the family, and by the experts who took part in classifying the drawings. It will discuss the themes described in the subproblem as implications for theory. Finally, it will end with suggestions for future research to further address the experience of terminally ill children.

## CHAPTER 2

### Review of the Literature

Five different aspects of the literature pertinent to this research will be reviewed in this chapter. First, children's awareness of dying and how they express this awareness will be addressed. Secondly, two models of how this awareness develops will be explained. Next, the use of drawings with children and then analysis of drawings will be explored. The use of case studies in this field will be described. This section will then conclude with an explanation of where this research fits into the existing theory.

#### Children's Awareness and Expressions of Dying

A great deal has been written about children's cognitive understandings of death (Bertoia & Allan, 1988; Betz & Poster, 1984; Matter & Matter, 1982), and about the care of the terminally ill child (Van Dongen-Melman & Sanders-Woudstra, 1986; Rando, 1984) but the intent of this section is to review the actual awareness and understanding that terminally ill children have about their own dying process.

Rando's survey of the literature (1984) indicates that before the 1970s, two common beliefs were that children, for a variety of reasons, should be protected from the knowledge of the complete truth about their disease, and that most children did not know, in

an adult sense, that they would die and so were not concerned about it. Since that time there has been increasing evidence that terminally ill children do have an understanding of their prognosis and also have strong emotional responses to it. She indicates that caregivers should operate on the assumption that children do know and, therefore, open communication should be encouraged. Her findings also indicate that although there must be communication with children, it should be in the context of their ability to understand, as well the appropriateness of the information from the family's viewpoint.

In their very comprehensive literature review, Van Dongen-Mellman and Sanders-Woudstra (1986) also found this current encouragement for openness based on the recognition that the child is aware, but are much more critical of the need for this to be done effectively. They note that very few of those providing empirical evidence are able to describe the routes for effective communication. However, they do cite some authors who provide details about the use of play, art, groups, counselling and drawings as vehicles for helping children cope with the disease, prognosis, and intense emotional reactions. In spite of the vast amount of existing information on the psychosocial aspects of childhood cancer they reviewed, they still conclude there is a further need for new knowledge of the child's course of becoming aware of the life-threatening aspects of the disease.

Kübler-Ross, who by 1981 had been working almost exclusively with dying children, writes, "Small children, even three and four-year-olds, can talk about their dying and are aware of their impending death" (p. 51). In this sense "talk" is at one of three levels of language children use. She explains that there is a clear verbal level, "You know Mommy, I feel so sick now that I think this time I'm going to die" (Kübler-Ross, p. 59). While this child was only four at the time and survived until he was nine, his history of illness allowed him to understand even at that young age and to verbalize his awareness. A seven year old girl, near death, repeatedly asked different adults what it was going to be like, "when I die," until she found an adult who would even talk with her about it.

Another level of expression is a symbolic verbal level, the message uses words but is much less clear until the context is understood. A parent who was convinced her twelve year old son had not talked about dying found the following poem "The Flame" after his death

The flame is like a human,  
It lives and dies.  
Its life span is a wild impetuous one  
During its span-it frolics dances and  
Appears to have a carefree existence.  
Although it might be joyous in a short period

It has a tragic death

The tragedy is in its struggle not to die.

But first the flame casts an eery bluish magnetism

Just as it's about to let go, it flickers and springs

Back to life again.

At that moment it appears that the vital desire

For survival will be the victor.

But neither flame nor human is destined for eternal life

Death is near-the flame sputters as it reaches out to

grasp on to a dangling string, trying to resist its

overshadowing fate-but to no avail...

Death has exhausted its opposition

And conquered! (Kübler-Ross, 1981, p. 61)

In the chapter "Children's Inner Knowledge of Death and Their Symbolic Language", Kübler-Ross (1983) cites a great many poems, stories and dreams related by children which clearly indicate their knowledge.

The third form of communication is through nonverbal symbolic language, which consists of drawings, play, and symbolic gestures. Kübler-Ross (1981) describes an angry, depressed thirteen year old who had been waiting, in hospital, over a year for a donor kidney. His constant behavior of pretending to shoot little girls was distressing the nursing staff and upsetting the other children. When she spoke to him, he replied, "Did you notice I not only pick

little girls, but they all have good kidneys?" Bluebond-Langner (1978, p. 185) relates the story of a child who took paper dolls which she had earlier said looked like her and buried them, "Put them in their grave, in the Kleenex box. Let me do it." and of a little boy known for his art work who suddenly drew only graveyards. These too are examples of nonverbal symbolic language. All three forms can clearly indicate the child's awareness.

The group of children (Dezendorf, et al., 1978) who wrote There is a Rainbow Behind Every Dark Cloud describe their experiences, emotions and coping strategies as they faced life threatening illnesses. They found it helpful to talk about death and their emotional responses, with other kids when adults were uncomfortable, and to draw pictures, because the reality of the images made death less frightening. This group was very open about their awareness and obviously the group effect was helpful.

Furth (1981) believes that dying children are able to reach a sense of completeness prior to death even if it is not expressed in adult terms. He indicates that the child's level of awareness about the disease is indicated in drawings. Part of his training was with Bach in London who began work in this field in the 1930s. Her approach has been to interpret the drawings, and only then have the doctors involved in the medical care of the individual share the case history. Her great detail in the analysis and

cross-checking, as well as her wealth of knowledge have made her a valuable and respected source in this field.

Bach (1966) states her strong belief that there is a link between the psyche and soma (psychological and physiological self). She indicates the drawings done by two critically ill children which she has analyzed in the main text demonstrate this relationship. She appends one hundred and fifty colour figures so the reader can follow the detail she presents. She concludes that this material offers visible proof that, deep within, every patient knows whether there will be recovery or death. She very supportively writes to those who have difficulty accepting this material,

I should like to say to the reader of this paper: if what the children tell us in their drawings awes you and you would rather not have it true, be assured that we too who have worked on them for so many years still find our hair stand on end and breathless silence befall us... (Bach, 1975, p. 102).

The linkage between mind and body is especially important at critical moments in a child's life and when the life is threatened the psyche reacts (Bach, 1969; Furth, 1988). Keipenheuer (1980) has used children's drawings in his medical practice as an additional tool to better understand both the physiological and psychological status of his young, critically ill patients. Siegel

(1989) also believes in this connection, and being a surgeon considered scientifically how the actual link occurs. He cites a neuropeptide theory advanced by Candace Pert and others which suggests the neuropeptides "as the locus where mind and body meet and cross over" (Siegel, 1989, p. 102). Bach (1969), Keipenheuer (1980), Furth (1981), and Siegel (1989) all use the interpretation of drawings to decipher what is happening for the child and all believe children are aware if they are dying.

#### Models of Understanding

Bluebond-Langner (1978) studied hospitalized children terminally ill with leukemia and believes this awareness of dying develops over time. She explains there is a changing view of self which results from the synthesis of information and disease experience. There are five stages of acquisition of factual information about the disease:

1. "it" is a serious illness
2. names of drugs and side effects
3. purposes of treatments and procedures
4. disease as a series of relapses and remissions (-death)
5. disease as a series of relapses and remissions (+death)

The children need concrete information and experience before they move to a different stage. They need to know the names of drugs and side effects and get that information by having the disease which needs those treatments in the first place. Secondly,



they need the experience such as nosebleeds or relapse to relate the information to their own experience. The acquisition of information is cumulative and the stages are sequential, progressing from diagnosis or "well" on through stages one to five with no reversal in sequence. Although there is a transition time as they move closer to the next stage, the children are not identified as being in the next stage until they have both information and experience from the previous stage. This is also true of the five stages of changes in self concept:

1. seriously ill
2. seriously ill and will get better
3. always ill and will get better
4. always ill and will never get better
5. dying (terminally ill)

The integration and sequence is explained in more detail below using the labels which indicate the level of awareness.

Stage 1: Seriously ill

The children have been admitted to hospital for tests, a bewildering and frightening experience for children and families. At first, children view themselves as "normal" children, expected to behave as other children, using typical childhood techniques for getting what they want. Following diagnosis based on their history, physical examination and test results, the children quickly become aware of the differences in how adults act towards

them and of how many more gifts they receive. This leads to a new view of self as being "seriously ill" which is demonstrated by an "exhibition of wounds", where every visitor is shown the pricks from needles, on every visit. The children's separation fears at this point are more of the unknown and unfamiliar rather than of the final prognosis. This view of self persists until there is evidence they are getting better; usually it takes four consecutive clinic visits, "consultations" with other children, and confirmation from their mothers that they are in remission.

Stage 2: Seriously ill and will get better

From regular out-patient clinic visits the children learn of various drugs and their effects, usually from conversations with other children. They do not pass into stage two until they have experienced a remission and a few rapid recoveries from disease related incidents such as nosebleeds and headaches. Once they have passed into stage two the drugs have made them feel better and most people treat them normally again. The longer they are in remission, the more they believe that they will eventually get better. They essentially see themselves as sick before, but better now.

Stage 3: Always ill and will get better

Following the first relapse the children are required to reframe their thinking of themselves. They have begun the chronic relapse-remission cycle and the familiarity of symptoms and

procedures return. There had been a time, perhaps a long time where a return to "normalcy" pushed the realities of the disease well into the background. They find that adults will not talk to them about the disease or the drugs, so they resort to eavesdropping on the adults and discussing symptoms, drugs and side-effects with the other children. At the same time they need people, especially adults, around them. Adult reactions of avoidance and discomfort teach them appropriate social roles for maintaining the essential, supportive contacts. They come to associate their symptoms, the painful medical procedures and adult reactions of avoidance and tears with a view of themselves as being always ill, but that at some future time they will ultimately get better. Once they are in remission again, the parents and consequently the children come to believe that one can be sick many times, but one can still recover.

Stage 4: Always ill and will never get better

More relapses, on-going pain, and sometimes drug complications, force the children to see themselves differently. Their decreasing abilities, their greater removal from normal childhood activities, and the increasing hospitalizations create the sense of having better times and worse times, but always within the context of "being sick" times. They can do less and less for themselves, planning for the future stops or becomes very short term; they no longer think in terms of "what I want to be when I

grow up" or even of distant holidays, they mourn the developmental stages they will not experience.

#### Stage 5: Dying

Once children are in stage 4 they may stay there for some time; but hearing about the death of a peer from the same disease, causes them to move into Stage 5. They realize the remission/relapse cycle has a definite end, death. However, they cannot synthesize this information until they are themselves in Stage 4, so that earlier deaths from the same disease will not have this effect. It is necessary for them to accumulate all the disease and treatment knowledge personally before this disastrous new awareness can take place. Their activities and interests now tend to have limited themes, often symbolically reflecting death. In various forms, either overt statements, or through symbolic verbal and nonverbal images, the children indicate that they know they are dying. For many, the cause of death of these others was a major focus, as was the similarity of that cause to their own circumstances.

Communication becomes more of an issue at this stage. For many there is a need to protect the adults, to maintain a form of mutual pretense. This is simply a way of each knowing what will happen but not communicating this knowledge. In order to cope on a daily basis there is a pretense between adult and child that everything will get better. This keeps the needed adults close and

allows for relief from constantly dealing with the intense emotions. There is decreasing communication with people and less cooperation with many procedures, especially painful ones which have not made any positive difference so far. For many there is an awareness of time, of not being here indefinitely and of not wasting time now. Bluebond-Langner indicates the transition from Stage four to five can be over hours or over months, depending on the circumstances, but ultimately all end up at Stage five at an inner level, knowing and expressing their awareness of their own personal death in some form.

Kübler-Ross deals with a more spiritual aspect of children. She (1983) believes that all terminally ill children become aware that they are dying, but cautions that for some this awareness may be pre-conscious rather than a conscious, intellectual knowledge. She believes that children who are hospitalized grow up more quickly than children who do not experience life threatening illness. In response to a query from a nine year old with leukemia about what death was like, she wrote back a letter which he shared so often it was ultimately printed for ready access to others. In the beautifully illustrated "Doug's Letter" (1979) she drew "Man" as a circle with four quadrants, each representing one aspect of the individual: intellectual, physical, emotional, and spiritual. She believes that the child's awareness of death "comes from the 'inner, spiritual, intuitive quadrant' and gradually prepares the

child to face the forthcoming transition, even if the grown-ups deny or avoid this reality" (Kübler-Ross, 1973, p. 134).

In her workshops she explains that one quadrant can enlarge either because an individual is concentrating on it, such as a time when intellectual activities dominate one's life in school or work, or because something happens that changes an individual's focus in life. As death approaches, the spiritual component enlarges, especially if there is a gradual debilitation of the body as the disease progresses causing a natural diminishing of the physical quadrant. This concept adds a greater depth of understanding to the dying process than Bluebond-Langner's five stages.

She (1969) writes that terminally ill adults slowly separate from interest in this world as death approaches, a time of letting go or "decathexis". At this time the dying still want the assurance they will not be left alone, but often they may not want a lot of visitors and there will be decreasing interest in the events of the world and activities of the visitors. Near the very end they may want only non-verbal communication, the quiet holding of a hand or just the physical presence. Most of those Kübler-Ross encountered died without fear and despair, with a form of acceptance, especially when helped with the monumental task of separating from everything. In her experience, those who fight the disease and maintain a battle attitude until the very end may not have this acceptance and she cautions caregivers to be aware of

how they interact with the patient to avoid making the ending even more painful by attempting to force changes in the patient attitudes.

While Rando (1984) also describes this decathexis as occurring gradually throughout the dying process, with a final withdrawal even from family in the last few hours of life, she refutes Kübler-Ross's description of the acceptance of it.

Unfortunately, her source for this disagreement is a personal communication from Humphrey, a long-term clinic nurse for the dying (Rando, 1984, p. 445), which says the Kübler-Ross description is seldom witnessed, and rather a realization of the inevitable happens, the patient may not be at peace with losing everything, but there is no denying it will happen. The actual distinction between the two versions is somewhat unclear and without the source it is impossible to make one's own interpretation. The two do appear to agree, however, that there is a gradual process of leave-taking for the terminally ill.

#### Use of Drawings

As indicated previously, Bach (1969, 1975) has used drawings as a basis for communication with terminally children for years. They provide a glimpse of the child's innermost, personal self.

To a child, the form he paints, a house, a flower, etc.

is not just a shape, it is his house, his flower:

they are an expression, an equivalent of himself. He may draw, for instance, his favourite toy horse being irradiated precisely at the spot where he himself had been X-rayed that very morning: the picture reflects his own condition (Bach, 1969, p. 16).

By providing an awareness of what is happening for the child, pictures can direct adult interactions in the way which will be most helpful to the child. Hammer (1985) expresses this same view, adding that children find it easier to communicate, especially those things they will not or cannot share verbally, through drawings. In this case, those unshareable things included sexual abuse and are detailed in the book's case studies. Furth (1988) provides and analyzes examples of drawings from children and adults drawn at a variety of critical times. Allan (1988) provides detailed case studies of how drawings have been used to help children deal with a range of trauma including physical and sexual abuse, divorce and terminal illness. Each of these base their approach on the assumption that what the child draws comes from deep within, and represents aspects of the whole child.

Drawings have been used in the clinical setting for many years as "projective techniques" (Hammer, 1958). They have been used as a tool to aid in medical diagnosis (Bach, 1966; Kiepenheuer, 1980; Siegel, 1989). In addition, they are commonly used now to assist



children and adults with expressing and healing psychological wounds (Allan, 1988; Bach, 1975; Furth, 1988; Kiepenheuer, 1980).

### Analysis of Drawings

When undertaking the interpretation of a drawing, one must be very cautious about what one says (Allan, 1988; Furth, 1988). There is always the danger of reading into another's creation that which is, in reality, a part of one's own psychology. There is also a need to be tentative, for each drawing is a unique creation, reflecting the one who drew it. The image may appear to be one thing to the viewer, yet is something quite different to its creator; the monster may turn out to be a favourite stuffed animal. Different approaches to deciphering a drawing include concentrating on the images and emotional response they elicit (Allan, 1988), following a series of guidelines (Bach, 1977) or choosing from a series of focal points (Furth, 1988). As one becomes more involved with the drawing, an awareness of the images tends to lead the reader into the drawing, as if one were part of it.

Because these images come from within, there is frequently a commonality with other images created throughout human history. Krippner (1989) examined a wide range of religious and mythological death imagery and concluded that a common thread is the sense of power over death, a theme of death and rebirth. Standard symbol dictionaries (Cooper, 1978; The Herder Symbol Dictionary, 1978) can provide useful information for interpretation as can common dreams

related to the subject of death (von Franz, 1986). Thompson and Allan (1987) provide some possible interpretation of common symbols used by children, and Bach (1966) and Furth (1973) provide insights into the colour preferences of leukemic children.

#### Case Study Approach

For research with children and drawings in this field the case study approach seems most preferred (Bach, 1975; Keipenheuer, 1980). It allows for the inclusion of many pictures as a supplement to the on-going history. Keipenheuer (1980) obtained more than 300 drawings from one leukemic child over three years. As the child's doctor he found the material contained in the drawings to be most valuable in treating the child and helping the family deal with their own grieving process. By appending reproductions of the drawings, there is an opportunity for others to follow the interpretations. Both of these are from Europe and consideration must be given to cultural differences when using comparisons in North America with images from the drawings presented in their case studies.

Furth (1973) was unable to find any research similar to Bach's and Keipenheuer's in North America when he was conducting his own research comparison of the content of drawings of leukemic children with other children who were hospitalized but not with life threatening situations and with healthy children. He set up a three part design. Each of forty-five children drew three pictures

over a period of three months. His statistical research was based on Chi-square analysis of the drawing content from the three groups and while the findings were not significant at the .05 level, there were distinct trends. Leukemic children tended not to fill in their main objects, not to draw suns, but when they did draw them, they tended to be positioned differently, and to draw indoor scenes. Healthy children tended to draw faces on their suns. A second part of the research was to have a panel analysis by three art professionals. Their findings were that analysis was difficult because of the similarities in the drawings, and two of the three had indicated (intuitively) that there was something different between the leukemic children's drawings and the other two groups, but could not be specific. The third part of the study was a case study technique and in his conclusion he states that,

Case study techniques are more effective for evaluation technique as compared to statistical analysis or panel analysis in this type of work because it takes into account the whole child and not just one element of information regarding his works (p. 143).

#### Significance of the Research

Bluebond-Langner found that hospitalized, terminally ill children progressed through five different stages, citing "dying" as the final one. There is no mention made of other stages which the children experienced following arrival at stage five. This

research will investigate whether these findings extend to the child who is hospitalized intermittently but whose drawings were done while she was at home, not institutionalized.

In his doctoral dissertation "Impromptu paintings by terminally ill, hospitalized, and healthy children; What can we learn from them?", Furth (1973) recommends that a larger number of impromptu drawings from each child should be collected for analysis and that the study should be longitudinal, if possible beginning with the time of diagnosis. He also recommended that the stage of the disease should be taken into consideration.

Kübler-Ross (1969) and Rando (1984) speak of a time of decathexis or separation. Following the publication of the analysis of some of Rachel's drawings (Bertoia & Allan, 1988), this researcher became aware of the possibility of more material being expressed in these drawings than had been included initially. Rachel drew more than half of the collected drawings after she had indicated her awareness that she was dying, first in her pictures and later verbally. In studying these drawings, this researcher hypothesized a spiritual component to Rachel's work. Although the researcher has shared this in various seminars and lectures, there has been no formal work describing this spiritual component.

This case study research proposes to extend three aspects of existing theory by using the interpretation of one child's drawings: to investigate the findings of Bluebond-Langner with a

child who is not studied primarily in a hospital setting, to analyze a series of drawings from a critically ill child obtained over several months, and to investigate the Kübler-Ross theory of increasing spirituality within a child as death approaches.

## CHAPTER 3

### Design of the Research

This chapter presents the design of the research. It begins with the description of the design, then follows with the rationale for using a case study approach. It explains the procedures for data collection, and then the process to be used for in-depth drawing analysis is described. The chapter concludes with the procedures for classification of the drawings by experts.

#### Research design

The purpose of this research is to describe what the drawings of a terminally ill child reveal about changes in how she views herself over time. It will investigate the content of twenty-eight drawings looking for her awareness of the progression of her disease and for themes of decathexis and rebirth. The analysis of drawing content will also be used to describe other themes or patterns which may emerge. This research is also concerned with the classifications by experts in the use of drawings. They will sort the twenty-eight drawings for the themes of decathexis and rebirth.

#### Rationale

The research will undertake a longitudinal, in-depth study of the experience of a little girl while she was dying of leukemia.

Underlying this research is the uniqueness of having so many drawings from such a child for they reveal a great deal about her inner world. These drawings came into being as a natural part of her schooling at home; they were part of her daily routine, as school is part of any child's experience, thus they were not created experimentally for a study or even as part of her more traumatizing hospital experiences. A case study approach allows a rare opportunity to explore the complexities and depths of a child's view as a dying process unfolds.

To understand an individual's experience as fully as possible, it is necessary to take sufficient time to examine each available piece of evidence and to have that evidence as unbiased as possible. By using a longitudinal case study format, this research will investigate a variety of sources to enhance the understanding of Rachel's inner world. The research will focus on the in-depth interpretation of her drawings as the primary source of information. This detailed interpretation will be given by the researcher, based on training by Dr. John Allan and Dr. Gregg Furth. In addition, information from the medical charts recorded during periods of hospitalization will be used to re-examine both the clinical findings and the comments of hospital staff who contributed to the charts. A third source of information about Rachel's physical and mental status is a transcript of an interview with Rachel's mother. The interview, based on her personal journal

kept during her daughter's illness, provides quotations from Rachel herself, comments from other family members and doctors, anecdotes of Rachel's behavior, and insights about the changes in the disease.

A second approach to the interpretation of the drawing content will be to have experts examine the set of drawings. The task of these individuals will be to classify each drawing into one of three categories according to their analysis of the drawing's content. The case study format thus allows for many sources of information to be integrated, and for many individuals to contribute their perspectives on the experience of this child as her short life ended.

#### Data Collection

In this research, data from the child, the teacher, the family and the hospital are used for the in-depth picture analysis. The drawings and the accompanying text for each are supplemented by teacher notes. In this case, the researcher was a participant-observer, for her involvement at that time was as a teacher. This meant there was an opportunity to be directly involved on a regular basis and view the situation from the inside, yet there was no thought of doing any research at that time, so the observations noted were a serendipitous happening and not a planned part of this research. The parent interview was open-ended where specific dates and events were shared from the mother's journal,



and both parents' thoughts on the theories of children's death awareness were expressed. They were familiar with the concepts through reading an article the researcher had co-authored previously. Archival evidence from the hospital was also made available.

### Drawings

Of the sixty drawings collected from Rachel, all but one were done in her home. Every school session was held in Rachel's bedroom. She became very possessive of this time and even asked her Mother to leave if she stayed too long after escorting her teacher into the room. Because her room became her "schoolroom" for that year and a half, it was a very comfortable setting for her, both for the easier drawings and for the harder math, writing and so forth. Only the very last picture was done in hospital. Much of her time was spent with her large, loving family whose faith formed a strong, although never intrusive, basis for living. Extended family, neighbourhood friends, and many of those who came in professional contact with Rachel also became an increasingly important part of her world.

Following some difficulties with Rachel attending school in the second grade, her family requested that a Home/Hospital teacher be provided for her schooling the next year. She had had home schooling briefly with another teacher the previous spring when it

was not possible for her to go to school, but wanted to complete grade two with her friends. She completed all of the third grade and part of the fourth with the same Home/Hospital teacher who was then a part time student in the Counselling Psychology Department at the University of British Columbia.

Creative Writing was a major initiative in the school district at that time so the Language Arts component of the program was easily accommodated at home. Initially, much of the work was based on showing Rachel a picture about which she then wrote a story. Later it was changed so that she drew a picture and dictated the story to go along with it. As her health deteriorated more and more, the picture was often drawn but with no story required. This came about mainly because of one particular experience with drawing.

One day, Rachel was feeling very sick but no phone call reached the teacher to cancel the session. When the teacher went into the bedroom, Rachel was asked if she felt able to draw a picture since the teacher was there anyway. She agreed, drew it, said the title was "Rachel not feeling well," but wrote, "Rachel not feeling bad". When the teacher asked for clarification, Rachel said she felt much better and wanted her regular school session. This incident was shared with Rachel's mother and it was agreed that from then on, drawing alone was of value, and would continue as part of the school day whenever Rachel chose it.

Although sixty drawings were received from Rachel, only twenty-eight will be considered in this study. These were all collected between February 1985 and January 1986. Rachel gave all sixty of these drawings to her teacher along with her permission to share them with anyone the teacher felt should see them. Before any of Rachel's material was shared, permission was also obtained from both of Rachel's parents. They fully support this sharing, and in fact believe it adds some meaning to their daughter's death.

There were other drawings which were done for special occasions for her family. For both Christmases while she received teaching at home, Rachel created a "book" for her family. These creative writing activities were printed on a computer, illustrated, and bound. They were very special to the family and the final page of the second book, which she titled "Rachel's Life", was a poem so powerful that the family framed it and placed it on the casket at her funeral. Rachel's creative works have touched many people in many ways.

Most of the time when one of the pictures used in this research was drawn, Rachel was simply asked if she could draw a picture. Usually she would go ahead and complete one; these were the directed drawings, or ones done on request but with no specific stimulus. Frequently, she would chat as she drew. If she was silent as she worked, so was the teacher. Following the drawing,

the teacher would ask if it had a title or story and Rachel would dictate these. Sometimes the teacher simply asked if Rachel could tell more about a particular part. The teacher made notes of the session on the back either during the discussion or immediately following the school session.

A few times, Rachel had drawn a picture the night before, completely on her own; these are the spontaneous drawings. Although she apparently did a great many of these, most were given to members of her family. The researcher has seen many of these, but none are included in this study. The drawings made after a guided imagery activity were based on something specific seen in the imagination, and are not included in this research either, although some of the images are quite striking. Any time a drawing was done within the school context she had the same materials with which to work, the only exception being different quality and size of paper some of the time. The researcher currently has all sixty drawings, but will offer them to the family following the conclusion of this work.

#### Medical Records

With the written approval of both the family and the attending primary physician, the researcher was able to review Rachel's medical records at Children's Hospital. For reasons of confidentiality, no electronic copying of those charts was permitted, however, small portions will be presented in the data

analysis section. A doctor accompanying the researcher made notes of pertinent details so that following the in-depth analysis he will be able to assist with an understanding of what Rachel's medical status was at the time of any given drawing or on the admissions near the date.

#### Parent Journal

Although the researcher had several contacts with the family following Rachel's death, no formal records were kept until over two years later when this research was being planned. In June, 1988, Rachel's parents met with the researcher to discuss some specific events and dates. They agreed to a tape recording being made provided it not be made public in its entirety. It has been transcribed for easy access for purposes of this research, but only the specific quotations in the data analysis section will be generally available.

The interview was based on the journal Rachel's mother kept from the time Rachel was diagnosed until her death. It contains quotations from Rachel and from many others who knew her. It relates anecdotes which frequently include Rachel's behavior and affect. It also includes the sometimes painful, sometimes joyous story of a family's experience when a young child is dying.

## Data Analysis

### Pictures

The researcher will address the following questions during the interpretation of each picture:

1. What is the focal point of this picture, i.e. what draws one's attention?
2. What is odd in this picture?
3. Are there any barriers such as walls or fences?
4. What is missing?
5. What is central or in the middle?
6. Is there anything out of proportion?
7. Are there lines in the drawing, across the top or bottom or under any images?
8. Is there edging, i.e. is part of an object off the page?
9. Are there erasures?
10. Is there shading?
11. What colours are used, omitted, or out of place?
12. Is anything out of season?
13. Does the back of any drawing show extra pressure?
14. Do words appear in any drawings?
15. Are there any repeated objects?
16. What are the trajectories of objects, and what would the consequences be if they moved?
17. Are there abstract images?
18. Are objects filled in or empty outlines?

19. What images or symbols are there related to death, disease, future or view of self?

20. What feelings does this picture evoke in the viewer?

Responses which are clear will be reported, but those which are not clearly indicated in the drawing will not be addressed in the research report; for example, question number three asks if there are any barriers, but if there are none in a specific drawing, then that question will not be mentioned in the analysis. Addressing only the pertinent questions will reduce the volume of this case study, and according to Yin (1989), a common complaint about case study research is the massive size of the report. For each drawing there will be an in-depth analysis followed by the researcher's classifications for it according to Bluebond-Langner's model and according to the spirituality concept of Kübler-Ross, here broken into categories labelled "decathexis" and "rebirth".

#### Convergent Material

Following the researcher's analysis for each picture, the convergent data from the medical records and from the parent journal will be presented either to substantiate or to refute aspects of the analysis.

#### Classification by experts

The second approach to drawing analysis will be to have experts in the use of drawings read each picture with its accompanying text and choose one of three categories for each

picture. Six experts, one from Switzerland, one from the United States, one from Alberta, and three from British Columbia, will be interviewed and asked to look at each of the twenty-eight drawings. An expert was defined as someone who had a degree in the helping professions; had been trained specifically in the interpretation of drawings and had had a minimum of five years experience. They will be asked to determine whether or not they would classify each drawing, based on its content, into one of three categories: Decathexis, Rebirth, or Not Applicable. The last category is included to allow for placement of those pictures which have no other obvious placement.

Each expert will be seen individually and given the set of drawings and an Information Sheet (see Appendix 1) with background information, definitions and directions for using the Drawing Classification sheet (see Appendix 2). The results of the classifications will be summarized and per cent of agreement about each picture will be calculated. This will be followed by a discussion about their findings.



## CHAPTER 4

### Data Analysis

This chapter will present the analysis of the data. First, for each drawing there will be a description of its content and then its classification according to Bluebond-Langner's stage theory and according to the categories of Decathexis or Rebirth. In each case this will be followed by a presentation of the pertinent information available from the medical records and from the parent journal and interview. For the first entry under each of these convergent sources, a brief synopsis of information prior to that date will also be given. The second part of this chapter will describe the results of the experts' classification of the drawings into one of three categories.

#### Picture Analysis

Each drawing will be referred to first by its number based on the chronological sequence. This number will be followed by the title if Rachel gave the drawing a specific title. Reduced reproductions of all drawings appear in Appendix 3 listed by "Figure number" which are in chronological order. In this Appendix the random number used in the experts' sort appears in parenthesis and the title, if Rachel gave one, follows. For example, "Picture 1" from this chapter will be appended as "Figure 1 (Random Number 13)". Appendix 4 provides the text to accompany each figure.

Drawing 1. The first picture (see Appendix 3, Figure 1) was drawn February 19, 1985. The focal point is the girl. She is the central image and most of her stands under the cloud. All the images are outlined in a variety of coloured felt tip markers. The light brown outline of her face stands out, with the light yellow hair barely attached to top of her head. Both the eyes and legs are the same light blue and both the right eye and leg seem smaller. Her mouth is open in a rather lopsided smile. On either arm is a brown spider.

There are four oddities in this drawing. The outlining of the cloud in two colours, first blue, then yellow is unusual in children's drawings. The markings on the dress, described by Rachel as "lines from running", and the position of the legs are also odd. Finally, the size of the tree trunk compared to its foliage is out of proportion. Since this was drawn in mid February, the green foliage on a deciduous tree is out of season.

The story (see Appendix 4) which accompanies this drawing indicates that as the girl leaves the forest, often thought of as a symbol of the unconscious, she intuitively knows to look into the bush and tree approaching her. She believes the people hiding there are playing a "bad trick" on her, and then they put spiders on her. She runs home screaming.

In spite of the bright colours and apparent smile which initially suggest a cheerfulness, the text reinforces the drawing's

image of physical weakness and helplessness in the face of strong opponents who are seen as tricking or threatening. Because it is drawn out of season, there is some significance to the tree. If the large tree trunk depended on the small amount of foliage for photosynthetic energy, it would not be healthy. The odd, bent angle of her legs would suggest a difficulty in supporting her. The spider represents the Greater Weaver or Creator (Cooper, 1978, p. 156) who spins the thread of life. The picture was initially drawn without hands on the girl, suggesting a sense of powerlessness, and without the spiders; they were added after the story was dictated. The lines all over the clothing make the sweater-dress look as if it is unravelling, suggesting her thread of life is coming undone.

The initial feeling of brightness does not quite mask the underlying fear and denial. Because this is one of the few drawings with a text written in the first person, the image of a girl under a cloud who has just had spiders put all over her elicits intense feelings of foreboding in the viewer. This drawing can be classed in the category of Decathexis where there is a recognition of decreasing energy, as if she intuitively knows there is a grave threat to her health and wishes to deny it. Although there is a view of self as being seriously ill, in isolation this picture cannot be specifically placed according to Bluebond-Langner's stages for there are not enough indications of

Rachel's disease experience and knowledge nor of her future expectations.

#### Medical Records

Rachel had been transferred from her home town to Children's Hospital in the spring of 1983. Her diagnosis at that time was Chronic Granulocytic Leukemia. Over the next two years she had been treated for this and the information reported now begins near the date of these drawings. She was in hospital again in January of 1985. She had been experiencing night headaches, vomiting, and a urinary tract infection. Physical examination of the eyes revealed swelling of the optic nerve and small hemorrhages indicative of increased intracranial pressure, but other cranial nerves were reported as normal. Her blood tests showed a normal hemoglobin, a depressed white cell count and a decrease in platelets. A spinal puncture revealed 95% blast cells in the cerebrospinal fluid (CSF) which was markedly elevated, and indicated active disease. She received Methotrexate intrathecally (injected into the back) for the first time. Over the month she continued to receive out-patient treatments. Consideration was given to cranial radiation but it was not used. Her mother is quoted as saying "She was completely changed" for the better by the third chemotherapy treatment. Social worker comments quote Rachel's mother as indicating that Rachel knew she had a serious illness and that she would not get better, and also that she had

expressed a fear of leaving her parents and family should she die. Later, she received Vincristine and ARA-C also. By February 15, 1985, her bone marrow examination indicated she was in remission, although blood test results showed the marrow was chronically depressed.

#### Parent Journal

Beginning in the spring of 1984, Rachel had great difficulty sleeping, often staying awake until 2:00 or 3:00 a.m. yet still trying to attend school the next morning. She often had nightmares, frequently of spiders. The family consulted with the hospital psychologist and finally they chose to have someone sleep with her. The conversation which decided the issue confirmed her mother's belief, "... and she said it so quickly, "I am afraid to go to sleep because Mommy," and at that point she began to cry, sobbing, and she said, "I am scared I am not going to wake up in the morning."

As early as the fall of 1984, when she was seven, Rachel was speaking of dying. On September 21, 1984, in a conversation with her mother, Rachel said, "... When I feel sick I want to go to heaven. You know, like Calgon taking it away [a current advertisement on television] ... When I die I'll see Grandpa." On November 15, 1984, with an older sister she said, "I can die you know." Her mother wrote that Rachel was, "... going to reverse the role of child and she was going to be the mother..." which happened

commonly with Rachel and many other children they saw in hospital whenever a parent or any adult seemed to have difficulty with what was happening. On December 3, 1984, with another sister she said, "... when I die I want to ask God a few things. I want to know if I can be guardian angel, if I can hug and hold little kids' hands when they need it." The sister asked if Rachel's guardian angel hugged her and she replied, "Oh yes, only if I am alone can I feel him. If I ask him, please hold my hand, I can feel his hand in mine and I can feel his hugs."

On December 29, 1984, two weeks after her eight birthday, she had a long conversation with her mother,

I wish I were in Heaven, then I wouldn't have leukemia.

... I could come back and not have it. ... I am so worried because my friends have died and I think I might die and I don't want to leave my family. ...

Promise me that if I die before you and Daddy that you and Daddy will be buried beside me.

In January 1985, Rachel had her first lumbar puncture and her mother has again recorded how wonderful the staff, especially two doctors and a few of the nurses were. "They found leukemia cells in her spinal fluid and for the next five weeks Rachel was in and out of hospital for treatment." Rachel experienced a lot of nausea and several headaches from the treatment and towards the end of it, one of the children to whom she had become very attached died.

On February 15, 1985, Rachel and her mother were working on a jigsaw puzzle and Rachel asked, "Mommy, am I going to die? Did someone tell you I am going to die? Mommy, just answer me yes or no." Rachel was very insistent about an answer, not just that her disease was not curable, but a specific response. Her mother describes the family's very strong belief that it is important not to lie, yet to still maintain the child's hope, a very difficult balance to achieve. Her mother gave examples of "things she had said months before she was even diagnosed" which indicated Rachel had some intuitive knowledge of her future and her mother had written, "That she [Rachel] was in contact with something far beyond what we even understood at that particular time." They believed very strongly to reply "Yes, you will die," would "destroy the human spirit within her" that was so necessary for coping with all the pain and procedures. They also believe that Rachel lived many months longer because of her strong will and that a blatant "Yes" to this question would have precipitated an early death.

Drawing 2. Created February 21, 1985, this picture's focal point is the wolf. This central image is outlined in brown and partly filled in with chaotic lines, heaviest on the top of his head. He has what appears to be blue saliva dripping beside a red tongue. He looks straight ahead, to the left of the page and if he kept walking he would pass right by the hiding children. The text

tells us he is hungry, presumably he would consume them if he could. His front and back legs are different sizes or are out of proportion, indicating mobility could be a problem.

The oddity is the series of faces, each inside a circle, on one of the four trees. The children are hiding from the wolf here, and all four circles extend beyond the actual tree trunks, almost severing them. Two faces look frightened and two do not appear as much so. There are nine trees, five without a child in danger and four with a child in hiding from the wolf. All the trees are deciduous yet are in full foliage in February.

There is a feeling of danger, fear and chaos in the drawing. The lines on the trees go around in spirals and circles. The lines on the wolf and grass are drawn as if in haste, and go in all directions. The text indicates that the children were playing hide-and-go-seek in a forest and were frightened by the wolf. Then "it" frightened the wolf also. They were playing and now hide from a real danger. Yet the wolf goes away and never returns according to the story.

The threat of the wolf, traditionally seen as a dangerous predator in Western fairy tales and symbolism, goes away and never comes back again. They hide from the danger and it goes away, yet four of the trees are almost severed by those circles. It could be that on one level there is a hiding from or denial of the disease, yet on a deeper, still unconscious level, there is already an



awareness that the disease will be fatal. By Bluebond-Langner's stages, it would seem that Stage three, "always ill but will get better", could be an appropriate placement, but that on another level Decathexis or death awareness exists.

#### Medical Records

No new entry.

#### Parent Journal

Following her friend's death, Rachel seemed to have a period of prolonged anger lasting nearly three months which was focused primarily on her mother and seems to have been a time of great turmoil.

... her anger period ...all of a sudden everything I did was wrong... and I think what triggered it was the death of [her friend]... and now the anger is coming out because at that point she says, "I didn't know I could die from leukemia," when she heard that [the friend] died...) and she was already going through, I think, phase 3 into 4 [of Bluebond-Langner's model] when that happened. She was going through such a mixture...

Drawing 3. In this drawing of February 26, 1985, the focal point and oddity are both the face. It is out of proportion and distorted. All the features are drawn in the bottom half or third of the face. It is drawn with a vertical orientation of the paper, and is the only one in the series which does not use the whole

page. It is colourless and there is an obvious expression of sadness. The upper part of the head is edged off the top of the page and the drawing is missing the body.

Because Rachel began this school session saying that she had been sick the night before and describing body symptoms (see Appendix 4, Text for Figure 3) which are reflected in the drawing, there is an obvious indication of her own deteriorating physical self. The edging on the upper part of the face could be part of that symptomatology or could reflect her wish not to think about what is happening. An encouraging part of the image is that the original neck was less than half the width of the one shown; the erasure resulted in a neck which would have an improved ability to support her head.

When viewing this drawing there is a profound sense of sadness, which extends to discouragement and hopelessness when the story about the girl is read. She has many reasons for crying, caused by both physical and psychological pain. "She's always crying." There's an allusion to grieving an unlived adolescence, "The guys don't like her," next to broken childhood dreams, "her Mom promised to take her to Disneyland and she didn't." Rachel's trip to Disneyland with her family had been a wonderful experience for her in spite of the illness, and to think of this girl being promised the trip and then denied it would be a severe deprivation in Rachel's mind.

The painful distortion of the face, the tears, and the bleak story suggest a growing awareness of a poor long term prognosis. These combined with saying "she's always crying," could support Bluebond-Langner's Stage 3 or 4 "Always ill" but we are not sure of her view of her future, "will" or "will never get better". Certainly, there is sufficient material around illness and deterioration to suggest this drawing could be placed in a category of Decathexis.

#### Medical Records

On February 27, 1985, Rachel's hemoglobin was 10.3 grams, her white count was 3600, and her platelets were 60,000, all slightly improved. She had petechiae (small skin hemorrhages) under her chin, on her arms and on the back of her hands. She had a large bruise on her right elbow. Her doctor at that time reported that she was "well in herself."

#### Parent Journal

No specific entry.

Drawing 4. Drawn February 28, 1985, this picture's focal point is the central figure of the Rainbow Bright Google. He is looking off to the left, as were the wolf and the girl in previous drawings. His right eye is smaller and his right leg is thinner or weaker than the other. His facial expression is not a smile, yet is not especially upset either. The Google's posture is rather

indecisive or ambivalent. Although he is looking to the left, his body seems to be turning to the right judging from the placement of the arms and right leg. He is under the cloud, similar to the girl in the first drawing, only this time the cloud has three colours: yellow, blue and pink. The creature is called Rainbow Bright Google, yet the cloud has the multicoloured rainbow image. The outline of the Google's body is suggestive of fluffy clouds in children's drawings.

The castle is edged on the right side of the page so that no door or access is visible to the viewer, and it appears to be floating. It has three levels, the third topped with a pyramid shape. There are three windows heavily framed with bright colours, the same as the cloud's three colours, and this is the only part of the drawing in which solid colour is used rather than just outline.

The viewer initially feels the cheerfulness of the bright colours and the hopefulness of the rainbow images. However, this is somewhat dampened by the ambivalence and vulnerability of the Google, particularly after one reads of this one year old Google who is uncertain about where his home is. Trying to place this drawing according to Bluebond-Langner's model is difficult given the sequential nature of the model, but Stage 3 "Always ill and will get better" still seems appropriate.

The rainbow, a symbol of the connection between heaven and Earth (Herder Symbol Dictionary, 1978), is implied in the triple colours of the cloud and castle windows. The name Rainbow Bright Google as well as his shape suggest a merging of his symbolism with the cloud/rainbow. Thus, in spite of some uncertainty, the overall tone of this drawing is one of optimism, and in the joining of heaven and earth, one of Rebirth.

#### Medical Records

No new entry.

#### Parent Journal

The family had consulted the psychologist at the hospital about Rachel's anger. He indicated how common it was for children to find swearing to be an effective outlet and agreed with them in supporting Rachel's request on March 3, 1985, for permission to swear, even using the "F" word, in the privacy of the bathroom at home.

Drawing 5. This was created on March 6, 1985. The focal point of this drawing is the camper, especially the bumper. It is the only brown part and is darker than much of the rest of the picture. The initial attempt at creating the camper was in white oil pastel, but once Rachel saw it would not show clearly on this paper, she switched to light blue. The original was quite square with the cab placed just barely into the present cab's location.

She re-drew the camper larger, rectangular and with the added length of the new cab, making it roomier. There is a pink driver's window with a cross-piece in it, and two purple van windows with curtains which could suggest a domesticity or a decreasing view in and out. The blue door has a huge doorknob and the opening is above the steps and landing, making access a bit difficult. There is some confusion about the line at the top, whether it is the top of the van or blue and green mountains behind the van. There is a blue line across the top for the first time, but although it is out-of-doors, there is no sun.

The wheels are the oddity. They are made of a circle within a circle. There are four visible wheels, the middle two attached to the van. There is a variation in the size, and they should cause the van to point down into the ground. The trajectory is off to the right, but with the present wheel arrangement, it will be grounded before it can go far.

There is a feeling of optimism about this picture. Although there is a new phase of life for the people in the story who have retired, and the first night is a little frightening because they are now where the wild life lives, the deer and fawns help them feel so safe they stay here and live happily ever after. The images of travel, a new "life" and the fawn, are all supportive of a Rebirth categorization. Because of the bright future, it would

seen that Bluebond-Langner's Stage 3 "always ill but will get better" would be the best of her placements for this drawing.

#### Medical Records

A consultation from the attending physician on March 6, 1985, indicated Rachel "has done quite well although she experienced nausea and vomitting that morning". Further on, the concern of this caring doctor is expressed, "I am still terribly afraid of this girl relapsing."

#### Parent Journal

No new entry.

Drawing 6. This drawing of a fierce gorilla was made March 12, 1985. The focal point is the cage. The text indicates they are strong bars, yet most are not attached to anything. They are so widely spaced at times that the gorilla could easily slip through. They form a barrier, but not an insurmountable one.

The gorilla presents some oddities. The face is very unclear and the features are out of alignment with the mouth facing front but the eyes off to the left. The position of the left leg and arm suggest it may be turning left. The body is somewhat out of proportion, and the lower body and left arm are coloured while the rest has much less colour to it.

The brightest colours are used on the filled-in images of the fruit and carrot. One could wonder if these might represent

medications fed to the disease, the fierce gorilla symbolizing a temporarily caged or controlled illness. If the gorilla were to look into the mirror in the cage, would it see the swing, suggesting the ups and downs of remissions and relapses?

The feelings evoked by this drawing include an unease about the gorilla and his ability to escape the barriers. His distorted face makes one confused and puzzled about what he cannot face clearly. There is also a strength or power about these colour images, yet the viewer is not certain whether the strength is with the disease or child.

Although the fruit and carrot suggest vegetative rebirth images common in dreams of dying adults (Von Franz, 1984), the bars, the fierce gorilla and overall tone suggest this is a Decathexis drawing. One has to be cautious in labelling this according to Bluebond-Langner's stages because there is some suggestion the disease, if symbolized by the gorilla, is under some control for now, but that appears rather tenuous and may change quickly. Perhaps this is Stage 4, "Always ill and will never get better".

#### Medical Records

No new entry.

#### Parent Journal

New new entry.



Drawing 7. This picture was drawn March 14, 1985. The focal point is the huge picture in the Art Gallery. The "punk" girl makes what looks like scribbles on the picture, although the text indicates "they look like scribbles, but they are really eyes." These are a series of yellow, orange, green and finally purple vertical and horizontal ovals. When she returns one of these "eyes" winks. She thinks it is a trick, but the picture knows what she is thinking and replies, "No one is tricking you." When she asks, "Who said that?" the picture replies, "I did," and the girl wakes up. There is both a trick and a dream in the text. The dominant image from the drawing is eyes upon eyes upon eyes. One wonders about being watched and about what the girl is seeing. These scribbles are not what they seem to be, they are eyes that know what she is thinking. They are framed in a dark purple, a colour associated with "control or a need to have others support and control. It may indicate that one has a cross to bear" (Bach, 1966). Given that the punk girl's face and hair are also purple, one must consider the importance of the colour.

The girl is oddly drawn. There are four sets of repeated eyes in the picture, yet one has difficulty seeing the facial features of the girl. She has disproportionately large black legs and huge feet but no arms or hands. She is a very small figure under this large picture.

The feeling tone of this picture is one of depression, anger, chaos, and turmoil. One wonders what is going on, for things are not as they appear and may be a trick or a dream. There is a foreboding and confusion about this drawing. Because there is an uncertainty about the future, the girl simply "wakes up", placement in Bluebond-Langner's Stage 4 is appropriate. The multiple colours hint at rebirth imagery, but the dominant images are the depression and helplessness of the girl in the presence of the huge picture looming over her. Therefore, Decathexis is the appropriate placement.

#### Medical Records

On March 18, 1985, Rachel's hemoglobin was 10.7, her white blood count was 7800, and her platelets were 190,000, all much better. She was started on a three-day course of ARA-C subcutaneous, and again the doctor's note stated that she was "well in herself".

#### Parent Journal

No new entry.

Darwing 8. In this picture created March 27, 1985, the focal point is the series of windows. There are six in total: one on the main floor which is boarded over in brown, two on the second floor, one with a cross in the middle but no ghost and one without the cross but with the ghost, and three on the third floor, the

central one boarded over and the two outside ones each containing both a ghost and a cross. Rachel said that these ghosts did not have eyes because ghosts can see without them.

The oddity is the decay of the house. Although it is drawn in March, the image is more typical of a child's Hallowe'en drawing. According to Rachel, there are "white, really bright blue, black and brown patches," yet the lower left is strangely empty or devoid of colour. The base of the house is very uneven and the door is well above this base. The door knob is disproportionately large.

Another puzzle is that a brother ran away years ago and now this girl who is also running away meets him as she escapes, yet although there is a reunion there is no "happily ever after" or any other suggestion of future. The ghost in the house knew she was there and tricked her. She wakes up, screams and runs, her only escape being through the roof.

The symbolism in this drawing is rather complex. There are three ghosts who seem to have intuitive vision; there are three crosses suggestive of the suffering of the crucifixion; there is trickery and running away; and there is a decaying house or residence. These combine to give the viewer a feeling of fear and foreboding. The large black areas make one wonder about fear, repression, and prognosis. Even running away does not help, there is no way to cover up or block this progressive deterioration and when the girl tries to avoid it, the ghost or spirit wakes her up

to the real situation. This drawing can be classed as Stage 4 and as Decathexis.

#### Medical Records

A test of the cerebrospinal fluid indicated that abnormal cells were present in large numbers. The blood work indicated all the counts were down which was not encouraging.

#### Parent Journal

On March 28, 1985, Rachel said, "Mommy, children are closer to God than adults." Rachel often spent time alone in her room and then would come out and just state these rather profound thoughts, not giving anyone time to respond,

She just gave me the most beautiful, gentle smile and turned and went back into her bedroom. ...She only gets irritable when she is tired now ... after she had played hard, and play hard that child has done since she has had leukemia... she would put three hours into twenty minutes.

On April 2, 1985, her mother wrote, "I just realized coming home from the hospital that she isn't going to get any better than she is now," and then goes on to describe the increased hospital visits and the procedures.

Drawing 9. This drawing was made on April 10, 1985. The bridge across the top is the focal point. It consists of

twenty-four segments, although only nine or ten are actually completely drawn top to bottom. The bridge almost spans the page, stopping just short of the left edge. This yellow-brown bridge drawn in outline separates the solid blue of the sky from that of the waterfall.

The oddity in the drawing is the four black rocks. They started much smaller, but as Rachel chatted while she drew, they were made larger and larger. Somaticly, one wonders if this could reflect cells in the spinal fluid, as the bridge is also suggestive of a spinal column and the waterfall of fluid. In spite of their size, however, they do not divert the flow of water with the exception of a very small area on the left, although they would pose a danger to the man in the story.

The text indicates that "a man goes down in a barrel". He awakens and wonders what happened, but then does in real life what he did in his dream. He wakes up in hospital with a broken leg and "lives on". There is now a very clear representation of the future, and this way of phrasing it is unusual in children's stories. Also unusual is that the drawing has no representation of the main events of the text.

The symbolism of the bridge could suggest a joining of two different places, except that the poorly attached left side could collapse with any weight on it. The waterfall could suggest a sudden, swift and powerful change of direction in the course of

life, yet the flow of water, or life, is still strong. The dangerous rocks are there as potential obstacles, but have no effect on the water or the barrel. The barrier between sky and water is there but is not very strong.

These ambivalent images generate a feeling of uncertainty and confusion in the viewer. There is an unease about the precarious situation here. Again, there is a dream and an awakening to reality, this time of an overtly described broken body. While the bright colours and the water image suggest some hopefulness, the intense black of the rocks, the questionable bridge, and certainly the content of the story create feelings which mirror the abrupt downward movement of the waterfall. This drawing can be categorized as Stage 4, always ill and will never get better, and as Decathexis.

#### Medical Records

On April 1, 1985, Rachel's lumbar puncture results showed many unusual cells. Her peripheral blood results were all grossly abnormal. On April 9, 1985, they were worse still, hemoglobin was 8.8, white blood count was 2200 and platelets were 6800, and the spinal puncture indicated the abnormal cells had gone from 82% to 86%. On April 16, 1985, the doctor mentioned four courses of intrathecal Methotrexate, and that ARA-C and 6MP (mercaptopurine) would be started. Rachel made regular trips to the hospital as an out-patient for treatments. She had "prolonged marrow aplasia,"

which means her marrow had been depressed for an extended time. She was unwell with a chronic disease which would alternate between remission and exacerbation. On May 10, 1985, she was admitted to Emergency with severe bone pain, especially in the right femur. She was pale and cooperative. By May 15, 1985, her blood work had improved, but was still grossly abnormal. A doctor's consultation written May 15, 1985, indicated she was experiencing bone pain in her arms and legs and also intermittently in her abdomen.

#### Parent Journal

At this time, Rachel got her first bike which "changed her whole attitude about the outside world because it was her first bike... and she lived on her bike."

Relatives from out of town visited over the holidays and Rachel again mentioned that children are closer to God. When asked how she knew, she said, "Because [they] haven't been here as long."

Her mother wrote that "she would just state a thought or what she thought was a fact, and... that was the end of it. She left us sort of hanging there all the time."

Now through this period of time Rachel was adjusting very well... She was actually feeling better. All this talk about dying, heaven and everything would stop even in the evening... I think this was the beginning of acceptance because she was getting more and more at peace. It was when she wasn't feeling good that she

was vulnerable and that was when it would really come out.

By April 25, 1985, Rachel was having frequent, severe headaches. On May 3, 1985, her mother wrote, "I know her count has dropped because she's pale and tired. ...can't help wondering if the medication may not be working and the cells are again invading her spine."

In early June, 1985, her mother wrote that Rachel had come stomping up the stairs, looking frustrated, upset and close to tears. When her mother asked her to explain, she replied, "Mommy, I know things, I can't explain why I know these things but no one taught me, not you or Daddy or my teacher. I just know things." As they talked, her mother realized that Rachel had "contact with a wisdom far greater than ours." One of the doctors had commented that Rachel was eight going on forty, for they had seen this maturity also.

Drawing 10. Titled "The Rabbit Disguise", this drawing was created on June 3, 1985. The focal point is the large rabbit. It appears to be turning to the left, yet it looks out of the page at the viewer. The tiny x's up the front are the zipper, for this is a costume, "The Rabbit Disgoise [sic]". Although Rachel asked for the correct spelling of disguise, it was printed this way. The rabbit was not grounded, almost as if it is floating.



There are many things which make this a significant picture. First, it has been drawn vertically, which is not the usual position for Rachel's pictures or for most children's. It is the only one drawn in pen. It is the first to have Rachel's printing on the front, to have a title, to have flocks of birds in the sky and to have the sun on the left. There is considerable pressure showing on the back of the drawing; almost all the large rabbit and the small rabbit with feet, all three words in the title, the bottom-right bird and upper bird among the clouds are all created with noticeable pressure.

The word "rabbit" is central in the drawing, reinforcing the importance of the image. The usual symbol of rabbit is one of fertility and rebirth such as with the Easter Rabbit. Here, however, the large rabbit is really a trick, it is a man in disguise. He has put on another appearance. As the big rabbit he frightens away the little ones, reminiscent of the wolf earlier. This man, disguised as a rabbit and living in the forest, finds the only carrot in the whole forest, even though they all have been seeking it. We are told in the text that, "He loved carrots - you have to remember that!" It is interesting to note that this colourless carrot is in the same placement as the bright orange one in the gorilla's cage drawn previously. The viewer is left wondering what the carrot might symbolize.

All of the significant aspects of this drawing and text combined with Rachel's comment, "I used to draw good rabbits, but I don't now. I've changed," plus the fact that her best friend had just died of leukemia make the viewer realize that an important change has occurred. With a jolt of reality, the viewer feels the sadness of loss, both for the friend and for this child. There is bleakness, almost a despair which joins with a fear of what is happening.

By putting on a new appearance, the man/rabbit gets his carrot. The little rabbits are frightened. The sun has moved to the west and birds, often representative of the soul, transcendence and flight to Heaven (Cooper, 1978, p. 20) appear. Rachel would appear to have moved to Bluebond-Langner's Stage 5 "Dying". The symbolism suggests that this is a Decathexis picture.

#### Medical Records

June 12, 1985, Rachel's hemoglobin was nearly normal although her white count and platelets were still slightly depressed.

#### Parent Journal

Rachel "has gone through being very frightened and is scared too... I saw the pain and the tears and the loss on her face when... [her friend died]. ...disease just does not attack the physical part of the child, it also attacks the psychological and it really plays

havoc with the children because it unbalances them...  
and so the turmoil was just terrible for her."

Drawing 11. Titled "The Flower Bed", this was drawn June 5, 1985. The focal point is the tulip on the right. It began with a shape similar to the two other flowers, but Rachel erased it and re-drew this one. As she was drawing it, she was talking about her friend's funeral. The back of the page shows a great deal of pressure for the whole tulip flower and its leaves. There is also considerable pressure on the back of the letter "f" in flower, on the sun's nose, on the "X" on the left flower and on its stem, and on the left leaf of the middle flower.

The oddity is the left flower. There is a large "X" in its center, the only time in the series this happens, and the line for the stem, if extended, would join with the "l" at the end of Rachel's name.

There are three flowers and three flocks of birds. They were first called "crows, robins and eagles", then Rachel changed her mind and called them "crows, hawks and eagles". The sun on the left is very large and there is no colour in the drawing.

Although the symbolism of birds, sunshine and flowers could be considered rebirth images in some circumstances, in this colourless drawing they are more indicative of Decathexis. The flower bed could also suggest flowers on a grave, a custom with which Rachel

was familiar. The huge sun could wilt these flowers, and the one on the left has been X-ed out in its center. Two of Rachel's friends have died of leukemia, one a few months before and one a few days before. Perhaps the three flowers represent the three children, Rachel now recognizing what her prognosis is. There are three flocks of birds in the sky but the initial robins were erased.

On viewing this, one experiences a sadness and a sense of bleakness, the reality of death as a grim prospect is clear. According to Bluebond-Langner, this would indicate Rachel's awareness that she is dying. It would be classified as a Decathexis picture.

Medical Records

No new entry.

Parent Journal

No new entry.

Drawing 12. Created June 6, 1985, this was titled "The Sad Monster". The focal point is the monster. He approaches from the left and is outlined in purple with filled-in green legs. Rachel described him this way, "He's got lots of hair, one eye, and three legs. He's sad. He wants to be buddies." Although he is a monster, he does not appear especially frightening. As Rachel drew

him, wrote the title and coloured in the legs, she was speaking about funerals and about remembering.

The oddities are that only two limbs are coloured in solidly, and that three of the tiny people reply to "I want to be buddies" with a "Yes", but one says "No". There are three limbs on the monster with three digits on each one. If he continues in the direction he is going, the trajectory suggests he would trample the little people. The green base began as "Hills in the distance" but were covered over with brown as Rachel spoke about funerals and friendships.

There is a gentle sadness about this drawing, both from what we are told about the monster and also from the responses of the people. There is a separation implied by three of the four being buddies with this monster. One wonders who is left out now and what does the monster symbolize. Perhaps it is death and the children are the three leukemic friends. Perhaps part of Rachel still denies her fate. The green/brown of the base being coloured as funerals and burial practices were discussed suggests it could be grave symbolism.

Although there is an offer of friendship and colour has returned, especially the bright green of new growth, there is still the huge, overwhelming size of the monster compared to the people and the discussion of the drawing and real life events to suggest

that this is again a Stage 5 drawing. Although there is some rebirth imagery, the dominant feeling is one of Decathexis.

Medical Records

No new entry.

Parent Journal

No new entry.

Drawing 13. This was created on June 10, 1985. The focal point is the cart. It is a complex image and the flowers quickly attract attention. There are four flowers in four separate pots. Three of the pots, outlined in blue, appear to bounce off the top of the cart and those three stems do not reach their pots when coloured with felt tip pens. Only one pot is secure with that flower's stem reaching into it, and this pot is shaded, not just outlined. This is reminiscent of the four little people in the previous drawing, three are in one group and the fourth is different. There are also three sets of three concentric circles on the cart. The two outer circles in each set are pink with pink dots or tiny circles between them and the center of each is blue.

There are three oddities in this drawing. First is the flower on the right which has nine sharply pointed petals. There is a great deal of pressure on the back of the drawing where the petals are. The center of this flower is very darkly shaded, first with little pencil squiggles then orange felt tip pen covering them. It

is the only flower in the series like this. The tire is the second unusual aspect of the drawing. It was erased and re-drawn, but the flat part is still on the right not on the bottom. Because the man pulling the cart says, "Oh, no, a flat tire," the viewer knows what it should be like. Finally, the man is also odd. He appears to be standing up in the air and has no feet. He is very tiny compared to the cart if he is pulling it. In fact, he may not be able to move it with such a size difference, but if he could, his grip is poor, on one handle only. If he pulled from where he is standing, the direction would tend to change. All this causes confusion about what the trajectory of the cart really is.

Symbols in this drawing include flowers, but the survival of three is in question. The flower cart has a flat tire, and the man's ability to move it or get a grip on it is in question.

"Three concentric circles signify past, present and future"

(Cooper, 1978, p. 36) and there are three sets of them in this drawing. Given the repetition of three in the recent drawings, it is again possible to wonder about Rachel's association of her health with those of her two friends. The drawing generates frustration and some anger. There is a sense of precarious balance, futility and helplessness. This is a Stage 5, Dying, drawing and also one of Decathexis.

Medical Records

On July 10, 1985, Rachel's hemoglobin was down slightly, her white count was up and now within normal limits, and her platelets were still slightly low. A consultation of July 12, 1985, indicated she was doing extremely well and felt physically well. On August 7, 1985, her blood work was abnormal again, the worst it had been in three months. She was on all three of the chemotherapy drugs again. On August 8, 1985, a spinal tap showed 79% blast cells in the CSF. By September 5, 1985, this was up to 94%, where there should be zero to two per cent at most. Her liver function tests indicated it was essentially normal. The report on September 9, 1985, indicated she had had "another recurrence". On September 13, 1985, the consultation indicated she had experienced ten or twelve headaches in the temple area which may have been side effects of the medication or caused by "arachnoiditis", that is, an inflammation of the lining of the brain or spinal cord. [It is interesting to note that "arachnida" is the Latin name for spider.] By September 17, 1985, the blast cells in the CSF were down to 5% and she was given a blood transfusion. It continued for an hour and a half, then was slowed and finally discontinued because of a blood reaction: shivering, low temperature and fast pulse. On September 20, 1985, she had more blood work done, a spinal tap and was given medication. The results indicated she was improved.



Parent Journal

On August 13, 1985, Rachel came out of her room with tears in her eyes and told her mother she had heard angels' harps. Her mother went back with her and could only hear wind chimes and a ghetto blaster outside. Rachel was very indignant, saying she could hear those too, but she had also heard the harps. As they talked, Rachel expressed her fear that they were coming for her, and again her mother was able to reassure her, telling her the angels just wanted her to know she wasn't alone. Rachel replied, "Next time I hear them I will stay and listen instead of running away."

Again, in the summer as her mother was serving a plate of corn-on-the-cob, Rachel asked, "Mommy, if I die what will happen to my face?" A book her mother read later confirmed that this is not an uncommon question. Another time she asked what would happen to her toys. This was new because in the past she had been feeling vulnerable when these topics came up but now she was feeling well. Her mother suggested she may want to write out what she wanted to happen to the toys and put that in her secret drawer after which, "she giggled and said, 'I sure don't want to be around if someone went into my secret drawer'." Rachel "...did tell me her favourite teddy is to be with her in her coffin." She also made certain her mother knew her favourite songs and her favourite flowers, pink roses. She was always very matter-of-fact when talking about these

and her mother said, "I believe she was telling me in her own round about way this is what I want." Her mother also indicated that Rachel "... was already into the fourth and fifth stages [of Bluebond-Langner's stages] in 1985, ...into the fourth when it turned acute [in April]."

On September 6, 1985, they were told the cancer cells were back and the treatments would have to start again. They were also advised to consider radiation treatment. On September 9, 1985, Rachel was having bad headaches and pain which responded to heat and Tylenol. On September 11, 1985, Rachel expressed her sadness for all the children suffering the procedures and treatments, "I feel so bad, Mommy, while I see them be sick because of their chemo." Rachel was very loving at this time and did not seem "as troubled or angry anymore".

Drawing 14. This is one of the first drawings after school resumed in the fall, drawn September 23, 1985. The focal point is the large butterfly. It is huge compared to the trees and flowers. Judging from the intense pressure on the back of the antennae and facial features, the sensory aspects of it are emphasized. The initial pencil outline of the body is also heavy. Although it would seem to be the body, the size and solid black colour suggest a chrysalis also. The wings are only outlined and the pattern on the left is made of sixteen dots, six in orange and ten in purple,

with six in matched pairs. The right wing has thirteen dots, nine orange and four purple with one pair and one triplet. The face on this butterfly has either a big, toothy smile or a big smile with clenched teeth.

The oddity in this drawing is the tree trunks. They were coloured with a light yellow, then covered over with black. The usual selection of colours was available, so one wonders what this could symbolize. Because none of the trees appear rooted, and in fact the base tends to curl upward on them, there is an image of them lifting up.

This suggestion of lifting upward or floating is true for all the trees, flowers and butterflies. The three deciduous trees are still green. Although this would suggest Rebirth, there is a feeling of emptiness in the butterfly wings, and apprehension or unease with the tree trunks and black bodies. The tension on the back of the drawing combined with these suggests the rebirth imagery is not dominant just now, and that repression, fear or a wish not to face this separation is dominant, therefore, the overall impact and tone of this drawing is one of Decathexis. Because Bluebond-Langner's final stage is dying, there will be no further reference to her classification of the drawings.

Medical Records

On September 26, 1985, Rachel's CSF blast cells were down to 2%, almost normal and her blood work was only slightly worse than the last report six days earlier.

Parent Journal

No new entry.

Drawing 15. This abstract drawing "Time Machine" was made on October 3, 1985. The focal point is the dark blue outer layer. Its inverted "u" shape is suggestive of a road and the black marks, of the dividing lines of the lanes with intermittent yellow lines. If one took this image further, it is suggestive of the road of life, in this case almost coming full circle off the bottom of the page. As one follows the multi-coloured layers, there is a suggestion of a rainbow. The whole image started out white, while Rachel was speaking of the Ice Tunnel at NBC studios where she had been with her family. As she described the sensations of being in the tunnel as it rotated and spoke of her trip to Disneyland and other locations, she added colours.

When asked if the completed drawing had a title she called it "Time Machine" and then added that you can go forward or back, indicating the two red dots as controls. Then she said, "I've had a good life. I don't want to see the future." Although that is a very powerful statement from a dying child, the feeling tone of

this image is joyous, and vibrant. There is sadness and denial or resistance if one hears the words only, but with the image there is a sense of Rebirth which is also its classification. The buttons suggest you can go forward or backward so that the one operating the machine has control. Bach (1966) indicates that white may signify life's completion when all other colours are used. Here Rachel does the reverse, using quite a bit of white but then colouring over it with bright colours. Her usual bubbly affect at the time was only mildly subdued, even while describing her life. It is interesting to note the similarity of this drawing to two of the drawings analyzed in case studies by Bach (1966, p. xxi, xxv). In those, as in this drawing, the bright "rainbow" image is the entire picture, using the full page. The inverted u-shape is pronounced and they are drawn at times where physical well-being is in danger, but psychologically the promise of peace is recognized.

#### Medical Records

On October 5, 1985, she had another lumbar puncture and although results of this and the blood work on October 7, 1985, were not encouraging, they had delayed treatment as Rachel was to be a flower girl at her older sister's wedding. On October 9, 1985, Rachel took part in an Occupational Therapy art group. She painted three pictures with "bright colours and varied symbols and shapes in combination." The first, "was a combination of flower shapes and drops of paint which she then smudged." The second was

a "portrait of her older sister who had accompanied her and who was painting as well, which she also smudged". The third "depicted a stormy day". Rachel agreed to leave them all at the Oncology Clinic for display. "She worked quickly and happily and appeared quite happy with her participation." Her mood was "light and positive in spite of the lumbar puncture following after which she quieted markedly". Her physical examination was essentially normal although it noted that Rachel reported "shivering in the past while". She was restarted on chemotherapy.

#### Parent Journal

On October 7, 1985, her mother noted that Rachel was thin and not feeling well. They were concerned about her response to her older sister being married and leaving, but Rachel thoroughly enjoyed being flower girl and adjusted well. Later, her mother said of this time, "...sure she had accepted her death... she knew she was going to be going, but boy she was going to live as best she knew how right up until the end...". That night Rachel was taken to Emergency yelling "... somebody help me!" and sobbing... because the bone pain in her legs were terrible. On October 17, 1985, a bone marrow and blood tests were done to see if she was still in remission. The following morning they were told she had relapsed. In spite of the bad news, Rachel's mother continued to stress how gentle and supportive the doctors were. She also indicated that dates slipped by so quickly that she tended to

record only on a calendar from then on, and very little in the journal. About this time they became very aware of the increasing turmoil of the impending separation,

...as the months went by and she finally accepted the inevitable, like immortality... and she came to be at peace with it... she had a terrible, terrible time... I think that the hardest part for her was to finally not only accept but to say goodbye... I think it was one of the hardest struggles for her. She said, "I don't want to leave you and Daddy," and she would cry, she would just sob, terrible, terrible sobs. ...and that was the time that was very hard for her because she knew she had to separate from us."

Drawing 16. Titled, "Beware of Ghost," this drawing is from October 18, 1985. The focal points are the many aspects of the house. Written on the right base are the words "NO EXIT". Nearby are two doors, designed more as institutional doors than those of a house. There are three windows with crosses and broken glass. The fourth window, a soul window, is circular with a cross in the middle and is placed within one triangle of the roof. The house has a patchy appearance. The roof is split in the middle, divided into two distinct portions.

The oddity is the number of arrows. The picket fence along the bottom, broken and falling over in places, reinforces the arrow image of the left wing of the house. That oddity became evident when the drawing was traced for study. A dominant left part of the house is outlined in orange so that from the base up to the roof it forms an arrow pointing upward. It is suggestive of a booster rocket with a space capsule on it. The triangular roof with the soul window shaded in pencil, would be the part to separate and continue upward. The text indicates that this little portion of the house is nice and clean and this is where the ghost lives. It is the only homey, safe image in the drawing.

The barrier would once have been the fence, but it is so broken now that it could not protect the house. The house is the central image and the other features almost form a circle or protective u-shape around it. The orange tree trunk is out of proportion because the part near the bottom is narrower than higher up. Most objects are outlined, but some are coloured in with pale orange or shaded with pencil. Because it is well into October, this haunted house image is not out of season, but the symbols are very bleak: a bird in the tree that wants to get away, a ghost in the bottom right that wants to eat the bird, a tree that is cold and has never had any leaves, a no exit sign, the dilapidated house, and the signs of a recent storm. It is so terrible that even the moon does not want to look at it.



The feelings associated with this are helplessness, hopelessness, fear and danger. Things are broken and vulnerable. Yet in spite of all that, there is also a small sense of protection and security from the "covering tree" on the left and in the nice place where the ghost lives. The overall placement for this, however is still Decathexis.

#### Medical Records

Blood work was done on October 15 and 17, 1985, and a bone marrow aspiration was performed on October 21, 1985. The conclusion was about that she was in relapse, it was acute lymphoblastic leukemia (ALL). More blood work was done on the 24th and again on the 31st which indicated it was almost normal, the chemotherapy was effective. October 31, 1985, she experienced more leg pain. By November 7, 1985, the CSF was clear and her blood work had improved. She was admitted to Emergency with vomiting and fever on November 7, 1985. By November 9, 1985, her hemoglobin was normal but her white count and platelets were low.

#### Parent Journal

No new entry.

Drawing 17. "Monster" was drawn November 12, 1985. The focal point of this picture is the monster. The dotted outline of the monster is unique in the series. The blue of the body is the same as the blue of the sky, causing one to wonder if this is a heavenly

creature. The arms are purple, but still in the dotted style. Does this unique style suggest a fading in and out of life or perhaps an ambivalence? The eyes are a dark, solid purple and seem to be looking at the tiny person towards which the monster body is leaning. This monster does not appear especially threatening, and is somewhat reminiscent of the Google drawn earlier. The shades of blue and purple were two of Rachel's favourite along with pink. The image appears to be rising or floating and is almost framed by green ground and evergreens.

The oddity is the house. It appears to be below ground level at the base, either a full or at least half a floor down. Two windows are very darkly coloured, green and orange. The whole house is outlined in orange, which Bach (1966) indicates may suggest a life and death struggle. The roof is not aligned, the door is also out of alignment, and the doorknob is high. The chimney is the same bright pink as the monster's navel, rather than red as commonly used by children (Thompson & Allan, 1987). This causes one to ponder what similarity or symbolic connections they may represent. The tiny person in the upper window is calling "help". This may be directed to the monster asking for help or to anyone for help from the approaching monster.

When asked if she ever felt like that person, Rachel shared a great deal, but prefaced it with a request not to tell her parents because she did not want them to worry any more than they were. It

seemed that just then she, like the little person, needed help. If the crumbling house represented Rachel's physiological state, then she was not doing very well. If it represents the family, then from Rachel's perspective, the edging off the right of the page and the lack of access could suggest her resistance to talking to them at this time.

There is fear, ambivalence, wariness, yet also some hopefulness. There are two evergreen, each of them with nine branches. This may be symbolic of the nine years on her own tree of life. These evergreens suggest optimism. The use of pink on the chimney and navel implies some hope for a future haven spiritually. The dual nature of the monster as friendly/dangerous and the green/orange (or healthy/dangerously ill) colour of the windows also suggest ambivalence. The dilapidated house, the call for help, the sun on the left and the smaller right window and right eye of the monster, however, all suggest Decathexis. There is both the physical failing and the implication of leaving this life for another.

#### Medical Records

Blood work done on November 14, 1985, indicated the best results she has had in some time.

#### Parent Journal

No new entry.

Drawing 18. Titled "The Baby Robin", this picture was drawn November 15, 1985. The focal point is the robin. It is outlined in the bright blue usually used for the sky and Rachel indicated she had seen it outside her window that morning, which obviously makes it out of season in November. It has a tuft of golden yellow hair, bright blue eyes, and a prominent beak with two distinct nostrils. There is the red-orange typical of "robin red-breast" and two pink shapes which appear to be wings. The bottom is barely touching the nest, almost as if the robin is rising. There is white around the bird which Rachel identified as the broken egg shell. There are brown lines flowing from the robin outward and upward, suggestive of extended wings.

These markings are the oddity, for that would make two sets of wings. It is possible that these brown lines are not wings or that the smaller pink lines do not represent wings. One wonders what these really are and what having two sets of wings might signify.

Rachel used two shades of brown, two shades of yellow, two shades of blue and pink, red and white. She added the white shell last. The pink wings are somewhat filled in as is the red breast. The eyes and nostrils, sensory organs, are solidly filled in.

The symbolism of the robin as death and resurrection (Cooper, 1978) and of the egg as resurrection and hope (Cooper, 1978; Herder Symbol Dictionary, 1986) reinforce the image of new life implied by a baby bird and of this one rising up out of its nest. The

emotions elicited by this drawing are joy and hope. The sense of being uplifted comes from this striking Rebirth imagery.

Medical Records

No new entry.

Parent Journal

No new entry.

Drawing 19. "Apple Core" was drawn on November 17, 1985. The focal point is the face. The pupils are dark, looking down to the left at the apple core, and again the right eye is smaller. The nose has distinct nostrils, as did the robin in the previous drawing. There are freckles on the person as well as the sun whereas Rachel usually drew them only on her suns. Both the person and the sun have toothy grins. Strong pressure shows up on the pupil of the left eye, on the figure's teeth and on the smile of the sun. Two thirds or twelve of the eighteen sun's rays, those near the bottom, also have added pressure.

The oddity is the missing body. There is a large head and two feet which are joined at the heels. Before she erased it, Rachel began the line for shoes or a body much lower and larger. If this drawing is overlapped with the baby robin (Figure 18), they would be of identical size before the erasing. Now the person's head is about a quarter of an inch higher than the robin and the body is about two inches higher from the bottom. When overlapped, the

change from the erasure suggests this person is floating higher than the robin was.

The word "Yum" appears on the drawing. The apple has been eaten and only the core is left. It has no seeds in it. The sun appears to be looking at the person and the person to be looking at the apple core. The person's shoes are laced up through four circles on one side and five on the other. One has the feeling of bleakness, of enduring or gritting one's teeth and bearing it.

Symbolically, the apple could be seen to represent the Tree of Knowledge and also the fall and death of humanity. There is no colour in this drawing, there is no body on the person and only the discarded core of the apple. It has already been consumed. Although there is some rebirth imagery of the rising figure and the new knowledge or understanding represented by the consumed apple, the Decathexis images of deterioration and distancing are more dominant.

#### Medical Records

On November 15, 1985, she contacted gastroenteritis with a fever. Blood work and a spinal puncture on November 19, 1985, indicated she was doing quite well. A bone marrow on the 20th indicated she was back in the chronic phase of the disease, there were fewer than 5% blast cells which was greatly reduced although not in remission. A new drug, K-asparaginase, was instituted at this time.

Parent Journal

No new entry.

Drawing 20. Titled "Land and Sea", this picture was drawn November 22, 1985. The focal point is the dark brown boat. The section of it behind the Princess is higher than the other end. According to story, the slave and princess are rowing to the blue castle in the upper left to tell the king they are to be married. Then they will go to the towns in the upper right for the ceremony and to live, the latter being the town Rachel had lived in prior to being diagnosed. The princess can see the castle and is prepared to face that part of her future telling them she is leaving, but perhaps the return "home" is not yet something she wishes to look at, hence a barrier in that direction. Both of them have eyes, but no mouths or noses. All eyes are the same colour as their figure's outline except that of the princess, her eye is very black.

There are solid colours only on the boat and oar, slave's head, and the two towns in the upper right, all others are outlined. The oddity is the transparency of the living images, people and fish. The towns of the wedding ceremony and residence in the upper right are golden yellow and in the placement of the sun in earlier drawings. The blue water is at the top of the page where blue sky has been in the past. There are nine fish, all going to the right according to Rachel. Five of them are on the

other side of the boat, three are beside or in the shadow of the boat and the last one on the left looks as if it will collide with the boat. Could this mirror her first five cancer-free years, three more fighting it and the last or ninth year ending abruptly?

There are many symbols in this drawing. The fish symbolism described above and the direction of the school of fish, going the opposite way of the boat, suggest death images. Dreams of travel to the West, to the setting sun, and in a boat are all common death images according to von Franz, and "in my experience the image of the journey in dreams is also the most frequently occurring symbol of impending death (von Franz, 1984, p. 64). The princess is a helpless occupant of the boat as they go to tell the king she is leaving. Her dark eye is perhaps seeing that all the life is fading. Although there is a strong sense of ending and separation when this drawing is evaluated in detail, when it is viewed as a whole the feelings evoked by this drawing are tranquility, serenity and harmony and so it should be classed as Rebirth.

#### Medical Records

No new entry.

#### Parent Journal

No new entry.

Drawing 21. "Bear in the Snow" was made December 4, 1985.

The focal point is the snowman, especially the arms. The left arm



is not attached to the body or to the hand. The right hand with the broom does not have a grip on the broom. The whole picture is done in pencil, outlined only except for the hat and triangular nose which are shaded. The snowman has three segments, the upper body erased to move it to the right, and the head, to make it larger.

The oddity is the erasing of Fred "to get him lighter" which took most of the drawing time. Fred is in the central position, the broom acting as a barrier between him and the snowman. Both have the same vulnerable arms outstretched posture. Fred's right eye is very small and only his right foot is touching the ground. He too is wearing a hat, but rather than shaded, the designs were erased repeatedly.

Repeated objects are the six coals on the snowman, six steps to the house and six segments on the chimney. The snowman's arms, hat, facial features and coals all have extra pressure on the back, and so do the six steps, door, window, and six segments of the chimney. These create an impression of movement flowing upward on the right.

The edging of the house causes one to wonder what could not be shown. There is much smoke coming out the chimney which may reflect a great deal of emotion in the family at this time (Thompson & Allan, 1987). The cloudy day could also reflect overcast times. Both the snowman who will melt and faint Fred bear

suggest a fading from life, and the bear is a symbol of resurrection (Cooper, 1978; Herder Symbol Dictionary, 1986). The story indicates that Fred bear lives in a warm, happy hut with his family, suggesting security and love. There is a feeling of melancholy, repression and evasion about this drawing. The warm, happy hut will be very hard to leave but the fading figures and cold day dominate the page, just as her disease dominates the cold reality of her future. This drawing is also one of Decathexis.

#### Medical Records

No new entry.

#### Parent Journal

In February, 1985, Rachel had started complaining about being cold. She said to me, "I feel cold, Mommy," so I cuddled her more and she said, "I don't mean that kind of cold... I feel cold all over and inside. I am cold... It is just a cold feeling and then it leaves."

Now my feeling about this is... when she got that cold feeling she was trying to come to grips with dying.

It continued, and by November, her mother believed the cause had changed slightly.

There is a separation. [Rachel] knows the separation. She could feel the separation. That is the coldness she was talking about. ...You know how terrifying that

is. She she knew it... I believe this, ... that she was already feeling the pull of it... the separation of the body.

Drawing 22. Called "Rainbow of Light", this abstract was created December 11, 1985. The focal point is the wide, yellow band of colour. Bach (1966) indicates this colour "may suggest an emphasis of things of a spiritual or intuitive nature". It is the same colour as the hair used on drawings identified with herself and on the tuft of the baby robin previously. The pencil lines drawn first show through the colour, emphasizing the impression of flow. It is not clear whether the direction is downward towards the center from the upper right or the reverse, upward. There are eight bands of brilliant colour: from the right pink, purple, and blue, all colours Rachel liked, and on the left of the central yellow band are two shades of blue and two shades of orange.

The emotion evoked is primarily joy, although the orange shades on the left elicit some mild unease. The rainbow is seen as a bridge between heaven and earth, or as a hopeful, positive image with a pot of gold. Children often draw rainbows as part of a larger drawing, but it is uncommon as the only image. The symbolism of light includes the representation of God, spirit, and immortality (Cooper, 1978; The Herder Symbol Dictionary, 1986). Images of light in various forms and of light-beings are common in

the dreams of the dying, usually as very powerful, positive images (von Franz, 1984). This drawing combines the two symbols with brilliant colour to create a dramatic Rebirth image.

#### Medical Records

Rachel was admitted to hospital on December 12, 1985 for surgery. Her examination revealed her to be in good health although a slight bruise was noted on the right inside of her mouth. Her height was at the fifth percentile and her weight between thirty-fifth and fortieth percentile for her age. An Ommaya reservoir was surgically implanted in the right ventricle of her brain. The reservoir is another way of administering chemotherapy. The surgery went well, there was no facial weakness and no abnormal reflexes were recorded. A nurse's note of December 14, 1985, indicated Rachel was feeling faint. Her blood work on December 16, 1985, was near normal. The summary report of the 17th included the following comment, "One year ago she developed acute blast cell transformation which responded well to the reintroduction of Prednisone" and the other drugs. "Six weeks ago she was again in relapse." The same three medications as administered previously were reinstated. She was in remission. Another part of the report indicated, "She had always had CNS disease. Physical examination showed no enlarged liver, spleen and no enlarged optic discs." On January 3, 1986, the doctor

mentioned two new drugs and commented, "It is too early to tell if she will continue in remission."

Parent Journal

No new entry.

Drawing 23. On January 8, 1986, Rachel drew "Fat and Little". The eyes are the focal point. They are very detailed and large. There is an unusual amount of pressure on the back of the right eyelashes. One wonders what the little girl is seeing as she looks straight ahead with her eyes wide open. The oddity is also a facial feature, her smile. The teeth from most of the other smiles are missing. What has changed? The outline of the smile is drawn with extra pressure.

The proportion is badly unbalanced. The head is huge compared to the body. It takes up about three fourths of the page and, especially on the right, is lopsided. The little body cannot support the size and it appears that as she leans to the right she will topple over. The picture is outlined, with no colour. The upper body and right heel are also drawn with added pressure.

Symbolically, the distorted body image of huge head and diminished body is reminiscent of the crying girl in Drawing 3. Here the body is shown as fat and little or powerless, but the girl is facing the situation, whereas that girl was looking down, depressed and her face was quite distorted. This one has very

clear features, and even a smile. This girl does have a body, but the image is distorted and there is a lot of tension around it. A common side effect of the drug Prednisone is an altered appearance or "moon face". This girl is also missing any ground to stand on making this yet another floating image.

The emotional response to this picture is one of sadness. Although one can see her facing the future and see her smile and apparent brightness, one is also aware of her distress over her changing body, her sense of helplessness and her physical deterioration. This is a Decathexis picture.

#### Medical Records

No new entry.

#### Parent Journal

No new entry.

Drawing 24. "The Ice Capades" was drawn January 9, 1986. The focal point is the character who has "Snorks" on its costume. It is looking down at the three columns in the lower left. They are similar to his antenna except those are unbent, and his antenna curves at the top. The character has very large eyes for the size of its body. It has a star on the waist or belt. von Franz (1984, p. 40) writes that the star "is another historically familiar symbol for the resurrection body." This character is the only one clearly on skates, yet with one foot going in either direction,

movement may be difficult. Because it has a costume on, the identity is unknown, another disguise. The story indicates the characters had to skate over "this great big hole in the middle" yet this performer does not look frightened nor does the task seem especially dangerous. In fact the stance of this character suggests its trajectory is off to the left around the hole.

The oddity is the lack of faces on the crowd. There are no extremities on the six faces nearest the ice, only concave body/necks, and it is unclear whether they are performers or audience. Of the three others who do appear to be performers, there is only a body, and again, no feet or hands. Another unusual feature is the two holes with three projections in each. They are not identified, and Rachel's only response to a query was very vague, to the effect that they were just there.

The page is vertical and everything is outlined in pencil. There is no colour and the only shading is on the boyfriend's shirt. The figure identified with Rachel is distant and small, with a very indistinct face and body. Another interesting feature is the direction in which different characters are looking. The boyfriend appears to be looking off to the lower left and so does the Snork. Five characters around the Snork appear to be watching it, but three just off center appear to be watching the figure identified as Rachel.

The symbolism of being watched makes one wonder if Rachel was very aware of being watched very closely, or if there was a sense of being watched over in a protective way. Ice is temporary and melts just as the snowman would. It is also cold. The hole in the ice is a big dark spot right at the center. von Franz (1984) provides many examples of individuals who dream of black spots, some overhead, some as pits or holes which appear instead of the more common tunnel images in dreams of the dying. In viewing this drawing one feels some alarm at the posture of the audience as they all have their arms above their heads. One is uneasy about the lack of faces and of some bodies, and about the hole center stage. There is a confusion as to whether or not characters are happy or just maintaining a pretense. Certainly, the great distance Rachel drew herself from the center of activity suggest this is a picture of separation or Decathexis.

Medical Records

No new entry.

Parent Journal

No new entry.

Drawing 25. This picture of "The Secret Garden" was drawn January 10, 1986. The girl is the focal point. Her posture attracts attention as it is an awkward way to stand and difficult to maintain. The left arm is barely attached to the body. The



whole drawing is done in outline form, in pencil only. The girl's hair is shaded, but Rachel did not fill in all the area originally outlined for the common style she used in pictures associated with herself. This represents a change. The face has a lopsided smile. The left eye appears to look off to the left and the right eye looks ahead. The dress is united directly to the head, with no upper separation. There are two heart shaped buttons on the dress.

The door is odd because it almost forms a frame around the girl, although not completely. It is already covered with more ivy than the wall around it and the story indicates it will soon be very difficult to find at all. The door knob is the other area that is heavily shaded and that has a slight extra pressure on the back. The wall forms a barrier separating this secret garden from the other side. The wall extends all the way to the right although it is not as dark there and the ivy is not as thick. The two trees inside the garden reach from the ground up to the sky which appears overcast from above the girl all the way to the right edge. The sun on the left side is not hidden however.

The three flowers and two deciduous trees in this garden are out of season in January. Although a garden suggests new growth, the story of the same name as this drawing, which Rachel was reading with her mother, was about a child facing many difficulties including her mother's death and moving to a new country to live

with an unknown uncle. The secret garden in her new home is a forbidden, secret place which has been kept sealed because a young woman fell from a tree and died here. This book is very popular among critically ill children. Now this girl in the drawing is in her own "Secret Garden". Other images suggesting death are the sun on the left, the wall as a barrier once the door is hidden, the strange, vulnerable posture of the girl, and the two trees connecting the earth and sky. While the ivy and other garden images suggest rebirth, they are overshadowed by these other images, by the overhanging clouds and by the lack of colour in the drawing. One feels a chaos and bleakness in the garden; there is a sense of pain, distortion, aloneness and separation. This is showing Decathexis.

#### Medical Records

No new entry.

#### Parent Journal

Rachel had spoken to her mother over this time and had indicated that she could hear God, but could not see him and asked about God's appearance. Another day, she came running out of her room excited and told her mother she knew what Heaven looked like. Her mother stopped cooking and said, "You do?" she replied, "Oh yes, I have been there before. It is beautiful, everything is so colourful there, the green colours are so clear, the trees and grass. It is because there is no pollution. Everything is so

clear and bright." Her mother continued, "I stood there stunned, then she gave me a beautiful smile and turned and went back into her room." These comments from Rachel continued to surprise the family.

Drawing 26. Drawn January 13, 1986, this picture has no name or story. The central image of this brilliant abstract is the focal point. A light green, vaguely circular shape almost enclosed a series of bright, solid dots and small rectangular shapes. All the colours available are used, even white. Perhaps the two white dots represent two white cells, powerfully outnumbered by others now. The green shape almost forms a container and is suggestive of a mandala or a gumball machine.

The balance of tensions or the equilibrium of this drawing is quite striking. The central image is held by matched images all the way around. There are purple lines at the center top and bottom, orange u-shapes at the upper left and right, and red sections in the lower left and right with an orange heart in each. Lime green segments in the upper left and right each have a purple kidney shape with an orange dot in them. On either side there are lines in yellow, purple and green attaching them to the central image. On the central base are five lines radiating upward. The combination creates an image of balance, of equal tension either pulling outward or pushing inward, or perhaps both.

Symbolically, these could represent the last equilibrium before the final dissolution of Self begins. If these central colours are all aspects of the Self, perhaps the lines represent attachments to all things of this world. There is just the beginning of the breakup of the central image at the bottom of the green enclosure. Bach (1966, p. 64) writes, "As the children have depicted in their paintings, at the end of their life's journeys psyche and soma may come together again before separating finally at a synchronistic moment." Based primarily on her work with dreams of the dying, von Franz (1984) also writes of a final centering of the soul at the moment of death. If taken as a whole, this drawing projects a sense of balance, completeness and organization. The viewer experiences a sense of fullness or as Rachel would say, it is "joyful", and obviously a picture of Rebirth.

#### Medical Records

No new entry.

#### Parent Journal

No new entry.

Drawing 27. "My Squiggle" was drawn January 14, 1986, the last of the series drawn at home. There is no specific focal point as the brilliant colours take up the entire page. Again, all the colours, including white, are used. It began with a gently flowing or mildly twisting light yellow used in the Rainbow of Light.

Rachel added more and more colours in lines suggestive of the tight vibrations of an elastic band as it recoils from tension. There are a variety of geometric shapes in the center. There is a small, dark blue shape in the lower center, suggestive of a crumpled, discarded form. The bright orange shape in the left is suggestive of a Crucifix. von Franz (1984, p. 119) describes the symbolism of the cross in Christianity as "complete endurance of the conflict between violent emotions and their spiritual meaning".

This drawing could be seen as a vibrant, chaotic and energetic representation of dissolution of the Self. It seems as if the central dots and the fine balance of the last drawing have snapped and now all is disorganization. Some lines suggest an upward flow but there is no clear pattern at all. This is a Decathexis drawing.

#### Medical Records

On January 15, 1986, Rachel was taken to the Emergency Department with a high fever (40.4 degrees Celcius), diarrhea and a stomach ache. By January 19, 1986, her temperature was down to 36.9 degrees. She was mobile although she was suffering from an oral lesion. Later, she was up and playing and a nurse noted she had a "very mature attitude toward her illness".

#### Parent Journal

"I knew on the night of the 14th [of January, 1986] that she was in serious trouble. I sensed things yet she kept up a bright,

cheerful [attitude]." She told family "I am not coming home. I am going to die soon."

Drawing 28. "Zig Zag" was drawn in hospital on January 18, 1986. Rachel sat cross-legged on her bed and cheerfully created this final image. It contains broad, strong bands of colour: two greens, two blues, red, orange, and the yellow of the Rainbow of Light. Although not shaped like a rainbow, this drawing contains all the colours of one. White, brown and black are not used at all. The gently flowing lines overlap. The two green shades are in shapes suggestive of fish and the lighter green one is the most intense. This drawing evokes feelings of harmony, strength and peacefulness. It is a powerful statement of the peace Rachel achieved.

#### Medical Records

On January 22, 1986, Rachel had petechiae on her cheeks, ears and chest. Over the next week she was mobile and socializing, in spite of increasing bone pain and abdominal discomfort, bleeding from various small sites, frequent nausea, extension of the petechiae and a rash. In the early morning of January 30, 1986, Rachel experienced generalized seizures lasting ten to fifteen minutes which were then localized to the right side, "right sided tonic/clonic seizures", and right hemiplegia. She was transferred to the Intensive Care Unit. Despite prolonged efforts at resuscitation, she expired later that evening, January 30, 1986.

The medical chart recorded the final diagnosis as "Acute transformation of chronic granulocytic leukemia, clostridium septicemia, and convulsions of unknown origin".

#### Parent Journal

Rachel was nine years old when she died. Her funeral was February 4, 1986. She was interred at Valley View Memorial Gardens.

#### Expert Analysis

The experts worked on the drawings in a randomized order, not the chronological sequence described previously (see Appendix 5, Table 1, for corresponding random/chronological numbers). They were given the Information Sheet (see Appendix 1) which contained general background information and directions, but worked with each picture in isolation. They did not know the date of any drawing nor which came before or after another. They did have the story and/or title if one had been given and the teacher notes (see Appendix 4).

They approached the task in different ways, some sorting the drawings into related stacks, then naming the category after, and some naming each picture's category as they viewed it. Some spread all the pictures out in front of them and sorted from easier to more difficult to classify. One sorted solely by picture, then confirmed the classifications using the text, and found complete agreement with the original sort. Others used the text only to

clarify ambiguous drawing content, and some used the text routinely as a supplement to the drawing content.

Of the twenty-eight drawings sorted by the experts (see Appendix 6, Table 2), there was agreement of 83 per cent or higher on eighteen of them. Seven drawings were unanimously placed: the crying girl, the art gallery and the Sad Monster were categorized as Decathexis, and the camper, the butterflies, The Baby Robin and The Rainbow of Light were classified as Rebirth. Two thirds of the experts agreed on the placements for twenty-four of the twenty-eight drawings. Generally, those drawings for which there was most disagreement were spread throughout the series, but there were four in a row, numbers twenty-three (The Ice Capades) to twenty-six (My Squiggle), near the very end of the series which had little agreement in placement.

The experts all commented in some form on how challenging the task was. They noted especially that some pictures contained images of both Decathexis and Rebirth and, therefore, they had to determine which had ascendancy. The following sixteen Random Numbers were voluntarily identified as containing dual images: 1, 3, 4, 8, 9, 10, 12, 13, 14, 17, 18, 19, 20, 21, 24, and 28. It is interesting to note that only numbers nine and twenty-eight were identified by two people and numbers ten and twenty were identified by three of the experts as containing images from both categories. All the others were only mentioned by one person as being



especially difficult to classify. The other difficulty was for the two experts who found some drawings were best classified as "Not Applicable". They considered each of these drawings especially carefully before choosing that category. One who considered Rachel's last drawing for quite a while before choosing "Not Applicable" commented that "She has obviously resolved something here."

The comments of the experts as they worked provided insights as to how they initially saw the image before reading the text. One expert commented on the similarity of the "Fat and Little" drawing and the untitled drawing of two butterflies with floating trees as very similar to those of other leukemic children with whom the expert had worked. Another noted the similarity of the flat tire to a camera, and another saw the gorilla as a bear. Another read the title "My Squiggle" as "My Struggle", reflecting the tension in the drawing. One saw the "Time Machine" as a rainbow cave and another saw it as a tunnel. Two saw the untitled "gumball machine" image as a mandala. Two commented on the frequency of unusual eyes in the drawings and another on the frequency of animals and plants. One saw the hole in the ice as indicating Rachel still had a future because she would jump over the hole, and two others saw it as representing death. One expert mentioned that the light blue colour used so often signified a fading out life in a healthy way. Most mentioned one or two images which impacted

especially strongly on them and all commented on the touching beauty of the Baby Robin drawing.

## CHAPTER 5

Summary, Conclusions, and Recommendations

This chapter will summarize the findings from the data analysis, describing patterns which emerged in the content analysis of the drawings by the researcher and in the classifications by the experts. It will then discuss the issues raised by the doctor, by Rachel's family and by the experts. Next, the conclusions resulting from themes emerging in this research will be described and implications for theory will be discussed. To maintain consistency, these will be written in the language used throughout, not changed into psychological terms. Finally, recommendations for future research based on the findings of this material will be presented.

Summary

First, the findings which arose in the content analysis will be discussed, based on the responses to the twenty questions used as a guide. Then the material which arose in the classifications will be summarized. Comments and queries from others involved with this material will then be presented.

Picture Analysis. Every picture had a focal point which drew the researcher's attention first. It was interesting to note that as the experts were sorting the drawings and articulating some of

their thinking, it became evident they were first attracted to different parts of one drawing. One expert, for example, noted the flower cart in Drawing 13 and was first drawn to the design of the flowers, but another expert who also noted the cart first, saw its flat tire and the resemblance to a camera. The most commonly edged features were the houses, usually off the right side of the page. In one case, the girl in the drawing was also edged off the top. Pressure on the back of the page was evident in several drawings, indicating where the main energy had been focused.

A total of twenty pictures were in colour and eight were done in black and white, one of these being done in pen rather than pencil. Two of the eight colourless pictures were drawn as Rachel appeared to move into Stage 5 "Dying" and three more appeared in a row in January. These were her last drawings of concrete objects. There was no clear pattern in the use of specific colours, although a light yellow was often used for coloured hair. Light blue was the most common color used for some part of the central image, such as legs on the first girl, the outline of the camper, the baby robin's body and so forth, but there was no clearly prominent colour pattern used throughout this series.

A trend noted by Furth (1973) was that leukemic children tended not to fill in their drawings. Rachel also left much of her drawing in outline form but nearly always filled in some portions, such as the hair on the first girl, the window frame on the

Google's castle, and the gorilla's fruit. Many of her drawings also have sketchy lines filling in more objects such as the sweater dress, the wolf, and the grass. Her abstract drawings generally have solid forms. Furth (1973) also noted that leukemic children tended not to draw suns and not to draw outdoor pictures. Rachel drew eighteen outdoor pictures, but only seven had suns. In his study, only healthy children drew suns with faces, but in this series two suns, in "The Flower Bed" and "Apple Core", do have faces. He noted that leukemic children tended to place suns in the upper right quadrant. All of Rachel's suns prior to Drawing Number 10, "The Rabbit Disguise" do appear in the upper right but afterwards, they all appear in the upper left.

Of the twenty-eight drawings in this set, twenty-three were of concrete objects, although two of these, the waterfall, and the art gallery could be viewed as partially abstract until the accompanying text was read. Five were clearly abstract: "Time Machine", "Rainbow of Light", and the last three in the series. All of these were drawn in the last four months of her life. The text was very important for clarifying the future, with phrases such as, "lived happily ever after," or "he lived on," guiding the viewer into the appropriate frame of reference for that drawing. While the future seemed to be indicated primarily by the wording of the text accompanying the drawing initially, in subsequent drawings, fading figures in some form provided these clues. After

Rachel reached Stage 5, the amount of text diminished greatly but the number of titles for drawings increased markedly. Distortions and deterioration of houses and human bodies reflected the effects of disease, the impending death, and view of self. Potential danger such as the wolf and images such as the fierce gorilla indicated threats to her well being. The frequency of tricks and dreams in the first ten drawings and stories is quite striking. Placement of the sun on the left, representing the West, drawing rainbows and using traditional symbols such as travel and light, common in dreams of the dying, also appeared in this series.

The material from the parent journal indicated support for findings of the in-depth analysis of the drawings. Rachel's attitudes, concerns, and health as reflected in the drawn images corresponded to the material her mother had recorded. The dreams and fears of spiders, the sensation of being cold in the fall, the anxiety about separation and being alone are all examples of concerns which were recorded in both formats. Even the approximate timing of placement in Bluebond-Langner's Stages matched quite closely. Rachel's mother indicated that the family believed Rachel was moving from Stage 3 into 4 during her anger phase which started in February, 1985. The phrasing of their thinking about Rachel's illness even matched this model at one stage as shown by her mother's comment, "I just realized that she isn't going to get any better than she is now," by April of 1985, when the drawings had

indicated in March that Rachel was in Stage 4, "Always ill and will never get better".

The medical records, however, were much less supportive. There were cycles of remission and relapse which matched in a general way, but specific dates sometimes preceded and sometimes followed the images suggesting changes for the better or worse. The long term indication of the right sided weakness, evident in drawings, did not appear in the medical records until the day she died, and even then there was a right hemiplegia, not hemiparesis.

Classifications. The process of classification was difficult. One major challenge in using Bluebond-Langner's model is that she bases her stages on a sociocultural perspective, saying it is "possible to measure their awareness by examining their behavior" (Bluebond-Langner, 1978, p. 234) especially in the context of interactions with others. In the study presented here, the assumption of awareness and subsequent assignment to a specific stage were based primarily on reviewing drawing content and only then considering information about behavior. While some of the information available in this research matched closely with Bluebond-Langner's observations such as Rachel saying, "I'm not coming home this time. I'm dying," just as the hospitalized children said, some of the other behaviors she observed, especially the preoccupation with time and the almost nonexistent reference to

any form of life following biological death, were very unlike Rachel. In the classifications presented here, it does seem possible to fit the drawings to the model, but only when drawings were seen as a group and had other supplementary material available; because the difference between Stage 3 and Stage 4 is based on how the future will unfold, either "will" or "will never get better", the drawings alone could not distinguish these stages. Those drawings placed in Stage 5 "Dying," however, were much easier to identify because of the imagery alone. Also, the model's need to have a peer die of a similar disease after the child under consideration had reached Stage 4 conformed with Rachel's experience.

Classification into the categories of Decathexis and Rebirth posed difficulties primarily because aspects of both appeared in many drawings. For example, the most difficult drawing for this researcher to classify was Drawing 14, the two butterflies and floating vegetation, because the logical analysis clearly suggested rebirth imagery, yet the emotional impact necessitated placement in Decathexis. Only after many days of indecision was the final placement resolved. The experts classifying these on the basis of Decathexis and Rebirth experienced a similar difficulty, two suggesting that a category for "Both" would be helpful. One expert had anticipated that many children's drawings would contain images which were not applicable to the two main categories, and which



would instead reflect more of the events currently happening in the child's everyday world. The two experts who did use the "Not Applicable" category indicated only that those drawings did not have clear classifications in the other two placements, but they were not questioned as to what information they did see in those drawings. Both the researcher's chronological sorting and the experts' random sorting tended to place more of Rachel's drawings after the midpoint in the series as rebirth (see Table 3).

It is obvious that this researcher chose the Decathexis category for more (twenty of the twenty eight) drawings than the experts did. Three of them chose this category for fifteen drawings. One expert chose it only twelve times, another sixteen times and another for seventeen of the drawings. This can perhaps reflect personal material on the part of those classifying Rachel's drawings. This researcher taught her alone, daily for a year and a half of schooling. It is quite possible that the researcher's selection of "Decathexis" for so many drawings is a reflection of a continued sense of loss. The other confusion with the classification is a questionable delineation of where "separation" ends and "rebirth" imagery begins. The symbolism of a journey to a new home is an example of where this confusion could exist. This subjectivity may have created differences in how the experts made their divisions.

Table 3

Comparisons of Drawing Classification by Model of Awareness

Drawing	Decathexis/Rebirth		5 Stages	
	Experts	Percent	Researcher	
1	D	83	D	?
2	D	83	D	3
3	D	100	D	3 or 4
4	R	83	R	3
5	R	100	R	3
6	D	67	D	4
7	D	100	D	4
8	D/R	50/50	D	4
9	D	67	D	4
10	D	83	D	5
11	R	67	D	5
12	D	100	D	5
13	D	83	D	5
14	R	100	D	5
15	D	83	R	5
16	D	83	D	5
17	D	67	D	5
18	R	100	R	5
19	D	67	D	5
20	R	83	R	5
21	D	83	D	5
22	R	100	R	5
23	D/NA/R	33/33/33	D	5
24	D/NA/R	33/17/50	D	5
25	D/R	50/50	D	5
26	R	67	R	5
27	D	83	D	5
28	R	83	R	5

Comments and queries. The doctor assisting with the medical records raised two concerns. First, the most surprising aspect of the Bluebond-Langner model for this physician was that all children reach Stage 5 "Dying", and that they did so specifically by hearing of the death of another child. The mechanisms of how children in rural areas or even the first on the ward to die in some time could have heard about that other death was not something the researcher was able to find in the source material. Having listened to an audio recording of a lecture given by Bluebond-Langner on this model, the researcher is aware of her great caution in responding to questions in areas she has not studied. Therefore, although her model is based on her personal observations of forty leukemic children in a metropolitan hospital, this specific question was not addressed. Perhaps the model should not be extended to all terminally ill children as is currently occurring in recent literature. Secondly, the doctor assisting with this study expressed surprise at the rigid sequential nature of her model. In addition to those concerns, the physician was disappointed to understand how frequently the children in Bluebond-Langner's study had to resort to peers as a source of information, and indicated hopefulness that it was primarily a function of that hospital and not as big a problem locally. The researcher described an experience she had had with Rachel. After reading Bluebond-Langner's book, the researcher asked Rachel about having a

secret place in the hospital for sharing medical information, and Rachel did confirm that there was a similar network here. She also indicated, however, that her own experience with staff and parents was different. Procedures, treatment options and side effects were discussed with her. The final point raised by the doctor related to the physiological revelation in the drawings, such as whether Rachel drew freckles which could represent petechiae. The use of patient drawings as indicators of physiological information had definitely not been a part of medical training, and was quite a novelty at this point.

Rachel's parents believed the Bluebond-Langner model was appropriate for many of the children they came to know in hospital. They also believed it was applicable for Rachel, but that in her case it did not fit as well because she was expressing death awareness much earlier than this model would suggest was possible, particularly when she was feeling vulnerable. Rachel also did not seem restricted towards the end of her life to the anger and withdrawal apparent in the children in Bluebond-Langer's research. In discussing this with Rachel's family, the researcher realized their consistent explanation was that Rachel seemed to be spiritually advanced. Although they always allowed her to express whatever she wanted to, they were not especially religious in a formal sense, and her frequent spiritual insight left them with a feeling of awe and puzzlement.

The only point raised by the experts other than the duality of some drawings expressing both Decathexis and Rebirth was one question of whether the categories were being considered as conscious or unconscious awareness. That aspect of the models will be addressed within the conclusion section of this chapter.

### Conclusion

Several themes emerged throughout this series of Rachel's drawings. First was the repeated appearance of a series of numbers, often seen as significant in representing units of time in the child's life (Bach, 1966). The repetition of nine could be seen as relating to Rachel's life span because she died at age nine. There were nine trees in the second drawing, five plain ones and four with children hiding from the wolf, and there were nine fish in the drawing with the princess, five swimming ahead freely, and four further behind. These could be seen as representing Rachel's five disease free years and four more coping with the leukemia. Each of the trees in the dotted Monster drawing had nine branches, suggesting her tree of life.

The number three also might have been significant, for there were three ghosts and three crosses in the windows of the patchy house in Drawing 8. These may be related to repeated numbers in Drawings 10 to 13 made just after another friend died. In "The Rabbit Disguise", there were three rabbits; in Drawing 11 three

flowers and three flocks of birds were in the Flower bed; in Drawing 12 three little people said "Yes" to the sad monster; and in Drawing 13 there were three sets of three concentric circles on the flower cart. The same three flowers from the flower bed appeared again in the Secret Garden near the end of her life. It is possible to wonder if the repetition of threes represent the two deceased friends plus the recognition that Rachel too would die from leukemia. Another repetition over time was the two carrots in this series, one brightly coloured in the gorilla's cage and the other one which the man/rabbit searched for and found in the Rabbit Disguise drawing. It was interesting to note that each carrot appeared in the first drawing which had been assigned to a new Stage in Bluebond-Langner's model. Although Bach (1975) frequently noted significant numbers in a child's drawing prior to knowing any history, caution must be used when fitting numbers to a case study, especially when much is already known about the history.

The most frequent image in the series was that of a girl. It appeared in some form nine times throughout the series. In the first drawing she appeared to smile, but the story indicated she ran home screaming because of the spiders others had put on her. In the second drawing she and other children were hiding from the wolf. Rachel identified herself in the first story and then used her initials in the second one. In the third drawing only the face and neck of the girl appeared. The girl did not appear in the

picture in Drawing 6, but the story indicated that she was looking at the gorilla. There was a girl's image again in Drawing 7 at the Art Gallery, and her face was badly distorted. In Drawing 8 the girl who had run away was written about but not drawn. There was no further reference to a girl until Drawing 20 where she appeared as a princess. There was a series, Drawings 23, 24 and 25 with a girl shown, each in some way identified with Rachel, either by appearance or by having done that activity. In all of these drawings the girl was in some way distorted or vulnerable to unpleasantness. In some of these, the girl's face was unclear or almost off the facial area. The stories supported this theme of the girl being vulnerable, facing frightening situations or becoming distant. There were two more drawings with stick people, the Sad Monster and Monster, where the person's gender was uncertain, but where the size of the people was so different from the monster that they could also be very vulnerable.

Monsters and predators in some form also appeared frequently throughout this series. The monsters were not clearly frightening characters however. The first was the Goggle, only a year old and rather benign looking. The Sad Monster was huge, but really just wanted to be buddies with the little people, and the dotted Monster in Drawing 17, also huge, was not clearly dangerous either. The wolf, however, in Drawing 2 frightened the children. The gorilla too was fierce. The multiple eyes at the Art Gallery and the ghost

hiding in the patchy house both frightened the girls in those respective stories. The man in the rabbit suit hunted the single carrot as did the other rabbits. The hawks and eagles in The Flower Bed were certainly predators. Even the title cautioned of the need to "Beware of Ghost" in Drawing 16, and the person in Apple Core had consumed the fruit.

Another theme which indicated Rachel's apprehension is that of trickery, dreaming and hiding which occurred in the first ten drawings. The first trick was when other young people put spiders all over the girl in Drawing 1. The very next drawing was of children hiding from the danger of the wolf. The eyes in Drawing 7 were tricking the girl and then she woke up. The ghost in Drawing 8 was also tricking that girl and she too woke up. The man in Drawing 9 also awoke, first from a dream and then in hospital, after going over Niagara Falls in a barrel. In Drawing 10 there was a disguise where the man hid who he really was. At this point Rachel's friend had just died and it seemed as if Rachel clearly knew she too would die. It was at this time that she started telling her mother about her "favourites", music and flowers, which her mother believed was Rachel's way of helping to plan her own funeral. She also began asking what would happen to her toys when she died.

There was also a shift to fading and floating images at this time in the series. Although Drawing 3 of the crying girl's head



was only a partial figure, it clearly reflected the physical experience which Rachel explained had happened the night before and which she drew intentionally. Beginning with Drawing 10, there were birds in the sky in some drawings. The rabbits and carrot were not grounded, nor was the Flower cart in Drawing 13. None of the figures in Drawing 14 were grounded. The dotted monster in Drawing 18 appeared to be floating and in the next drawing the baby robin was barely touching its nest. The person in Apple Core appeared to be floating and the body was gone. Most of the images in Land and Sea were transparent and Fred bear was just barely visible. His snowman would melt as would the ice at the Ice Capades. The girl's body in Fat and Little was almost gone. It seemed as if Rachel had fully understood that she would die at the point where the tricks and dreams stopped and has moved on to this theme of images which more clearly suggest distancing from this world, fading away physically and floating free of earthly attachments.

A brief but important theme was the sense of intuition which appeared early on in the series. In the first drawing, the girl knew to look in the bushes for people, even though she did not know they were there. In the second drawing "they were scared [of the wolf] and ran away and it scared him [the wolf] too". "It" frightened the wolf away, but there was no indication of what "it" was, only that something frightened him away. The young Goggle

"realized" he was outside and then "realized" that the castle was his home. The eyes of the Art Gallery knew what the girl was thinking. Finally, the ghosts in the patchy house could see without eyes. In the last two examples, the eyes seemed to represent intuitive vision, carrying on the theme of knowing purely through intuition.

Throughout the series, however, eyes on figures were also important for indicating whether the figures were facing the situation directly, by looking straight out of the page, whether they were avoiding it, by being distorted or looking away, or whether they were fixing attention on a certain character within the drawing. The eyes in many drawings were very large, almost cartoon like and even suns had this type of eyes.

There were two aspects of homes that appeared as themes in Rachel's drawings; first was the poor physical condition and the edging of some, and second was the newness of others. The patchy house and the haunted house with no exit both had ghosts living in them and both seemed abandoned and crumbling. The Goggle's castle, and the houses in Drawings 17 and 21 were both partly off the page, as if something could not be seen or acknowledged. The other home theme was that of having or travelling to a new home. The Google realized the castle was his home, but at first was uncertain, and the retired couple travelled to where the wildlife lived and settled there happily ever after. The gorilla had a home in a

cage, not in the wild. The patchy house was home to a ghost and a temporary residence for the girl who had run away. The man "travelled" over the falls and as a result had a temporary place in the hospital. The ghost had a nice, clean room in "Beware of Ghost". The princess was going home to the castle to tell the king she would be leaving for a new home, and Fred bear left his warm hut to build his snowman. Finally, in the story of the Secret garden the child had to travel a great distance to a new home and in the Drawing of this name the door out of the garden would soon become very difficult to find. These could be seen as representing the deterioration of her physical being and the anticipation of leaving for a new place of existence.

The last theme reflected by content was one of symbols representing optimism or hope. First was the rainbow image which was suggested in the clouds in Drawings 1 and 4. The rainbow was part of the name of Rainbow Bright Google. A rainbow was suggested in the use of colour in Time Machine. It was clearly evident in the Rainbow of Light, and more subtle in the flowing harmony of the very last drawing. The baby Google, the butterflies and certainly the Baby Robin were also strong symbols of the theme of rebirth and hope.

Emotional themes in the series began with fear. Those drawings with tricks and threats in some form such as the danger from the wolf and the bad trick of spiders put on the girl include

an emotional response of fear. It was either stated as fright or screams in the story as it was in the first two drawings, or was suggested by dark colouring and size differences within the drawing as in the patchy house and the Art Gallery drawings. Sadness was reflected in a similar manner, either by a clear description in the story or title such as in the Sad Monster or by a lack of colour in the drawings such as with the Rabbit Disguise and the Bear in the Snow. Extreme sadness and depression were suggested in drawings such as the third one with a girl who was always crying. Very little clear anger was evident in these drawings, even at the time Rachel was expressing anger in her behavior with her family. One drawn example would be the punk girl at the Art Gallery, where her appearance and behavior suggest she may have been feeling angry, but it quickly turned to fear. Although there was pressure on the back of the page in many drawings, it would seem to have been caused from tension more clearly related to anxiety and the other emotions. An example would be the extreme pressure on the back of Rabbit Disguise which occurred when Rachel was speaking of her friend's death as she drew. There were some pictures, such as the girl in the Art Gallery, where facial distortion appeared in conjunction with trickery or dreams. Other pictures suggested an emotional contradiction, such as the smiling girl in Drawings 1 and 23 with stories or titles which could cause the viewer to anticipate distress. This was also true for the Flower Bed in

which the sun was smiling, yet the circumstances at the time were very sad. Perhaps these reflect Rachel's wish to appear cheerful, or her deeper ambivalence about leaving family yet at times feeling comfortable with her concepts of an afterlife.

There was a sense of tolerance or resolution in many drawings throughout the series, often represented by a neutral facial expression. The Goggle realizing the castle was his home, Fred bear having completed his snowman, and the girl standing in the Secret Garden would all be examples of this resigned attitude. Many drawings suggested acceptance, happiness and even joy, either because of the smile on the main figure as in Apple Core and the implied smile as on the Baby Robin, or even because the image and story actually describe the happiness, as with the retired couple in Drawing 5. Some of the abstract images suggested this contentment simply by the colours and shapes used, as in Rachel's final drawing.

Numerical references and images of a girl appeared throughout the series. The latter were usually distorted in some way. The two fully drawn houses also appeared dilapidated and were haunted. These could be seen as representative of Rachel's physical condition, and perhaps of her reluctance at times to face the deterioration of her physical state. There was often an emotional response of fear associated with these. There was frequent reference to intuition in the first drawings, and tricks and dreams

also appeared very frequently in the first ten drawings; perhaps these were suggestive of her initial awareness and resistance to the reality of her disease and prognosis. Throughout the series predators appeared often, and monsters also appeared but were not clearly threatening. Once the tricks and dreams in the series stopped, there was an increase in fading or distant images and in those which were floating. These drawings often had emotional responses of acceptance and some times even happiness associated with them. New homes and travel occur throughout the series with a wide variety of emotional responses to the change, usually neutral or positive emotions. Hopeful symbols such as rainbows, light and babies also appear throughout.

#### Implications for theory

When considering the high agreement among the experts' classifications according to decathexis/rebirth, one can assume there is some clarity for sorting the drawings according to the images. When comparing the experts' classifications to the researcher's findings (see Table 3) which was based on detailed analysis, one could accept this method of analysis also. Therefore, it could seem that the drawings of this child indicate she experienced alternating views of herself as physically deteriorating and having to separate from this world with views of existence in some form beyond that of her dying body. The convergent material from the parents could also be seen to support

the stages defined by Bluebond-Langner provided the qualifications of using drawings in clusters and with texts are accepted. Based on Rachel's experience, as revealed in her drawings, it may be possible to explain a changing awareness of impending death from this child's perspective using both models.

Prior to any of the drawings being made Rachel already appeared to have had an underlying, complex spiritual or intuitive awareness of death which she could articulate yet not really understand. This could correspond to the awareness described by Kübler-Ross (1981), Bach (1966) and others. It appeared at first in statements made to family members. Initially, she would say, "I could die you know," yet months later, "I didn't know I could die from leukemia," or she would state a wish to go to Heaven so she could come back healthy. These examples both reflect typical childlike thinking of death, especially as being reversible. Over time, this awareness appears to have become a bit clearer to her and as it did, she reflected more congruency between the spiritual understanding and her childlike awareness expressed verbally. Later, as she moved closer to making sense of her illness, she created drawings which appeared to reflect that inner spiritual awareness, the Decathexis and Rebirth drawings, but only her stories could tell what she was thinking - that this was all a trick or a nasty dream and that someday she would get better. It would seem possible that the drawing reflected the inner awareness

and the story reflected where she was in her more verbal, wordly understanding. As Bluebond-Langner described the stages, the children believed one could be very sick but eventually recover fully (Stage 3) but disease experience and knowledge, the elements which forced progression, would appear to have moved Rachel into Stage 4 in March, 1985. She would appear to have remained there until the death of a friend in June of that year forced her into a clear, thinking awareness and understanding. It would seem that once the spiritual part of her was reconciled with the cognitive child operating in the world, once she reached Bluebond-Langner's Stage 5 where both inner and outer knew and could articulate that she, too, would die, she could move forward into dealing with her leave-taking. She could begin giving directions to her Mother for her funeral; she could address the pain, the cold empty feeling, of leaving her family behind. This could account for the changes in her drawings and the text after June, 1985.

This combination of models explaining both the spiritual and cognitive aspects of her awareness could also account for her family's confusion about why she did not match Bluebond-Langner's model exactly when she first began speaking about her own dying. If this spiritual knowledge precedes cognitive understanding, it could also explain how some of the children described by Kübler-Ross and others seemed to know on their own, intuitively and without contact with other terminally ill children that they



would die. Kübler-Ross noted that for some children this awareness was, in her terms, "preconscious" or not clearly understood by the child. Bluebond-Langner's model, while accurately reflecting the behavior and statements of those children in hospital, was based on their outer world and intellectual process, and did not include the inner, spiritual concepts. These spiritual concepts would appear to be ahead of the child's existing, cognitive awareness which organizes and understands the world based logical experience and cognitive development. In this case study only once the two, the spiritual and the deliberate thinking aspects of the child, were in harmony did full understanding truly reach her.

Only then would it appear that she also able to continue working towards a spiritual acceptance and the development of some comfort for what would happen afterwards. Her spiritual self seemed to prepare her, "not for a definite end but for a profound transformation and for a kind of continuation of the life process which, however, is unimaginable to everyday consciousness" (von Franz, 1984, p. 156). These preparations were expressed in a child's language and within a religious context because these were available to her and were part of how she made sense of her world. Perhaps the increase in the number of abstract drawings she made in the last four months reflects the difficulty that the spiritual part of her had in explaining those complicated concepts. The

reality of one's own transformation and continuation beyond biological death is very difficult to grasp even for an adult, whether using either the language or traditional images of humanity.

Rachel's experience as reflected in the drawings would seem to indicate that on a spiritual level she knew very early on what would happen to her. From the beginning the drawings reflect death/separation images interspersed with those of rebirth with the number of rebirth images increasing slightly towards her last months. Yet on another level she had to progress slowly with her understanding, resistance and tolerance. As death moved inexorably closer, however, it would seem that she moved towards an integration of the two levels, working through many attempts to deny the outcome. These would seem to be reflected in the drawings from Stage 3 to Stage 5 made between February 1985, and June, 1985. Once she could no longer deny her prognosis at any level, it seems she continued to work towards tolerating her pain riddled experience emotionally and physically. As this tolerance for the inevitable grew, she also gained spiritual insights to both her physical end and to what was beyond, but this was not expressed in any clearly understandable form for those who remain to read her material.

### Recommendations

The purpose of this study was to describe the changes in one child's view of herself as she was dying of leukemia. Because Rachel's experience appears to be unique in that her drawings and other supportive material remain as a guide to her experience, the recommendations for two areas of future work will be described. First, the traditional suggestions for future research will be made. However, this research will conclude with suggestions for those who are caregivers to terminally ill children.

Future Research. Because this material is a single case study, it is not possible to generalize beyond theory (Yin, 1989). A similar, but more rigorous empirical study involving drawings from a larger number of children would permit extending the findings. Secondly, a similar study with children from different religious and cultural backgrounds would be very useful. Such a study would provide valuable insights about how children in other contexts make sense of their world, possibly without religious language and symbolism. A third study could begin with drawings obtained from the time of initial diagnosis. This could provide insights to both those who recover and those who live for a long time with the disease. For many children the interference with normal developmental issues is also a major trauma of living with leukemia, in addition to living with the constant threat of dying. Progress in modern medical technology has extended the recovery

rate and the life span of many children, yet they too need understanding and support to cope with the changes in their lives. Finally a study to thoroughly investigate the representations of physiological information revealed in children's drawings would be a valuable and stimulating project.

Suggestions to caregivers. Because it appears that children do have an inner awareness of their prognosis, but that they may not understand it in the context of their concrete world, adults working with them can help by making some experiences available to assist them. Obviously, these would be used with discretion, and must also consider the child's preferences. Many of those cited in the literature review use drawings as one vehicle allowing critically ill children to express themselves (Bach, 1966; Kübler-Ross, 1983; Allan, 1988; Furth, 1988). This can be extended to any form of art (Furth, 1988) and to written expression also (Kübler-Ross, 1983). Group discussion (Dezendorf et al., 1978) can also be very helpful. The consistent element is the on-going opportunity for self-expression.

In Rachel's history there is no clear indication which of these, if any, was a strong factor in her ability to cope, but she was a prolific creator of two dimensional images, and she was encouraged to say whatever she needed to verbalize. She was also surrounded by love. One could certainly wonder what influence these had in her ability to live so fully in the time she had in

this world, to share so much of her love with others, and to leave such a powerful legacy.

## References

- Allan, J. (1988). Inscapes of the child's world: Jungian counseling in the schools. Dallas, TX: Spring Publications, Inc.
- Allan, J. (1978). Serial drawing: A therapeutic approach with young children. Canadian Counsellor, 12, 223-228.
- Bach, S. (1966). Spontaneous paintings of severely ill patients. Acta Psychosomatica, 8, 1-66.
- Bach, S. (1975). Spontaneous pictures of leukemic children as an expression of the total personality, mind, and body. Acta Paedopsychiatrica, 41, 86-104.
- Bach, S. (1977, March). Guidelines for reading and evaluating spontaneous pictures. International Study Group. Zurich, Switzerland.
- Bertoia, J., & Allan, J. (1988). Counseling seriously ill children: Use of spontaneous drawings. Elementary School Guidance and Counseling, 22, 206-221.
- Bertoia, J., & Allan, J. (1988). School management of the bereaved child. Elementary School Guidance and Counseling, 23, 30-38.
- Betz, C.L., & Poster, E.C. (1984). Children's concepts of death: Implications for pediatric practice. Nursing Clinics of North America, 19, 341-349.
- Blubond-Langner, M. (1978). The private worlds of dying children. Princeton, NJ: Princeton University Press.

- Cooper, J. (1978). An illustrated encyclopedia of traditional symbols. London: Thames and Hudson.
- Dezendorf, A., Estrada, K., Harrison, G., Johnsen, S., Kittleson, R., Martin, D., Meyers, J., Orr, J., Peugh, N., Stevens, M., & Walker, T. (1978). There is a rainbow behind every dark cloud. Tiburon, CA: Celestial Arts.
- Furth, G. (1973). Impromptu paintings by terminally ill, hospitalized and healthy children: What can we learn from them? (Doctoral dissertation, Ohio State University, 1973). University Microfilms No. 73-3170.
- Furth, G. (1981). The use of drawings made at significant times in one's life. In E. Kübler-Ross, Living with death and dying (pp. 63-94). New York: Macmillan Publishing Company.
- Furth, G. (1988). The Secret World of Drawings: Healing Through Art. Boston, MA: Sigo Press.
- Hammer, E. (1958). The clinical application of projective drawings. Springfield, IL: Charles C. Thomas.
- Hammer, E. (1985). Introduction and perspective. In A. Wohl & B. Kaufman, Silent Screams and Hidden Cries: An interpretation of artwork by children from violent homes (pp. xiii-xvii). New York: Bruner/Mazel Publishers.
- Herder symbol dictionary (1986) (B. Matthews, Trans.). Wilmette, IL: Chiron Publications.

- Kiepenheuer, K. (1980). Spontaneous drawings of a leukemic child: An aid for a more comprehensive care of fatally ill children and their families. Psychosomatische Medizin, 9, 21-32.
- Krippner, S. (1989). Mythological Aspects of Death and Dying. In A. Berger, P. Badham, A.H. Kutscher, J. Berger, M. Perry, & J. Beloff (Eds.), Perspectives on death and dying: Cross cultural and multidisciplinary views (pp. 3-13). Philadelphia, PA: The Charles Press, Inc.
- Kübler-Ross, E. (1969). On death and dying. New York: Macmillan.
- Kübler-Ross, E. (1979, May). A letter to a child - with cancer. (Available from Elizabeth Kübler-Ross Center, S. Route 616, Headwaters, Virginia 24442).
- Kübler-Ross, E. (1981). Living with death and dying. New York: Macmillan.
- Kübler-Ross, E. (1983). On children and death. New York: Macmillan.
- Matter, D.E., & Matter, R.M. (1982). Developmental sequences in children's of death with implications for counselors. Elementary School Guidance and Counseling, 17, 112-118.
- Rando, T. (1984). Grief, dying and death: Clinical interventions for caregivers. Champaign, IL: Research Press.
- Siegal, B. (1989). Peace, love and healing. New York: Harper & Row.



- Thompson, F., & Allan, J. (1987). Common symbols of children in art counseling. Guidance and Counselling, 2, 24-32.
- Van Dongen-Melman, J., & Sanders-Woudstra, J. (1986). Psychosocial aspects of childhood cancer: A review of the literature. Journal of Child Psychology and Psychiatry, 27, 145-180.
- von Franz, M. (1986). On dreams and death. (E. Kennedy & V. Brooks, Trans.). Boston: Shabhala Publications, Inc. (Original work published 1984).
- Yin, R. (1989). Case study research: Design and methods. (Applied Social Research Methods Series Volume 5). Newbury Park, CA: Sage Publications.

APPENDIX 1

### INFORMATION SHEET

This research is investigating the experience of a terminally ill child. Part of the research will be based on how adults classify the drawings from one such child. It is hoped that the research will assist with an understanding of a dying child's experience.

#### Your Task

There are twenty-eight drawings in random order. You are asked to look at each of the drawings provided along with its accompanying printed material, and decide which of three categories defined below seems to you to be the most appropriate placement for it. Thus, for picture "1" you could judge the category "decathexis", "not applicable" or "rebirth", as the most likely placement.

Please place the picture's number under the category title you believe is the best choice for it.

#### Definitions

The following explanations are based on the assumption that, at some point, terminally ill children are aware that they are dying.

### Decathexis

This refers to a diminishing investment of energy being directed into attachments. In the past the child has put considerable emotional energy into relationships and attachments to people, pets, favourite toys, places, etc. With death approaching, everything must be left behind and the child must gradually detach from them. Decathexis then will have two aspects. One will be the awareness of death reflected in various death images, and the other will be separation or distancing from all attachments.

The dying must separate from everyone and everything they love, from this world and even from their own bodies. There is a decreasing interest in worldly events, a sense that these things do not matter as much anymore. There are images of physical separation and distancing such as travel or barriers. There is also a need to recognize and deal with the deterioration of the body which will lead to death and force the separations. As the disease continues and the body fails and is in pain, the children gradually move towards an awareness of the dissolution of the "shell" they've inhabited and are so attached to. The task of decathexis then is a difficult one of separating from all things of this world.

### Not Applicable

If both "decathexis" and "rebirth" seem inappropriate for any picture, the middle category "not applicable" is available.

## Rebirth

This refers to some form of transcending death, of being re-born into some new frame of existence. In this sense, the rebirth also applies to the development of some form of tolerance for the dying process and for what happens after this body dies. For many it will be a clearer spiritual awareness of whatever they believe happens following biological death. This may manifest as religious images, as a form of continuation in this world within the memories of others, or as a specific contribution such as a poem written for a loved one or tree planted with great care. It can also appear as some other personal belief system which provides comfort. The development of the rebirth awareness allows for some degree of mental well being; otherwise all the emotions surrounding the approaching death and total separation could be overwhelming. This transformation or rebirth can provide for a relatively peaceful transition into death, and at times the images are filled with joy.

## HISTORY

The child who did these drawings had been diagnosed as having leukemia when she was six years old. She completed grades one and two in school. Her home schooling began in September when she was seven, in grade three. The researcher was then a Home/Hospital teacher who worked with the child for a year and half. These drawings were done as part of her regular schooling, usually within

Language Arts. The drawings included here were done when she was eight and nine. She died of leukemia in January, a month and a half after her ninth birthday.

In each of the drawing sessions represented here, the child was given no specific direction, only asked if she would like to "draw a picture". She had a consistent choice of materials and content each time, although the quality of paper available varied from session to session. There was a choice of pen, pencil, felt pens, pencil crayons and pastels.

Following each drawing she was asked if the picture had a title and a story. These were recorded, as was the date. When there was no information given, specific comments were made to elicit some detail, such as, "Can you tell me about this part?" The verbal information has been typed and is attached to the drawing. Her comments noted during the drawing are also included. Although she completed sixty drawings from February to the following January, only twenty-eight are included here, partly because of concern for the amount of time you would need to classify all of them and partly because the content of many was influenced by family or other adults.

### Conclusion

This researcher is aware that your challenge is a formidable one. You may use your experience, intuition and training for it.

This particular categorizing of pictures has not been done before so your work is unique, and it is most appreciated. Thank you!

## APPENDIX 2



## DRAWING CATEGORIES

DECATHEXIS	NOT APPLICABLE	REBIRTH

**APPENDIX 3**



Figure 1. (Random Number 13)



Figure 2. (Random Number 28)



Figure 3. (Random Number 2)

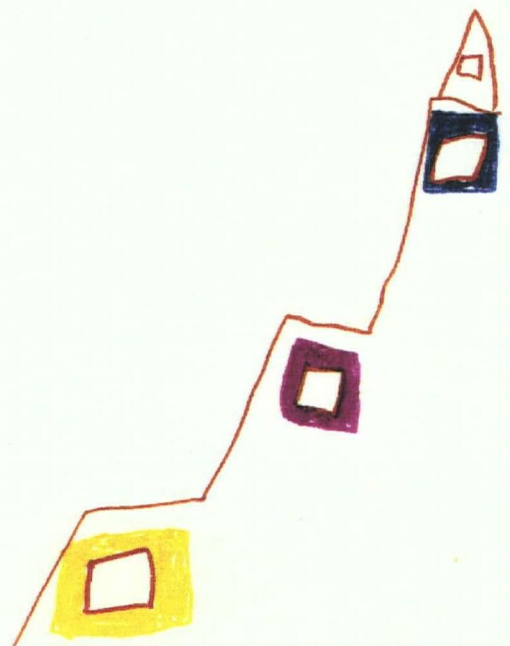
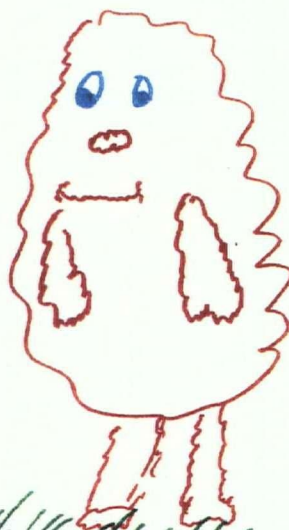


Figure 4. (Random Number 10)



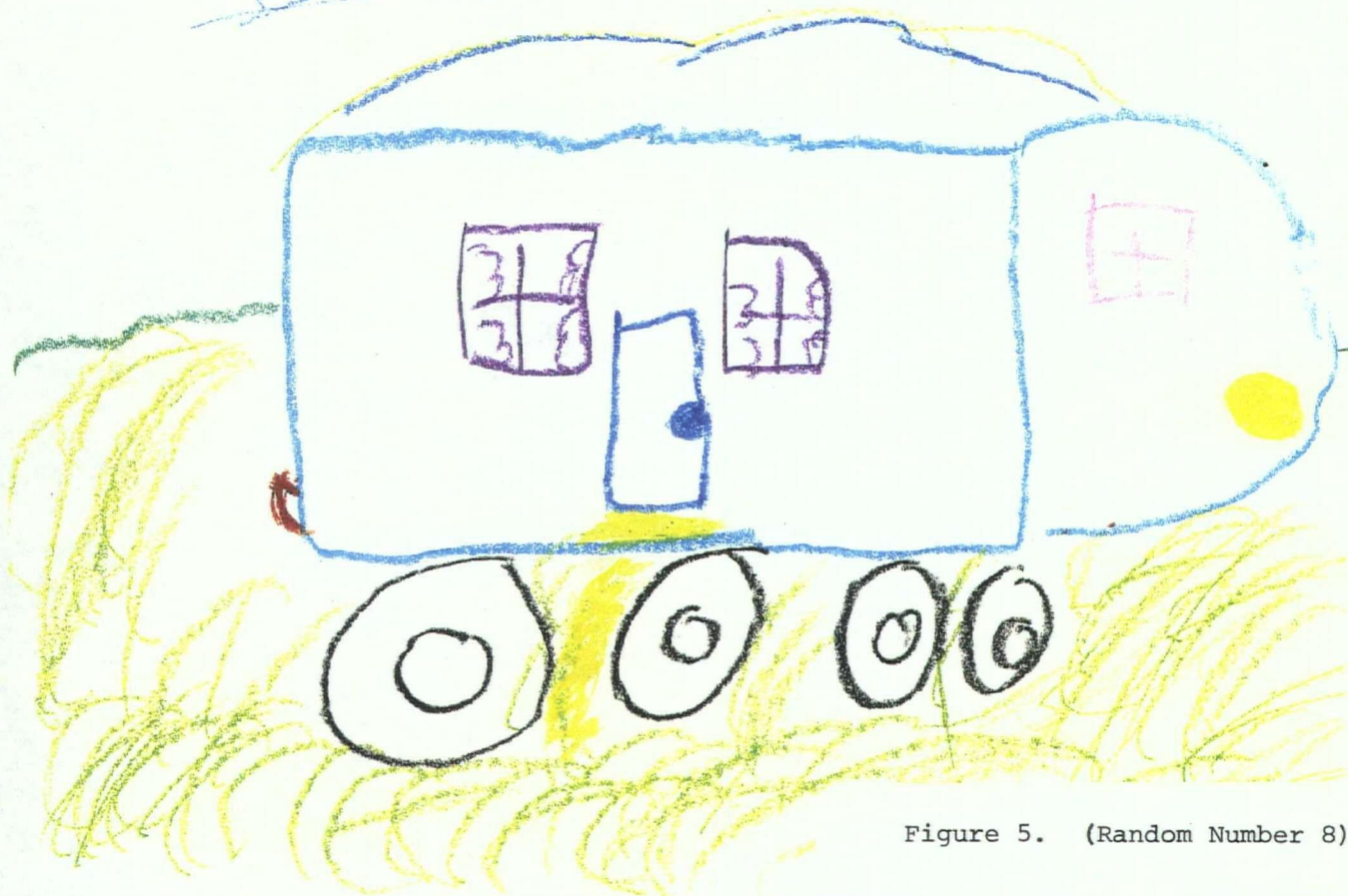


Figure 5. (Random Number 8)



Figure 6. (Random Number 7)

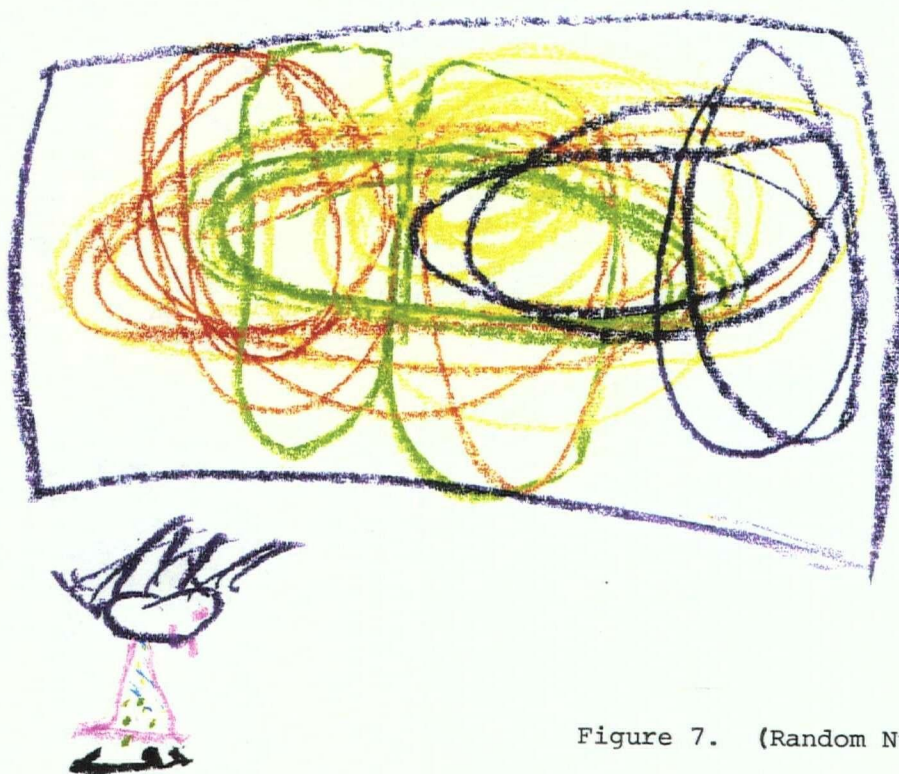


Figure 7. (Random Number 20 )



Figure 8. (Random Number 15)



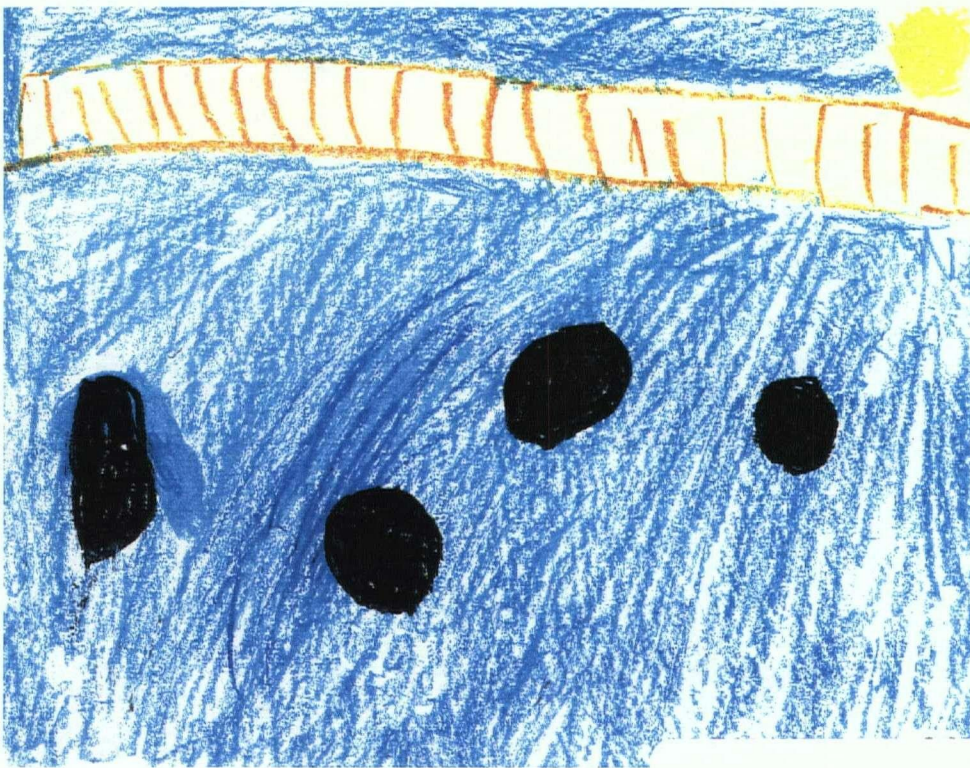


Figure 9. (Random Number 3)



The Rabbit  
Disguise

Figure 10. (Random Number 1)  
The Rabbit Disguise

# The flower bed

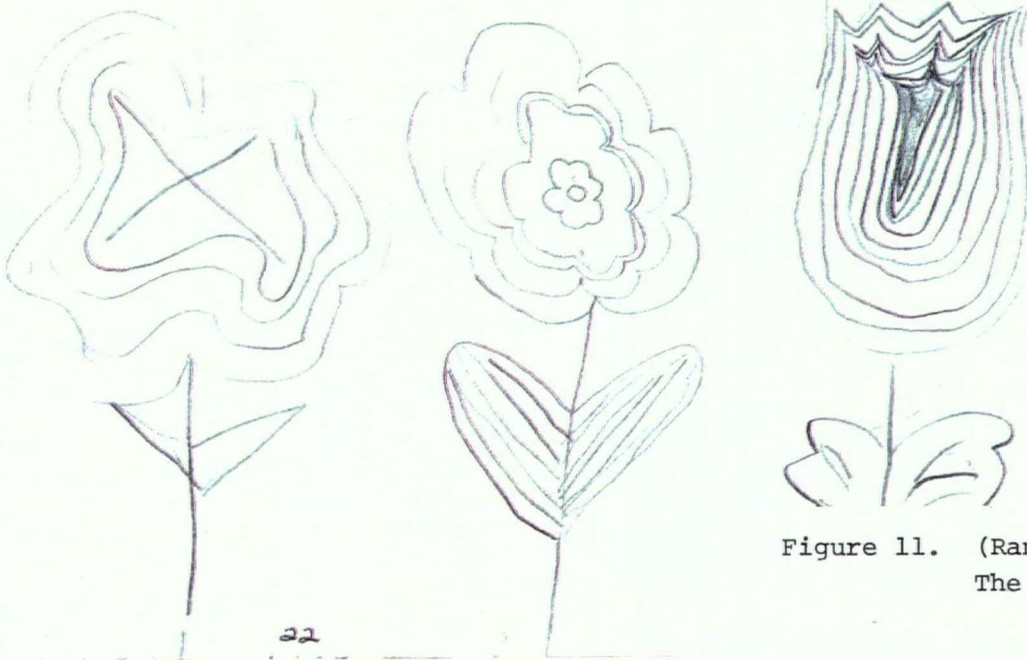


Figure 11. (Random Number 22)  
The Flower Bed

Figure 12. (Random Number 14)  
The Sad Monster





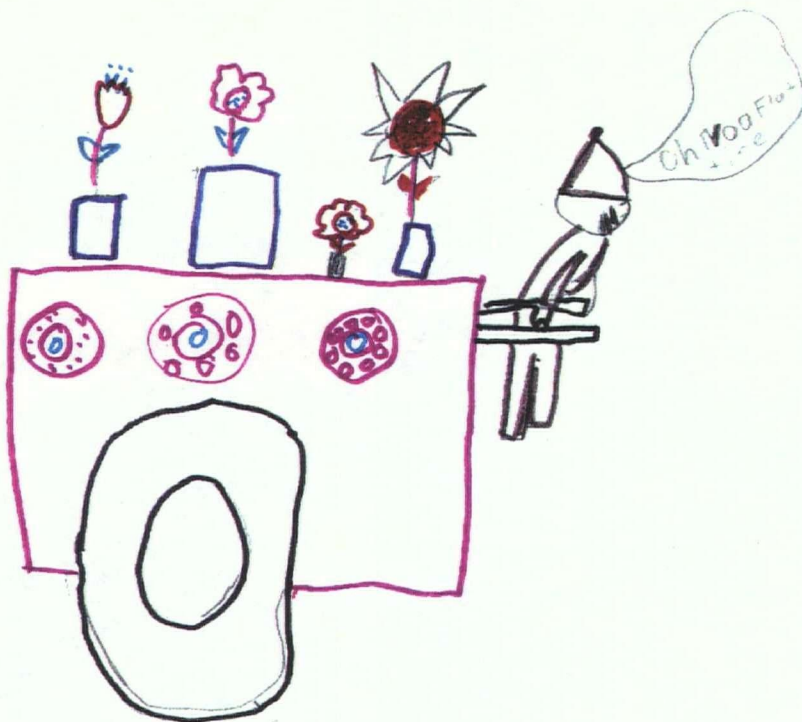


Figure 13. (Random Number 27)

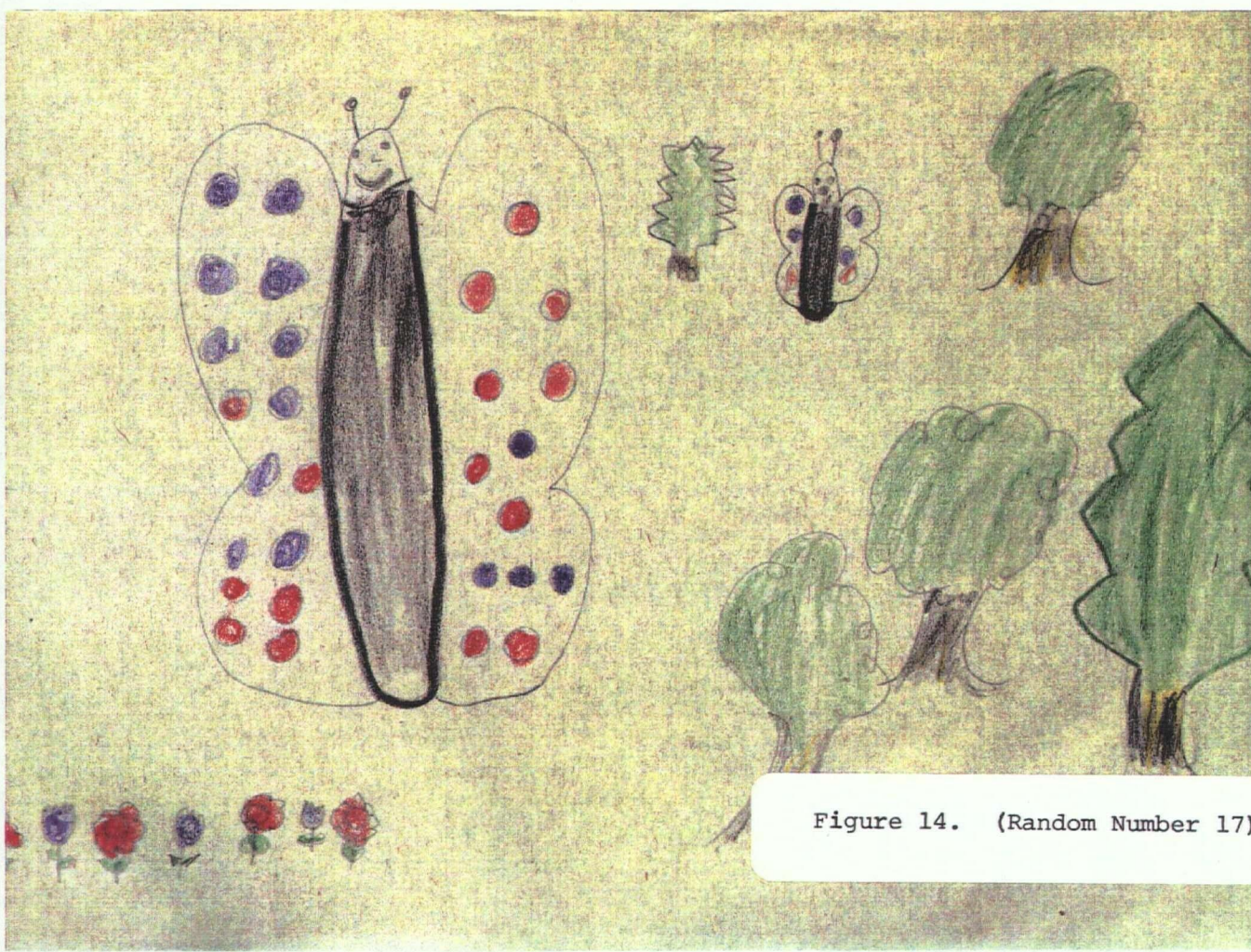


Figure 14. (Random Number 17)





Figure 15. (Random Number 9)  
Time Machine

*Beware of ghost!*

Figure 16. (Random 25)  
Beware of Ghost

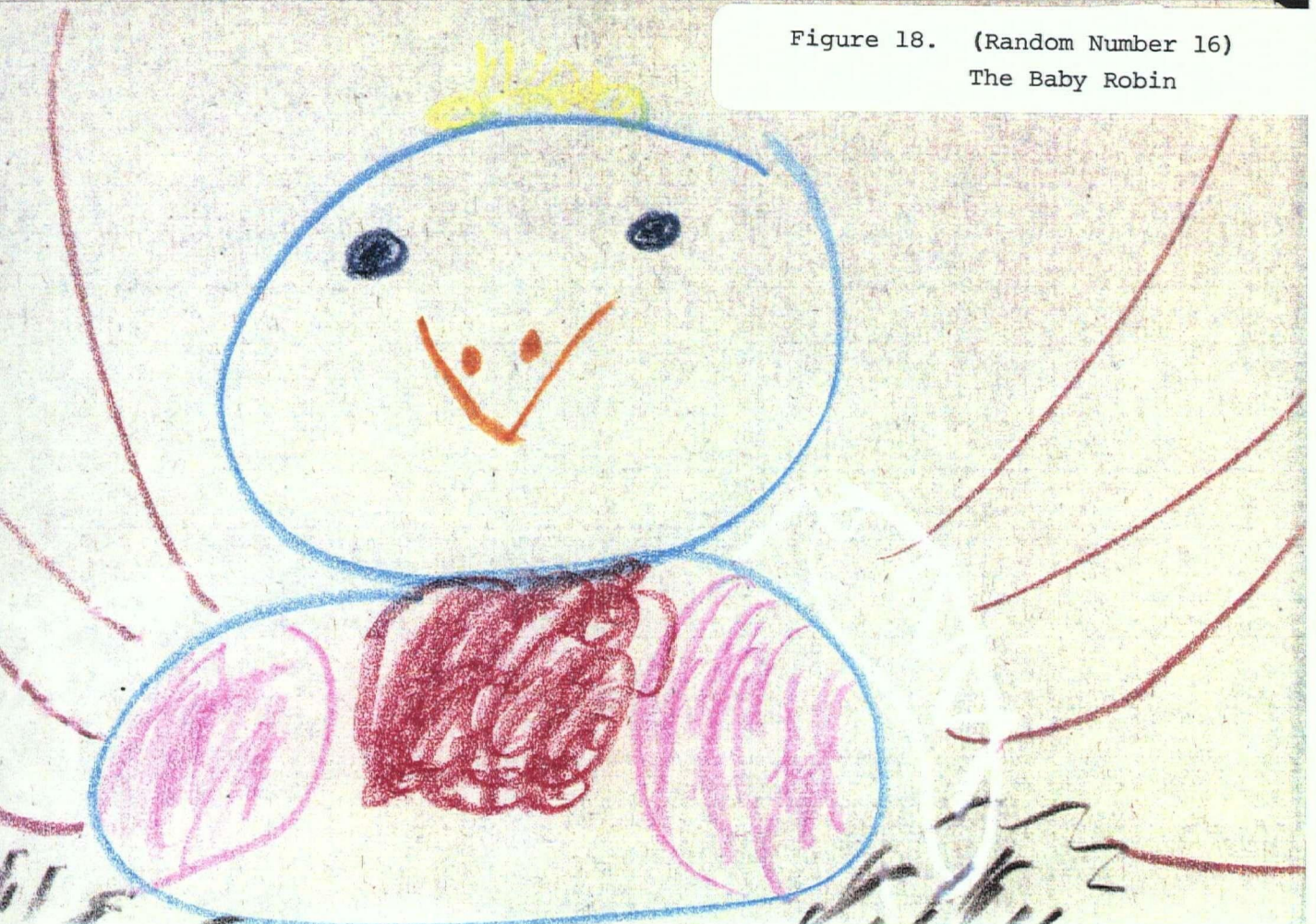




Figure 17. (Random Number 6)  
Monster



Figure 18. (Random Number 16)  
The Baby Robin





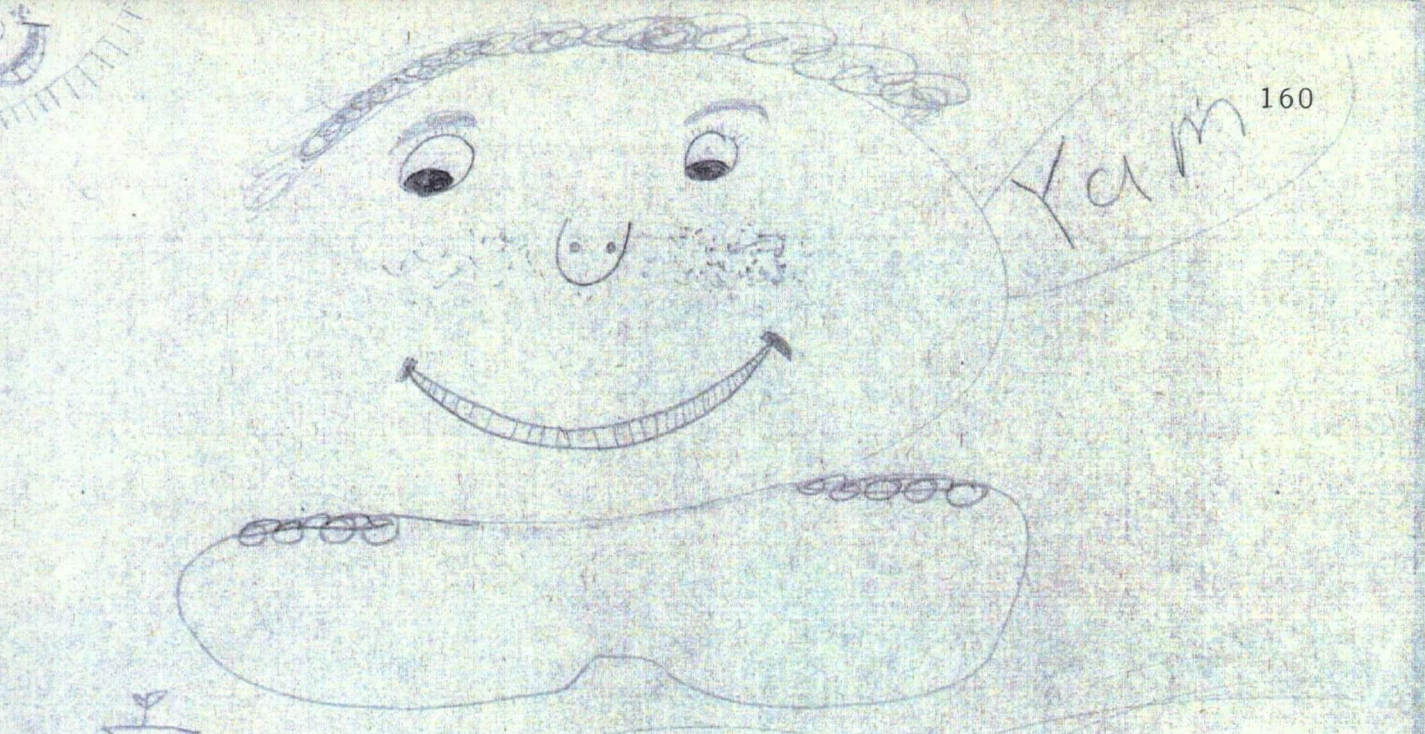


Figure 19. (Random Number 26)  
Apple Core

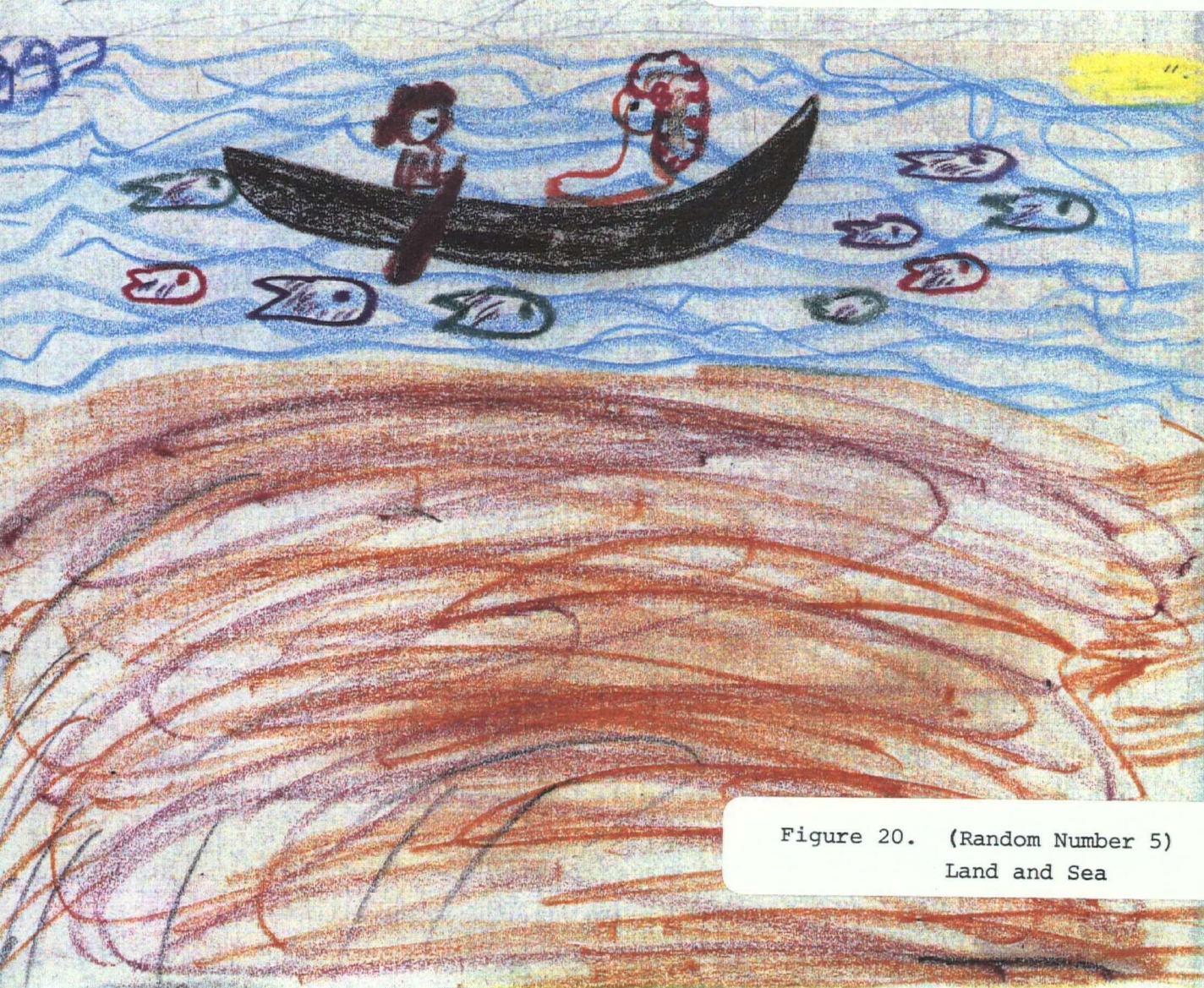


Figure 20. (Random Number 5)  
Land and Sea



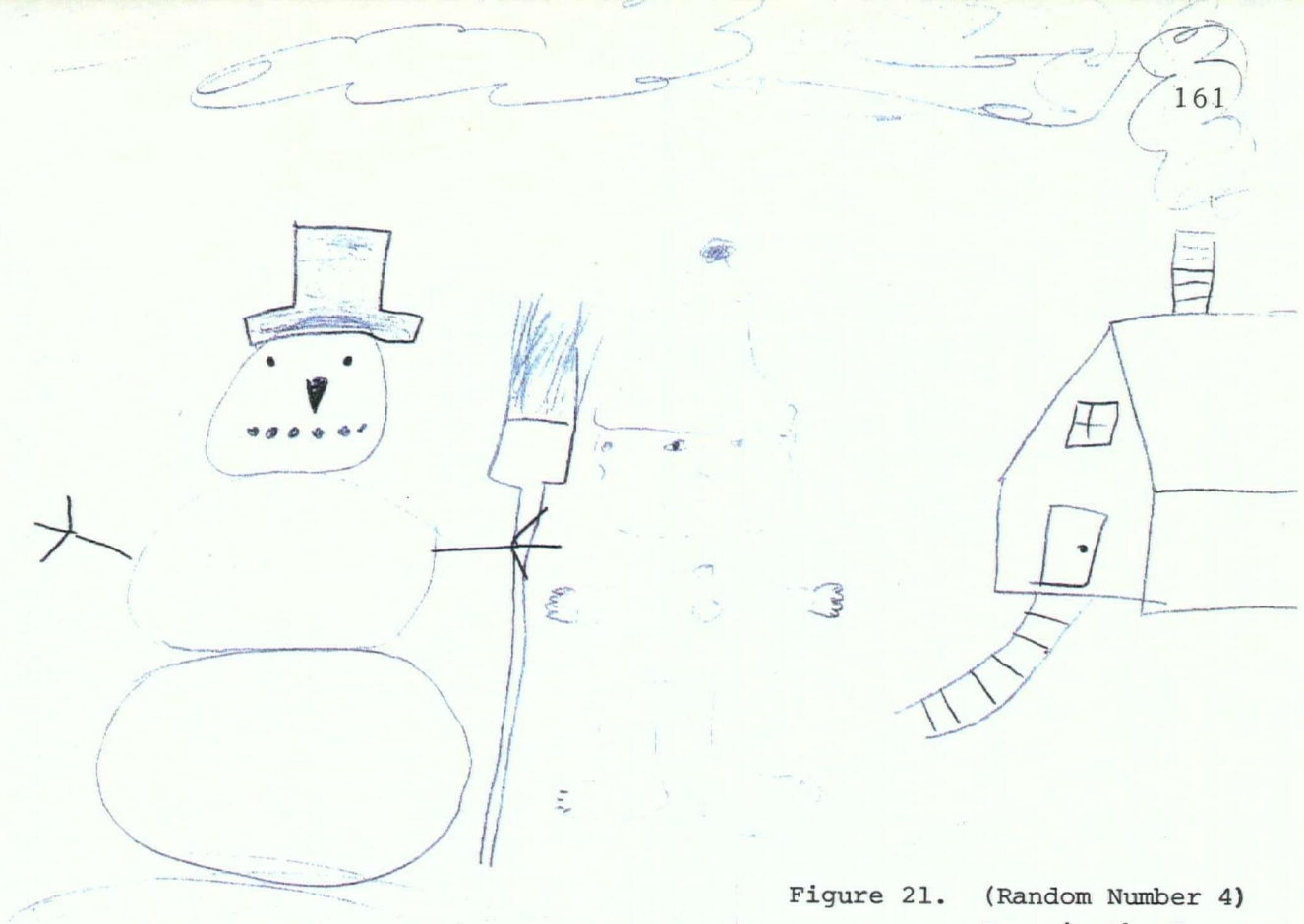


Figure 21. (Random Number 4)  
Bear in the Snow

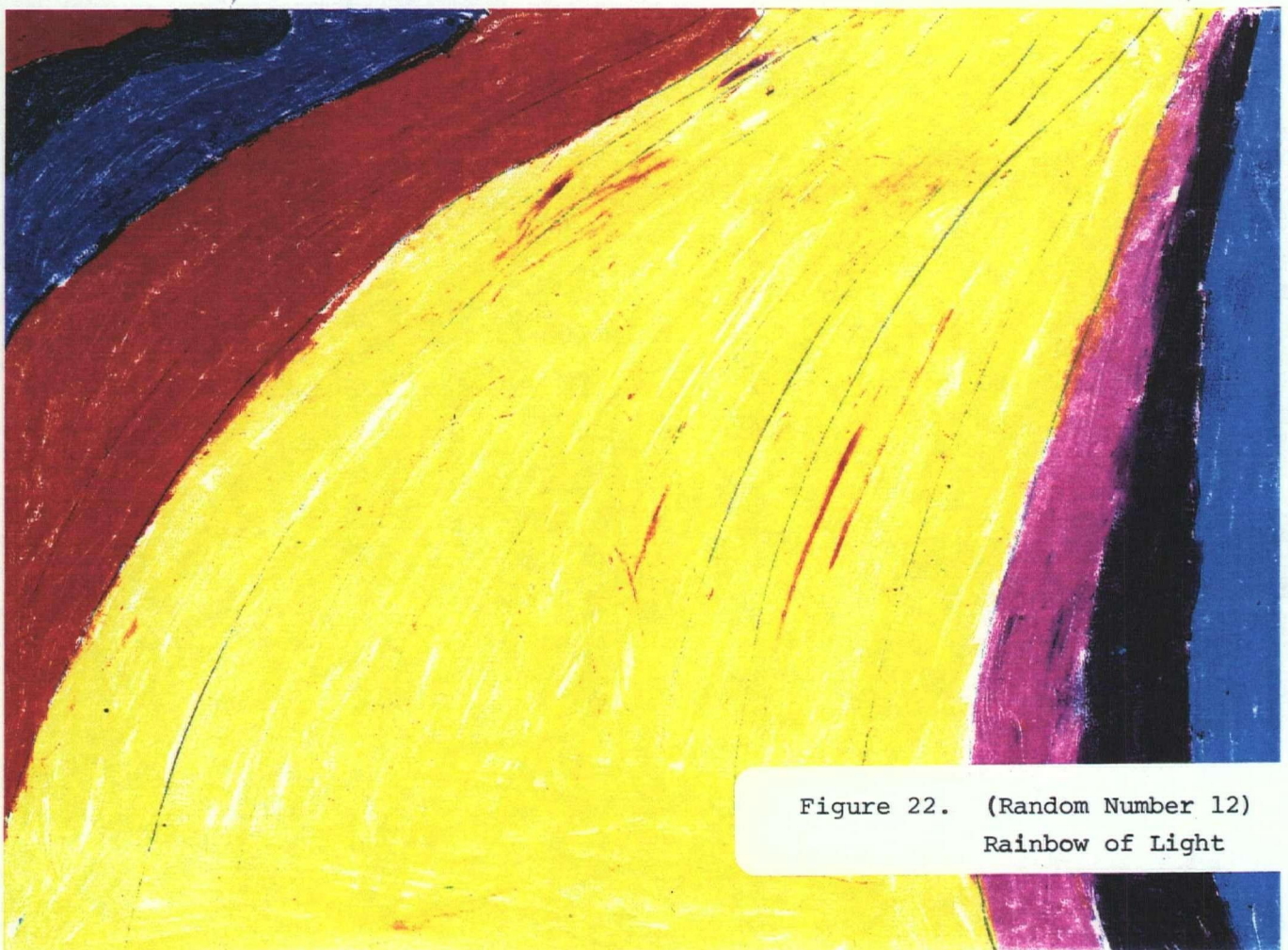


Figure 22. (Random Number 12)  
Rainbow of Light

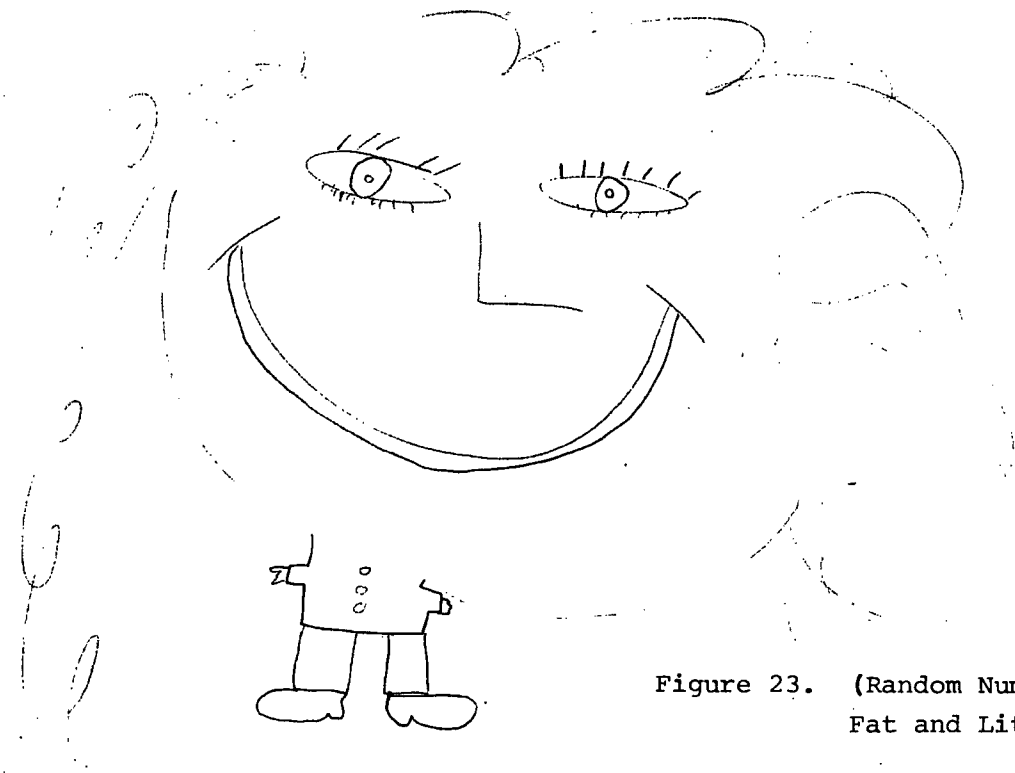


Figure 23. (Random Number 21)  
Fat and Little

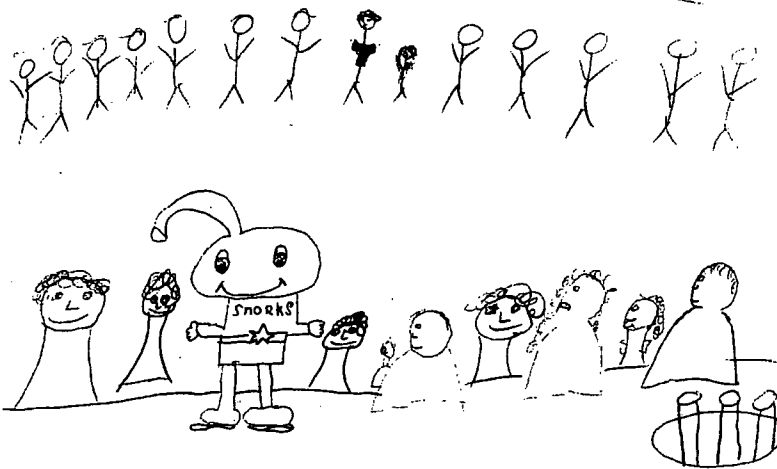
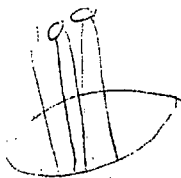


Figure 24. (Random Number 23)  
The Ice Capades





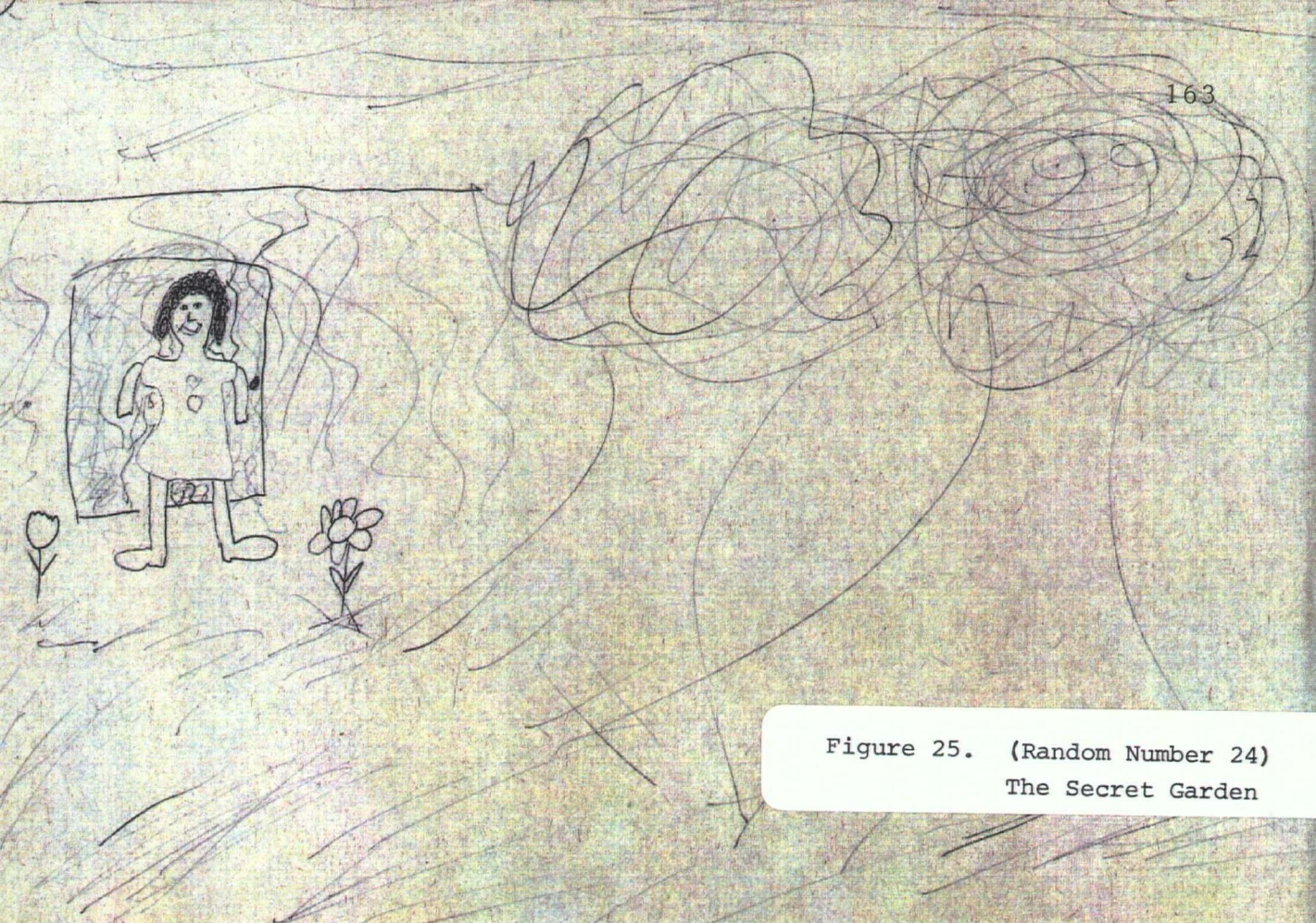


Figure 25. (Random Number 24)  
The Secret Garden



Figure 26. (Random Number 19)





Figure 27. (Random Number 11)  
My Squiggle



Zig Zag 18

Figure 28. (Random Number 18)  
Zig Zag



## APPENDIX 4

Text for Figure 1

I'm walking in the forest and it's the last part of the forest and I see this bush walking up to me and I know it was Andrea tricking me. Then I saw Derek up in the tree. Then I thought, "Andrea is playing a bad trick and any minute she'll jump up."

So then I went over to the bush and looked in and I saw Andrea. She said, "How did you know I was in here?"

I said "I didn't." And then I saw Derek and he asked how I knew he was there and I said I didn't. Then they put spiders all over me and I screamed all the way home.

Text for Figure 2

These little kids were playing hide-and-go seek in the forest and all of them hid in a tree because a hungry wolf was coming by. And they were scared and ran away and it scared him too. And he never came back again.

There's a hole and those are the holes in the trees where the kids are hiding.

Text for Figure 3

Well she's crying because she just fell on the gravel and she scratched all up on her knee. She's also crying because her mother told her not to go out. She's always crying.

She's also crying because the guys don't like her and also she's crying because her Mom promised to take her to Disneyland and she didn't.

Comments:

Rachel: I want to use pencil today.

Teacher: She's really sad.

Rachel: Yes.

Teacher: Can you tell me about her sad feelings?

Rachel: Dictated story above.

[Forty-five minutes earlier she talked about the night before:  
"I had a really bad night last night. I couldn't walk. Mom had to  
carry me and my legs felt like they weren't there. I felt really  
dizzy. It was scary!"]

Text for Figure 4

Once upon a time there was a Rainbow Bright Google. And he  
was wandering by the castle in the tall grass. And it was a  
beautiful day out like it was all the time. And he realized he was  
outside, 'cause he was only one year old. And it was a beautiful  
castle he was standing by. And he thought to himself "Is this my  
home?" And he went in and he realized it was.

Text for Figure 5

There was these people. They just retired and they felt like  
a little break. So they went out in the country where the wild  
life lived.

And at night they sort of got a little scared, but not that  
scared because deer and fawns came up to their windows and the

animals started to love them. And so they decided to live there.  
And they lived happily ever after.

Text for Figure 6

One day a girl named Melody went to the zoo. And she saw a gorilla. And these people were feeding him oranges, apples, carrots and bananas.

And there was even a mirror and a swing there. And there were strong bars. He looked fierce.

Text for Figure 7

There was an Art Gallery and this punky girl made a design on the picture. It looked like scribbles, but it wasn't. It was eyes. It looked like scribbles, but it was actually eyes.

One day she came in to the gallery and one of the eyes winked at her. Then she thought, "Somebody's tricking me."

Then the picture said, "Nobody's tricking you."

She looked around. "Who said that?"

Then the picture said, "I did."

Then she woke up.

Comments:

Rachel: It's framed.

Teacher: This purple line is the frame.

Rachel: Yes.

Text for Figure 8

Once upon a time there was this girl named Suzanne. It was night time. Suzanne was walking. She had run away and she saw this house. It was a patchy house. It had white, really bright blue, and black and brown patches on it.

She thought, "I think it's empty. No one lives in it. I think I'll live there for a while."

She went in and saw this creaky stairway. She went up, creak, creeak, creeek, creeek, creaak.

And a ghost looked around the corner and said, "There's a trespasser in the house." But this was just a trick. But she didn't know that.

So she went to sleep. The ghost came and scared her and she woke up and screamed.

She saw a hole in the roof. She jumped as high as she could and just caught the edge of the hole and pushed herself up. And there she saw her lost brother. He had ran away years before.

The End.

Rachel: These ghosts don't need eyes [pointed to three  
ghosts in windows]. Ghosts can see without eyes.

Text for Figure 9

Once there was a man. He went down in a barrel. And he woke up from his dream and he got in a barrel and did the same thing as in his dreams.

He broke a leg. He woke up in the hospital. He wondered what happened.

And he lived on.

Comments:

She drew the rocks first, and later went over them again doubling their size.

As she drew, she said it was a waterfall. She spoke of travelling, of Niagara Falls and then Disneyland. She specified the Frog ride in Disneyland and how hot it was in the "Hell" part of that ride. As she was talking, she coloured in all the blue part of the page.

[Rachel had been speaking about a news story of a man who had gone over Niagara Falls in a barrel.]

Text for Figure 10

#### The Rabbit Disguise

Once there was a man and he loved carrots. And he was looking for work. And he spotted a store with a rabbit suit. So he bought the rabbit suit. And he loved carrots - you have to remember that!

He lived in a cabin in the forest. There was only one carrot in that whole forest that every rabbit was trying to get to.

Now this rabbit suit was very large, bigger than all the other rabbits. And when he got to that carrot all these other rabbits

began coming. When they saw him they scadoodeled! And he ate the carrot.

Comments:

Rachel: I want to draw a picture.

I used to draw really good rabbits, but I don't know. I've changed.

I want to use pen only.

[As she drew she talked about her best friend, who had just died on Saturday. "She loved me best."]

Text for Figure 11

#### The Flower Bed

Rachel: I want to do it in pencil.

There was much erasing of the flower on the right, as her friend's funeral was discussed. She said all the flowers were different, and identified the one on the right as a tulip when it was finished.

She volunteered that the birds were [as she pointed left to right] "crows", "robins", and "eagles", then changed her mind and identified the middle ones as "hawks", not "robins" [crows, hawks, eagles].

Text for Figure 12

## The Sad Monster

Teacher: Does it have a title?

Rachel: The Sad Monster. He's sad because he wants buddies, he's saying, "I want to be buddies." These ones say, "yes" but this one says, "no".

## Comments:

Rachel spoke of her best friend's funeral which was being held that day and said, "Who wants to see a coffin."

As she was drawing, she spoke of her friendship with the teacher and wanted to discuss the reason why we have funerals.

Text for Figure 13

A Chinese man is pulling a flower cart and he gets a flat tire. He says, "Oh No a Flat tire."

Text for Figure 14

No story or title.

Text for Figure 15

## Time Machine

Teacher: Does it have a title?

Rachel: The Time Machine.

Teacher: Can you tell me about the time machine.

Rachel: You can go forward or backwards. [Pointed to the red spots] These two red buttons are the controls. I've had a good life. I don't want to see the future.



Text for Figure 16

## Beware of Ghost!

Teacher: Can you tell me about the picture.

Rachel: The bird is looking at the house, "I want to get outa here."

The tree [without leaves], "I'm cold." It never had any leaves.

Ghost [lower right], "I'm going to get that bird and eat him."

Fence, "I hurt" 'cause it's all broken.

House has boards over the holes. It has broken windows. "I'm scary." The attic window's not broken. That's where the ghost lives. It's nice and clean there in that room.

Tree, [leaning on house]. It's a covering tree.

Mud puddles are there because there's just been a big, bad storm with thunder and lightning.

Moon, "What a scary place! I don't even like to look at it."

Text for Figure 17

## Monster

Teacher: Do you ever feel like that little person calling for help?

Rachel: Promise you won't tell Mom and Dad, I don't want to worry them.

We spoke at length about her concern for the family's difficult time with her being sick and about spiritual matters. She initiated a variety of topics.

Text for Figure 18

#### The Baby Robin

Rachel said she had seen this robin outside her window that morning.

Text for Figure 19

#### Apple Core

No story.

Text for Figure 20

#### The Land and Sea

The princess is being carried back to the king's castle [upper left] so she can TELL him she's going to marry the slave. Then they're going back to Castlegar to get married and go to Nelson to live.

She can tell him because she's twenty.

Text for Figure 21

#### Bear in the Snow

Fred bear lives with his Mom and Dad in a warm, happy hut. He came out on a cloudy day to build a snowman.

Comments:

Rachel spent much of her time erasing the bear. "I can't get him light enough," was her comment.

Text for Figure 22

## The Rainbow of Light

No story.

Text for Figure 23

## Fat and Little

No story.

Text for Figure 24

## The Ice Capades

Teacher: Can you tell me about this picture.

Rachel: Well, that's me and my sister's boyfriend [upper center]. He took me to the Ice Capades. They had on these costumes and they had to jump over this great big hole in the middle of the ice.

Text for Figure 25

## The Secret Garden

Me and my Mom are reading this book.

Teacher: Can you tell me about the secret garden.

Rachel: Well, right now you can see the door and the door knob, but after a while the green stuff [asked for name of stuff that grows up walls - ivy] yeah, the ivy will cover the whole wall and then it will be really hard to find the door.

Text for Figure 26

No story or title.

Text for Figure 27

My Squiggle

No story.

Text for Figure 28

Zig Zag

No story.

## APPENDIX 5

Table 1

Chronological Order Matched to Random Order

Drawing Number	Random Number	Drawing Number	Random Number
1	13	15	9
2	20	16	25
3	2	17	6
4	10	18	16
5	8	19	26
6	7	20	5
7	20	21	4
8	15	22	12
9	3	23	21
10	1	24	23
11	22	25	24
12	14	26	19
13	27	27	11
14	17	28	18

## APPENDIX 6

Table 2

Expert Classification of Random Drawings According to  
Decathexis (D), Not Applicable (NA) and Rebirth (R)

Drawing	Expert						% D	% NA	% R
	1	2	3	4	5	6			
1	D	D	R	D	D	D	83	-	17
2	D	D	D	D	D	D	100	-	
3	D	D	R	D	R	D	67	-	33
4	D	D	D	D	D	R	83	-	17
5	R	D	R	R	R	R	17	-	83
6	R	D	D	D	D	R	67	-	33
7	R	D	NA	D	D	D	67	17	17
8	R	R	R	R	R	R		-	100
9	D	D	D	R	D	D	83	-	17
10	R	R	R	D	R	R	17	-	83
11	D	D	D	D	D	R	83	-	17
12	R	R	R	R	R	R		-	100
13	D	D	NA	D	D	D	83	17	
14	D	D	D	D	D	D	100	-	
15	R	D	D	D	R	R	50	-	50
16	R	R	R	R	R	R		-	100
17	R	R	R	R	R	R		-	100
18	R	R	NA	R	R	R		17	83
19	D	R	D	R	R	R	33	-	67
20	D	D	D	D	D	D	100	-	
21	D	NA	NA	R	D	R	33	33	33
22	R	R	D	R	R	D	33	-	67
23	R	NA	D	R	D	R	33	17	50
24	D	R	D	D	R	R	50	-	50
25	D	D	D	D	R	D	83	-	17
26	D	D	D	R	D	R	67	-	33
27	D	D	D	R	D	D	83	-	17
28	R	D	D	D	D	D	83	-	17

Table 2 shows each expert's classification of every drawing. The summary shows the per cent of experts who placed the drawing in each category.