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Death Anxiety, Artmaking and the Facilitation of Death Discourse
by Heather D. Conley, Bachelor of Arts in Psychology and Studio Art

A Research Project Submitted in Partial
Fulfillment of the Requirements
for the Degree of
Master of Arts
in the field of Art Therapy Counseling

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ABSTRACT

DEATH ANXIETY, ARTMAKING AND THE FACILITATION OF DEATH DISCOURSE

by

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Discussion about death, known as death discourse, has been historically limited to the confines of the palliative care, elderly and hospice arenas (Bradshaw, 1996; Granek, 2013; Safrai, 2013; Zimmerman, 2012). This study examined the impact of artmaking on facilitating death discourse in college-aged students from a midwestern United States campus. A mixed methods design was implemented in which participants completed the Communication Apprehension about Death Scale (CADS; Carmack & DeGroot, 2016), an artmaking directive addressing feelings about death, followed by a Post-Artmaking Reflection about their artwork. Following a 10-day time period after the artmaking session, participants were re-administered the CADS electronically, and questioned about their thoughts and patterns concerning discussion of death since the artmaking directive. Quantitative analyses of CADS scores from both sessions revealed an overall decrease in scores after making art about death. A thematic analysis of all artwork and essays created by the participants revealed themes of feeling conflicted emotions regarding death, with visual art featuring circles, human figures, and dark saturated colors most prominently. Findings suggest that apprehension levels discussing death can be decreased through artmaking and that artmaking could facilitate discussions surrounding death.

Keywords: death anxiety, death discourse, communication apprehension, artmaking, art therapy

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CHAPTER I

INTRODUCTION

Writer and poet Octavio Paz (1950) wrote, “The word death is not pronounced in New York, in Paris, in London, because it burns the lips.” Hailing from Mexico City and being a descendant of a culture readily accepting of death, Paz’s words were not unfounded. Open and healthy discussion of death has long been tabooed and socially verboten in Western culture. Death is often regarded as an unwanted end, rather than a natural and healthy chapter of life. If one promotes an open discussion about death, it is often considered in the public lexicon to be a morbid and unpleasant conversation. When there is such resistance, discussion of death can bring about feelings of anxiety for the general public and is often avoided out of discomfort with the practice of dying. These experiences of personal unease around the topic of death is defined as death anxiety, which is the basis of several mental health disorders (Furer & Walker, 2008; Iverach et al., 2014). This can become the foundation upon which unresolved loss and disenfranchised grief are constructed, where somehow the grieving process is seen as unacceptable or not recognized as legitimate by society. There is a belief that facilitating open discussion of death provokes action, such as encouraging those with suicidal thoughts to commit suicide merely by suggestion (Gundlach & Stack, 1990; Hawton & van Heeringen, 2009; Pritchard-Boone & Range, 2005). As a result, grief itself is often treated as a private and isolated affair, forced into short unrealistic time frames in order to be more palatable to the general public.

At the original time of this writing, COVID-19 was hardly on the horizon, and the prevailing sentiment about death discussion typically came from a place of fear or

avoidance. Conversely, with the development of a recent global pandemic, normalizing discussion of death seems to be more relevant than ever. If even the smallest discussions are encouraged both verbally and/or from artmaking, perhaps our society could be better equipped to operate from a place of preparation and acceptance regarding the unexpectedness and inevitability of death, regardless of circumstance.

If discussion and acceptance of death as a healthy part of life are brought into the public discourse, we can then approach the topic of mortality from a place of acceptance, similar to the model of the Good Death (Cain & McCleskey, 2019; Doughty & Blair, 2017; Hart et al, 1998; Soom Ammann et al., 2016). Originally from the arena of hospice and palliative care, the concept of the Good Death reframes the current anxiety-ridden concept of dying and places it within its proper context of a natural and positive end to living. Hart (1998) stated “The Good Death, located with the social life of the dying person, was characterized by the following five features: awareness of dying, adjustment to and preparations for death, relinquishing of roles, responsibilities and duties, and the making of farewells with others” (p. 71). Prominent author and palliative care physician, Dr. B.J. Miller, echoed society’s tendency to differentiate and isolate the terminally ill:

We talk about ‘the dying’ as though they’re some other species over in the corner. We are the dying, and seeing ourselves in that mix is very fruitful in a number of ways, but it also allows us to see dying as a part of living.

And therefore, we can design that as an experience. (Tippet, 2016-present)

Even as the Good Death concept becomes more widely recognized, approaching and normalizing the topic of death within the realm of public conversation remains

difficult in Western society, particularly the United States. The process of death has become sanitized, is relegated primarily to funeral homes and hospitals, and consistently takes place behind closed doors. As a result, death within its natural context becomes a gray area and cultural messages are created that have a lasting influence, impacting the individual mentality of future generations. Addressing this impact of societal influence concerning loss, MacWilliam et al. (2017) stated “How one perceives death (or loss), both of her loved ones and that of herself, will ultimately shape her experience of life and love” (p.73). Confronting and acknowledging this taboo of death discourse can have larger beneficial repercussions, such as clarifying purpose in life (Frankl, 1962), increasing the normalization of death planning (Zimmerman, 2012; Miller & Berger, 2019) and potentially decreasing maladaptive motivations behind anxiety-driven behaviors (Faiza & Malik, 2018). Death anxiety itself limits one’s access to personal autonomy and decision making regarding their own life. Psychologist Rollo May (1981) advocated for the discussion of death as part of free will, inherent in the interplay between repression and freedom. Vance (2014) further echoed the benefits of death acceptance, “In other words, without recognition of death, humans cannot be free” (p. 415).

Deciding to discuss death may seem a simple and straightforward solution for the larger issue of death anxiety, but societal habits of avoidance have created a culturally normative fear surrounding the idea of death. Processing a topic as multifaceted and formidable as death can seem too broad and all-encompassing to be addressed through traditional therapeutic means. Existential Therapy allows room to discuss meaning within existence and the reality of being part of the human experience (Yalom, 1980; 2009).

Theoretical approaches such as Meaning Making Theory and Terror Management Theory are aimed at breaking down death anxiety and normalizing the concept of dying through personal reflection and catharsis (Greenberg et al., 1997; Neimeyer, 2005; Wong & Tomer, 2011). Art therapy is particularly well suited for meaning making (Franklin, 2017; Moon, 2002; Safrai, 2013; Van der Kolk, 2014) and utilizing the imagination (Miller & Berger, 2019) as a tool for processing death anxiety and confronting difficult emotions surrounding death (Schroeder, 2005; Strouse, 2013).

Research has shown that public artwork and expressive therapies are an effective means of exposing stigma and processing grief and loss (Blair & Michel, 2007; Mohatt, et. al, 2013; Smigelsky & Neimeyer, 2018; Testoni et al., 2019). By combining meaning making and public artmaking, there is possibility for the larger public to connect with and comprehend the universality of death as a positive transition we all must go through. Consider the Before I Die project (<https://www.beforeidieproject.com>), created by artist Candy Chang. Utilizing only chalkboard paint, stencils, volunteers, and a simple prompt of “Before I die, I want to...” Chang has created a community participatory action project said to “invite people to reflect upon their mortality and consider the things which matter most” (Chang, n.d.). The project has now spread to over 4,000 locations worldwide and inspired countless personal reflections about death solely through the use of artmaking.

The utilization of art as a means to confront the uncomfortable and elicit public discussion allows room for the subjects of death and grief to be anticipated, accepted and destigmatized. Using art and the creative process to address an emotionally formidable topic can provide a cathartic experience for creators and viewers alike, facilitating further

normalization and therapeutic expression of death within larger Western society. It is my belief as a future Art Therapist that utilizing both public art and personal artmaking can create a point of entry for the difficult discussions surrounding the inevitability of death and the process of dying. Artmaking could elicit such needed discussions, potentially creating a ripple effect within larger society that could allow death anxiety to be acknowledged publicly, come to terms with the possible untimeliness of it and normalize the inevitability of dying.

It is my intention to contribute to this discussion of death by utilizing artmaking in a population unaccustomed to end of life dialogue. College-aged students, typically distributed between 18-30 years of age (The Hamilton Project, 2017), are enduring increasing rates of anxiety and suicide, as well as higher rates of death due to alcohol and substance abuse (American College Health Association, 2020; Kadison & DiGeronimo, 2004; Stover et al., 2019; Turner et al., 2013), but have been continually overlooked as a population in need of death education or discussion (Balk, 2001; Haughton & van Heeringen, 2009; Titus & Sinacore, 2012). In this study, I used a mixed methods design to examine two components of artmaking and death discourse. I hypothesized that participants' communication apprehension about death will decrease after making art about death. Further, I sought to examine the potential impact of artmaking on eliciting discussion of death among college-aged students.

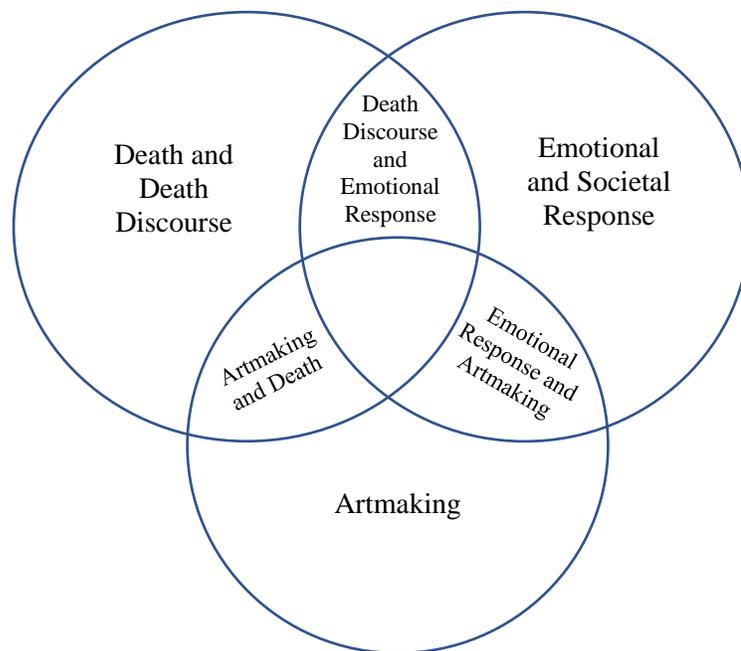
CHAPTER II

REVIEW OF LITERATURE

I chose to examine the overlap of three main areas of interest: death and death discourse, emotional and societal response to death (to address death anxiety and stigma), and the broader category of artmaking (see Figure 1).

Figure 1

Venn Diagram of Research Categories



During this review of literature, as if to further illustrate the need for normalization of death discussion, straightforward language surrounding the topic of death was difficult to find easily, creating a wide variety of keywords. Though death anxiety remained a universal keyword, there were several synonyms for smaller subsets of death anxiety research such as mortality salience, dying trajectories and thanatology (see Table 1). Additionally, it was necessary to use multiple varied databases due to the broad spectrum and universality of death research (see Table 2).

Table 1*Search Terms for Review of Literature*

Death or Death Discourse	Emotional and Societal Response	Artmaking
death anxiety	attitudes about death	artmaking about grief
mortality	grief and loss	expressive arts
death and dying	social stigma	public art
death discourse	patients' attitudes	community art
The Good Death	complicated grief	arts-based intervention
death education	disenfranchised grief	art therapy
mortality salience		participatory artmaking
dying trajectories	anticipatory grief	murals
thanatology	communication apprehension	novels about death
Terror Management Theory (TMT)	communication avoidance	films about death
Templer's Death Anxiety Scale (DAS)	cultural taboos	Meaning Making Theory (MMT)
existential anxiety	bereavement	Dual Process Model (DPM)
Existential Therapy	Communication Apprehension about Death Scale (CADS)	public commemoration
death preparation		public memorials
death discussion		
hospice		Narrative Therapy (NT)
palliative care		

Table 2*Research Databases Utilized in Review of Literature*

EbscoHost	CINAHL
PsycInfo	Wiley Online Library
Arts in Psychotherapy	WorldCat
AATA	Science Direct
JSTOR	Palliative Care Journals
Google Scholar	CARLI

Death Discourse and Emotional and Societal Response

Within death discourse itself, there were several studies that examined the overall concept of death and how it affects public discussion and larger institutions. For the purposes of this research, I chose to examine four different types of context within the topic of death discussion: the medical field, children and young adult populations, mental illness, and the need for closure.

Medical

In a series of interviews with twenty oncologists, Granek et al. (2013) noted that oncologists themselves often had their own personal barriers with patients, first in the expectation to focus only on a cure, and second, the overall lack of training received to have honest discussions about death. The authors noted factors that made these discussions difficult, including “stigma around palliative care, a lack of protocol around end-of-life issues, and lack of tools and training around communicating about the end of life” (p. 132). Ambiguity around death conversations is a surprisingly common experience within the arenas of both palliative care and end-of-life diagnoses (Ghandourh, 2016). Theorized by Miller (2019) to originate in both death anxiety and the fear of destroying hope, he stated “Communication can get so murky that patients often don’t even realize that their illness is terminal” (p. 92). Situations such as these can lead to further complications surrounding end-of-life issues, such as broaching the subject of eligibility for palliative care services (Granek et al., 2013), patient’s denial of or willingness to participate in death planning (Zimmerman, 2012) and larger overarching issues of the bureaucracy of death within the medical model and wide-ranging social systems (Bradshaw, 1996).

Children and Young Adult

Outside of the doctor-patient relationship, fear of death discourse has also been theorized to have deeper repercussions within emotional attachment and behavior. As early as middle school, adolescents have been found to form death anxiety (Noppe & Noppe, 1997). The authors theorized “that talking about death with one’s parents is related to parental attachment” (p. 272) and contributes to the overall larger coping skills required during adolescence. This developmental need for honest and age-appropriate discussion of death has also been echoed in developmental theories of object constancy and object permanence (Kramer et al., 1975; Watkins, 1990). Children in early stages of development lack the comprehension required to fully understand the finality of death (Shoen et al., 2004; Vollman, 2017). Cultural myths about children’s experience of grief underscore the need for developmentally appropriate discussions of death to become standardized, particularly when caregivers are adrift in their own turmoil of loss.

Mental health clinicians themselves must also be willing to address death with clients, regardless of the dissonance between some theoretical models that may fall short on clear instruction. Vance (2014) stated, “Death is central – and such a fact should be reflected in a field that aims to attain scientific truths and a full sketch of life forces” (p. 429). Smith and Yazdian Rubin (2017) echoed the importance of this therapeutic skill, “The trained therapist in this session will be able to model to caregivers developmentally appropriate language around death and offer a variety of symbolic art therapy interventions to support memory making, legacy, and containment” (p. 255). Therefore, evidence supports the need for children and young adult populations too have healthy discussions about death.

Mental Illness

Several studies have discovered unresolved death anxiety to be a precursor to future mental illness (Iverach et al., 2014). Even though death discourse tends to be more of a taboo in Western culture, Faiza and Malik (2018) examined death anxiety between clinical and non-clinical populations in Pakistan and discovered evidence of a correlation between death anxiety and psychological disorders was still apparent. The authors conjectured these differences could be due to “a higher death consciousness along with fragile defense mechanisms” (p. 12). Other research also noted that death denial does not suppress death anxiety, but rather makes thoughts of death stronger and more prevalent due to its consistent presence in the death-avoidant mind (Hayes, et al., 2010). Irvin Yalom (1980) asserted that death anxiety has great magnitude and “a considerable portion of one’s life energy is consumed in the denial of death” (p. 41). This daily dissonance points to an overall need to acknowledge and discuss death as a means of avoiding further emotional repression and mental health issues.

Closure

Some research has framed the cause of death anxiety as being driven by regrets, pointing to the personal reflection needed in order to resolve issues of self-worth in the face of unfinished business surrounding death. When examining the relationships between death anxiety and self-identity, Neimeyer and Chapman (1980) discovered those who had not yet fulfilled an idealized notion of self had higher rates of death anxiety than those who felt their personal potential had been fully realized. The authors illustrated this with the following example:

From such a perspective, the actual death of our significant others might be regarded as ‘little deaths’ of ourselves, in that our own essence is crystallized for the dying person in his or her eyes. If, for example, I have not yet attained the ‘successful’ life to which I aspire, the potential death of my ailing wife may be radically threatening, in part because I risk being frozen in my current status of a ‘failure’ in her final gaze. (p. 237)

Closure remains a vast and crucial element in the process of evaluating and understanding death anxiety, so important in fact that researchers have created the Unfinished Business in Bereavement Scale (UBBS) as a means to measure such items as “unfulfilled wishes” and “unresolved conflict” (Holland et al., 2018). When examining the importance of this need for closure, the elements of socioeconomic status and political systems can factor in here as well, as they also affect levels of death discourse.

Socioeconomic Status and Political Systems

Though initially designed for death anxiety measurement, the UBBS has also been used to highlight correlations in the relationship between emotional closure and socioeconomic status (SES). Holland et al. (2018) discovered while administering the UBBS, “those who grew up in homes with limited family income were found to report more unfinished business, suggesting that social and economic forces partly contribute to these experiences” (p. 10). Rainsford et al. (2016) noted that the urban voice is often the most abundant within death and dying research and suggested that sociocultural issues regarding rural end-of-life care have hindered a well-rounded view of death literature. Ernest Becker (1973) theorized that existential fears contribute to an overall hierarchy in

which societal in-groups “refer to their own group as special, thereby garnering a sense of superiority that symbolically aligns the in-group with immortality” (Vance, 2014).

Nearly fifty years later, recent research echoes this theory, concluding that because of current society’s tendency to polarize people via political affiliation, tyranny and bigotry arise as a direct result of “widely unacknowledged existential and death fears” (Vance, 2014, p. 427), potentially contributing to the election of global leaders based on the public’s fear of being unprotected from larger threats of death (Kosloff et al., 2006; Pyszczynski et al., 2003; Schneider, 2013). Simply put, those with more privilege have the power to project their own death anxiety onto those with less means, even though death does not discriminate. This fosters a premise that normalization of death discourse and acceptance of death can have positive repercussions both individually and systemically.

Positive Death Practices

The prevalence of death anxiety influences the overall emotional and societal response concerning death discussion and mental health. For this reason, terror management theory (TMT) has become a common treatment approach when addressing the overlap between death anxiety and thoughts, behaviors and emotions. Pashak et al. (2017) stated “TMT posits that humans would otherwise be paralyzed by the distress of knowing that death is inevitable, but that temporally sequenced systems of defenses buffer against those death concerns to mitigate anxiety” (p. 452). In addition to the tenets of TMT, a focus on the salience of life and embracing of the inevitability of death are also central principles in the Good Death movement (Cain & McCleskey, 2019; Doughty & Blair, 2017; Miller & Berger, 2019). By acknowledging and encouraging discourse

and preparation for death, there is potential to improve the current overlap of negative and repressed social and emotional response surrounding death.

Disenfranchisement

The ability to openly discuss death and grieve without shame is a large determining factor in long term healing and eventual post-traumatic growth. Support groups and other community-based methods of support were encouraged in the literature, as one author stated, “It appears that symptoms that discourage interpersonal interactions impede the social support needed for growth” (Bellet et al., 2018, p. 804). The stigma and taboos that are entrenched within the emotional and societal response to death can contribute heavily to the grieving process and how it is carried and internalized (James & Friedman, 2009). Societal norms carry substantial power in that grief can often be condemned or shunned if not perceived as justifiable, particularly in the case of suicide, drug overdoses and homicide (Beck & Jones, 2007; Feigelman et al., 2011; Lester, 1992). This disenfranchised grief carries with it a heavy emotional and psychological burden of stigma and isolation both on the individual and community (MacWilliam & Schapiro, 2017).

In exploring family stigma amongst qualitative data, one study brought to light commonalities surrounding those who bear the burden of associative stigma: themes of prejudice, discrimination and stereotypes prevailed alongside a public belief of abuse and failure to help (Sheehan et al., 2018). The authors posited “The implication in statements such as these is the stereotype that ‘suicide families’ are abnormal or different from other families and that these families harbor a secret that explains why this person took their own life” (p. 337). Additionally, when someone has committed a crime of homicide or

violence and is involved in the death or grief process, such as those imprisoned, the disenfranchised grief contributes to an overall greater sense of death anxiety. Aday (2005) examined death anxiety in maximum security prisoners, noting that older prisoners anticipating their own death in prison had higher rates of anxiety. The study stated, “For some inmates, dying in prison is the final and egregious indignity. ‘It diminishes your existence. You’re not with the people who truly love you... You feel you are only half the human you should be’” (p. 209). This research indicates that isolation and disgrace brought about by societal response and stigma complicate an already difficult emotional journey of bereavement.

Emotional and Societal Response and Artmaking

Parsed out by conversation and public lexicon alone, these stigmatized deaths and disenfranchised areas of grief could feel too heavy for the public to process and resolve on its own. Bush (2017) indicated “Although death is an integral part of life, it is also one of our biggest cultural taboos. Through history, human beings have continuously tried to make meaning from the cycle of life and death, and one way that we have done this is by making art.” (p. 225).

Artmaking has been an inviting way to create public dialogue about difficult or underrepresented subjects. In a 2019 study, Testoni et al. (2019) explored differences in university students that had taken a death education course and those that had not been educated in death. The death educated group also participated in a PhotoVoice project wherein they used photography to process their feelings and ideas surrounding death anxiety. Results indicated that the death education group had higher levels of happiness. In medical settings, public art has been used in conjunction with art therapy as a means of

acknowledging and processing both anticipatory grief and the chaos that can accompany prolonged illness (Hunter, 2013; Mango, 1992; Near, 2013; Schreibman, 2013).

Similar results have been echoed in public performance and theatrical storytelling, particularly as it pertains to community wounds and collective tragedy (Smigelsky & Neimeyer, 2018). The authors explained the benefits of such interactive theater, noting “they frequently reflect the profound challenges and vivid or ambiguous losses experience by the storytellers, especially in those performances organized for vulnerable or marginalized groups” (p. 28). Public art projects such as this one have been shown to have a large impact on the community’s ability to discuss death. In Sweden, researchers created a “Room for Death” in a public museum, asking viewers to answer the question, “How would you like it to be around you when you are dying?” (Lindqvist & Tishelman, 2015.) By categorizing the responses, themes of calm, peaceful, mediated and familiar death began to emerge. Additionally, public artmaking projects have been shown to have potential in transforming community dynamics and addressing systemic change (Baker, 2009; Bray, 2002; Langdon, 2016).

Artmaking and Death

One of the most prominent examples of united artmaking that addresses the crossover of death, societal response and stigma is the AIDS Quilt. Composed of over 48,000 fabric panels, the AIDS Quilt is a living and growing artistic and poignant memorial to those that have died of AIDS (The AIDS Memorial Quilt, 2019). A testament to both the power of artistic expression and the need for providing a voice for those that were stigmatized in life, the AIDS Quilt creates a space for the public to mourn the real losses from a taboo subject in a publicly acceptable manner. In the same tradition

of wanting to memorialize and humanize those with illness, the Covid Quilt was created in 2020 by Madeleine Fugate, a 12-year-old inspired directly by the AIDS quilt itself (Covid Quilt, 2020) and is still being added to today. The Covid quilt allows a public space for those to mourn the victims of Covid-19 and soften the blow of any potential stigma suffered by both the victims of Covid-19 and the survivors left behind.

Echoing this potential element of public judgment, social acceptance has remained a large determining factor in whether or not using art is acceptable for commemorating the dead after a tragic event, as well as determining what kind of tone and aesthetic the artwork should contain. Whether privately funded commemorative gardens, community-created murals, or impromptu flowers, teddy bears, and protest signs, public art memorials create a space to discuss death and its larger repercussions when shock and disbelief sideline the natural process of socially digestible mourning. Doss (2002) stated:

Often insulated from death and disaster, and generally discouraged from public displays of grief, people go to these sites to see and touch real-life tragedy, to weep and mourn and feel in socially acceptable situations. As shrines to trauma, these sites memorialize the horrible events that occurred there, and also the grief of relatives, survivors and complete strangers who feel kinship with those who died. (p. 70)

The ultimate outcome from memorials such as these can provide a place for grief and connection, using art as a way to fulfill a need to commemorate events that defy words. In recent decades, public memorials such as these have become more frequent,

filling a need for public space to mourn and respect those lost to tragedy. For example, Doss (2002) examined the roles of art and memory in the process of commemorating the shooting at Columbine High School in 1999 and the Oklahoma City Bombing in 1995. Doss notes that these public memorials have often been fraught with controversy, as the general public decides how and who to mourn as well as what constitutes irrefutable recognition amongst the dead. An example being that of the shooters at Columbine High School, Eric Harris and Dylan Klebold, and their continued absence among any of the public memorials, despite outcry by members of the community and Harris and Klebold's family and friends (Doss, 2002).

Public art and death is not always controversial, however, and can often times bring about community-based healing. Art Therapist Marygrace Berberian facilitated the World Trade Center Children's Mural Project (WTCCMP) in direct response to the 9/11 terrorist attacks. By creating an art directive designed to help children collaborate, Berberian observed a prevalence of drawn towers in several of the drawings and noted the power to symbolically rebuild, stating, "People need to keep alive what is lost and destroyed so they can begin to let it go on their own terms" (Levy et al., 2002, p. 107). The power of community collaboration was echoed when Mohatt et al. (2013) described the creation of a public art mural painted by those that had survived suicide or the families of those that had died by suicide. Displayed prominently in Philadelphia, the mural brought about a supportive and therapeutic group environment, the authors noting "Families would say that they were not sure they wanted to be there, then as the project took hold, they would start to overcome the stigma. The project became an opportunity for the families to come together and celebrate the person" (p. 203).

Community quilting projects used in conjunction with narrative therapy have also been shown to create an environment rich in multisensory stimuli, communication and community bonding (Bookbinder, 2016). Similar to such communal artmaking, the benefits of participation in art projects alone have shown significant psychosocial benefits (Morris et al., 2016), as well as helping process grief for the bereaved as they are able to utilize artmaking and larger community bonds to create a powerful connection to the deceased (Buser et al., 2005).

Subsequently, within this convergence of artmaking and the public's hesitation to have healthy discussion of death, art therapists can be uniquely qualified to help bridge this gap. While engaging a local artist may seem the most obvious way to helm a community art project, Ottemiller and Awais (2016) noted that "art therapists possess skills in conflict mediation, resolutions, and de-escalation that are invaluable in supporting communities" (p. 145). The authors went on to claim that maintaining awareness of the sociocultural context of a community is also key when considering using artwork to broach potentially stigmatizing subject matter.

McLachlan (2017) emphasized the potential of using a three-dimensional community art space as a makeshift quiet space for both discussion and listening, similar to therapy itself. Bray (2002) noted that increased discourse is a natural effect of public artmaking spaces, stating "art could provide spiritual strength, physical presence, political voice, perceptual change, information exchange, community truths and financial force – the power of consciousness" (p. 21). Langdon (2016) noted the power of murals in particular, stating "murals have power for those who plan, design, and create them, as well as those who experience them" (p. 96).

The literature consistently illustrates that utilizing art and artmaking can be fuel for discussion and improve the public discourse surrounding death. By normalizing the process of dying, we normalize grief and the ability for those suffering to ask for help. By employing art as a way of processing emotions surrounding the idea of death and expressing death anxiety, this study seeks to explore the potential impact of personal artmaking on apprehension surrounding death discourse, and whether artmaking can potentially elicit discussion of death among college-aged students.

CHAPTER III

METHODOLOGY

In seeking to investigate college students' communication apprehension about death and its connection to artmaking, I implemented a concurrent mixed-methods design as it was best suited to examine both the pre-post quantitative and qualitative components of my study (Creswell, 2009). I hypothesized that participants' communication apprehension about death would decrease after artmaking, as indicated on scores from the Communication Apprehension about Death Scale (CADS; Carmack & DeGroot, 2016). Further, I sought to examine the potential impact of artmaking on eliciting discussion of death among college-aged students.

For the quantitative portion, I utilized a quasi-experimental within group comparison of communication apprehension scores regarding discussion of death. For the qualitative portion, I investigated participants' self-reported emotional responses to artmaking, collected participants' artwork and essays for thematic analysis, and examined their habits regarding discussion of death since the emergence of COVID-19.

Both constructivist and positivist paradigms were utilized to examine the relationship between artmaking and the ability of reflective artmaking to potentially promote discussion of death. A positivist paradigm was used for the quantitative evaluation of questionnaire results in order to reduce bias. A constructivist paradigm was used as a lens to evaluate and gather data from post-test questionnaires and to establish themes and patterns within participants' daily discourse following artmaking (Creswell, 2009; Hesse-Biber & Leavy, 2011). Using concurrent analysis to examine these qualitative and quantitative aspects I theorized that levels of communication

apprehension would influence themes, symbols and emergent imagery within the artwork, as well as potentially lowering communication apprehension scores after artmaking. This interplay could validate a therapeutic relationship between artmaking and facilitating death discourse in college-aged students as they navigated and processed the topic of death inside their social circles.

Hypothesis

H1: Communication apprehension levels about death discussion will decrease after making art about death.

Research Question

R1: What effect could personal reflective artmaking about death have on college-aged students?

Participants

I received 60 responses to the initial survey but was only able to use 40 because of missing data. Of those 40 surveys, 2 participants opted out of the study due to family illnesses before continuing to the Zoom sessions, 2 participants did not response to requests to schedule Zoom sessions, and 1 participant's data set was eliminated due to being outside the required age range. The final sample consisted of 35 participants who completed the entire study from start to finish.

As seen in Table 3, the majority of participants were White/Caucasian and fell between the ages of 18-23 years old. Participants identified mostly as female, followed by male and transgender. Though multiple options for gender identity were offered, no other categories were represented in this sample.

Table 3*Age, Ethnicity and Gender Identity Demographics of Participants*

Age	%	Gender Identity	%	Ethnicity	%
18-20	42.86	Female	62.86	White/Caucasian	82.86
21-23	42.86	Male	28.57	Asian	5.71
24-26	5.71	Transgender	5.71	Black	2.86
27-30	8.57	Prefer Not to Say	2.86	Hispanic/LatinX	2.86
				Native American	2.86
				Prefer Not to Say	2.86

As indicated in Table 4, religious affiliation was varied with Christian being most popular, followed closely by Agnostic, Spiritual but not Religious, and Atheist.

Engineering was the most represented academic major (see Table 4) followed closely by Social Sciences and the Arts. Undergraduate students made up the majority at 91.43% with graduate students at 8.57%. Relationship status leaned mostly Single (48.57%), followed by Committed Relationship (40%), Married (5.71%), with 5.72% describing themselves as Other or Preferred Not to Say. Of the 35 participants, only one had children.

Household income level distributed as follows: 31.43% earning less than \$25,000 per year, 17.14% between \$25,000-\$50,000, 31.43% between \$50,000-\$100,000, 11.43% between \$100,000-\$200,000, and 8.57% preferred not to say.

Table 4*Religion and Academic Majors of Participants*

Religion	%	Academic Major	%
Christian	25.71	Engineering	22.86
Agnostic	20.00	Social Sciences	20.00
Spiritual but not Religious	20.00	Arts	14.29
Atheist	17.14	Education	11.43
Prefer Not to Say	8.57	Healthcare	11.43
Buddhist	2.86	Natural Sciences	11.43
Islam	2.86	Business	2.86
Pagan	2.86	Communications	2.86
		Humanities	2.86

Sampling and Recruitment Strategy

Upon receiving approval from the Southern Illinois University Edwardsville Institutional Review Board (IRB Protocol #699), I recruited participants via convenience sampling from the student body of the university. Emails to recruit participants were sent to all teaching faculty at the university and collaborations with professors were utilized to help recruit students from virtual classrooms representing a wide variety of majors within the student body of the university. Inclusion criteria were the following: currently enrolled students who were at least part-time at the time of recruitment, able to read and speak English, and between 18 and 30 years old. I had hoped to receive at least a sample size of 20 students.

Ethical Considerations

All participants' email addresses, postal addresses, and names were kept confidential and destroyed after the study's completion. All survey responses, demographic information and artwork were kept in aggregate form and coded, with any identifying information masked in order to protect participants' identity. I interviewed the participants via video conference software (Zoom). However, Zoom meetings and videos were not recorded and were conducted only after verifying that each participant was in a private location in order to protect subjects' privacy. All participants gave informed consent to participate and were verbally informed of their right to confidentiality with no negative consequences prior to participation in the Zoom session, and throughout the course of the study.

In order to reduce harm, participants were informed prior to the study that the topic pertains to death and were advised not to participate if they have experienced a recent loss, with loss being clearly defined on the Participant Recruitment Form (see Appendix A), the Informed Consent (see Appendix B) and again verbally prior to the Zoom artmaking session. No further information about the subject matter of the study was given in order to preserve objectivity. Participants were given referrals and information about available University counseling services if they felt extra emotional support was needed throughout or after the exercise.

Measures

The Communication Apprehension about Death Scale (CADS) is a self-report instrument used to measure an "individual's communication anxiety and avoidance about death" (Carmack & DeGroot, 2015, p. 253). The CADS is comprised of 12 statements

regarding communication about death, measured on a 5-point Likert scale from Strongly Disagree (1) to Strongly Agree (5). Questions on the CADS consist of death-specific items such as “I feel anxious talking about dying young,” or “I avoid talking about death at all costs.” Of these 12 statements, 6 items measure communication anxiety and 6 items measure communication avoidance, with anxiety relating to the emotional experience of discussing death and avoidance relating to the frequency and intensity of discussing death. Scores on the CADS can range from 12, being the lowest level of communication apprehension, to 60, being the highest level of communication apprehension.

Two validation studies of the CADS resulted in establishing factorial validity and concurrent validity (Carmack & DeGroot, 2015). Using factor analysis, two factors emerged: communication anxiety and communication avoidance, both of which loaded strongly for each respective factor. Factor loadings for Communication Anxiety were between .819 and .715 (eigenvalue of 24.20) and between .762 and .710 for Communication Avoidance (eigenvalue of 4.34). The authors examined the internal consistency within each factor using Cronbach’s alpha and they found $\alpha = .924$ for communication anxiety about self-death and $\alpha = .919$ for death communication avoidance. An overall internal consistency reliability estimate was determined at $\alpha = .930$, with the authors stating, “This supports face validity of the scale, whereas it accurately measures the construct” (p. 247).

Concurrent validity was established between the CADS and two other scales: Personal Report of Communication Apprehension, which measures the level of apprehension in real and perceived communication interactions, and the Collett-Lester Death Anxiety, a scale that measures one’s fear of death, one’s own as well as others

(Carmack & DeGroot, 2015). Positive correlations were found “between communication apprehension about death and overall fear of death” (p. 250) at $r(319) = .635, p < .00$, and between “communication avoidance about death and fear of death” (p. 250) at $r(319) = .368, p < .00$. The authors summarized, “As fear of death increased, communication apprehension about death, including communication anxiety and communication avoidance, increased” (p. 250). These measures suggest the CADS is a reliable and valid measure for evaluating personal anxiety surrounding the specific topic of death discussion.

Though the authors do not state so directly, content validity seems strong with the CADS due to the fact that multiple facets of communication anxiety were parsed out and clearly accounted for, illustrating any potential differences between participants’ communication anxiety overall and communication anxiety about death discussion specifically. One limitation of the CADS is its lack of testing for divergent validity, preventing an accurate measure of positive attitudes about death. This may be somewhat accounted for in my study qualitatively by using thematic analysis to note positive emotions or imagery that arose when participants were prompted to contemplate death.

Qualitative Method

After completing the artmaking portion, participants completed a Post-Artmaking Reflection via Qualtrics. In this brief questionnaire, they titled their artwork, wrote a brief paragraph reflecting upon the artwork they created, listed two or more emotions they felt during artmaking, and responded to three questions loosely inspired by those featured on the Self-Emotion Regulation in Art Therapy Scale (SERATS) (Haeyan et al., 2018). The SERATS was designed as a brief measure to collect objective information about self-

expression and emotion regulation and to be used as a monitoring tool during prolonged art therapy treatment. The three modified items include such statements as “I got in touch with my feelings about death through the process of making art,” “I was able to express my feelings about death through the process of making art,” and “Making art about death was a kind of outlet for me.” Answers were measured on a 5-point Likert scale ranging from Never True (1) to Almost Always True (5).

Responses to these 3 items on the Post-Artmaking Reflection were purely qualitative and collected for thematic analysis. This Post Artmaking Reflection allowed me to discover the potential emotional experience happening within participants when making art about death.

Procedure

Following consent to participate in the study, participants completed a demographic survey (see Appendix C), including questions regarding whether their discussion of death has changed due to COVID-19, and responded to the CADS (see Appendix D), both via Qualtrics. Participants also consented to providing me with email addresses and mailing addresses in order to set up Zoom artmaking sessions (to be described shortly). Participants were mailed sterilized artmaking kits consisting of a wide range of art supplies: 2 sheets of watercolor paper, 4 color pencils, 4 markers, a watercolor paint set, 1 bag of air-dry clay in a randomly chosen color, 1 glue stick, 3 randomly chosen magazine pages for collage materials, 1 swatch of fabric, and 1 strand of white embroidery thread. All the markers and color pencils in each participant’s art supply kit were intermixed such that everyone received 4 of each: 2 dark colors and 2 light colors, but none had exactly the same colors.

Once participants received their artmaking kits, a one-hour Zoom meeting was scheduled between each participant and myself. The participants were given a number based on the order in which the Zoom sessions were conducted, and that number was used to identify each participant for the remainder of the study. In the Zoom meeting, students were given 30 minutes to make art of their choosing in response to the following artmaking directive: “When you hear the word ‘death,’ whether your own or someone else, what feelings come up for you? If you were to make art using lines, colors, shapes, and forms to depict those feelings, what would it look like?” This question is a modification of a question used in the Diagnostic Drawing Series (DDS), an art therapy assessment designed to assess abstract thinking and provide information regarding each participant’s feelings, willingness for self-reflection and capacity for self-expression (Cohen et al., 1988).

After artmaking, participants completed the Post-Artmaking Reflection via Qualtrics (see Appendix E), in which they titled the artwork, wrote a short paragraph about what they made, listed two or more emotions they felt during artmaking, and responded to the following three questions: “I got in touch with my feelings about death through the process of making art,” “I was able to express my feelings about death through the process of making art,” and “Making art about death was a kind of outlet for me.”

Post Session Measures

Once the participants completed the CADS and the artmaking directive portion (Time 1), participants were contacted 10 days later via email and re-administered the CADS and asked to complete four qualitative questions via Qualtrics (Time 2). These

questions were designed to collect data about each participants' thoughts and patterns regarding their own communication about death in the days since the artmaking directive was completed (see Appendix F). Answers from the CADS were then compared from both test times and analyzed in a paired samples *t*-test, evaluating any potential differences in means. I hypothesized that communication apprehension levels measured by CADS scores will decrease after making art about death. Table 5 shows a timeline of the procedure from start to finish.

Table 5

Explanation of Procedure Timeline

Participant Steps – Time 1	10 Day Interval	Participant Steps – Time 2
<ol style="list-style-type: none"> 1. Informed Consent, Demographic Survey, and CADS Completed via Qualtrics 2. Artmaking Kit Mailed to Participant 3. Artmaking Directive and Post-Artmaking Reflection completed via scheduled Zoom meeting 	<p>No Intervention</p>	<ol style="list-style-type: none"> 1. Participant contacted via email, CADS re-administered and 4 qualitative questions completed via Qualtrics 2. Completion of Study Participation 3. Participant entered to win drawing for one of 10 Amazon Gift Cards

All artmaking sessions were conducted in the Fall of 2020 and took place remotely via Zoom. All artwork was handed in electronically to me directly, catalogued and stored in a secure location. While in the artmaking session and immediately after,

open discussion was not facilitated in depth so that influencing death discourse post-test did not occur. Participants were given the option to debrief with myself after completing the study, should they choose to do so. Referrals and information about available University counseling services were provided for participants if they felt extra emotional support was needed throughout or after the exercise.

Analysis

Answers from the CADS were compared pre-test versus post-test and analyzed in a paired samples *t*-test. Using this type of *t*-test allowed for measurement of and comparison of individual results based upon demographic information. I then cross-referenced this data with the previously collected demographic data to observe correlations between death communication apprehension and factors such as age, gender, ethnicity, household income level, academic level, relationship status, parental status, religious affiliation, and choice of major. After completing the artmaking directive, participants' artwork, essay and Post Artmaking Reflection questions were collected digitally and catalogued for thematic analysis of wording or any emergent imagery.

The artwork was collected digitally after each artmaking session, stored, photographed, and analyzed thematically, paying particular attention to choice of materials, such as paint, clay, or fibers and art aesthetic choices commonly used in the interpretation of artwork, such as line quality, shape, color, words, and symbolism. Applying my art therapy training, I was able to observe trends and similarities in choice of medium, as it pertains to the Expressive Therapies Continuum (Hinz, 2020).

Linking CADS scores to artwork and reflection questions, I was able to observe relationships between both the concurrent quantitative and qualitative data. Common

symbols and patterns emerged within the artwork as participants reflected upon their attitudes about death. I foresaw more kinesthetic and affective media, such as clay or paint, being favored by those who might feel higher anxiety levels and might have a high need to self-regulate. Those who are potentially overwhelmed by emotion at the thought of death may utilize more cognitive media, such as collage or markers, as a means of labeling and compartmentalizing powerful emotions. What emerged throughout the artwork was quite the opposite, in that those who scored higher on the CADS fell mostly within the perceptual and affective areas of the ETC, utilizing deeply saturated colors, and sometimes using feeling words such as “angry” and “scared” within the artwork itself.

The next chapter will elucidate the above-mentioned patterns in greater detail. The connections between the numerical data and both the visual and artistic content will illustrate the mixed methodology of this study; helping to delineate the effect that making art about death had on college-aged students.

CHAPTER IV

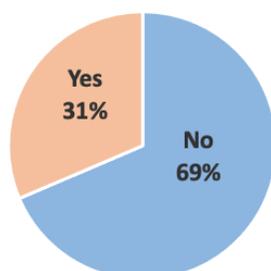
RESULTS

Quantitative Data Analysis

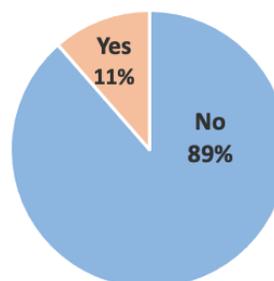
The initial demographic survey also included three questions regarding the effects of the COVID-19 pandemic on participants' communication about death. As shown in Figure 2, participants overall had not experienced a change in level of death discussion as a result of Covid-19, and most participants had not yet created a living will or death plan.

Figure 2*Participants' Responses to COVID-19 Death Communication*

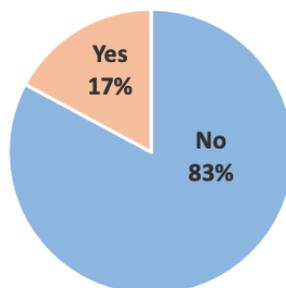
Has the prevalence of COVID-19 altered the level of preparation for or discussion of death in your immediate social or family circle?



Do you currently have a living will and/or have you created a death plan?



Has anyone in your immediate social or family circle shared their end of life wishes with you as a result of COVID-19?



My hypothesis was that communication apprehension levels about death discourse would decrease after making art about death. Using a paired *t*-test to analyze the mean difference between the pre- and post-artmaking CADS scores, the difference between the overall pre-test mean ($M = 35.40$, $SD = 10.43$) and post-test mean ($M = 30.11$, $SD = 8.64$) of the CADS indicates that the Reflective Artmaking session resulted in a significantly lower level of communication apprehension about death overall $t(34) = 6.48$, $p < .001$. Thus, the hypothesis was supported.

For further exploratory analyses, I chose to break out the CADS pre- and post-test scores by academic major as well. As shown in Table 6 the group with the largest drop in CADS scores was Healthcare majors, with Education majors showing no changes from pre-to post-test.

Table 6

CADS Pre- and Post-Test Means by Academic Major

Academic Major	<i>n</i>	CADS Pre		CADS Post		Mean Difference
		M	SD	M	SD	
Arts	5	34.80	6.26	30.60	6.80	4.21
Business	1	56	N/A	41	N/A	15
Communications	1	46	N/A	41	N/A	5
Education	4	26.5	4.20	26.5	3.51	0
Engineering	8	32.13	5.79	28.38	6.41	3.75
Healthcare	4	38.75	15.04	31.00	12.99	7.75
Humanities	1	30	N/A	22	N/A	8
Natural Sciences	4	33.75	12.69	28	12.30	5.75
Social Sciences	7	40.00	12.36	32.57	10.18	7.43
Overall	35	35.40	10.43	30.11	8.64	5.29

Qualitative Data Analysis

During the Zoom artmaking portion, students participated in reflective artmaking, wherein they were given 30 minutes to create artwork in response to the following question: “When you hear the word death, whether your own or someone else, what feelings come up for you? If you were to make art using lines, colors, shapes, and forms to depict those feelings, what would it look like?” This question was also posted in the Zoom chat box so that students could refer back to it as they worked. Once the 30-minute artmaking portion was concluded, students then completed a Post-Artmaking Reflection via Qualtrics. This consisted of titling their artwork, writing a brief paragraph about what they made, listing 2 feelings that came up for them while making art, and answering 3 qualitative questions using a 5-point Likert scale.

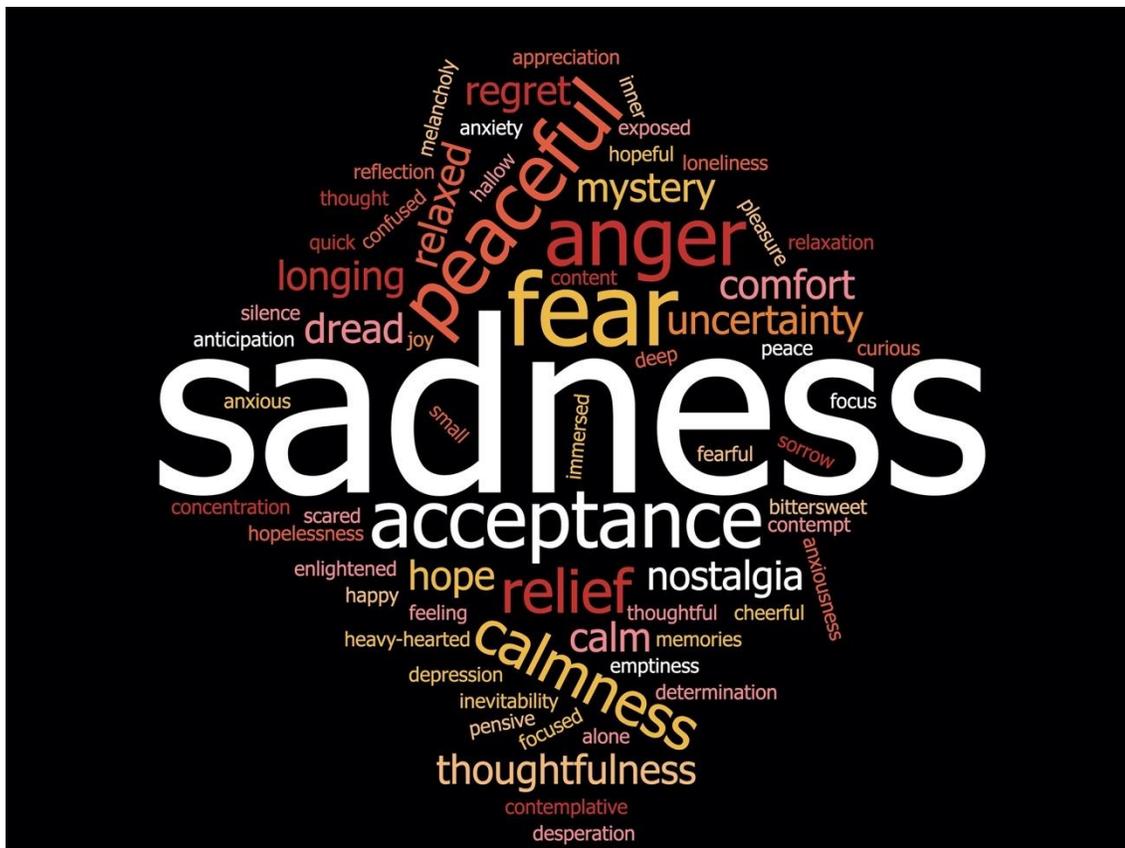
Artwork Titles

Thematic analysis of the participants’ artwork is immense and will be explored in a later section in order to keep the images unified. To help explore themes within participants’ artwork titles and feeling words, I chose to use word clouds as a visual tool for analysis. Word clouds are an alternate way of displaying commonalities in words, with words sized differently according to how often they are used in the text. Larger words are the ones used most frequently, smaller words less frequently. Utilizing word clouds in this way allowed me to better understand and examine participants inner experience; conveying it in an artistic and visual way aligned most congruently with my own processing of each student’s personal reflection and emotional phenomena from within my purview an artist.

As shown in Figure 4, the most common feeling word was Sadness by quite a large margin, but Acceptance, Peaceful, Anger and Fear followed in frequency and popularity.

Figure 4

Visual Word Cloud Representation of Participants' Feeling Words



Reflection Paragraphs

The second question on the Post-Artmaking Reflection required participants to write a brief paragraph about what they made. Several participants discussed the dichotomy of being fearful or sad about death, in addition to feeling peaceful. This was reflected in such statements as “My feelings often conflict on the subject ranging from anxious and existential to being relatively calm and accepting of it,” or “While I am sad

that something or someone's life has ended on Earth, there is hope in Heaven and for that I am grateful," and "Death is depicted as a rose because it is beautiful and natural, but it is black because it is also tragic for those experiencing the loss."

Several students also discussed losses within their own lives and the mixed emotions that this artmaking experience created for them as a result. Examples include such statements as, "I feel that her death will bring both her and the rest of my family relief because she will no longer be suffering," or "The four drops represent four deaths that happened unexpectedly in my life, all four of them being under the age of twenty," or "When the funeral happened, the first sight I saw was an empty room aside from my grandfather facing towards my grandmother in total silence."

Other students explored ideas regarding mortality, the afterlife and what happens after death, such as "Everything dies but the path that you take is always different from others but at the same time intersecting with them. Nobody knows how long they have, whether it's a straight line to death or a drawn-out curve, but everyone dies," or "The bottom portion is the universe, I think that when I die my energy goes back out into the universe and is used somewhere else."

Many students chose to focus on the artwork itself and explain their use of materials, metaphor or symbolism. Examples include: "I also used lots of blue for sadness, or to show that the body is dying, losing oxygen, biologically failing," or "It's a woman ascending to a metaphorical higher plan. She is released of all earthly responsibilities and wears a euphoric, calm expression to portray freedom," or "I chose to use bright colors for both life and death since I believe death to be something to embrace rather than fear," and "The red string is the red string of fate, a myth rumored to tie

someone to their soul mate. When you die, you lose your memories and your partner, so it just signifies the loss of all that.”

Reflection Question

The final question on the Post-Artmaking Reflection asked students to rate their responses to 3 statements using a 5-point Likert scale. The statements were: “I got in touch with my feelings about death through the process of making art,” “I was able to express my feelings about death through the process of making art,” and “Making art about death was a kind of outlet for me.” Participants rated their responses as “never true,” “rarely true,” “sometimes true,” “usually true,” and “almost always true.” As shown in Table 7, participants’ responses leaned most heavily toward “Usually True” for all three questions, with “Almost Always True” a close second.

Table 7

Participants’ Responses to Questions on Post-Artmaking Reflection

	Never True	Rarely True	Sometimes True	Usually True	Almost Always true
I got in touch with my feelings about death through the process of making art.	2.86%	2.86%	25.71%	37.14%	31.43%
I was able to express my feelings about death through the process of making art.	2.86%	0.00%	11.43%	48.57%	37.14%
Making art about death was a kind of outlet for me.	2.86%	11.43%	11.43%	51.43%	22.86%

Artwork Thematic Analysis

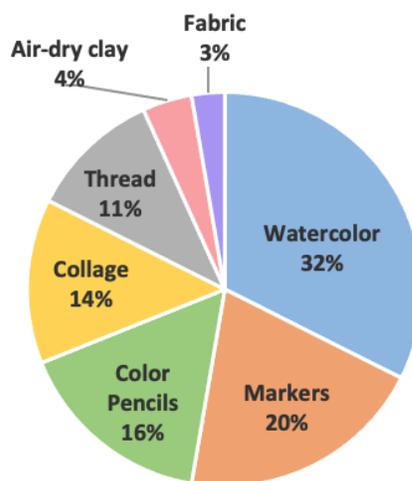
During the Zoom artmaking session, participants were given full autonomy and artistic freedom in what they chose to create and how they chose to interpret the artmaking prompt.

Materials

Themes in choice of materials began to emerge as Zoom artmaking sessions commenced. All participants chose to use the included watercolor paper as the base for any artwork they created. As seen in Figure 5, watercolor paints were the most popular art medium and featured in 24 participants' artwork, with markers coming in second (15), followed by color pencils (12), collage (10), thread (8), air-dry clay (3), and fabric (2). Participants were allowed to add their own materials or art supplies if they had them, but most used only the materials provided in the art supply kit.

Figure 5

Frequency of Art Materials Used



Note. This figure depicts frequency of art media used throughout all participants' artwork combined. Each participant had the option to use multiple media if they chose to do so.

Visual Themes

After all data was collected, I grouped together photographs of all participants' artwork and viewed them as a collective, making special note of emerging visual themes such as colors, shapes, materials, and symbols. I also logged other pictorial elements such as the use of human figures, words, and a variety of nature elements, including water, flowers, and soil, making note of how frequently all of the occurring elements appeared within participants' artwork. Table 8 shows the frequency count of these themes.

Table 8

Emergent Themes in Participant Artwork

Pictorial Element	How Often Featured in Participants' Artwork	Color	How Often Featured in Participants' Artwork
Circles	12	Black	26
Human Figures	10	Blue	26
Floral/Nature	9	Red	24
Water	9	Green	24
Words	8	Purple	19
Tears	7	Gray	19
Spirals	3	White	18
Crosses	3	Orange	16
Question Marks	2	Brown	15
Arrows	2	Yellow	14

While searching for themes within the artwork, I numbered photographs of every participant's final art piece and displayed them consecutively by participant number, which had been assigned based on the date of their Zoom artmaking session. Figure 6 shows all artwork created by participants once all Zoom artmaking sessions had been completed.

Figure 6

Participants' Artwork Numbered and Arranged Consecutively



I then re-ordered the artwork intuitively based on how they linked together, looking for similar shapes, colors, visual elements, and use of materials, noting the ways in which certain pieces seemed to “communicate” with other pieces. For example, I linked Artwork 10 with Artworks 4, 11, 22, 23, 24, 25, 26, and 28 because of the

similarities in both spiral and circular shapes as focal points centered on the page, creating an overarching theme of radial symmetry.

After all of the artworks had been intuitively separated out into their own subgroup, I viewed the new layout to look for any overarching patterns. Upon viewing the subgroups as they are pictured below (see Figure 7), I realized that I had essentially visually re-created the Expressive Therapies Continuum (ETC) without realizing it. Once I understood the framework that had intuitively guided the groupings, I decided to name them based on the ETC, seen and described in more detail in the following paragraphs.

Figure 7

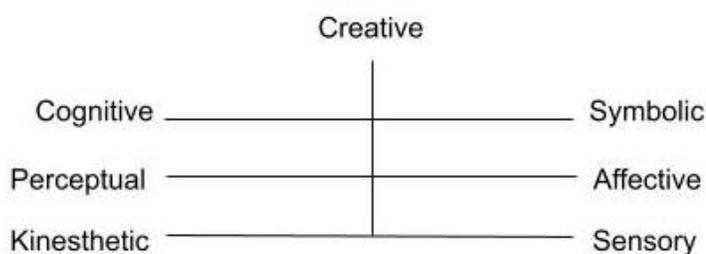
Artwork Subgroupings Rearranged Intuitively



The ETC is a framework used by art therapists to both visualize and gauge various types of information processing happening within clients during artmaking (Lusebrink, 2004, 2010). Depicted visually (see Figure 8), the ETC mirrors specific areas of the brain and its hemispheres, noting where various levels of processing are most emergent, ranging from pre-verbal and rhythmic to highly sophisticated and planned (Hinz, 2020), as well as corresponding to the sensory information coming from the parietal lobes, and the emotional input from the limbic structures to the cognitive regulatory functions of the prefrontal cortex (Lusebrink, 2010).

Figure 8

Visual Representation of the Expressive Therapies Continuum (ETC)



Note. This figure is a drawing by the author and demonstrates levels of processing within the Expressive Therapies Continuum (ETC). Adapted from Kagin, S. L. & Lusebrink, V. B. (1978). The expressive therapies continuum. *Art Psychotherapy*, 5(4), 171-180. [https://doi.org/10.1016/0090-9092\(78\)90031-5](https://doi.org/10.1016/0090-9092(78)90031-5)

Kinesthetic Subgrouping

The first subgrouping consisted of Artworks 13, 14, 18, and 32 (see Figure 9). I named this the Kinesthetic subgroup due to the movement of the brushstrokes that cover the surface from one corner to the diagonally opposite corner. These artworks contained an abstraction and sense of motion that moved across the page from bottom to top, or side

to side. Similarities noticed here include the use of layering with color pencils, broad shading strokes with markers, analogous color schemes, and lots of fluid blending of colors overlapping each other in multiple layers.

Figure 9

Subgrouping of Kinesthetic Artworks

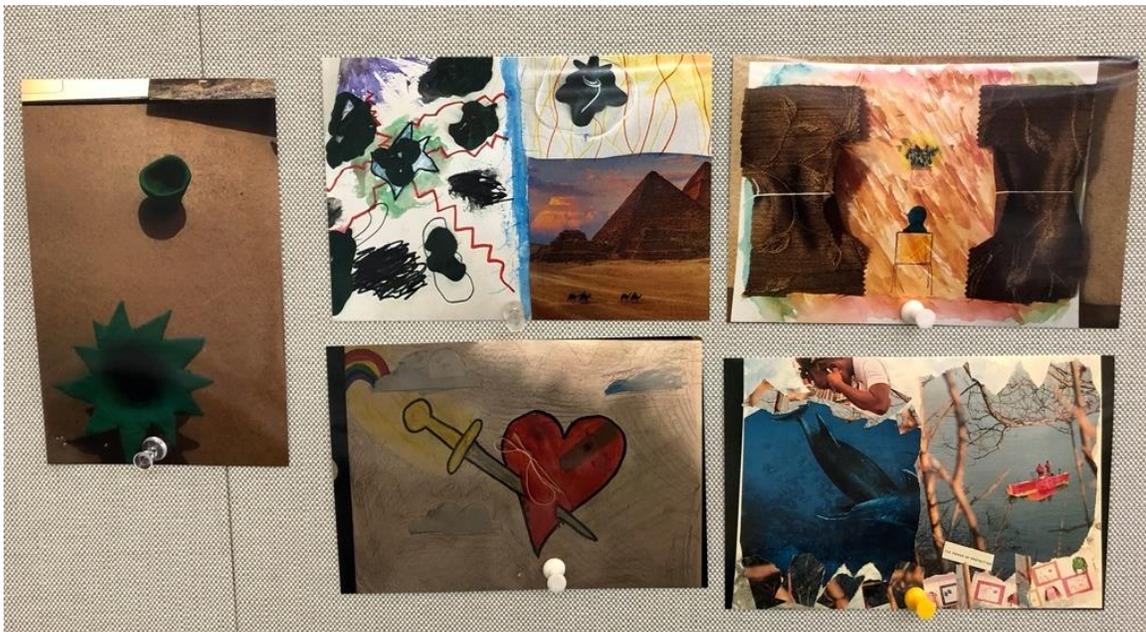


Sensory Subgrouping

The second subgrouping consisted of Artwork 2, 7, 16, 27 and 34 due to similarities I noticed in participants' use of three-dimensional materials such as fabric, thread, air-dry clay and heavy textured layers of collage paper (see Figure 10). I titled this grouping Sensory due to the common use of materials with high tactile qualities. Note the use of fabric and thread to convey curtains, air-dry clay sculpted into shapes and tied with string, and drawn and collaged images united by thread.

Figure 10

Subgrouping of Sensory Artworks



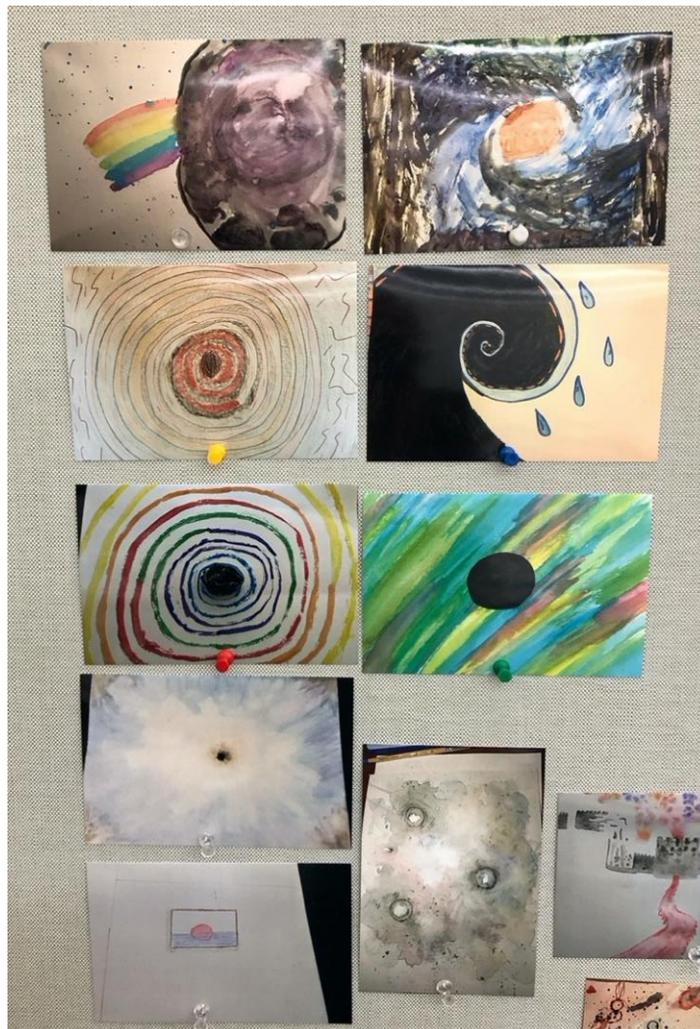
Perceptual Subgrouping

The third subgrouping consisted of Artworks 4, 10, 11, 22, 23, 24, 25, 26, and 28. Titled the Perceptual subgroup, this was one of the larger subgroups due to the frequency of circular and spiral patterns within the artworks. As seen in Figure 11, there is an emphasis on creating structure without necessarily conveying a narrative, colorful spirals

that ultimately lead to a tangible circle in the middle, images that begin as nebulous but also seek a sense of order within them. An argument can be made that these perceptual images can be compared to the structure of mandalas, radiating outward from a center point and recognized in art therapy research as a container, hypothesized to reduce anxiety, and creating boundaries around an emotional experience (Hinze 2020; Lee 2018; Lusebrink, 1991).

Figure 11

Subgrouping of Perceptual Artworks



Affective Subgrouping

The fourth subgrouping consisted of Artworks 5, 15, 19, 21, 33, and 35. This group I labeled as Affective due to the common themes of vivid saturated colors, feverish mark making, diverse color palettes, and an overall sense that these pieces were heavily communicating with each other on an emotional level (see Figure 12). Words such as “angry,” and “scared,” representations of tears, faces, and emotions created dynamic images heavy with passion. Hinz (2020) states that “work on the Affective component allows for and amplifies the expression of feelings,” (p. 90).

Figure 12

Subgrouping of Affective Artworks



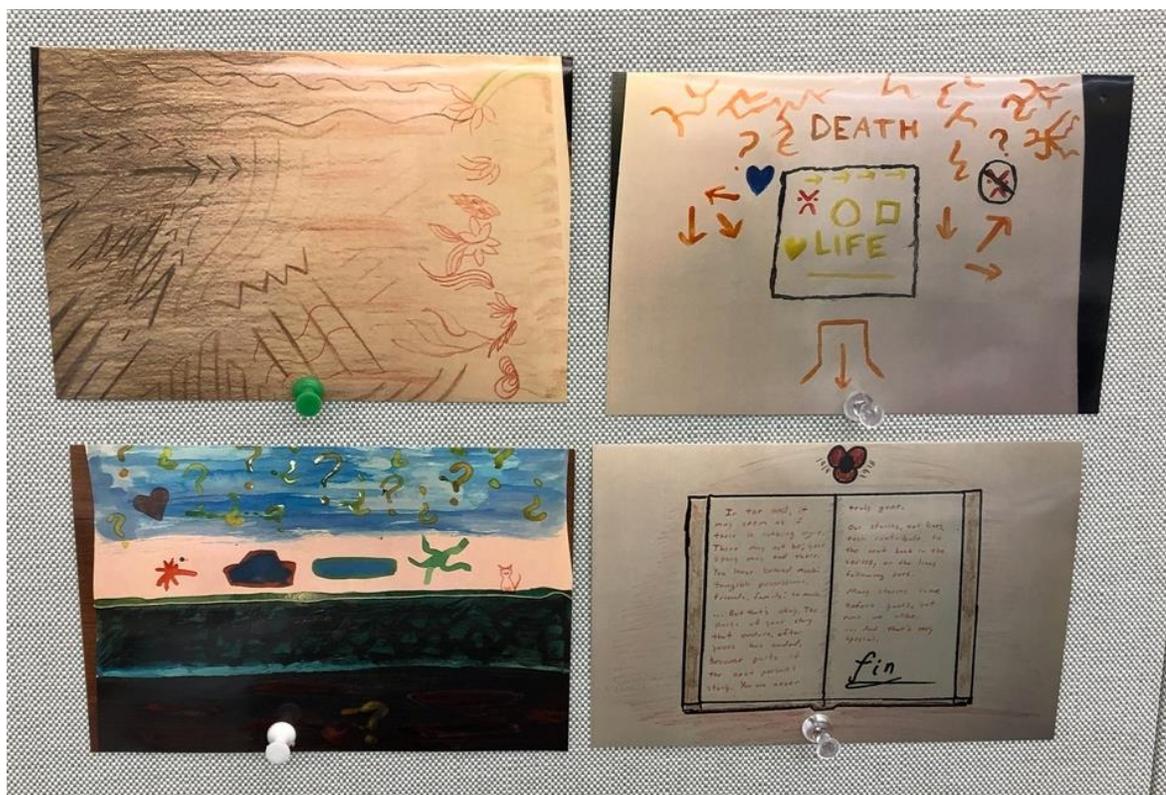
Cognitive Subgrouping

The fifth subgrouping consisted of Artworks 1, 3, 6, and 12 due to similarities in the use of words, containment, heavy use of markers and color pencils, and characters

such as question marks and directional arrows (see Figure 13). I titled this grouping Cognitive due to the prevalence of reality-based objects, containment, logic, and storytelling, as well as the use of more resistive media such as markers and color pencils. Images such as a book telling a historical memoir to future generations, layers of existence ordered from sky to earth to below ground, and boxes containing a clear separation between life and death, all point to a desire for problem solving and navigating abstract concepts rather than emotions.

Figure 13

Subgrouping of Cognitive Artworks



Symbolic Subgrouping

The sixth and final subgrouping consisted of Artworks 8, 9, 17, 20, 29, and 30 (see Figure 14). I titled this grouping Symbolic due to a predominant use of metaphor,

archetypes, realistic symbols that have emotional undertones but are not necessarily precise and well-defined. Similar color palettes contain elements of high contrast within them, ambiguous phrases such as “death is eternity” or “this challenging time,” human figures that are dreamlike and represent more universal ideas about death; all evocative of an underlying nebulousness of ideas or themes that are not yet fully formed.

Figure 14

Subgrouping of Symbolic Artworks



When grouped in accordance with the ETC, it became apparent that some images could represent a duality of various levels of processing. Several images felt as though they could become a link between levels, such as images that connected Perceptual and Affective, or Cognitive moving downward toward Perceptual, as well as Affective linking diagonally to Kinesthetic. Though artworks are categorized within one area of the ETC here for the sake of visual organization, that is not to say that all artworks only

contained one element of the ETC within them. For instance, there were several pieces that contained both affective and symbolic components, but I chose to focus on the most dominant characteristics and how they related to other artworks with those same similarities. This, in effect, visually re-created the ETC on an intuitive and artistically intrinsic level.

Time 2: Post-Session Measures

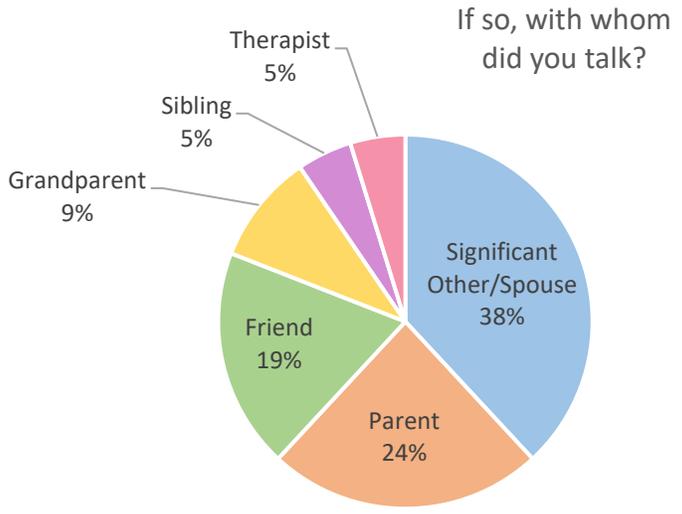
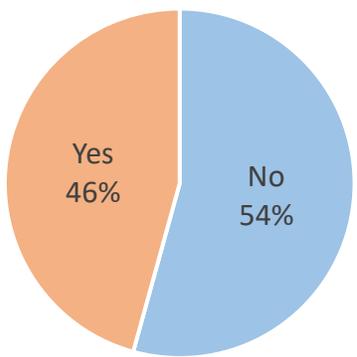
The final portion of the study was Time 2, wherein participants were contacted 10 days after their artmaking session, readministered the CADS, and asked 3 additional questions about their conversational habits in the elapsed time since the Zoom artmaking session. Though discussed previously within the Results section, it is important to note that when I re-administered the CADS during Time 2, a majority of students rated items lower than at Time 1, indicating a decrease in communication apprehension.

When asked, “Did you have a discussion about death following your artmaking experience?” 54.29% of participants answered No and 45.71% answered Yes. If participants answered Yes, they were then asked with whom they had a discussion. The largest portion had a discussion with their significant other or spouse (38.10%). Figure 15 illustrates a breakdown of participants’ answers.

Figure 15

Participants' Death Communication 10 Days After Artmaking

Did you have a discussion about death following your artmaking experience?



Regardless of whether or not participants had a discussion about death after their Zoom session, all students were asked to what extent the artmaking influenced their discussion of death. Participants then indicated degree of influence using a 5-point Likert

scale. As shown in Table 9, indicated that artmaking was Somewhat Influential (40%), followed by Moderately Influential (22.86%).

Table 9

Participants' Ratings of Artmaking Influence on Death Discussion

	Extremely	Moderately	Somewhat	Slightly	Not at All
To what extent did artmaking influence your discussion of death?	0.00%	22.86%	40.00%	20.00%	17.14%

Participants were also given the opportunity to provide feedback about their personal experience and the study itself by answering the question, “Is there anything else about your artmaking experience you’d like to share?” Several participants were brief and described the experience as “interesting,” while others reflected upon the insights they had gained in the process. Examples include: “I felt more able to discuss the topic of death afterward even though it made me nervous,” and “I found how I felt about death while creating art,” as well as “This experience enhanced my perception of death and showed me that I could think of death in both negative and positive lights.”

CHAPTER V

DISCUSSION

The purpose of this study was to measure communication apprehension about death in college-aged students and to utilize artmaking to both explore attitudes about death and spur discussion of death. There are three key findings of the present research.

First, artmaking can reduce communication apprehension about death in college-aged students. Regardless of academic major, when measured quantitatively by the CADS, students' overall apprehension scores decreased significantly, indicating that artmaking can alter the unease regarding discussion of death. Additionally, 40% of students stated that artmaking "somewhat" influenced their discussion of death, illustrating the potential for artmaking to facilitate death dialogue.

Second, the physical act of artmaking combined with the often underdiscussed topic of death can promote introspection and reflection, eliciting a wide range of sensory, emotional, physical, and mental responses. The qualitative data comprising participants' artwork, personal insights, and responses shows that students' ability to communicate and find expression in making art about death has both value and impact.

Third, though artmaking alone may not create an abundance of discussions about death in college-aged students, the ability for artmaking to prove influential in having dialogue about death exists, with potential to spread into students' immediate family and social circles. These artmaking sessions were conducted via Zoom, and even though students did not delve into deep psychological analysis and deliberation of their artwork, there was still a level of intimacy reminiscent of a therapeutic space. Utilizing only surveys, or verbal interviews may have yielded feedback that was highly cognitive, but

the artmaking experience was the catalyst for students to be able to express themselves so richly.

The majority of the literature supports the fact that using art in grief work is desired and necessary to facilitate healing, but there is a notable lack of literature advocating for the use of artmaking to begin discussions about death before grief ever happens. The research heavily focused on the taboos of death within Western culture, the importance of death discussion with the elderly and chronically ill, in medical settings, and for grievors in need of closure. More scarcely represented was literature focused on the need for these topics to be addressed equally with young adults. My research underscores the advantage of not waiting to have these conversations, but rather establishing the ability to utilize young adult populations as a starting point for such dialogues.

Implications

Whereas past researchers have found artmaking and art therapy to be beneficial for students dealing with grief specifically (Balk, 2001; Buser et al., 2005; Hunter et al., 2013; Kadison & DiGeronimo, 2004; Pashak et al., 2017; Testoni et al., 2019; Titus & Sinacore, 2013), the present study represents the first direct demonstration of using artmaking to address apprehension about death discussion by college-aged students, regardless of whether they have experienced loss. In this study, apprehension about death discussion by college students was reduced significantly following artmaking.

This study provides new insight into the relationship between artmaking and its ability to reduce anxiety surrounding the discussion of death. This contributes a clearer understanding of how uncomfortable and taboo topics can be approached with sensitivity

and practicality, creating the potential to use art as a means for healthy death dialogue. In the wake of the recent COVID-19 pandemic, the ability and need to approach practical death planning with loved ones and acknowledge feelings and attitudes regarding death has become even more important. Though the literature suggests that discussion about death has been reserved for the elderly and chronically ill (Bradshaw, 1996; Ghandourh, 2016; Granek et al., 2013; Miller & Berger, 2019; Schaefer et al., 2019; Tippett, 2016; Zimmerman, 2012), our current landscape has been forever changed by COVID-19 and the long-term impact of daily death salience being thrust upon us is not yet known.

Limitations

First and foremost, this study was conducted in the midst of the COVID-19 pandemic throughout the year of 2020. Though previous literature supports the fact that death is not an often discussed or normalized topic, it is impossible to know the impact that high death tolls, news coverage of COVID-19, and the radical life changes endured by participants had on their ability or willingness to discuss death. Mortality salience has certainly been present during other global crises (Doss, 2002; Kosloff et al, 2006; Levy et al, 2002; Pyszczynski et al, 2003; Suk Mun Law, 2011) and it would be imprudent to think participants had not in some way contemplated the topic of death in the face of COVID-19.

Additionally, this study was conducted with a university population which was predominantly White and who potentially may have had more privileged access to healthcare, death education, and grief intervention services overall. A more diverse sample of students could have yielded different pre- and post-test CADS scores due to differences in religious and cultural attitudes surrounding death.

It is also possible that measuring the degree of influence by whether or not someone had a discussion about death after the artmaking session was not the most valuable way to measure impact. Several respondents indicated they did not have a conversation about death in the 10-day interval, while simultaneously rating the artmaking session as somewhat or moderately influential. This indicates that there may have been influence on attitudes regarding death that were not accounted for with the existing measure. It is also possible that quarantine and isolation due to COVID-19 was a strong factor in whether or not participants were able to engage in regular social behaviors, such as conversations with peers and family. The study's design was a single group quasi-experimental design with no control group, leaving uncertainty about whether social behaviors and death discussion were impacted by the artmaking alone.

Lastly, all thematic analysis of the participants' titles, essays, feeling words, and artwork understandably relied on my particular individual artistic sensibilities and specific art therapy training. The themes I noted are my own interpretation, complete with my own distinctive conscious and unconscious biases, attributed meanings or significance. Other art therapists, artists or researchers may have grouped artwork and analyzed themes very differently than I have here.

Further Research

If, as the present study suggests, artmaking can reduce communication apprehension around discussion of death, then there is need for research that explores ways to utilize this in clinical and medical settings. Being able to more easily initiate discussions about death when working with families of the critically ill could raise a variety of intriguing questions for future study of artmaking and death discussion.

Additionally, it is important to note the potential for artmaking to be influential in the discussion of other uncomfortable topics, expanding into arenas that have historically been difficult to approach such as organ donation, death planning, euthanasia, and other end-of-life decisions.

Conclusion

Despite its generality and limitations, this research can be seen as a first step towards integrating the areas of death discourse and artmaking. To my knowledge, these areas have not yet been directly linked or fully explored as potential for opening the discussion about a topic that has not yet been normalized in Western culture. This study provides clear support for the use of artmaking to approach subjects not typically discussed among college-aged students. Based on quantitative and qualitative analysis of artmaking about death, it can be concluded that utilizing art as a means for exploration can create expression of both ambiguous and practical ideals, spiritual and emotional exploration, existential reflection, and meaning making, particularly for a population that has historically been underrepresented in philosophical issues and end-of-life research.

References

- Aday, R. H. (2005). Aging prisoners' concerns toward dying in prison. *Omega: Journal of Death & Dying*, 52(3), 199-216. <https://doi.org/10.2190/CHTD-YL7T-R1RR-LHMN>
- American College Health Association. (2020, June 15). *Reference group executive summary*. https://www.acha.org/documents/ncha/NCHA-III_Fall_2019_Reference_Group_Executive_Summary.pdf
- Baker, S. (2009). Fertile ground. *Public Art Review*, 41, 96.
- Balk, D. E. (2001). College student bereavement, scholarship, and the university: A call for university engagement. *Death Studies*, 25(1), 67-84. <https://www.doi.org/10.1080/07481180126146>
- Beck, E., & Jones, S. J. (2007). Children of the condemned: Grieving the loss of a father to death row. *Omega: Journal of Death & Dying*, 56(2), 191-215. <https://doi.org/10.2190/OM.56.2.d>
- Becker, E. (1973). *The denial of death*. Free Press.
- Bellet, B. W., Jones, P. J., Neimeyer, R. A., & McNally, R. J. (2018). Bereavement outcomes as causal systems: A network analysis of the co-occurrence of complicated grief and posttraumatic growth. *Clinical Psychological Science*, 6(6), 797-809. <https://doi.org/10.1177/2167702618777454>

Blair, C., & Michel, N. (2007). The aids memorial quilt and the contemporary culture of public commemoration. *Rhetoric & Public Affairs*, 10(4), 595-626.

<https://doi.org/10.1353/rap.2008.0024>

Bonoti, F., Leondari, A., & Mastora, A. (2013). Exploring children's understanding of death: Through drawings and the death concept questionnaire. *Death Studies*, 37(1), 47-60.

<https://doi.org/10.1080/07481187.2011.623216>

Bosticco, C., & Thompson, T. (2005). The role of communication and story telling in the family grieving system. *Journal of Family Communication*, 5(4), 255-278.

https://doi.org/10.1207/s15327698jfc0504_2

Bradshaw, A. (1996). The spiritual dimension of hospice: The secularization of an ideal.

Social Science and Medicine, 43(3), 409-419. [https://doi.org/10.1016/0277-9536\(95\)00406-8](https://doi.org/10.1016/0277-9536(95)00406-8)

Bray, A. (2002). The community is watching, and replying: Art in public places and spaces. *Leonardo*, 35(1), 15-21. <https://doi.org/10.1162/002409402753689263>

Brierley-Jones, L., Crawley, R., Lomax, S., & Ayers, S. (2014). Stillbirth and stigma: The spoiling and repair of multiple social identities. *Omega: Journal of Death & Dying*, 70(2), 143-168.

<https://doi.org/10.2190/OM.70.2.a>

Buser, T. J., Buser, J. K., & Gladding, S. T. (2005). *Good grief: The part of arts in*

healing loss and grief. Taylor & Francis Ltd. https://doi.org/10.1300/J456v01n03_10

- Bush, K. (2017.) A woman who dreams: The shadow box. In B. MacWilliam. (Ed.), *Complicated grief, attachment, and art therapy* (pp. 219-228). Jessica Kingsley Publishers.
- Cain, C. L., & McCleskey, S. (2019). Expanded definitions of the 'good death?' Race, ethnicity and medical aid in dying. *Sociology of Health & Illness*, 41(6), 1175-1191. <https://doi.org/10.1111/1467-9566.12903>
- Carmack, H. J. & DeGroot, J. M. (2016). Development and validation of the communication apprehension about death scale. *Omega: Journal of Death and Dying*, 74(2), 239-259. <https://doi.org/10.1177/0030222815598440>
- Chang, C. Before I Die Project. (n.d.) Retrieved March 1, 2020, from <https://beforeidieproject.com/about>
- Chilton, G., & Scotti, V. (2014). Snipping, gluing, writing: The properties of collage as an arts-based research practice in art therapy. *Art Therapy*, 31(4), 163-171. <https://doig.org/10.1080/07421656.2015.963484>
- Cohen, B. M., Hammer, J. S., & Singer, S. (1988). The diagnostic drawing series: A systematic approach to art therapy evaluation and research. *The Arts in Psychotherapy*, 15(1), 11-21. [https://doi.org/10.1016/0197-4556\(88\)90048-2](https://doi.org/10.1016/0197-4556(88)90048-2)
- Covid Memorial Quilt. (2020). Retrieved April 4, 2021 from <https://covidquilt2020.com/about/>
- Creswell, J.W. (2009). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. Sage Publications.

- Doss, E. (2002). Death, art and memory in the public sphere: The visual and material culture of grief in contemporary America. *Mortality*, 7(1), 63-82.
<https://doi.org/10.1080/13576270120102553>
- Doughty, C., & Blair, L. (2017). *From here to eternity: Traveling the world to find the good death*. W. W. Norton and Company.
- Faiza, A., & Malik, A. A. (2018). Comparison of death anxiety between clinical and non-clinical population. *Bahria Journal of Professional Psychology*, 17(2), 01-22.
<https://bjpp.bahria.edu.pk/index.php/BJPP/article/view/61>
- Feigelman, W., Jordan, J. R., & Gorman, B. S. (2011). Parental grief after a child's drug death compared to other death causes: Investigating a greatly neglected bereavement population. *Omega: Journal of Death & Dying*, 63(4), 291-316.
<https://doi.org/10.2190/OM.63.4.a>
- Fraenkel, J. R., Wallen, N. E., & Hyun, H. H. (2012). *How to design and evaluate research in education*. McGraw-Hill Humanities/Social Sciences/Languages.
- Frankl, V. (1962). *Man's Search for Meaning*. Beacon Press.
- Franklin, M. A. (2017). *Expressive Pathways to the Self*. State University of New York Press.
- Furer, P., & Walker, J. R. (2008). Death anxiety: A cognitive-behavioral approach. *Journal of Cognitive Psychotherapy*, 22(2), 167-182.
<https://doi.org/10.1891/0889-8391.22.2.167>

Ghandourh, W. A. (2016). Palliative care in cancer: Managing patients' expectations.

Journal of Medical Radiation Sciences, 63(4), 242-257.

<https://doi.org/10.1002/jmrs.188>

González-Rivera, M., & Bauermeister, J. A. (2007). Children's attitudes toward people

with AIDS in Puerto Rico: Exploring stigma through drawings and

stories. *Qualitative Health Research*, 17(2), 250-263.

<https://doi.org/10.1177/1049732306297758>

Granek, L., Krzyzanowska, M. K., Tozer, R., & Mazzotta, P. (2012). Difficult patient

loss and physician culture for oncologists grieving patient loss. *Journal of Palliative*

Medicine, 15(11), 1254-1260. <https://doi.org/10.1089/jpm.2012.0245>

Granek, L., Krzyzanowska, M. K., Tozer, R., & Mazzotta, P. (2013). Oncologists'

strategies and barriers to effective communication about the end of life. *Journal of*

Oncology Practice, 9(4), e129-e135. <https://doi.org/10.1200/JOP.2012.000800>

Greenberg, J., Solomon, S., & Pyszczynski, T. (1997). Terror management theory of self-

esteem and cultural worldviews: Empirical assessments and conceptual refinements.

Advancements in Experimental Social Psychology, 29, 61-139.

[https://doi.org/10.1016/S0065-2601\(08\)60016-7](https://doi.org/10.1016/S0065-2601(08)60016-7)

Gundlach, J. H., & Stack, S. (1990). The impact of hyper media coverage on suicide:

New York City, 1910-1920. *Social science quarterly (University of Texas press)*,

71(3), 619-627.

- Hart, B., Sainsbury, P. & Short, S. (1998). Whose dying? A sociological critique of the 'good death.' *Mortality*, 3(1), 65-77. <https://doi.org/10.1080/713685884>
- Haeyan, S., Van Hooren, S., Van Der Veld, W. M., & Hutschemaekers, G. (2018). Measuring the contribution of art therapy in multidisciplinary treatment of personality disorders: The construction of the Self Expression and Emotion Regulation in Art Therapy Scale (SERATS). *Personality and Mental Health*, 12, 3-14. <https://doi.org/10.1002/pmh.1379>
- Hawton, K. & van Heeringen, K. (2009). Suicide. *The Lancet* 373(9672), 1372-1381. [https://doi.org/10.1016/S0140-6736\(09\)60372-X](https://doi.org/10.1016/S0140-6736(09)60372-X)
- Hayes, J., Schimel, J., Arndt, J., & Faucher, E. H. (2010). A theoretical and empirical review of the death-thought accessibility concept on terror management research. *Psychological Bulletin*, 136, 699-739. <https://doi.org/10.1037/a0020524>
- Heflick, N. A. (2005). Sentenced to die: Last statements and dying on death row. *Omega: Journal of Death & Dying*, 51(4), 323-336. <https://doi.org/10.2190/96X8-FLUT-TCLH-EL71>
- Hesse-Biber, S. N., & Leavy, P. L. (2011). *The Practice of Qualitative Research*. SAGE.
- Holland, J. M., Klingspon, K. L., Lichtenthal, W. G., & Neimeyer, R. A. (2018). The unfinished business in bereavement scale (UBBS): Development and psychometric evaluation. *Death Studies*. <https://doi.org/10.1080/07481187.2018.1521101>
- Hunter, H. K., Lewis, D., & Donovan, C. (2013). Young adult bereavement art group. In C. Malchiodi (Ed.) *Art Therapy and Healthcare* (pp. 291-303). Guilford Press.

- Iverach, L., Menzies, R. G., & Menzies, R. E. (2014). Death anxiety and its role in psychopathology: Reviewing the status of a transdiagnostic construct. *Clinical Psychology Review, 34*(7), 580-593. <https://doi.org/10.1016/j.cpr.2014.09.002>
- James, J. W. & Friedman, R. (2009). *The Grief Recovery Handbook*. Harper Collins Publishers.
- Kadison, R., & DiGeronimo, T. F. (2004). *College of the overwhelmed: The campus mental health crisis and what to do about it*. Jossey-Bass.
- Kagin, S. L. & Lusebrink, V. B. (1978). The expressive therapies continuum. *Art Psychotherapy, 5*(4), 171-180. [https://doi.org/10.1016/0090-9092\(78\)90031-5](https://doi.org/10.1016/0090-9092(78)90031-5)
- Kosloff, S., Solomon, S., Greenberg, J., Cohen, F., Gershuny, B., Routledge, C., & Pyszczynski, T. (2006). Fatal distraction: The impact of mortality salience on dissociative responses to 9/11 and subsequent anxiety sensitivity. *Basic and Applied Social Psychology, 28*(4), 349-356. https://doi.org/10.1207/s15324834basp2804_8
- Kramer, J. A., Hill, K. T., Cohen, L. B. (1975). Infants' development of object permanence: A refined methodology and new evidence of Piaget's hypothesized ordinality. *Child Development, 46*(1), 149-155. <https://doi.org/10.2307/1128843>
- Langdon, L. (2016). Mural proclaims a caring community's cohesion. *Teaching Artist Journal, 14*(2), 88-97. <https://doi.org/10.1080/15411796.2016.1179532>
- Leavy, P. (2018). *Handbook of arts-based research*. Retrieved from <http://www.dawsonera.com/depp/reader/protected/external/AbstractView/S9781462531813>
- Leavy, P. (2017). *Research Design*. The Guilford Press.

- Lee, S-L. (2018). Why color mandalas? A study of anxiety-reducing mechanisms. *Art Therapy: Journal of the American Art Therapy Association*, 35(1), 35-41.
<https://doi.org/10.1080/07421656.2018.1459105>
- Levy, B. A., Berberian, M., Brigmon, L. S. V., Gonzalez, S. N., and Koepfer, S. R. (2002) Mobilizing community strength: New York art therapists respond. *Art Therapy*, 19(3), 106-114. <https://doi.org/10.1080/07421656.2002.10129403>
- Lester, D. (1992-1993). The stigma against dying and suicidal patients. *Omega Journal of Death and Dying*, 26, 71-75. <https://doi.org/10.2190/PB36-AUG6-1R77-LPMG>
- Lindqvist, O., & Tishelman, C. (2015). Room for death – international museum-visitors’ preferences regarding the end of their life. *Social science & medicine*, 139, 1-8.
<https://doi.org/10.1016/j.socscimed.2015.06.016>
- Lusebrink, V. B. (1991). A systems oriented approach to the expressive therapies: The Expressive Therapies Continuum. *The Arts in Psychotherapy*, 18(5), 395-403.
[https://doi.org/10.1016.0197-4556\(91\)90051-B](https://doi.org/10.1016.0197-4556(91)90051-B)
- Lusebrink, V. B. (2004). Art therapy and the brain: An attempt to understand the underlying processes of art expression in therapy. *Art Therapy: Journal of the American Art Therapy Association*, 21(3), 125-135.
<https://doi:10.1080/07421656.2004.10129496>
- Lusebrink, V. B. (2010). Assessment and therapeutic application of the Expressive Therapies Continuum: Implications for brain structures and functions. *Art Therapy:*

Journal of the American Art Therapy Association, 27(4), 168-177.

<https://doi.org/10.1037/0003-066X.55.11.1196>

Lyke, J. (2013). Associations among aspects of meaning in life and death anxiety in young adults. *Death Studies*, 37(5), 471-482.

<https://doi.org/10.1080/07481187.2011.649939>

MacWilliam, B. & Schapiro, D. (2017). Complicated grief. In B. MacWilliam (Ed.), *Complicated Grief, Attachment, and Art Therapy* (pp. 306-323). Jessica Kingsley Publishers.

MacWilliam, B., Briggs, A., Hormadaly, M. R., & Trottier, D. G. (2017). The impact of culture and community. In B. MacWilliam (Ed.), *Complicated Grief, Attachment, and Art Therapy* (pp. 306-323). Jessica Kingsley Publishers.

Mango, C. (1992). Emma: Art therapy illustrating personal and universal images of loss.

Omega, 25(4), 259-269. <https://doi.org/10.2190/B8U4-3UQ4-XYX6-G0JC>

May, R. (1981). *Freedom and destiny*. W. W. Norton.

McCarthy, J. B. (1981). Psychoanalytic psychotherapy and the fear of death. *The American Journal of Psychoanalysis*, 41(1), 21-30.

<https://doi.org/10.1007/BF01253037>

McLachlan, C. H. (2017). Art therapy caves: Linking community art to a therapeutic space. *Canadian Art Therapy Association Journal*, 30(1), 4-10.

<https://doi.org/10.1080/08322473.2017.1303938>

- Miller, B.J. & Berger, S. (2019). *A beginner's guide to the end: Practical advice for living life and facing death*. Simon and Schuster.
- Mohatt, N. V., Singer, J. B., Evans, A. C., Matlin, S. L., Golden, J., Harris, C., Burns, J., Siciliano, C., Kiernan, G., Pelleritti, M., Tebes, J. K. (2013). A community's response to suicide through public art: Stakeholder perspectives from the finding the light within project. *American Journal of Community Psychology*, 52(1), 197-209. <https://doi.org/10.1007/s10464-013-9581-7>
- Moon, C. (2002). *Studio Art Therapy*. Jessica Kingsley Publishers.
- Morris, J., Toma, M., Kelly, C., Joice, S., Kroll, T., Mead, G., & Williams, B. (2016). Social context, art making processes and creative output: A qualitative study exploring how psychosocial benefits of art participation during stroke rehabilitation occur. *Disability and Rehabilitation*, 38(7), 661-672. <https://doi.org/10.3109/09638288.2015.1055383>
- Moustakas, C. (1994). Human science perspectives and models. *Phenomenological research methods* (p. 1-24). SAGE Publications, Inc. <http://doi.org/10.4135/9781412995658>
- Near, R. (2013). Expressive arts with grieving children. In C. Malchiodi (Ed.) *Art Therapy and Healthcare* (pp. 291-303). Guilford Press.
- Neimeyer, R. A. (2005). From death anxiety to meaning making at the end of life: Recommendation for psychological assessment. *Clinical Psychology: Science and Practice*, 12(3), 354-357. <https://doi.org/10.1093/clipsy/bip036>

- Neimeyer, R., & Chapman, K. (1981). Self/ideal discrepancy and fear of death: The test of an existential hypothesis. *OMEGA - Journal of Death and Dying*, 11(3), 233-240.
<https://doi.org/10.2190/62JN-TB4X-1H5F-HBC0>
- Neimeyer, R. A., Moser, R., & Wittkowski, J. (2003). Assessing attitudes toward death: Psychometric considerations. *Omega: The Journal of Death and Dying*, 47, 45–76.
<https://doi.org/10.2190/EP4R-TULM-W52G-L3EX>
- Nguyen, H., & Scott, A. (2013). Self-concept and depression among children who experienced the death of a family member. *Death Studies*, 37(3), 197-211.
<https://doi.org/10.1080/07481187.2011.634085>
- Noppe, I. C., & Noppe, L. D. (1997). Evolving meanings of death during early, middle, and later adolescence. *Death Studies*, 21, 253-275.
<https://doi.org/10.1080/074811897201967>
- Ohemeng, F. N. A., & Tonah, S. (2017). "I want to go gently": How AIDS patients in Ghana envisage their deaths. *Omega: Journal of Death & Dying*, 75(4), 395-410.
<https://doi.org/10.1177/0030222815575010>
- Ottmiller, D. D., & Awais, Y. J. (2016). A model for art therapists in community-based practice. *Art Therapy*, 33(3), 144-150.
<https://doi.org/10.1080/07421656.2016.1199245>
- Pashak, T. J., Oswalk, S. R., Justice, M. D., Seely, L. T., Burns, B. R., & Shepherd, S. J. (2017.) You are alive right now: An experimental exploration of the interplay between existential salience, mental health, and death anxiety. *College Student Journal*, 51(4), 451-462.

- Petty, M. (2000). *Divine interventions: Art in the AIDS epidemic*. [Doctoral dissertation, University of Pennsylvania].
- Potash, J. S., Ho, A. H., Y., Chan, F., Wang, X. L., & Cheng, C. (2014). Can art therapy reduce death anxiety and burnout in end-of-life care workers? A quasi-experimental study. *International Journal of Palliative Nursing*, 20(5), 233-240.
<https://doi.org/10.12968/ijpn.2014.20.5.233>
- Power, J. (2009). Rites of belonging: Grief, memorial and social action. *Health Sociology Review*, 18(3), 260-272. <https://doi.org/10.5172/hesr.2009.18.3.260>
- Pritchard-Boone, L., & Range, L. (2005). Suicidality and interrogative suggestibility. *Archives of Suicide Research*, 9(4), 353-359.
<https://doi.org/10.1080/13811110500182265>
- Pyszczynski, T., Solomon, S., & Greenberg, J. (2003). *In the wake of 9/11: The psychology of terror*. American Psychological Association.
- Rainsford, S., MacLeod, R. D., & Glasgow, N. J. (2016). Place of death in rural palliative care: A systematic review. *Palliative Medicine*, 30(8), 745–763. <https://doi.org/10.1177/0269216316628779>
- Roff, L. L., Simon, C., Klemmack, D., & Butkeviciene, R. (2006). Levels of death anxiety: A comparison of American and Lithuanian health and social service personnel. *Death Studies*, 30(7), 665-675.
<https://doi.org/10.1080/07481180600776077>

- Safrai, M. B. (2013). Art therapy in hospice: A catalyst for insight and healing. *Art Therapy: Journal of the American Art Therapy Association*, 30(3), 122-129.
<https://doi.org/10.1080/07421656.2013.819283>
- Schaefer, M. R., Spencer, S. K., Barnett, M., Reynolds, N. C., & Madan-Swain, A. (2019). Legacy artwork in pediatric oncology: The impact on bereaved caregivers' psychological functioning and grief. *Journal of Palliative Medicine*, 22(9), 1124-1128. <https://doi.org/10.1089/jpm.2018.0329>
- Schneider, K. (2013). *The polarized mind: Why it's killing us and what we can do about it*. University Professors Press.
- Schoen, A. A., Burgoyne, M., & Schoen, S. F. (2004). Are the developmental needs of children in America adequately addressed during the grief process? *Journal of Instructional Psychology*, 31(2), 143-148. Retrieved on December 1, 2019 from <https://login.libproxy.siu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=13719052&site=ehost-live&scope=site>
- Schreibman, R. C. (2013). Art therapy and hemodialysis: Coping creatively with kidney failure. In C. Malchiodi (Ed.) *Art Therapy and Healthcare* (291-303). Guilford Press.
- Schroeder, D. (2005). *Little Windows into Art Therapy*. Jessica Kingsley Publishers.
- Sheehan, L., Corrigan, P. W., Al-Khouja, M., Lewy, S. A., Major, D. R., Mead, J., Redmond, M., Rubey, C. T., & Weber, S. (2018). Behind closed doors: The stigma of suicide loss survivors. *Omega: Journal of Death & Dying*, 77(4), 330-349.
<https://doi.org/10.1177/0030222816674215>

Smigelsky, M. A., & Neimeyer, R. A. (2018). Performative retelling: Healing community stories of loss through playback theatre. *Death Studies, 42*(1), 26-34.

<https://doi.org/10.1080/07481187.2017.1370414>

Smith, L. D., & Yazdian Rubin, S. (2017). Can you help me say goodbye? Sibling loss and bereavement support in the healthcare environment. In B. Macwilliam (Ed.), *Complicated grief, attachment, and art therapy: Theory, treatment, and 14 ready-to-use protocols* (pp. 249-262). Jessica Kinsley Publishers.

Soom Ammann, E., Salis Gross, C., & Rauber, G. (2016). The art of enduring contradictory goals: Challenges in the institutional co-construction of a 'good death'. *Journal of Intercultural Studies, 37*(2), 118-132.

<https://doi.org/10.1080/07256868.2016.1141755>

Stover, A. N., Grogg, K., Patel, J., Thornton, D., & Dwibedi, N. (2019). Opioid overdose knowledge among college students in a high overdose death state. *Journal of Human Behavior in the Social Environment, 29*(7), 887-896.

<https://www.doi.org/10.1080/10911359.2019.1633981>

Strouse, S. (2013). *Artful Grief: A Diary of Healing*. Balboa Press.

Suk Mun Law, S. (2011). Rekindling hearts with art: A community arts project for the young survivors of the Sichuan earthquake. *Arts & Health, 4*(2), 174-180.

<https://doi.org/10.1080/17533015.2011.616899>

Tehan, M., & Thompson, N. (2012). Loss and grief in the workplace: The challenge of leadership. *Omega: Journal of Death & Dying*, 66(3), 265-280.

<https://doi.org/10.2190/OM.66.3.d>

Templer, D. I. (1970). The construction and validation of a death anxiety scale. *Journal of General Psychology*, 82, 165-177.

<https://doi.org/10.1080/00221309.1970.9920634>

Testoni, I., Piscitello, M., Ronconi, L., Zsák, É, Iacona, E., & Zamperini, A. (2019). Death education and the management of fear of death via photo-voice: An experience among undergraduate students. *Journal of Loss & Trauma*, 24(5), 387-399. <https://doi.org/10.1080/15325024.2018.1507469>

The AIDS Memorial Quilt. (2019, October 7). Retrieved on October 7, 2019 from:

<https://www.aidsquilt.org/about/the-aids-memorial-quilt>

The Hamilton Project. (2017, April 26.) Age distribution of undergraduate students, by type of institution.

https://www.hamiltonproject.org/charts/age_distribution_of_undergraduate_students_by_type_of_institution#:~:text=While%20the%20plurality%20of%20students,over%20the%20age%20of%2024.

Tippett, K. (Host). (2016-present). On being [Audio podcast]. PRX.

<https://onbeing.org/programs/b-j-miller-reframing-our-relationship-to-that-we-dont-control/ - transcript>

- Titus, J. E., & Sinacore, A. L. (2013). Art-making and well-being in healthy young adult women. *The Arts in Psychotherapy, 40*(1), 29-36.
<https://www.doi.org/10.1016/j.aip.2012.09.006>
- Turner, J., Leno, E. V., & Keller, A. (2013). Causes of mortality among American college students: A pilot study. *Journal of College Student Psychotherapy, 27*(1), 31-42. <https://www.doi.org/10.1080/87568225.2013.739022>
- Valentine, C., Bauld, L., & Walter, T. (2016). Bereavement following substance misuse. *Omega: Journal of Death & Dying, 72*(4), 283-301.
<https://doi.org/10.1177/0030222815625174>
- Van der Kolk, B. (2014). *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*. Penguin Press.
- Vance, L. M. (2014). Death anxiety and the relational. *Journal of Humanistic Psychology, 54*(4), 414-433. <https://doi.org/10.1177/0022167813507631>
- Visser, R. C. (2017). "Doing death": Reflecting on the researcher's subjectivity and emotions. *Death Studies, 41*(1), 6-13.
<https://doi.org/10.1080/07481187.2016.1257877>
- Vollman, S. (2017). Multimedia approaches in childhood bereavement. In B. MacWilliam (Ed.), *Complicated Grief, Attachment, and Art Therapy* (pp. 306-323). Jessica Kingsley Publishers.
- Watkins, C. E. (1990). The separation-individuation process in psychotherapy supervision. *Psychotherapy: Theory, Research, Practice, Training, 27*(2), 202-209.
<https://doi.org/10.1037/0033-3204.27.2.202>

Wong, P. P., & Tomer, A. (2011). Beyond terror and denial: The positive psychology of death acceptance. *Death Studies*, 35(2), 99-106.

<https://doi.org/10.1080/07481187.2011.535377>

Wrenn, M. (2000). Grief and the healing arts (book). *Omega: Journal of Death & Dying*, 42(2), 191. Retrieved

from <https://login.libproxy.siu.edu/login?url=http://search.ebscohost.com.libproxy.siu.edu/login.aspx?direct=true&db=a9h&AN=6145877&site=ehost-live&scope=site>

Yalom, I. D. (1980). *Existential Psychotherapy*. Basic Books.

Yalom, I. D. (2009). *Staring at the sun: Overcoming the terror of death*. Jossey-Bass.

Yang, S. C., & Lai, S. (2012). Validation of a new measure of the concept of good death among Taiwanese children. *Death Studies*, 36(3), 228-252.

<https://doi.org/10.1080/07481187.2011.573178>

Yovel, I., & Bigman, N. (2012). Acceptance and commitment to chosen values in cognitive behavior therapy. In Shaver, P. R. & Mikulincer, M. (Eds.) *Meaning, Mortality and Choice: The social psychology of existential concerns*. APA.

Zimmermann, C. (2012). Acceptance of dying: A discourse analysis of palliative care literature. *Social Science & Medicine*, 75(1), 217-224.

<https://doi.org/10.1016/j.socscimed.2012.02.047>

APPENDIX A

PARTICIPANT RECRUITMENT DOCUMENT

Recruiting Document

My name is Heather Conley and I am a third-year Art Therapy Counseling graduate student at Southern Illinois University Edwardsville. I am conducting a research study titled, "Death Anxiety, Artmaking and the Facilitation of Death Discourse." In this study I hope to learn about attitudes concerning discussion of death in college-aged students. The goal of this study is to utilize artmaking to explore feelings and attitudes about death in college-aged students.

I am looking for volunteers to participate in this study to take place in Fall of 2020. Participants will complete a Qualtrics survey online, receive an artmaking kit with a range of art supplies via mail, schedule and participate in a virtual artmaking session via Zoom and, 10 days later, complete a second Qualtrics survey online. Your expected time commitment is one hour. Your email will be attached to your responses and [artwork. but](#) will be coded anonymously to preserve privacy and confidentiality. Upon completion of the study, participants will be entered to win a random drawing for one of 10 Amazon gift cards totaling \$25 each.

Please Note: This study will address the topic of death. If you have experienced a recent loss or death in your life, I ask that you not participate in this study. Loss comes in many forms and can include the death of a person or pet, divorce or end of a relationship, serious illness of a loved one, loss of income, loss of faith, or changes in family structure.

If you are interested in completing this survey, please click the link below to be taken to the Research Participant Notification Form with more details. Upon agreeing to informed consent, you will be taken to a Qualtrics link to begin your participation in the study.

Thank you for your time and consideration,

Heather Conley
hconley@siue.edu
Art Therapy Counseling
859-628-0089

If you are interested in participating in this study, please click on the following link:

[Future Qualtrics link to Research Participant Notification Form of Informed Consent]

Note. Participant recruitment document created from SIUE IRB template, (2020).

APPENDIX B

INFORMED CONSENT



RESEARCH PARTICIPANT NOTIFICATION

1. Heather Conley, Art Therapy Counseling Graduate Student, is inviting you to participate in this research study.
2. The title of this study is Death Anxiety, Artmaking and the Facilitation of Death Discourse. The purpose of this study is to examine attitudes regarding discussion of death among college-aged students.
3. Your participation in this study will involve the release of your email address in order to receive a link to an online Qualtrics survey, your mailing address in order to receive an artmaking kit via mail, participating in a scheduled one hour private Zoom meeting to complete an artmaking directive, sharing photos of your artwork with the understanding that no identifying information will be attached, completing a reflective one-paragraph questionnaire about your artmaking experience, and the completion of two Qualtrics surveys taken 10 days apart.
4. The risks to you as a participant are minimal. These include working with potentially unfamiliar art materials and addressing the topic of death. If you have experienced a recent loss or death in your life, we ask that you not participate in this study. Loss comes in many forms and can include the death of a person or pet, divorce or end of a relationship, serious illness of a loved one, loss of income, loss of faith, or changes in family structure.
5. The results of this study may be published in scientific research journals or presented at professional conferences. However, your name and identity will not be revealed and your record will remain confidential. Your identifying information will be coded for anonymity, no identifying information will be linked with your artwork, and all survey and demographic data will be kept confidential to only myself and destroyed after completion of the study.
6. Participation in this study may benefit you by increasing personal knowledge or empowerment regarding the topic of death. Your participation may benefit others by contributing to a lack of research concerning death attitudes in college-aged students, as well as present art-based ideas as an approach to the topic of death within young adults.
7. You can choose not to participate. If you decide not to participate, there will not be a penalty to you or loss of any benefits to which you are otherwise entitled. You may withdraw from this study at any time.
8. If you have questions about this research study, you can call or text Heather Conley at 314-391-8480 or email her at hconley@siue.edu. If you have questions about your rights as a research participant, you can call the SIUE Institutional Review Board at 618-650-3010 or email at irbtraining@siue.edu.

Note. Participant Informed Consent document created from SIUE IRB template, (2020).

APPENDIX C

DEMOGRAPHIC QUESTIONNAIRE

AGE _____

GENDER IDENTITY

- Male
 Female
 Non-Binary
 Transgender
 Gender Fluid
 Prefer Not to Say
 Prefer to Self-Describe:

ETHNICITY (CHOOSE ALL THAT APPLY)

- White/Caucasian
 Black/African American
 Hispanic/LatinX
 American Indian or Native American
 Pacific Islander
 East Asian or Asian American
 South Asian or Indian American
 Middle Eastern
 Prefer not to say
 Other _____

RELIGIOUS AFFILIATION

- Christian
 Jewish
 Buddhist
 Hindu
 Atheist
 Agnostic
 Spiritual but not religious
 Prefer not to say
 Other _____

MAJOR / AREA OF STUDY

CURRENT ACADEMIC LEVEL

- Undergraduate
 Graduate
 Doctorate

HOUSEHOLD INCOME LEVEL

- Less than \$25,000
 \$25,000 to \$50,000
 \$50,000 to \$100,000
 \$100,000 to \$200,000
 Prefer not to say

RELATIONSHIP STATUS

- Single
 Committed Relationship
 Married
 Divorced
 Prefer Not to Say
 Other _____

DO YOU CURRENTLY OR HAVE YOU EVER HAD CHILDREN?

- Yes
 No
 Currently Anticipating Parenthood
 Other _____

IF YES, HOW MANY? _____

AGES OF CHILDREN:

Do you currently have a living will and/or have you created a death plan?

- Yes No

Has the prevalence of COVID-19 altered the level of preparation for or discussion of death in your immediate social or family circle?

- Yes No

Has anyone in your immediate social or family circle shared their end of life wishes with you as a result of COVID-19?

- Yes No

Note. Demographic questionnaire data collected electronically pre-test. Created by the author.

APPENDIX D

COMMUNICATION APPREHENSION ABOUT DEATH SCALE

Communication Apprehension about Death Scale

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. I feel anxious talking about never thinking or experiencing anything again	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel anxious talking about how it will feel to be dead.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel anxious talking about the shortness of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel anxious talking about the fact that I am going to die one day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel anxious talking about dying young.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel anxious talking about the total isolation of death.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I avoid talking about death altogether.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I avoid talking about death at all costs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I have an intense fear of talking about death.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I always try not to talk about death.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I am tense and nervous while participating in discussions about death.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I am tense and nervous while discussing death.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Note. From “Development and Evaluation of the Communication Apprehension About Death Scale,” by H. J. Carmack and J. M. Groot, 2016, *Omega Journal of Death and Dying*, 74(2), p. 249. Reprinted with permission.

APPENDIX E
POST-ARTMAKING REFLECTION

1. If you were to title your artwork, what would that title be? Write it below:

2. Write a brief paragraph about what you made:

3. Please write down 2 or more feelings or emotions this artwork brought up for you:

4. Is there anything else about your artmaking experience you'd like to share?

For each of the questions below, circle the response that best characterizes how you feel about the statement.

	Never True	Rarely True	Sometimes True	Usually True	Almost Always True
I got in touch with my feelings about death through the process of making art.	1	2	3	4	5
I was able to express my feelings about death through the process of making art.	1	2	3	4	5
Making art about death was a kind of outlet for me.	1	2	3	4	5

Note. Post-Artmaking questionnaire to gather data for thematic analysis. Created by the author. Final three questions adapted from “Measuring the contribution of art therapy in multidisciplinary treatment of personality disorders: The construction of the Self-expression and Emotion Regulation in Art Therapy Scale (SERATS),” by S. Haeyen, S. Van Hooren, W. M. Van Der Veld, and G. Hutschemaekers, 2018, *Personality and Mental Health*, 12, p. 7 (<https://doi.org/10.1002/pmh.1379>). CC BY-NC.

APPENDIX F**TIME 2: FOUR QUALITATIVE QUESTIONS**

- 1. Did you have a discussion about death following your artmaking experience?**

- Yes No

2. If so, with whom did you talk? _____

3. To what extent did artmaking influence your discussion of death?

- Not at all influential
- Slightly influential
- Somewhat influential
- Moderately influential
- Extremely influential

4. Is there anything else about your artmaking experience you'd like to share?
