The Development of a Self-help Toolkit:

A Hybrid Approach to PCT and Visual Journaling

for Prolonged Grief Disorder

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Abstract

The thesis presents the findings of practice-led research arising from the development of a self-help toolkit. The toolkit comprises a hybrid of person-centred therapy (PCT) and visual journaling, and is aimed at individuals suffering from prolonged grief disorder (PGD) resulting from the loss of the loved one (WHO, 2015; APA, 2013). PCT is renowned for providing an affectionate facilitation to develop a therapeutic relationship between counsellors/therapists and clients/patients (Rogers, 1957; 1965; BAPCA, 2018), while visual journaling is a current self-help approach that uses images and, occasionally, words to record an individual's emotions and daily life experiences for self-expression, self-discovery and self-reflection (Capacchione, 1977, 2015; Ganim & Fox, 1999; Hieb, 2005). The central research question driving this project concerned bringing together those two different methods:

How is it possible to bridge the core concerns of PCT and visual journaling

to develop a productive hybrid of both in the form of a self-help toolkit that

provides a therapeutic environment for its users?

This thesis charts the development process of this hybrid toolkit. Through practice-led research, autoethnography, user-centred design and qualitative analysis, two prototypes were initiated and tested (non-clinically) with volunteers from the general public who had experienced loss. The research design and methods used are presented within the thesis in five progressive phases.

Phase 1 is the process of developing and formulating the hybrid approach by testing it on myself: practices included deploying PCT's conditions of 'being honest and

positive' and having a 'compassionate conversation' while exploring current feelings through visual journaling (STAGE 1 trial). *Phase 2* involved conducting an autoethnographic study to design the toolkit's first prototype. *Phase 3* involved testing the toolkit on a group of nine volunteers recruited from the university network (STAGE 2 trial). *Phase 4* refined the toolkit using a user-centred approach to evaluate participants' feedback and develop the second prototype to be more interactive and 'user-friendly': including a step-by-step approach for instructions and one-by-one demonstrations, especially how to draw while engaging in a 'compassionate conversation'. *Phase 5* examined the refined toolkit by conducting two further trials: the first of these was with a group of five volunteers from the previous (STAGE 3 trial), while the final trial involved a group of seven volunteers in collaboration with the local community arts organisation, Charnwood Arts, in Loughborough, Leicestershire (STAGE 4 trial).

The results of each of these stages of development, testing and refinement have demonstrated that the toolkit answers the project's central question and provides an effective hybrid of PCT and visual journaling for potential therapeutic purposes. Significantly, the practical outcome of this thesis has been to design a toolkit that is the first visual journaling workbook to take a PCT approach designed specifically for PGD. The toolkit has the potential to enrich a person's empathy and to become self-compassionate: thereby enhancing their quality of life. The methodology used in the project, as well as the non-clinical results of the trials, demonstrate that the toolkit is beneficial for health and well-being. This is an important area in current research at the nexus of the creative arts and sciences and that is a further key context for this project. Future research is recommended by collaborating with clinicians or counsellors/therapists to conduct a clinical trial to test the toolkit on those with a clinical diagnosis of PGD.

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Dedication

For my son, Ferris Mokhtar van de Ven, who taught me how to love unconditionally and have compassion for myself and others, to forgive and help people. You were five the last time I asked you how much Ferris loves ummie? You replied *"High like a mountain, deep like an ocean"*. However, on the day we were reunited, I saw a young man stood where a boy used to be. When I think of the years I have missed, I close my eyes and see you play. Today, I may not carry you in my arms anymore, but I always carry you with me in my heart. My dear son, you have made me this strong. You are the greatest gift.

Love, ummie.

Preface

Grieving is a painful journey involving many different emotions, actions, and expressions. Disbelief, shock, numbness, detachment from reality, anger, guilt, disturbed sleep and, occasionally, hearing the voice of the lost person are the common symptoms for those coping with the loss of a loved one. These feelings are said to be gradually reduced when one begins to accept and re-adjust through the bereavement process (*see, among other,* Kübler-Ross, 1969, 2005; Volkan, 1993; Harvey & Miller, 1998; James, 1998; Neimeyer, 2000; Neimeyer & Burke, 2015; Marshall & Atkinson, 2015).

It was a tragic moment when my five-year-old son Ferris Mokhtar van de Ven was abducted by my Dutch ex-husband on March 2009 through the Thai border at Rantau Panjang, Kelantan, Malaysia. I pleaded with the Malaysian Government, Malaysia Ministry of Foreign Affairs and Foreign Consulates (in Malaysia, Belgium, The Netherlands), Malaysian Interpol Bureau, and the embassies (Belgium and The Netherlands) to help me get my son back, but they failed to trace their whereabouts. My story gained wide-spread attention all over Malaysia; I was in the newspapers, magazines and on television programmes, locally and internationally, yet Ferris was nowhere to be found. It left me in a deadlock. Every day I said to myself, *"I want to die!"*

The grief was unbearable and debilitating, but I had to cope and fight my sadness if I was ever to have the chance of seeing Ferris again. Somehow, I needed to find a way to release this sadness. In 2010, I wrote, published, and sold a novel about every single pain I had gone through. But, deep down inside, I still felt the emptiness and unfulfilling without my son. At the beginning of 2011, I started to paint again. I pursued my MFA and

developed my own approach to deal with my grief in my thesis '*A Passage of Transcending Grief Through Art*' (Mokhtar, 2013). I studied the *Kübler-Ross* model (1969, 2005) of the five stages of grief and completed 17 large pieces of work, including a mixture of drawings, paintings, and installations. To share my work, I held solo and group exhibitions. By sharing my story through these mediums, I was able to turn my grief into self-healing works of arts. However, when the nights were too dark and the days were too bright, I still cried and kept asking myself *"why don't I just die?"*

To further understand my grief, I read *The Trauma and Complicated Grief of Ambiguous Loss (2010)* by Paulin Boss. She deliberates on how a person is traumatised by the separation of a loved one. Despite the loved one being physically absent, they are psychologically present, due to thoughts such as not knowing their loved one's whereabouts or whether they are dead or alive. In her book, she explains that the condition is prolonged with the continuous feeling of doubt, hoping for the return. This condition places a person in a vague situation of "relentless uncertainty", where the grief is frozen, the 'coping' is blocked and the duration is unknown; hence, the loss remains unclear without resolution (Boss, 2010). Recently, APA (2013) and WHO (2015) termed this symptom as Prolonged Grief Disorder (PGD).

This description exactly portrayed how I felt and the reason for my constant unhappiness. I needed to channel those feelings somewhere and decided to come to the UK to pursue my PhD. It was August 2016, during the trial to formulate the hybrid approach, that I decided to be honest and positive with myself. I adopted instructions from PCT's core conditions; congruence, to demonstrate genuineness by 'being honest' and 'being positive' to practice the unconditional positive regards (*see,* Rogers, 1961a; 1965; 1977; 1980). These two conditions were believed as the keys to promote a person's empathy to become compassionate to own self and others (Rogers, 1965; Mearns &

Thorne, 1994, 2013). I applied these conditions to myself through the practice of visual journaling, and drew images focusing on how I felt every day for a month.

This practice was a huge transformation for me. It felt like I was constructing a conversation with myself – as an opening for me to express my unspeakable emotions and translated the feeling onto the pages in my journal, something that I could keep only for myself. Along this journey, I finally understood that it was the feeling of 'longing' and 'yearning' for my son that I really needed to express, and I wanted to do so in a positive way – to heal myself. With this, I felt more fulfilled and eventually stopped crying. I was finally healing. My life was constantly improving and decided to re-marry. Two years later, my prayers were finally answered. It was a miraculous moment in July 2018, when I was finally reunited again with my beloved son after almost 10 years of separation.

This study reflects on my trauma as a mother who was separated from her son, and the process of recovery through the practice of art. My research process has helped explain my psychological wounds developed during the separation and convey the meaningful experiences through an autoethnographic study, and I want to share this with people enduring similar situations. It worked for me so it is possible that it *could* work for others too. If this recovery technique can give other people even a pinch of relief, I would be content. With this determination, I replicated my journal entries into a series of visual journaling exercises, and designed an instruction to apply the conditions and a selection of drawing tools to undertake them. Throughout the study, I tested the toolkit to some volunteers, refined the toolkit, and tested it again on a wider range of people.

At the 5th British Conference of Autoethnography 2018, which I attended and presented this study (Chapters 2, 3 and 4), I was very attentive to two research techniques, which consisted of associating practitioner-researchers into their own research and

relating them to social engagement. The first example was by Paul Cope, from University of the Arts London. He presented his experience as an artist-teacher in a closing middle school by producing a series of artworks comprising 100 ceramic plates. He explored the ideas of community of practice with the students as they all made their own commemorative plates. The plates became the body of work for his art (Cope, 2018). The second example that caught my attention was by Dr Alison M. Fixsen from the University of Westminster. I was inspired by her work, on how she explored her personal experiences of iatrogenic and recovery through a personal journal and multiple blog entries. She shared the success stories of former users with the hope of supporting herself and other medical victims of benzodiazepine dependency and withdrawal so they could construct a new life and a fresh identity (Fixsen, 2018).

Fixsen's exploration sounded convincing and it was closely related to my intention that I wished to convey in this study. She demonstrated that autoethnographic study is not only to share the practitioner-researchers' culturally relevant personal experiences, but also help others better understand the practitioner-researchers' personal and 'exceptional' experiences and relate it to their own life. In other words, practitioner-researchers can autoethnographically make use of their personal and traumatic experiences, which are sometimes uncomfortable to read (Denshire, 2014), to help, support and benefit others in society (*see, among other,* Suominen, 2003; Ricci, 2003; Averett & Soper, 2011; McGillis, 2015; Nicholas, 2016; Fixsen, 2018).

This study is a practice-led research using qualitative inquiry that highlights the practitioner-researcher's expertise on their reflections on new ideas and personal experiences (*see,* Clarke, 2006; Mafé, 2009; Lin, 2013; Clempson, 2015; Croft, 2018). I was drawn to this methodology because I wanted to bring out my practice as an art practitioner and art educator for nearly two decades (since completing my BFA in 1999).

In my recent work, I used a lot of drawing with a variety of mixed-media: for example, ink (pen and brushes), charcoals and acrylic. I explored water-based bitumen as my medium to depict my personal experience as a non-clinical diagnosed PGD griever (as I can say, to describe my condition). Therefore, I believe this methodology can help convey my practice and embed my personal experience as advantages in developing the toolkit. The toolkit developed in this study is unique and will produce an original contribution to three key areas of my research context; PGD, PCT and visual journaling.

For all the times that I asked myself, *"why don't I just die?"*

Now, I know why.

Contents

Chapter 1: The introduction

Chapter 2: The development of the toolkit – STAGE 1 trial

Chapter 3: Designing the first prototype of the toolkit – STAGE 2 trial

Chapter 4: Refining the toolkit – STAGE 3 trial

Chapter 5: Examining the refined toolkit

Chapter 6: Conclusions

Appendices

List of Figures

Chapter 1

Chapter 4

List of Tables

Definition of Terms

Brief observation – to observe participants' drawings through Feldman's method of Art Criticism (1994), focused on the visual facts e.g., the basic descriptions of the mediums and elements of art used such as lines, shapes and colours, *without* the interpretation and evaluation to associate the content and the subject matter. Particularly, to gauge how participants undertook the visual journaling exercises by following the instructions, making use of the supplementary information regarding the drawing elements and tools, and handling the drawing tools.

Comparative analysis – to make a comparison by explaining the similarities and differences of the studied subjects.

Compassionate conversation – to have a 'dialogue with own self' by appling PCT's conditions of 'being honest and positive' in order to show affections to own self while drawing images using lines, shapes, and colours in the consideration of feelings. Adopted from the existing journaling approaches to have a 'dialogue with own self' but grounded on PCT's facilitation.

Fully functioning person – is the ideal human conditions formulated by Rogers (1953, 1961) in five characteristics; first, open to experience, both positive and negative emotions accepted where, the negative feelings are not denied but worked through. Secondly, existential living. Thirdly, trust feelings such as instincts and guts to make own decisions to make the right choices. Fourthly, creative thinking and risk taking where a person's ability to adjust and change and seek new experiences (does not

play safe all the time). And finally, fulfilled life; a person is happy and satisfied with life, and always looking for new challenges and experiences.

Four key features of the toolkit – the key features in developing and refining the toolkit (that required feedback from the users): first, the visual journaling exercises (the titles, the exercises arrangement and the drawing activities), secondly, the instructions to undertake the exercises, thirdly, the descriptions to supplement the information regarding the drawing elements, and fourthly, the selections of the drawing tools for the toolkit.

Graphic work – to transfer and enhance the instructions and visual journaling exercises as a workbook using Adobe InDesign, the works were including; the layout arrangement (e.g., to accommodate the instructions, task descriptions, supplementary information on drawing elements, and illustrations), the typography design for the interior (for the exercise pages), the cover page design, size of the workbook, and the selection of materials for printing and the binding style.

Hybrid approach – a hybrid approach to PCT and visual journaling to commence PCT's facilitation through visual journaling, by employing PCT's conditions of 'being honest and positive' as a core theme to have a 'compassionate conversation' while considering one's feelings on how his/her feel on the present moment.

Journey – the journaling process termed by Capacchione (1977, 2015) e.g., expressing feelings, dialogue with own self and reviewing own progress for self-reflections to create a new perspective in life.

Loss – related to the loss of the loved one(s), such as death, or separation with the loved one through divorced, ending relationship, or to any kind of experiences, including illnesses and had involved in any sort of misfortune; such as accident/lost job/failure.

PCT – is an abbreviation from person-centred therapy, including the person-centred approach, client-centred therapy and Rogerian theory, developed by Carl Rogers.

PCT's core conditions – the three core conditions of counsellors'/therapists' attitudes; congruence (be honest with the client), unconditional positive regard (show non-judgmental and positive attitude with the client) and empathy (listening and understand client's problem from the client's point of view).

PCT's facilitation – a warm and compassionate conversation during the interview to show counsellor's/therapist's affections by applying three core conditions to develop a 'therapeutic relationship' with the clients/patients in order to foster clients'/patients' for self-actualization and move towards a fully functioning person; to fully appreciate the present moment in order to fulfil his/her own life e.g., to live for the moment and not always looking back to the past or forward to the future (Rogers, 1963).

PCT's goal – succeeded in assisting the clients/patients into 'self-actualization' and towards becoming 'fully functioning person' – to understand and accept own feelings in order to heal himself/herself and move forward.

PCT's conditions of 'being honest and positive' – a combination of two core conditions; congruence (being honest) and unconditional positive regards (being positive) as a core theme to have a 'compassionate conversation' with oneself.

PGD – is an abbreviation from Prolonged Grief Disorder, to address those who are suffering from the long-term feeling of 'longing' and 'yearning' from the loss of the loved one (WHO, 2015; APA, 2013).

Principles and elements of design – a tenet to describe the ways that artists use the elements of art; line, shapes, colour, space, form, value and texture, in a work of art e.g., balance, contrast, emphasis, movement/direction, pattern, repetition/rhythm, and unity/variety.

Self-actualization – the realization or fulfilment of a person's capacities and potentialities when a person experiences the feelings of happiness and curiosity; a person who trusts his own organism so that he will live his life based on the realistic expectation and more satisfied within himself and his surroundings in a positive way (Rogers, 1959; 1977).

Therapeutic relationship – a unique relationship developed by the PCT's counsellors/ therapists during the interview session to create a safe environment for the clients/patients to explore themselves and help them feel accepted and better understand their own feelings (Rogers, 1965).

User-centred approach – an approach to obtain and sort users' experiences in using/consuming the product/design by characterising users' feedback accordingly to the topics in the questionnaire to improve and enhance the product into a user-friendly design, through a focus group where participants' feedback is the main priority of the investigation (Lowdermilk, 2013; Hassenzahl, 2008; Courage & Bazter, 2005; Bruseberg and McDonagh-Philp, 2000; 2001).

Visual journaling – A practice to use images (occasionally, words) as a communication to express emotions and record daily life experiences in a daily basis, then summarise the key experiences and feelings in a log to review progress. Adopted from three existing journaling approaches by Capacchione (1977, 2015), Ganim & Fox (1999) and Hieb (2005).

CHAPTER 1: The introduction

The study presented in this thesis focuses on the development of a self-help toolkit; a hybrid approach to person-centred therapy (PCT) and visual journaling, in order to provide a new tool that *may be* used clinically to help individuals who are suffering from prolonged grief disorder (PGD).

Research question

The central question of this study is: how can a self-help toolkit be developed from a hybridisation of PCT and visual journaling for use by people who are suffering from PGD? To establish my exploration, I divided the main question into two sub-questions. First, can the core conditions of PCT be applied on a one-person basis through the practice of visual journaling? Second, are they practical and useful to be employed as a tool to help provide users with a therapeutic environment? These two key questions guided me to explore the significant features of this hybridisation, establish the study's methodology, and form the basis of my contribution to knowledge.

Research context/Literature survey

The research context of this study concerns three key areas; prolonged grief disorder (PGD), person-centred therapy (PCT) and visual journaling. To illustrate an overview of these three areas, I surveyed the existing literature and summarised it into three key questions; first, what is the current literature on PGD, the major cause of PGD, the criteria

of the symptoms and the available treatments for PGD? Secondly, what are PCT's core conditions and their contribution to the PCT's therapeutic goal? And thirdly, what are the therapeutic techniques and the benefits of practising visual journaling? This survey assisted me to grasp my understanding of the current literature and the association of these three areas that were significant to the development of the toolkit.

Beginning with the first key area, PGD is considered a new 'mental illness', acknowledged by the American Psychological Association (APA) in 2013 and the World Health Organization (WHO) in 2015, to diagnose long-term grief from the loss of a loved one. The major symptoms are characterised as chronic feelings of 'longing' and 'yearning' to be reunited with the lost person, which can persist for years and negatively affect a person's life. There is evidence that these symptoms are distinct from depression and anxiety and, if left untreated, predict chronic health impairments (Prigerson, et al., 2009; Craig, 2010; Holland & Neimeyer, 2011; Jordan & Litz, 2014; Schaal, 2015; Nanni, et al., 2015; Boelen & Smid, 2017). Earlier studies found that the risk of a person developing PGD is rooted from their childhood experiences of 'separation'; such as from the death of the closest relationships (i.e., parents, grandparents, siblings, cousins, best friends), divorced parents, and the experiences of being left behind, neglected or abandoned (Boelen & Prigerson, 2007; Prigerson, et al., 2009).

The symptoms, however, are comparable to those who are coping with incomplete bereavement (Klingspon, et al., 2015; Boelen & Smid, 2017). For example, coping with the 'leaving without goodbye', such as the disappearance of a loved one (Boss, 1999; 2010; Boss & Yeats, 2014; Balk, 2001; Glassock, 2006; Heeke & Knaevelsrud, 2015; Wayland, et al., 2016; Solheim, et al., 2016; Lenferink, et al., 2017a), sudden/unexpected death/homicide (Schaal, et al., 2009; 2010; Field, et al., 2014; Aldrich & Kallivayalil, 2016; Englebrecht, et al., 2016; Lenferink, et al., 2017b; Pohlkamp, et al., 2018), and coping with

illnesses and post-loss for survivors (Morina, et al., 2010; Stammel, et al., 2013; Thomas, et al., 2014; Tsai, et al., 2016). The grief process is critically lengthened since the loss can either be temporary or final. In facing this transition, one showed the transient distress and only displayed minor disruptions in order to move on his/her life (Papa, et al., 2013; Holland, et al., 2013; Neimeyer & Burke, 2015; Robinaugh, et al., 2016). In the long-term condition, one continued to conceal his/her emotions (i.e., anger, frustration) and ruminated on old issues that could weaken his/her energy, impair the ability to connect to his/her own self and severely reduce their quality of life (Boelen & Prigerson, 2007; Bonanno, 2004; Prigerson, et al., 2009; Boelen & Smid, 2017).

In 2013, APA categorised PGD in the Diagnostic and Statistical Manual of Mental Disorders, 5th Editions (DSM-5). The diagnostic codes are equivalent to mental disorders with symptoms, such as suffering feelings of worthlessness, and poor somatic health that results in suicidal thoughts and attempts (APA, 2013). Recently, WHO classified PGD in International Classification of Diseases 11th Revision (ICD-11) alongside major depression disorder (MDD) and post-stress traumatic disorder (PSTD) and considered it as *"extreme adversity triggers mental health problems",* such as alcohol addiction and drug abuse, which pose serious risks to health and gender-based violence (WHO, 2015). WHO (2015) stated this emotional distress needs to be dealt with and managed; however, the available clinical intervention to treat the symptoms is limited and the immediate need of practical and easy-to-use tools specifically for PGD is required (WHO, 2015).

To date, grief therapy through cognitive behaviour therapy (CBT) is used widely to help individuals address their negative emotions of grief, such as getting in touch with their feelings and memories of the loss (Bonanno, 2004; Craig, 2010; Boelen, et al., 2007; 2011; 2016; Boelen & Klugkist, 2011; Maccallum & Bryant, 2013; Bryant, et al., 2014; Rosner, 2015; Boelen & Smid, 2017). The treatments, such as confronting those memories by

'talking' and 're-telling' about the loss and painful emotions, were considered one of the most constructive and specific clinical interventions to treat PGD (Bryant, et al., 2014; Mancini, Sinan & Bonanno, 2015; Rosner, 2015). Bryant, et al., (2014) argued that by talking freely about the loss could help the clinicians access a person's emotions associated with the memories of the death and the sequelae of the loss in order to release the symptoms.

However, Bryant added that the reluctance of individuals to engage with their distressing emotions during therapy became a major problem to the clinicians to minister them from managing their grief effectively. He suggested the need for substitute treatments that can reduce these symptoms in order to optimise the grievers' adaptation to their loss (Bryant, et al., 2014, p. E7). It was agreed by Boelen, et al., (2011; 2016) of the need of an alternative way to those who were unable or unwilling to share their thoughts and feelings about their loss. The study recommended an intervention that focuses on helping people reduce the reminder of loss and encouraging them to engage in activities that are potentially fulfilling as an alternative way to deal with their pain and ruminative thoughts associated with the loss (Boelen, et al., 2016).

The second key area is person-centred therapy (PCT). For decades, PCT has been renowned in providing an affectionate facilitation through the application of three core conditions; congruent, unconditional positive regard and empathy (Rogers 1946a; 1957; 1965; *and among others,* Bohart, 1988; Bohart & Tallman, 1999; Kirschenbaum & Jourdan, 2005; Merry, 1999, 2002; Schmid & Mearns, 2006; Thorne, 2007; 1996; 1992; Mearns & Thorne, 1994, 2013; BAPCA, 2018). In this survey, I focused on the application of the core conditions, specifically on the first two conditions, congruence and unconditional positive regards, which was said were the keys to promote empathy in developing a therapeutic relationship between the counsellors/therapists and the

clients/patients. To deepen my investigation, I reviewed original literature from Carl Rogers (1902-1987), the founder, to identify the potential of these core conditions to be adopted into this study and associated with the current PCT literature.

Carl Rogers believed that all humans are competent to heal themselves and responsible for their own happiness. In any time of pressure and emotional complications, only the person involved knows how it feels and can find the solution to their problems when they discover their 'true' self (Rogers, 1945; 1959; 1961a; 1977; 1980). Based on his ideology, Roger articulated a model of a 'fully functioning person' to describe ideal human conditions; a person who is open to experience where both positive and negative emotions are accepted, is able to live an 'existential living' state (e.g., to live for the moment and not always looking back to the past or forward to the future), trusts his/her own organism (e.g., one's own feelings and instincts to make the right choices), can be 'creative' to adjust, can change, and can seek new experiences (Rogers, 1953, 1961; 1963). In other words, a person who is 'self-actualised'. Rogers (1959; 1977) defined self-actualisation as a person's fulfilment, realisation of his/her own capacities and potentialities, and being consistent with his/her behaviour with realistic expectations and feel more satisfied within himself/herself and his/her surroundings. Adopted from Maslow (1943), self-actualisation occurs when a person is at 'their peak experience' or feeling 'happy'. Meanwhile, the role of a counsellor/therapist is to facilitate the client/patient to self-actualise and become a fully functioning person (Rogers, 1959; 1977).

In early developments, Rogers (1946a) developed a 'non-directive' interview technique to allow his client to freely explore themselves by showing them affection in order to discover solutions to heal himself/herself. This approach is termed client-centred therapy (Rogers, 1946b; 1947; 1950; 1951, 1956). In *The Necessary and Sufficient Conditions of Therapeutic Personality Change (1957)*, Rogers demonstrated clearly that

the application of the three core conditions relies entirely on the counsellor's/therapist's personal qualities; first, the counsellor is required to show his/her congruence or genuineness by being honest with the client to develop the client's trust. Secondly, the counsellor is required to exhibit unconditional positive regards by being positive and non-judgmental to the clients and show their acceptance. Both of these conditions are essential in developing the client's trust and the client's willingness to open up and talk about their problems. And, thirdly, the counsellor is required to engage a relationship with the client by empathically listening and understanding their problems.

However, in developing a therapeutic relationship, Rogers (1965) required the 'fourth condition', which is the client themselves. Therefore, the counsellor is required to be fully aware, knowledgeable and widely practised in these conditions to stimulate their own affections. Particularly, the counsellor is required to express genuineness, positiveness and acceptance in order to offer their empathy, thereby ensuring the client can apply and respond to similar qualities in their own self and to the counsellor. According to Rogers, this could be achieved when the client feels they are being accepted, listened, valued and appreciated – signifying the occurrence of the therapeutic relationship. Later, in 1968, Rogers expanded the use of client-centred therapy to broader applications by founding Centre for Studies of the Person[1] (CSP). Using the same model, Rogers coined a term of 'person-centred' as an approach to emphasise human relationships and interaction between two persons in order to help individuals fully discover and experience their lives, relationships and organisations (Rogers, 1979; CSP, 2019).

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[1] Centre for Studies of the Person (CSP) embraces the principles of a person-centered approach as developed by Rogers. It is a centre of scientific and humanistic search and a centre of informal education to explore the richness and complexity of the person where Rogers spent the last 20 years of his professional life.

In recent studies, there were discussions among the PCT experts to describe the counsellor's/therapist's affections. Mearns & Thorne (1994, 2013), in their book *Person-centred Counselling in Action*, demonstrated counsellor/therapist's affections by focusing on the client with maximum concentrations at an emotional as well as an intellectual level (e.g., intuitions and awareness) and in touch with themselves as much as with the client. However, they argued that it is impossible for the counsellors/therapists to offer their affections if such responses are withheld from themselves. Hence, they suggested the counsellors/ therapists first need to enhance their empathy by practising the genuineness and acceptance of their own self before they could apply and practice them to the client/patient. Consequently, this practice helps increase the quality of their facilitation; enabling them to express empathy i.e., to step into another person's shoes without losing touch with their reality or lives, to balance and remove the negative feelings, such as personal conflict, self-guilt, and feelings of unworthiness (Mearns & Thorne, 1994, 2013, p. 26).

Obviously, this reveals that the two core conditions, consisting of congruence by showing genuineness (i.e., being honest and trustworthy to own self) and the unconditional positive regards by being non-judgmental (i.e., being positive and acceptance to own self), are the keys to the promotion of the counsellor's/therapist's empathy. As mentioned by Rogers (1965), a counsellor's/ therapist's empathy plays an important role in developing a therapeutic relationship with the client to achieve the therapeutic goal. Furthermore, this defined 'person-centred' as *"the person of the client and the person of the therapist"* to *"delve as one at the deepest levels"* by being open to each other, mutually accepting and understanding (Schmid & Mearns, 2006, pp. 176-8). This mutuality is claimed as co-actualisation in increasing the therapeutic relationship conditions during the facilitation (Motschnig-Pitrik & Barrett-Lennard, 2010; Murphy, et al., 2012; Tickle & Murphy, 2014).

To date, PCT continues to facilitate people with chronic mental illness, anxiety and traumatic experience (Quinn, 2008; 2011; Brice, 2011; Ladd & Churchill, 2012; Bouvier, 2014; Smith, et al., 2014), and assists those who are coping with grief and bereavement (Mclaren, 1998; Larson, 2013; Spence & Smale , 2015). Furthermore, it is used widely in educational settings for teaching and learning problems and enhancement (Motschnig-Pitrik & Santos, 2006; Gatongi, 2007; Hope, 2014; Boyer, 2015; Nicholson, et al., 2018), and sport coaching (Nelson, et al., 2014). The approach is adopted extensively in the healthcare system; it is devised as 'person-centred medicine', an integrated approach to medical treatment and care; where the physician's interaction skills (i.e., with affection) with the patients are equivalent to pharmacological medicine (Mezzich, 2011; Salvador-Carulla & Mezzich, 2012; Snaedal, 2012; Sarsina & Tassinari, 2015; Mezzich, et al., 2017; ICPCM, 2019).

In nursing and care settings, it is devised as 'person-centred care' to provide affectionate support to people or caregivers in developing the knowledge, skills and confidence to manage and make informed decisions, or to the person for whom they are caring (e.g., their children, elderly people, or the chronically ill) (Health Foundation, 2014; Santana, et al., 2018; Alvariza, et al., 2018). It is broadly used in patient-care services for paediatric care (Appleyard, 2010; Wigert & Wikström, 2014; Magowan, et al., 2017), palliative care (Johnston, et al., 2015; Rose & Yates, 2015; Ringner, et al., 2015), and residential care facilities for the elderly with dementia and Alzheimer's (Bryden, 2002; Hayajneh & Shehadeh, 2014; Hunter, et al., 2016; Surr, et al., 2016; Vernooij-Dassen & Moniz-Cook, 2016; Kristiansen, et al., 2019).

The third key area, visual journaling, is one of the current self-help approaches using images, and occasionally, words to record a person's personal emotions and daily life experiences for self-expression, self-discovery and self-reflection without any artistic

talent or previous art experience. Through my survey, I discovered three types of visual journaling approaches that are known widely as self-help manuals to communicate personal emotions by 'doodling' or 'scribbling' some images and having a 'dialogue' with themselves through reflective writings; creative journaling (Capacchione, 1977, 2015), visual journaling (Ganim & Fox, 1999) and art journaling (Hieb, 2005). I surveyed these existing approaches thoroughly as my main references and focused on their therapeutic techniques to be adopted into this study.

The first approach is 'creative journaling', developed by Dr Lucia Capacchione in 1977 who introduced the journaling technique of 'dialogue with own self' through drawing and reflective writing. Influenced by Carl Jung and inspired by Anaïs Nin's *Diary*[2], Capacchione themed her journaling style as *"past experiences in addition to future aspiration"* and based it on the author's personal experience; was divorced, became ill and raised two daughters on her own. Using her expertise as an art therapist, she developed an approach to guide the users to visualise what was on their minds by giving them topics to imagine by doing a simple meditation and promptly draw whatever comes across their minds about their past (including their dreams) and their futures. This process is termed 'guided visualisation'. Then, they are required to interpret the drawn images while having a 'dialogue with own self' through reflective writing, such as prose and poetry, dramatic dialogues and letters (*Figure 1.1*). This process, or so-called 'journey', is believed to guide the users to unblock their inner conflicts; overcoming self-hatred, confronting the negative attitudes positively and enrich their self-compassion (Capacchione, 1977, 2015, pp. 68-71).

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[2] A private manuscript diary wrote by Anaïs Nin's, since at age eleven in 1914, and published in the 60s.
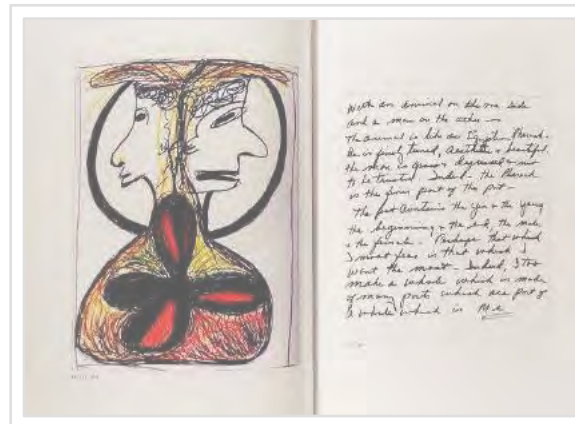
Figure 1.1: *Example of creative journaling from a client*
(Source: Capacchione, 1977, 2015)

Nearly two decades later, Ganim and Fox (1999), both of whom are art therapists, adopted a similar journaling technique to help their patients/users to expose their 'long-buried emotions' by confronting their previous experiences in three stages; *"to access, release and transform"* the 'unhealed emotional wounds' for healing, and named it as 'visual journaling'. Ganim and Fox emphasised the scientific function of the person's right side of the brain and used images as a means of inner communication, instead of words. This approach can stimulate the users' subconscious mind, the unconscious materials and logical thinking of the left brain. Also influenced by Carl Jung, Ganim and Fox (1999) adopted and improvised 'guided visualisation' as the technique to guide the users to visualise their imagined feelings by thinking back or auto-screening previous recognisable images, such as objects, sceneries, or human faces, and express them into simple drawings such as stick figures, undefined gestures, and scribbles (***Figure 1.2***). Next, the users are required to interpret the drawn images through a set of self-exploration questions to 'dialogue with their own self' through reflective writings (***Figure 1.3***).
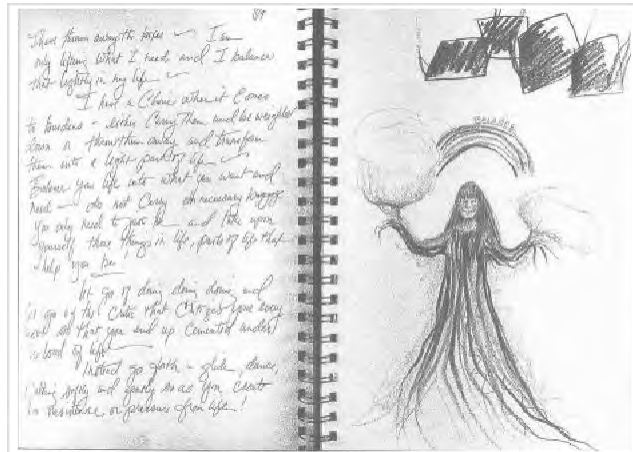
Image 1　　　　Image 2

Figure 1.2: *Image 1: Example of visual journaling from a client*
(Source: Gamin and Fox, 1999)
Figure 1.3: *Image 2: Example of reflective writing for visual journaling*
(Source: Gamin and Fox, 1999)

Using a similar journaling technique, Hieb (2005), a reverend and an art therapist, developed 'art journaling', specifically for people who are experiencing a period of bereavement, strictly emphasising the elements and principles of design. Influenced by the Bible, it is a holistic practice for meditation and revisiting users' *"inner landscapes of despair"* (p.21); with eyes closed to deepen the awareness of imagination through the intuitive level to signify meaning particularly on the design elements, such as dark and light, shape and space on the subject which they intend to draw (**Figure 1.4**). Hieb invented a 'gazing' technique consisting of three stages. The users are required to look non-judgementally and have a 'dialogue' with the drawn images (**Figure 1.5**). Then, the users are required to write the emotions that are triggered during the experience to foster self-acceptance, eliminating self-judgment in emerging their true self. This technique will help the users to understand their loss, feelings of longing and pain, and will strengthen their resilience to move on through religious fundamentals (Hieb, 2005, p. 153).
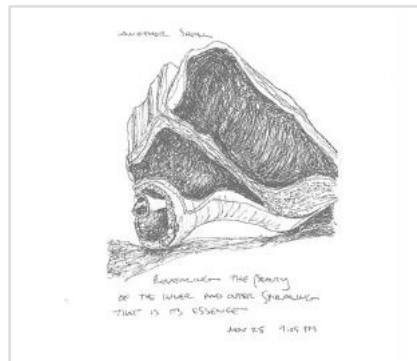
Image 1   Image 2

Figure 1.4: *Image 1: Example of art journaling*
(Source: Hieb, 2005)
Figure 1.5: *Image 2: Example of reflective writing for art-journaling*
(Source: Hieb, 2005)

As illustrated above, these three approaches share similar concepts and journaling techniques; by compiling their therapy programs/workshops as a reference book to assist users to communicate their personal emotions through images. Their key technique is directing users to have a 'dialogue with oneself', before interpreting their drawn images through reflective writings. It is recommended for users to set aside a regular time on a daily basis for this practice. This consistency allows the users to gradually develop a 'relationship' with their own journal. It is comparable to a diary; it is an intimate place to communicate with own self: for example, to recapture and retrieve significant memories and dreams, comfort the grieving heart, and to mourn and weep as part of their everyday routine (Hymer, 1992; Bäckman & Walther, 2001; Alexander, et al., 2016). Moreover, Capacchione (1977, 2015) recommended that the users keep a summary log, as it could provide a tangible and permanent record of their progress and facilitate their self-analysis/assessment.

In recent studies, three trials were found and conducted examining the effectiveness of these journaling approaches. Deaver & McAuliffe (2009) and Mercer, et al., (2010) used Ganim and Fox's visual journaling approach, while Mims (2015) used Capacchione's creative journaling approach. The results revealed that both approaches were effective as tools for reducing stress; it decreased the anxiety levels of high-risk suicidal medical students (Mercer, et al., 2010) (*Figure 1.6*), and reduced rumination and increased calm to homeless military veterans (Mims, 2015). In education settings, Deaver & McAuliffe (2009) presented that visual journaling was a useful assessment tool for gaining insight into the critical reflection on the previous learning, current experiences, and the ongoing professional growth for art therapy and counselling students (Deaver & McAuliffe, 2009) (*Figure 1.7*).

Image 1   Image 2

Figure 1.6: Image 1: Example of drawing from the high-risk suicidal medical students using Ganim and Fox's visual journaling approach (Source: Mercer, 2010)

Figure 1.7: Image 2: Example of drawing with the theme of stress reduction using Ganim and Fox's visual journaling approach (Source: Deaver & McAuliffe, 2009)

A similar method has been used widely to observe students' progress in school (Quesenberry, 2014), and as a processing and learning tool in the development of ideas and experiments on media and medium for art students, educators and future artists, and

as a self-study for the artists (Sanders-Bustle, 2008; Klein, 2010; Scott & Modler, 2010; 2012; Sinner, 2011; Bradshaw, 2014; Shields, 2016) (*examples of drawings, **Figure 1.8 – 1.11***).
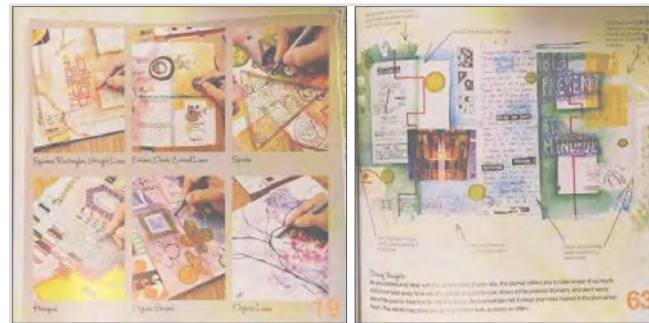
Figure 1.8: Example of step-by-step techniques for how to explore the artistic mediums and techniques (Source: Scott & Modler, 2010)

Image 1   Image 2   Image 3

Figure 1.9*: Image 1: Example of visual journal from preservice art educator (Source: Bradshaw, 2014)*

Figure 1.10: *Image 2: Example of visual journal as self-study – an artistic research of the artist's personal experience: "Red lips on Train, Barcelona (2011) (Source: Millan, 2012)*

Figure 1.11: *Image 3: Example of visual journal as self-study – an artistic research of the artist's personal experience (Source: Shields, 2016)*

To date, visual journaling has become popular among those wishing to express themselves through art, such as creating personal page in journal (Perrella, 2004) *(see **Figure 1.12***), to document the special events (Ferris, 2016) *(see **Figure 1.13***), the

collection of photos with captions (Sosbee, 2014) *(see **Figure 1.14**)*, a travel log (Eldon, 1997) *(see **Figure 1.15**)*, particularly, to express feelings and thoughts (Nugent, 2016, p. 5) *(see **Figure 1.16**)* on any simple occurrence in the course of daily life (Woods & Dinino, 2007) *(see **Figure 1.17**)*.
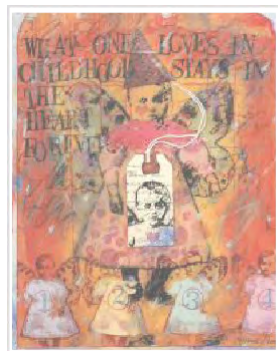
Image 1   Image 2   Image 3

Figure 1.12*: Image 1: Example of personal page in visual journal from the artist – exploring childhood memories (Source: Perella, 2004)*

Figure 1.13*: Image 2: Example of visual journal on the documentation of events (Source: Ferris, 2016)*

Figure 1.14*: Image 3: An example of visual journal of photo collection with captions (Source: Sosbee, 2014)*

Image 1   Image 2   Image 3

Figure 1.15*: Image 1: Example of visual journal as a travel log (Source: Eldon, 1997)*

Figure 1.16*: Image 2: Example of visual journal of self-expression – "She's thinking of me" (Source: Nugent, 2016)*

Figure 1.17*: Image 3: Example of visual journal of simple happening in daily life (Source: Woods & Dinino, 2007)*

For example, Capacchione's creative journaling techniques have expanded and been exemplified by collecting various journaling artists and showcasing their signature techniques, tips, and creativity boosters for the readers (Doh, 2012). In a recent publication, Nugent (2016) restructured Ganim and Fox's idea to inspire users to stay calm and focused (Nugent, 2016) (*Figure 1.18*). Hieb's art-journaling exercises were renewed in Ramey's (2013) art journaling technique. Instead of stressing on art techniques, Ramey provides 101+ prompt ideas for beginners to expand their skills by taking baby-steps to work with the subject matter (*Figure 1.19*). These examples, among other books, were published to offer a variety of ideas and journaling techniques, and have similar intentions for self-expression, self-discovery and self-reflection. These books were reviewed and furthered discussed in designing the first prototype of the toolkit in *Chapter 3,* and in the toolkit refinement process in *Chapter 4*.
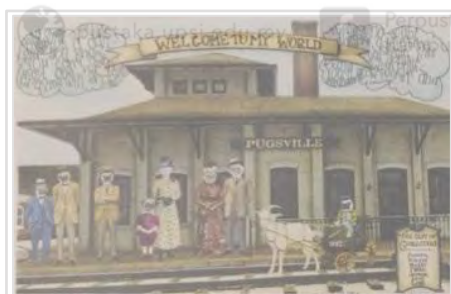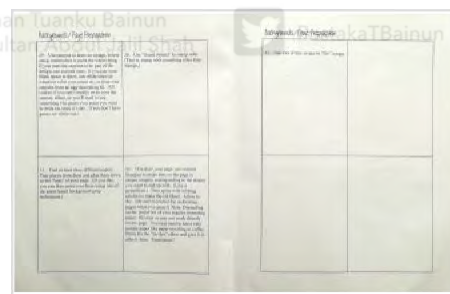
Image 1   Image 2

Figure 1.18: *Image 1: Example of the extended used of drawing with the photo collage from magazines, newspapers, or from online images (Source: Nugent, 2016)*

Figure 1.19: *Image 2: Example of guided journal from Ramey with 101+ prompts idea (Source: Ramey, 2013)*

In this study, I intended to develop a visual journaling approach, a hybrid with PCT, specifically for PGD. However, the question was what were the significant features of these two key areas that could contribute to the development of the toolkit, specifically to the formulation of a hybrid approach to PCT and visual journaling? And, which direction of the

trial should I conduct to test its practicality and find out its usefulness? To indicate the research gap, I made a comparative analysis of the existing approaches and the toolkit *(see, Vol.2, Section 1)*. This analysis is important to distinguish the toolkit from the existing approaches and to convey the direction of my study and its contribution to knowledge. It focused on the aims, the concepts, the objectives, along with the approaches' main influences and their target users. Moreover, this analysis assisted me to highlight and identify the significant features for the toolkit's content (e.g., the structures and the information provided for the exercises) which were adopted and adapted into the toolkit. Particularly on the purposes of the therapeutic approaches (e.g., journaling and drawing techniques and styles, the use of the drawn images, the procedures, including the exercises and their evaluations). And finally, to define the similarity outcomes of each approach and the toolkit– for self-expression, self-discovery and self-reflection, which are intentionally for mental health and well-being (the details of the analysis will be discussed further in the next **Chapter 2-3**).

Throughout the survey, I discovered two significant features regarding the association between PCT and visual journaling that could be of potential use to the development of the hybrid approach. The first feature highlights both 'being honest and being positive' to oneself. The PCT survey revealed that applying the core conditions of congruence and unconditional positive regards *could be* employed by a person by being honest (i.e., genuine and trustworthy) and positive to themselves (i.e., non-judgemental and self-accepting). As mentioned previously, these two conditions are regarded as the keys to promoting a person's[3] empathy (Rogers, 1957; 1965), enhancing affection, and balancing and removing negative feelings (Mearns & Thorne, 1994, 2013, p. 26).

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[3] Counsellor/therapist required to express his/her genuineness, positiveness and acceptance to offer his/her empathy, so the client can apply and respond to the similar qualities to his/her own self and to the counsellor.

Conversely, these core conditions are comparable with visual journaling, where users are encouraged to be honest and positive to themselves (Capacchione, 1977, 2015; Ganim & Fox, 1999; Hieb, 2005). According to Capacchione, visual journaling is similar to a diary where the progressive result relied wholly on the user's honesty to themselves (Capacchione, 1977, 2015, p. 12). As agreed by Ganim & Fox (1999), being honest enabled the users to obtain the most genuine expression in both activities, draw on their feelings and answer a set of given questions in their reflective writing (Ganim & Fox, 1999, p. 22). Meanwhile, being positive helped eliminate self-judgement[4] and remove concerns regarding their drawing skills and using the art materials, particularly for those with no artistic talent or experience (Hieb, 2005).

The second significant feature, which is the key objective of this study, is providing a therapeutic environment to clients/users for self-reflection and self-discovery. The survey reveals where both tended to develop a 'therapeutic relationship'; between counsellors/therapists and their clients/patients in PCT and between the users and their journal. Both had a 'dialogue' to share the client's/user's intimate feelings (e.g., to understand their own self, clarify thought) to develop strategies and find solutions to heal themselves. With the concept of self-help in visual journaling, the users undertook this process by 'doodling' or 'scribbling' some images and performing a self-analysis/assessment. The users are brought to confront their past experiences (e.g., traumatic experiences and beautiful memories) and look forward to the future by having a dialogue with themselves through reflective writing. Meanwhile, in PCT, this process is assisted by the counsellor/therapist having a compassionate conversation with their

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[4] It sounds similar to PCT but Hieb (2005) did not relate it to Rogers' theory.

clients/patients. Varying from visual journaling, the client's/patient's feelings are elicited to focus on the present in order to fulfil his/her life (Rogers, 1959; 1963; 1977).

In summary, these two significant features were the key arguments conveyed in the development of toolkit to implement the hybrid approach to PCT and visual journaling— to use PCT's core conditions of congruence and unconditional positive regards as an instruction to 'be honest and positive' to oneself and grounded it on PCT's facilitation, which highlighted a person's 'self-actualisation'. Adopted from the existing therapeutic technique by having a 'compassionate conversation with own self' while drawing the images, however, the users were directed to focus on their current feelings, instead of doing the reflective writings by recollecting the previous experiences or future aspirations. This would enable the individuals with PGD to live their lives based on realistic expectation; appreciate their feelings, and be more satisfied within themselves and their surroundings (Rogers, 1959; 1977).

This study assumed that the hybridisation of these two key areas (PCT and visual journaling) *could be* an alternative to engaging individuals suffering from PGD in an activity that is potentially fulfilling. They could practice being 'honest and positive' to themselves while drawing images that consider their present feelings by their own on a daily basis. This is particularly pertinent for those who are unwilling to engage with their distressing emotions (i.e., confronting traumatic experiences or reminding them of their loss), or unable to share their thoughts and feelings about their loss (e.g., with counsellor/therapist or clinician, and others). Rather, they could share such feelings in their journal, which is a safe place in which they can express freely and perform self-analysis/assessment at any time, without judgement. Therefore, this activity could enrich their empathy and help them to become self-compassionate, reduce the reminder of loss, and consequently improve

their quality of life, as recommended by APA (2013) and WHO (2015), and supported by the PGD experts Bryant, et al. (2014) and Boelen, et al. (2016).

The study focused on the practicality of the toolkit for use by the users as a tool to practice the hybrid approach and grasp its usefulness. In this study, my primary intention is to fully utilise my expertise as an artist, art educator and the advantages of my personal experience using art as part of my self-healing process. I would like to highlight on the toolkit's development; to formulate the hybrid approach, to design the prototypes and to test the toolkit. Consequently, I would not wish to focus on the formal clinical procedure in the art therapy sessions/programs/workshops to interpret the drawn images to diagnose the users/patients/participants' emotional conditions, or try to use the toolkit as an intervention or test as a means to prevent, treat or manage their previous traumatic experiences (*see,* Capacchione, 1977, 2015; Ganim & Fox, 1999; Hieb, 2005; Mercer et al., 2010; Mims, 2015).

Moreover, I emphasised the technical part, which required users' feedback to find problems and solutions to refine the toolkit. This study only required volunteers from the general public who were not vulnerable and were capable of giving their comments and suggestions through feedback survey or in-depth interview regarding their experience of using the toolkit (e.g., feedback on applying the hybrid approach, the procedure, the exercises, instructions, the selection of drawing tools and supplementary information on the drawing tools and techniques, including the toolkit's physical appearance and its graphical elements). At this stage of development, the clinical trial was not necessary. However, the outcome of this study will be proposed to *possibly be* used clinically in order to fulfil my research objective of providing a new tool to help individuals suffering from PGD. Therefore, assistance from the clinicians or art therapist/counsellor will be required in the future study.

Methodology

To address my research questions and fulfil the study's aim, I conducted a practice-led research with a qualitative inquiry. In establishing my methodology, I explored the definition of practice-led research, and the agility of qualitative inquiry; first, to reflect and embed my personal experience into both my practice and my research in designing the toolkit through an autoethnographic study, and secondly, to help further my exploration of the toolkit's practicality, which involved practical trials and human participation from the general public.

Smith and Dean define practice-led research as a qualitative method for a practitioner, who is also a researcher, to incorporate their creative work and research as the research output. A practitioner is one who brings the original ideas/issues and a
researcher is one who documents those ideas/issues to claim their originality (Smith & Dean, 2009). This definition is supported by Gray, who states that practice-led research acknowledges a practitioner's 'real experience' and 'practice', driven by the requirement of practice and the creative dynamic of the artwork (Gray, 1996, p. 15). The definition highlights that the process involves experience; however, as mentioned by McNamara, a practitioner's life experience is not considered as the basis or justification of the research ambition (McNamara, 2012, p. 6).

This statement is supported by several studies stating that practice-led research is rigorously focused on the first-person action research (Green, 2007) for the practitioner-researcher to claim the ownership of the artefact (Hill & Lloyd, 2018) and informs its making through documenting the creative process (Harper, 2011). For example, this methodology was successfully demonstrated in Graham's study of his serial drawing to record the

stream of his consciousness (Graham, 2015), and Harty's study in translating her drawing experience inspired by the night sky (Harty, 2009). Both studies used their conscious exploration with the knowledge involved; in other words, they are aware at every step of their creative process in the making of artefacts (Nimkulrat, 2007, p. 2). This process is termed 'reflective practice'. It is the practitioner-researchers' skill to reflect and examine their practices to document their creative process as their research outputs (Mäkelä & Nimkulrat, 2011; 2018).

My exploration involved my personal experience; therefore, I chose the method of autoethnography (Adams, et al., 2015; Jones, et al., 2013). Ellis, Adam and Boucher (2011) define autoethnography as *"a combination of 'autobiography' and 'ethnography' to describe and systematically analyse (graphy) personal experience (auto) in order to understand cultural experience (ethno)"* (p.1). Hughes, Pennington, and Makris (2012) described this process a *"critical self-study, a systematic view of personal experience in relation to cultural groups identified by the researcher as similar to the self"* (p.209). Sparkes (2000) argues that autoethnography authentically links the researcher with society (Sparkes, 2000, p. 21), unlike autobiography is more to self-narrative inquiry and form (Ings, 2014, p. 678). It is a method where the practitioner-researchers study their own personal life while staying focus on the study of culture (Winkler, 2018), including health research to connect *"the personal"* with *"the social"* (Chang, 2016, p. 444).

Three studies were reviewed to help me gain understanding in utilising this method. McGillis (2015) explored her grieving process as a result of her mother's death to foster self-awareness of cancer and accepting others. Similar to Nicholas (2016), she detailed the life event of her parents' divorce, which deals with inner thoughts and observations to understand and live through unexpected change and cope with life-altering events. Moreover, Fixsen (2018) explored her personal experiences in coping iatrogenic to support

herself and other 'medical victims' from benzodiazepine dependency to withdraw and construct a new life and a fresh identity. All these studies were described through written narrative. There were similarities with the review and the intention I wished to convey using this method. These three studies made use of the authors' 'exceptional' personal experience with the hope of helping and supporting others, and benefitting society.

To implement the theory, I conducted an autoethnographic study in creating my practice. Through the medium of drawing, I conveyed my suffering from prolonged grief arising from being separated from my son as my visual narrative. I tested the PCT's core conditions of congruence and unconditional positive regards as a one-person basis through visual journaling to formulate the hybrid approach. I termed this the STAGE 1 trial. Through written narrative, I documented my creative process of visual journaling by recording my everyday emotions (this subject will be further explained in *Chapter 2*). I autoethnographically analysed and described the collected materials (the visual and written narrative) to design a workbook. I conducted a visual research to add the graphic features for the outer and the interior workbook. Additionally, I developed new skills using Adobe InDesign for the layout to accommodate the materials and typography design for the interior pages (these processes will be further explained in *Chapter 3*).

To further the qualitative inquiry, I structured my exploration into three systematic stages; the collection of data, the analysis of data, and finally, to report findings. Recently, Patton (2015), Creswell and Poth (2018) and Flick (2019) highlighted that qualitative inquiry is an explicit methodology designed specifically for researchers to understand the meaning and experience dimensions of humans' lives in social world: for example, capturing stories to understand people's perspectives, understanding context and studying how things work. Patton (2015) outlines qualitative inquiry as a method of assisting researchers to collect quotes from people (e.g., focus group, interviews, observations),

including executing written communication (e.g., open-ended written responses to questionnaires and surveys). However, conducting a qualitative inquiry presents some challenges. It includes the personality of the researcher in collecting and analysing the data. For example, a researcher is required to be reflective and reflexive and in touch with predispositions and biases that are ultimately highly personal and judgmental. The sensitivity and integrity led the researcher to obtain sufficient data analysis (Patton, 2015; Creswell & Poth, 2018; Flick, 2019).

Based on the guidelines above, I conducted three stages of trials to test the toolkit on the general public. The aim of the trials was to obtain participants' feedback to refine the toolkit and improve user experience, and assess whether the toolkit could provide a therapeutic environment. The primary focus was on the practicality of; first, the visual journaling exercises (the titles, the exercises arrangement and the drawing activities), second, the instructions to undertake the exercises, third, the descriptions to supplement the information regarding the drawing elements, and fourth, the selections of the drawing tools for the toolkit. To explore these four key features, I adopted a user-centred approach.

Courage & Bazter (2005) argue that a user-centred approach used typically by the designer/developer to explore users' experience and understand their needs in developing digital products (IJsselsteijn, et al., 2007) and providing services (Donnelly, et al., 2011). Thus, they agreed that understanding users' requirements and collecting feedback were the main priorities of the investigation, particularly in producing/designing a 'user-friendly' product (Lowdermilk, 2013) that is convenient for the users to use (Hassenzahl, 2008). In conducting this approach, McDonagh-Philp (2000; 2001) suggested to form a focus group to make direct contact with users. Meanwhile, Law et al. (2009) suggested conducting a survey with the specific questionnaire to acquire first-hand input from the users. According to Patton (2015), the open-ended questionnaire gives participants freedom to discuss

additional topics of concern or interest to them that would be useful for the researcher to consider.

Based on these suggestions, I recruited two groups of volunteers through a convenience sampling on the target population. Participants were easy to enrol and lived within the geographical proximity. The criteria were; the volunteers must be above of age 18, confident in reading and writing, capable of making an informed decision and willing to spare the time to undertake the toolkit at a dedicated time. The first group comprised nine volunteers recruited from the normal university network via email and word-of-mouth referrals (friends and colleagues). This group undertook two trials; to explore the first prototype of the toolkit (STAGE 2 trial) and the refined toolkit (STAGE 3 trial). The second group comprised seven volunteers through collaboration with Charnwood Arts in Loughborough. This group undertook the final trial to examine the refined toolkit to the boarder users before concluding my exploration (STAGE 4 trial).

Participants' drawings were collected from the trials as visual data. Four instruments were used as in written communication: e.g., 1) a demographic form to collect participants' personal data (i.e., age and gender, education level and field of study, and participants' previous art experience, and previous sad/grief experiences), 2) a journal summary log was implemented for the participants to key in their highlighted feelings and review their journaling progress, 3) questionnaire for feedback survey to obtain the user's experience, and 4) the pre- and post-test questionnaires with 10 identical questions were designed to gauge the participants' feelings before and after undertaking the toolkit. However, each trial customised the research design and the research instruments according to the objective of the trial. For example, the STAGE 3 trial included semi-structured individual interviews to gather in-depth information about participants'

experiences of using the refined toolkit. The selection of research instruments will be further explained in *Chapter 3-5* under section research design.

Consequently, this study obtained three types of data: the visual data (participants' drawings from the visual journal), the textual materials (from the demographic form, pre- and post-test questionnaires, the feedback survey), and the verbal data from the semi-structured interviews (STAGE 3 trial only). All the data was analysed through qualitative analysis. This method was applied to this study and transformed data into research findings (Patton, 2015, p.521). The visual data was analysed through brief observation to see how the users associated the three drawing elements of line, shape, and colours with their feelings to express themselves. I adopted Feldman's method of Art Criticism (1994) but focused only on the basic descriptions of the visual facts and analysing facts (e.g., the mediums and elements of art used such as lines, shapes and colours), *without* the interpretation and evaluation to find meaning between the content and the subject matter.

To analyse the textual data, I adopted a content analysis approach (Patton, 2015; Creswell & Poth, 2018; Flick, 2019). This is a technique to reduce textual material by turning several concrete statements in the original text into paraphrases and summarising them. For example, if 10 statements are presented by the same paraphrase, this one paraphrase is used in further analysis; thus, the original of text of 10 statements is reduced to one statement (Flick, 2019, p.485). The clean textual data were systematically categorised into each topic questioned in the survey. A similar technique was used to analyse the interview transcriptions: particularly, for the data from the STAGE 2 trial. Adopting a user-centred approach, I sorted the participants' feedback to refine the toolkit. Courage & Bazter (2005) recommended that designers/researchers carefully select users' personal opinion (e.g., needs and preferences). It should be unrelated simply to their own benefit unless it was necessary for improving/enhancing the product/design.

For example, Bruseberg & McDonagh-Philp (2001) obtained participants' feedback through questionnaires and summarised the users' feedback into category analysis according to the given topics. In a digital game study, also through questionnaire, IJsselsteijn, et al. (2007) characterised users' experiences by individually categorising their playstyles to improve the product (IJsselsteijn, et al., 2007). The examples demonstrate that 'categorising' was convenient to sort the questionnaires to obtain users' experiences in using/consuming the product/design. Although these two studies seem to be two different domains from my study, in term of experience, they both aimed to improve the individual's experience using the products. Furthermore, it helped me to gain wider knowledge of users' experience using the toolkit, including users' needs and preferences in the refinement process to design the second prototype of the toolkit.

In presenting my research output, I documented my findings in two complementary ways: a practical component comprising of two sets of prototypes of the toolkit (the first prototype and the refined toolkit) and an exegesis that contains the documentation of the practice and the full descriptions of my creative process, design process, and results of the practical trials. To provide a clear vision for readers, I outlined the research design of this study into five progressive phases. The first phase is the formulation of the hybrid approach and conducting an autoethnographic study to design the first prototype of the toolkit (STAGE 1 trial). This is followed by three trials to test the hybrid approach in a form of a toolkit to the general public (STAGE 2 trial), refining the toolkit, and finally examining the refined toolkit (STAGE 3 and 4 trials). Each phase is further explained in the thesis chapters. This outline can be seen in *Figure 1.20*.

Research design
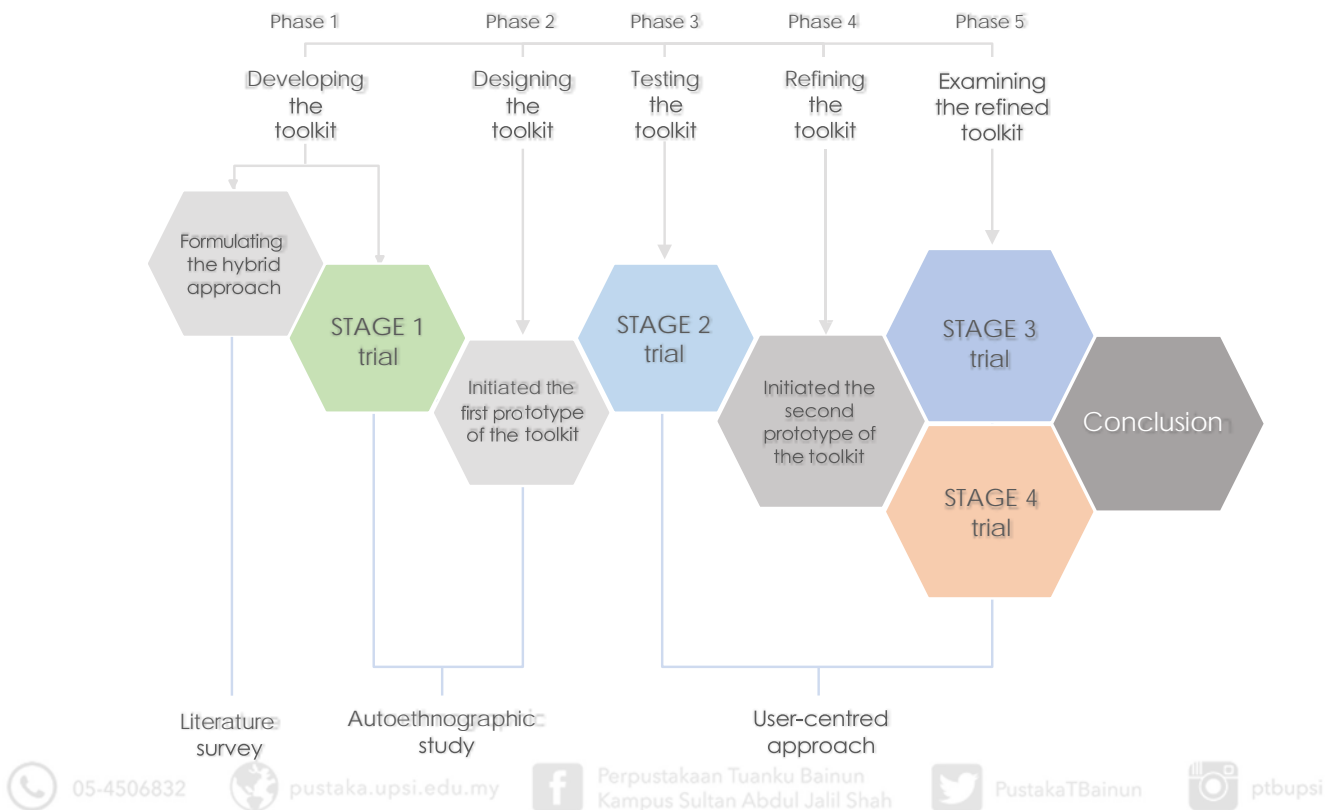
Figure 1.20: *Practice-led research design with qualitative inquiry for the development of a self-help toolkit; a hybrid approach to PCT and visual journaling for PGD*

Below, I briefly describe the processes which were undertaken in each phase;

Phase 1: Developing the toolkit – The development of the toolkit was divided into three parts. First, a literature survey on the potentiality of the hybridization of PCT and visual journaling that were associated with PGD were conducted. The second part was the formulation of the hybrid approach, including a comparative analysis on the existing visual journaling approaches which focused on the basic requirements and their therapeutic techniques to design a research design for STAGE 1 trial. And, the third part was the STAGE 1 trial to test the hybrid approach to myself in order to design the first prototype of the toolkit (this subject will be further explained in *Chapter 2*).

Phase 2: Designing the toolkit – This phase was the design process in initiating the first prototype of the toolkit. At the end of the process, the toolkit consisted of a workbook with a series of journaling exercises and a set of drawing tools. The major tasks were drafting the contents, constructing the structure of the workbook, picking a language style for the text, selecting the drawing tools and conducting visual research for the graphic features for the outer and the interior e.g., the layout arrangement and typographic design, arranging the illustrations, other supplementary information on the tools and drawing elements, and the cover design for the workbook (this subject will be further explained under section design process in *Chapter 3*).

Phase 3: Testing the toolkit – This phase was for data collection. This trial was termed as the STAGE 2 trial of testing the hybrid approach. This trial was essential in investigating whether the toolkit is practical and useful in providing a therapeutic environment to the users. This trial was also a pilot study to improve the research design (Arain, et al., 2010), the techniques and methods (Thabane, et al., 2010) and the pre-testing of research instruments (Teijlingen & Hundley, 2002), that I designed and devised (this subject will be further explained under section testing the first prototype of the toolkit in *Chapter 3*).

Phase 4: Refining the toolkit – This phase was the refinement process of the toolkit. Using user-centred approach, participants' feedback was systematically analysed, categorised into each topic that were inquired in the survey and concluded to revise four key features; the visual journaling exercises and the instructions to apply the hybrid approach. The drawing tools were revised according to the exercises. And, visual research was once again was conducted to enhance the graphic features for the supplementary information for drawing elements and tools (this subject will be further explained in *Chapter 4*).

Phase 5: Examining the refined toolkit – Two trials were conducted to examine the refined toolkit; STAGE 3 and 4. For STAGE 3 trial, participants from the previous trial were again invited to explore the refined toolkit. Participants submitted all their drawings for the 'warm-up' exercises and four other drawings of their choice. The drawings were scanned and briefly observed. Individual interviews were conducted alongside the feedback survey (this subject will be further explained in *Chapter 4*). At the same time, I collaborated with Charnwood Arts in Loughborough town centre to examine the refined toolkit to broader users for the STAGE 4 trial. The identical research instruments from the STAGE 2 trial were applied to obtain the volunteers' personal data, their feelings before and after undertaking the toolkit, and their feedback exercising the toolkit, which was whether the toolkit was practical and useful in providing a therapeutic environment (this subject will be further in *Chapter 5*).

Ethical consideration

Ethics approval for this study was provided by the board of the School of Arts, Loughborough University on behalf of Loughborough University's Ethics Approvals (Human Participants) Sub-committee, to ensure participants will not experience any harmful effects as a result of their participation, as it was *not* a clinical trial and *only* required voluntary participants who were not vulnerable. Before each trial, participants gave their consent and were clearly informed that they could stop participating at any time. In line with the United Kingdom Data Protection Act (1998), all collected information would be de-identified and coded according to the study ID which is stated in the consent form. ID started with S2 for STAGE 2 trial, S3 for STAGE 3 trial, S4 for STAGE 4 trial and 01-10

indicated the number of the participation. Additionally, this confidentiality was also applied to participants' drawings/journal entries. They were informed that they were only required to share the requested amount of drawings of their choice without any further questions or explanation regarding the drawings/journal entries, except for STAGE 3 trial. The trial was their second participation; hence, participants were required to submit the 'warm-up' exercises and describe two entries of their choice to share their journaling experiences with the investigator in the individual interview, and to go in-depth with their experiences on the new materials in the refined toolkit.

Structure of the thesis

This thesis presented in two volumes; Volume 1 comprises of the main chapters of the thesis and Volume 2 comprises of the inventories, charts and tables with details descriptions on my practical experiments and arguments made in Volume 1, and the additional appendices that have been useful to this study.

Volume 1

Volume 1 is the main body of this thesis composed of six chapters; the introduction of the study constitutes *Chapter 1*. Formulating the hybrid approach; the hybridization of PCT and visual journaling and the STAGE 1 trial to test the practicality of the hybrid approach to myself constitutes *Chapter 2*. The design process and the practical trials of the toolkit constitute Chapters 3-5; designing the first prototype of the toolkit and the STAGE 2 trial in *Chapter 3*, the refinement process of the toolkit and STAGE 3 trial in *Chapter 4*, and

the final STAGE 4 trial to examine the toolkit to the broader users in collaboration with the Charnwood Arts in *Chapter 5*. And, the conclusion of the study constitutes *Chapter 6*.

Volume 2

Volume 2 is the evidence base of my practice and arguments made in Volume 1 for readers' further reference. It should not be read as a separate document. For the readers' convenience, the documents are arranged by sections according to the thesis chapters in Volume 1, that involves: the literature survey, the copies of my journal entries of STAGE 1 trial, the extensive visual research to design the toolkit, the experimentations on drawing tools, the collection of drawing examples for the toolkit's supplementary information, and the copies of the research instruments used during the practical trials. The lists of the sections can be seen in *Appendix-2*.