

Articles

Casting the Spirit: A Handmade Legacy

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Abstract

This article discusses how an art therapist working in a hospital palliative care unit has incorporated a ritual of hand casting to help bring closure to dying patients and family members who are grieving as death approaches. The finished hand sculptures depict the hands of the patients and, sometimes, of their loved ones. They are faithful and powerful representations that help dying patients and leave meaningful legacies for their family members. This paper reviews the historical perspective of how artists have used various media to represent the human body, both living and dead, and presents three case examples that illustrate art therapists' use of hand castings to address issues of grief and loss in palliative care.

Introduction

I have worked for 19 years as an art therapist in an acute care hospital. In recent years, I developed a practice of hand casting as an art therapy intervention that has had a profound effect for patients and their families. I introduced hand casting originally to geriatric patients, but I have since incorporated the technique in my work with palliative care. Using the hand casting technique helps many people—both patients and their families—cope with the emotional grief and transitions that are set in motion when facing a terminal illness. In this article, I describe how this unique intervention has allowed me to draw on my skills as a sculptor while developing my expertise as an art therapist.

Life Masks, Death Masks, and Life Casts

Casting parts of the human body has a long history in western culture. Face casting was first developed by the ancient Greeks and later revived in 14th century Europe when death masks were created to immortalize famous men and women. As Willa Shalit, an artist from New Mexico, wrote of these death masks:

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Apparently, the mask maker was called to the deathbed several minutes after the individual had died, after the moment of the spirit's departure, the last physical form of the subject's existence on earth. (1992, p. 87)

Prior to the invention of photography in the mid 18th century, some people had "life masks," which are castings of their faces created to capture details of their features. Death masks were also made to retain a record of an individual's features, or to use as a model for creating a statue or a bust (Meschutt, Taff, & Boglioli, 1992, p. 315). Meschutt et al. reported that death masks were less than faithful replicas. As C.H. Hart wrote in 1899, life masks were meant to preserve "the spirit and expression" and "the exact similitude of every feature," but with death masks, "these evanescent qualities are then gone" (as cited in Meschutt et al., 1992, p. 315).

Castings of faces, made before the features of the deceased person hardened, were popular in 19th century England. They served as mementos of loved ones and maintained continuity with the past. Mourning rituals, both in the final days of life and following a person's death, were central to the grieving process in middle and upper class Victorian families during this period (Jalland, 1996, p. 289).

Hilliker (2006) examined the social practices of post-mortem photography (photographs that portray death) from the 19th century to present. She described how rituals of taking, preparing, and looking at photos of the deceased have therapeutic value and may help mourners lessen grief and acknowledge the reality of death. Simpson observed that postmortem photographs "serve as an attempt to slow the disappearance from memory of someone loved" (as cited in Hilliker, 2006, p. 260).

Victorian artists were occasionally invited to draw people in their last moments of life or after death. Some thought these drawings captured finer details than a photograph would have. Sometimes painting and drawings of the deceased were kept in prominent places in a mourner's home as vivid reminders of a loved one. Jalland (1996) wrote, "One gentleman whose deceased wife's painting hung in his dining room often dined at home alone to feel she was with him once more" (p. 290).

The practice of making death masks is no longer a ritual in western culture. However, among contemporary

artists, Willa Shalit creates masks that she calls “life casts,” mostly of well-known figures of today. “I hope that by revealing my subject’s true self through a life cast I give something that will enlarge his or her spirit in a profound and lasting way” (Shalit, 1992, p. 12). Her casts are mostly of heads, which are displayed unpainted and unadorned.

In contrast, American artist Duane Hanson’s life casts are faux-real-life mannequins, a commentary of everyday life. He clothes his full figures and adds features such as tiny body hairs, varicose veins, and bruises, reproducing ordinary individuals involved in day-to-day tasks. Many other artists, including American George Segal, Canadian Mark Prent, and Australian Ron Mueck, have used the human figure to portray their views and interpretations of life employing various casting and molding techniques.

In the realm of medical or palliative care, hospital neonatal units sometimes offer family members castings of hands and feet, which serve as cherished remembrances of babies in their first weeks of life or as mementos of newborns who have died (Jung, Milne, Wilcox, & Roof, 2003, p. 519). In *Grief Unseen*, Laura Seftel (2006), an art therapist and mental health counselor, explored the process of healing pregnancy loss through the arts and discussed how creative rituals by bereaved parents help to bring them a deeper understanding of their experiences. “Rituals provide a focal point of awareness that we are moving through an obstacle, transitioning to a new sense of self, or letting go of something lost” (Seftel, 2006, p. 142). Cole (1990) described “ritual” as denoting the way in which “people choose to order and honor their experiences...rituals reenact symbolic experience and therefore act as bridges between the concrete and the symbolic, between conscious experience and unconscious knowing” (p. 14).

Art Therapy in a General Hospital Palliative Care Unit

I work on the palliative care unit at a general medical hospital in Montreal, Canada. Palliative care, as Pratt and Wood (1998) explained, “aims to preserve a person’s dignity and quality of life in the face of incurable illness” (p. 12). Most of the patients in the palliative care unit have advanced cancer and have only a few days to a few months to live.

The palliative care team consists of doctors, nurses, an occupational therapist, a social worker, a psycho-oncologist, members of pastoral services, a physiotherapist, a music therapist, and an art therapist, along with numerous volunteers. Seventeen beds, rarely empty for more than a few hours, service adults of all ages. The patients, often weak and fatigued, receive “physical, psychological, social, and spiritual support” (Coyle, 2006, p. 266). The team’s approach combines compassionate care with medical care, and its key goals include helping patients die with dignity and retain their autonomy as they cope with the “hard work of living in the face of death” (Coyle, 2006, p. 266).

Patients in palliative care often face sudden and/or ongoing physical changes to their bodies, which influence and impose difficult questions and feelings about them-

selves. Some have described themselves to me as “vulnerable,” “out of character,” “abandoned by their bodies,” and “no longer their energetic self.” For some, the imbalance is irreconcilable, whereas for others it is just another of life’s challenges. Although we all deal with losses every day, the intensity of facing the end of one’s life can cause loss of faith, hope, autonomy, and meaning of life.

Art therapy can aid individuals in addressing these changes and losses by using the creative process to help them become aware of deep emotions and express those emotions within the support of a therapeutic relationship (Malchiodi, 1999). It can also help sustain the integrity of individuals in the midst of their difficulties and bring meaning and new perspective to their lives. In this respect, Kerr emphasized the importance of working therapeutically:

whether with words or pictures with patients facing fatal illnesses such as cancer...as long as one is involved creatively in trying to make sense of things and communicate, one is not only living but living well, and challenging the despair and hopelessness that can otherwise easily feel overwhelming. (as cited in Connell, 1998, p. 140)

For patients in the terminal stages of their lives, making art with the typical array of art materials is often difficult but not impossible. I invite patients to utilize additional creative means, such as developing narratives, making voice and video recordings, writing poetry, or using photographs and small sand trays.

Development of the Hand Casting Technique

Before working in palliative care, I practiced as an art therapist for 12 years almost exclusively in geriatrics. I mostly attended to individual patients but also led some weekly open group sessions that were sometimes associated with aging and related issues. During that period, I introduced a process using plaster gauze bandages to create impressions of people’s hands in order to capture gestures and poses that symbolized something about them. Individuals would place one or both hands on the table in various positions. The patients found the experience of making the mold itself very relaxing. When we removed the hardened plaster mold from their hands, they were intrigued at how the bandages had captured details of their bone formations and wrinkles. This led to discussions about individual differences, aging, the function their hands had served in their lives, as well as their need for touching and communicating. On occasion, we made face molds with the plaster gauze bandages. I observed that although some patients were self-conscious about how their face appeared, they were more at ease about having their hands reproduced. I noticed that they were curious to see the results of others’ molds. Also, the participants could watch and talk with one another during the process of hand casting, whereas face molds covered their mouths and restricted communication.

I knew from experience that once I filled the molds with plaster and carefully removed the shell, the end result



Figure 1 Sample photograph of a couple's pose



Figure 2 Sample photograph of the couple's hand casting



Figure 3 Sample photograph of hand casting, mother and child

would produce a duplication of the hand position. One family member was intrigued by these results and asked if she could keep the plaster copy of her mother's hand. She claimed that as she touched and rested her hand on the replica she could feel the presence and reassurance of her mother. From her comments I recognized the significance and emotional component of the hand castings beyond the process and experience of making molds with my patients.

To further my learning about casting, I participated in a hand casting workshop where I learned how to mold and cast using a product called alginate, a powder that, when mixed with water, transforms into a rubbery material. The quality of the results improved greatly when I used this method.

Focus on the Hands

It occurred to me only after I began to get referrals for art therapy from the palliative care unit that casting a person's hand, especially if the individual was dying, was a way to create a legacy for a terminally ill person and perhaps help patients in preparation for death. The accurateness and likeness of a person's hand, like a photograph, could serve as a record and provide a lasting image. I hoped to use the approach as a tool to gain a better understanding of what patients were experiencing as they neared death. My learning about alginate to make molds opened up the option for me to offer the medium in making hand castings. It also led me to discover the therapeutic impact on the patients from the moment I introduced them to the idea of hand casting to the time when the sculpture was brought home and regarded as memorabilia. There are many issues of loss that a dying patient must contend with and that art therapy can help address while at the same time enhancing the quality of that individual's life. Hand casting can be offered when an individual appears to be facing difficulties letting go of a loved one or when grieving his or her own impending death.

Over the past six years, I have offered patients, when appropriate, the option of creating hand castings as part of our art therapy sessions. Most patients are unfamiliar with casting and are intrigued by the technique and process. The opportunity gives them a chance to experience something entirely different from the typical variety of art media used in art therapy. One patient explained that when she learned about the approach and thoughtfully considered making a casting, she realized that, although she was dying, it didn't mean she had stopped living or that it was too late to experience something new.

In order to better explain hand casting, I often show patients photographs or an actual sample (Figures 1, 2, and 3). Patients' reasons for participating in hand casting range from wanting one for themselves, desiring to make one as a gift for someone else, or simply being curious about the technique and the process involved. Once a patient agrees to make a hand casting, our session lasts about an hour. Choosing the pose before beginning the cast is akin to choosing what to draw in a typical art therapy session. I may ask a patient to take notice if his or her hand is already in a



Figure 4 A patient painting her own hand casting



Figure 5 End result

particular position. Or I can offer a directive: Find a gesture that is meaningful to you. Find a pose that is symbolic and representative of your relationship with your loved ones.

For one man who was dying of lung cancer, I pointed out my observation that he was gripping the edge of his hospital table. I asked if he wanted to use that pose, but he felt that it would indicate his dependence on others, which was not what he wanted to convey. Despite his rapidly failing health, he preferred to show a gesture that was symbolic of his being “just fine, A-OK,” and used the “thumbs-up” gesture. In contrast, a 45-year-old woman with breast cancer that had spread to her bones was very conscious of her increasing dependence on others and chose to have one hand raised as the other grasped and supported it (Figures 4 and 5).

The focus on patients’ hands elicits varied thoughts and comments. Some patients describe their own or their partner’s hands as a beautiful and favorite body part. They sometimes describe how they cherish holding a loved one’s hand. Others discuss how they relied on their hands as their essential tools in life if, for example, they were a writer, an artist, or a laborer. Some perceive their hands as having spiritual qualities that tell of past lives, or they may regard the lines and creases in their palms as guides for understanding their future. Hand castings, however, are not for all. For example, I asked a daughter of a patient who closely watched me work with a woman in the neighboring bed if she wanted a hand casting of her mother, too. “No,” she said angrily and began to cry. Apparently her mother had been physically abusive and the daughter did not want to remember this aspect of her.

Involving Family Members

All work made in my art therapy sessions remains confidential. However, if patients wish to give the copy of their hand to someone, we discuss the decision within the ses-

sion. When a spouse and/or a child become involved in the process, it is usually at the patient’s request. This undoubtedly changes the dynamics of the patient’s private sessions, and thus begins family therapy. Landgarten (1987), who approached art therapy with family systems theory, discussed the value of observing the way a family functions while creating an art form together. The dynamics in a family art therapy session reveal “the family’s roles, alliances, communication patterns, and group gestalt in short order” (Landgarten, 1987, p. 6). In my work on the palliative care unit, family members may be involved for only the hand casting session and may not meet with me again, unless they need to pick up the sculpture following the patient’s death. Sometimes, due to the quick deterioration of the patient’s health, I continue to offer support to the family members involved in the hand casting.

One elderly gentleman with metastatic cancer involved his wife in some decisions about his hand casting. He chose to call her during our session to tell her not only about his pose, a closed fist that symbolized his strength and determination to survive his illness, but also to ask if she would display the finished hand casting on their mantelpiece. In this case, her support of his request seemed to relieve him of some fears and the stress of being entirely alone in his journey. At the same time, it allowed him to console her for her impending loss.

I often suggest that a couple take their time deciding their pose. I watch and wait as they move their hands around, observing how they gesture and touch one another. For some couples, this provides an opportunity and permission to interact and reconnect with one another when there will be few more chances for intimacy. This exchange not only brings couples together but also elicits humor, storytelling, and shared anecdotes. Another dialogue takes place when the couple decides what color patina to use for the completed hand casting. Some patients (as in Figure 4) paint their own piece, but the majority request that I do it.



Figure 6 Mr. and Mrs. C's hand casting

Some couples request that their pose portray their hands with their wedding rings; when we discuss the painting of the final piece, they ask if their rings can be highlighted in gold or silver to emphasize their symbolic significance. One husband had stopped wearing his wedding ring due to considerable weight loss. He was very pleased when his wife brought his gold wedding band so that they could honor the symbol of their relationship. When I was working on their mold, upon turning it over, I saw a shimmer of gold barely showing through the surface. Only then did we realize that his ring had slipped off when he removed his hand from the alginate material. The couple enjoyed the humor of the situation, realizing that the ring could have been permanently embedded inside the sculpture. The husband, with his wife's approval, asked if they could have the hand casting bronzed so that it would be everlasting. He saw the end product one week before he died and was overjoyed. The family later brought his bronzed sculpture to his funeral, placing it beside the open casket where many family members could lovingly touch it.

I am not aware if the husband knew or had asked that the bronzed sculpture be placed beside his casket at his visitation. However, the family appeared to recognize and appreciate the symbolic value of it, as well as the experience it represented to him and his wife. This touches upon the importance of ritual whereby the link between healing and the arts helps to address feelings of grief. The hand casting was symbolic of the couple's loving relationship, which they were deeply saddened was coming to an end. The man's wife was respectful of his last wishes, not only about the hand castings but with other personal affairs, which he had prepared so as to help her get along without him. This permitted him to experience closure in his own life.

No two experiences are alike; each patient who becomes involved in the hand casting process is different. Some use the process for self-discovery, others for permanence, whereas others involve all of these reasons and also

derive meaning from the ritual itself. For example, one elderly woman delighted in the pleasures of immersing her hands in the alginate. She said that it reminded her of her childhood experiences of cleaning the innards of chickens with her cherished grandmother. She seemed rejuvenated by having the chance to get back in touch with and revisit this significant mother figure in her life. Another young woman was contending with the transformation of her body image, as her body was swelling. She said of the cast of her swollen hand, "This is me now."

Case Examples

Most of the people with whom I made hand molds in the past 6 years also have worked with me in art therapy. However, sometimes there were circumstances that led to hand casting becoming the sole focus of my patients' art therapy experiences.

Case 1

Mrs. C had been involved in art therapy for several months and over two separate admissions to the hospital. We first worked together on a medical unit for her increased weakness due to non-Hodgkin's lymphoma/leukemia. Three months later we worked again, this time on the palliative care unit after her condition had further deteriorated. She chose to work narratively in art therapy, telling stories about the challenges and stresses that her family faced upon their arrival in Canada from Italy in the 1940s. She now was grappling with a parallel set of stresses that were associated with the many endings in her life, most predominantly her role as a maternal provider and active spouse in an almost 50-year-old relationship. She knew that she was going to die but her goal was to openly enjoy the time she had left with her family. Her devoted husband, who regularly sat at her bedside, appeared pained as he witnessed the gradual deterioration of his wife's health. He said that he was comforted to see her engaged in a process that encouraged her self-expression through stories that were close to her heart.

As she became weaker, she ceased storytelling and became increasingly quiet. Her concerns focused on how her husband was going to manage without her. I suggested to Mrs. C that perhaps a mold made of her hand or of her and her husband's hands would help with the process of saying goodbye. She thought about it over several days and then agreed to cast their hands after receiving his and her children's approval because, as she said, "they have to see it after I'm gone" (Figure 6).

As this couple began to face their inevitable separation, the husband made a poignant comment during the hand casting. I had explained that it was time to let go of each other's hands and that, one at a time, each should pull their hand out of the mold. "But that's exactly the problem," the husband said sadly, "I don't want to let go." Mrs. C heard him and leaned over to kiss his cheek. The couple remained quiet, perhaps just enjoying the process, while we completed the mold. Mr. C and I had several sessions together to



Figure 7 Mr. and Mrs. S's hand casting

further deal with his grief. He also gained support from a bereavement group that was associated with the hospital.

A few months later, I spoke to Mrs. C's husband and asked how he felt about having the hand sculpture after her death. He responded, "I touch it every day. I'm glad when I touch it. When the kids come to visit they also touch it. It's not the same as a photograph. When you touch something, it's different. Everything comes back. I'm glad we did this. We both wanted it."

Case 2

I was referred to assess Mr. S, who was dealing with gradual cognitive deterioration due to brain cancer. Upon meeting him at his bedside, I observed that he had very limited concentration, difficulty speaking, and was barely able to grasp the art materials. Our session was brief, but as I left his room his wife approached me to discuss art therapy and his condition. She requested that I return the next week, even if the session would be short, because she recognized his limited capacity and his "daily deterioration." She thought the stimulation might be beneficial. One week passed and I returned, observing that he had worsened considerably and his abilities "to be himself" had decreased. His wife, whom I began to speak with regularly, added painfully, "I lose a little more of him each day." I, too, was witnessing their relationship as it was rapidly changing, and decided to offer the wife the opportunity to have her and her husband's hands cast, perhaps as a way to capture and retain the healthier part of the couple. She explained my suggestion to her husband, and told me one day later that she knew this was a process that would help to "preserve a piece of him." He could no longer speak but could make sounds if he disagreed or was uncomfortable with something. She told me that she knew this technique was "right for her."

After completing the mold (Figure 7) and the painting of the couple's sculpture, I informed Mrs. S that the final

piece was ready for her to see. She told me her concern about seeing the results. She feared that she would be so emotional that the sculpture "would have to remain wrapped." I brought it to their room and suggested that she remove the cloth only when she was ready. It was very emotional watching her finally open the cloth that covered the sculpture. She held it carefully and clutched it closely to her chest, rocking it back and forth. Her husband lay in his hospital bed with his eyes closed, barely responding to anything while she cradled the sculpture. Several minutes later she laid it on his stomach. His arms, which were immobile at the side of his body, slowly bent and then lifted up, and he placed his hands on top of the sculpture. Then, he slowly pulled the piece up to his chest and held it still. It felt as if a child had just been born. This symbol of the couple was a delicate, precious, soul-capturing object that they had created together. He died about one week later.

Seventeen months after his death, I followed up with Mrs. S. I asked how she felt about having the sculpture. She explained, "It's kept in the living room. I think it's a fantastic memory that I can touch. It's wonderful. It's not morbid, not negative. It's a moment in time. I treasure it. I liken it to a photo, but this is a 3D photo that I can touch. And, he was there...he was alive. [The sculpture of the hands] show truly what was."

Case 3

Mr. D's hand casting was created at the request of his daughter, who sat daily at his bedside and with whom I began to meet informally to discuss how they were coping with grief. The daughter learned of the hand casting technique through another patient and her caregiver. She asked if we could we link her father's hand casting with his work as a builder. She would ask him if he could hold a hammer in one hand and a nail in the other, to symbolize his involvement in construction (Figure 8). He was obliging and, despite being weak, watched closely as the mold was created. He seemed to enjoy himself as he partook in the creation of this final structure. Upon completing the two separate hands, the daughter found an architectural drawing of a house that she cherished among her father's belongings at home. It had been built by her father's company when she was 14 years old. We agreed that the drawing could be mounted on a piece of wood, which she purchased. I then supported the two hands using metal pins screwed through the base, with one hand holding the hammer ready to hit the nail held by the second hand. The work of art, which she did not see completed, remained in my office for one year until the daughter came to pick it up and give as a gift to her mother.

Several months later, I spoke to the daughter about the hand casting and inquired about her family's response to living with it. Apparently, it had taken much courage to give her mother the sculpture. In our next phone conversation, she thanked me because my questions gave her the opportunity to discuss with her mother how she was coping with her grief. She discovered that her mother had created a ritual that comforted her, allowed her to find

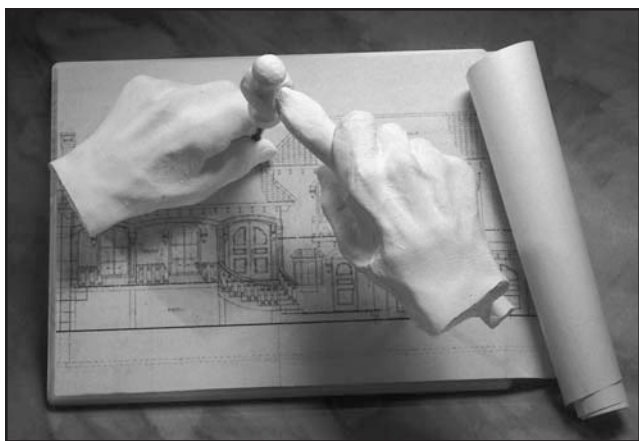


Figure 8 Mr. D's hand casting

strength, and perhaps to express her sorrow. "My mom lays her hands on [the hand casting] morning and night and she prays to my dad to help give her strength to get through the day and to get through the night." By having answered her daughter's question, she shared with her daughter, and with me, her coping strategy for her grief, which has allowed her to live on.

Importance of a Memento

In some instances, family members come forward to collect the completed sculpture only when they are emotionally prepared. As with Mr. D, perhaps the time that passed—one year—helped the daughter to heal and to adjust to living without her father. My keeping the artwork until that time represents the art therapist's role in creating a holding environment or safe and protective arena in which a person can return, months or years later, to face another step in the grieving process.

The replica of the hand casting and all the memories associated with it are awakened when the patient and/or the family see the finished result for the first time. This is always a very potent and sensitive feature in the multiple layers of the process. Every family responds differently but is ultimately grateful to be able to touch, hold, and embrace this precious memento. In some cases I have delivered the sculpture to a family member's home, or met them in the lobby of our hospital, at their request, away from the room in which the patient died. These meetings are usually the closing and final session of my work with them in art therapy, but also are an opportunity for the family to discuss some of their feelings of grief, acceptance, and acknowledgement of their loved one's death.

Conclusion

Knowing that death is imminent, for some individuals a hand casting can be a way to create and leave a legacy. The process of hand casting has given my patients an opportunity to reflect upon their will to survive, their determination and hope, their wish to find peace, of not wanting to be forgotten, as well as providing a means to say goodbye to loved ones. Every gesture captured is chosen with great thought

and self-reflection. Being offered the chance to create the hand casting has helped some individuals address the "significance of their existence" (Coyle, 2006, p. 272). Patients who have chosen to make the hand castings knew that they were leaving "a piece of themselves behind" in order to be remembered through this tangible object.

Although it can be an emotional challenge working on a palliative care unit, the richness of experiences that come from the exchanges that I have had with both patients and family are meaningful and underscore the importance of living and dying. The experience has served to remind me to "enjoy the moment," and to take pleasure in what I have. On occasion, I have shed tears with patients when their sorrow is severe. However, I have always managed to maintain a professional distance while remaining attentive to my patients' needs and concerns.

In palliative care and anywhere we provide services to patients who are dying, if we can ease someone's journey to let go, to separate from the living, then death can be met with dignity.

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