

ART THERAPY FOR GRIEF

A Community Focus in Grief Groups:  
Children and Adolescents Experiencing Cancer Related Parental Loss

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Cancer Related Parental Loss in Children

By

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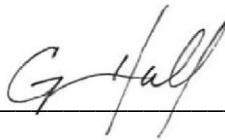
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### **Dedication**

This thesis is dedicated to all the people in my life that have supported me throughout this graduate school journey, and in life.

This thesis is also dedicated to my parents, thank you for always encouraging and supporting me in working towards what I love. Your passion for serving others has had an immeasurable impact on my life and view of the world around me. To my brothers, thank you for having such faith in me. To my grandmother, thank you for your kindness and love. To John, thank you for being a constant in my life; your presence in my life is unimaginably impactful and irreplaceable. To my best friends, Roselly and Azea, no matter the busy schedule or the distance, thank you for always brightening my days with your words of encouragement.

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### **Abstract**

Approximately 2.85 million children under 18 live with a parent affected by cancer in the United States and cancer is the second leading cause of death worldwide. These children are at risk for developmental and mental health related distress. The purpose of this study was to gain a deeper understanding of the ways group art therapy can be used to work through grief processes and build a sense of community in the group for children. It was hypothesized that a community focus and building community in a group art therapy setting would be an effective and beneficial way in teaching coping strategies for dealing with grief and loss for children that have lost one or more parents to cancer. A traditional literature review was conducted to review the impact community-based art therapy can have on children and adolescents who have lost one or more parents to cancer. Group art therapy was found to be an effective and beneficial treatment for working with children that are experiencing grief, though more research is needed to clearly define the influence and definitions of a focus on community. Finding ways to improve treatment for children's grief processing can work to reduce present and future developmental and mental health risks.

*Keywords:* community focus, art therapy, children, adolescents, group work, cancer, parental loss

## **Chapter I**

### **Introduction**

According to the World Health Organization, cancer is the second leading cause of death worldwide (World Health Organization [WHO], 2021). In 2018, this accounted for an estimated 9.6 million deaths, which is one in six deaths (WHO, 2021). According to a United States based study by Shah et al, (2017), 22.4% of all cancer cases occur between the ages 21-55. This age range represents the most common ages for childbearing and child-rearing, the study states that this implies many of these patients have children that are minors (Shah et al., 2017).

Approximately 2.85 million children under 18 live with a parent affected by cancer in the United States (Shah et al., 2017).

Children that experience parental loss experience stressors and trauma, from witnessing the illness and its effects, to the actual loss of their parents. This means their emotional distress occurs well before the death of a parent. Gray et al.'s study in 2011 found that two months after losing a parent, one in four children were considered to be depressed (Gray et al, 2011). A year or more after the death of a parent, approximately one in five children experience severe emotional symptoms (Gray et al, 2011). Some children have a delayed response to the death of a parent and can show an increase in emotional problems two years after death (Gray et al, 2011).

Art therapy is a mental health profession in which a licensed art therapist uses creative materials to support clients in processing and coping with life changing experiences (American Art Therapy Association [AATA], 2017). With the guidance of an art therapist, a client engages in creative processes to gain insight and work through emotionally challenging experiences. Art making provides opportunities for non-verbal exploration through the use of symbols and

metaphors. These allow the client to express thoughts, feelings, emotions, and ideas that they may be struggling to identify or process (AATA, 2017). The use of art media, the creative process, and the resulting artwork are used to explore feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem (AATA, 2017).

It is hypothesized that a community focus in a group art therapy setting would be an effective and beneficial way in teaching coping strategies for dealing with grief and loss to children that have lost one or more parents to cancer. Along with this, it is hypothesized that a group like this would encourage the exploration of feelings, foster self-awareness, develop/improve social skills, improve reality orientation, reduce anxiety, and increase self-esteem.

## **Operational Definitions**

**Adolescence** – Children ages 13-17 (Kaltreider & Mendelson, 1985).

**Adolescent loss** – Loss experienced during adolescence (Kaltreider & Mendelson, 1985)

**Art as therapy** – The act of art making as a form of coping and de-stressing. The focus is on the use of the art materials and the processes rather than the resulting product (Anand et al., 2019).

**Art making** – the action of creating by using materials (does not need to be conventional art materials) (AATA, 2017).

**Art therapy** – An integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship (AATA, 2017).

**Bereavement** – is a period of mourning or state of intense grief, especially following the death of a loved one (Muselman & Wiggins, 2012).

**Cancer** – a disease caused by an uncontrolled division of abnormal cells in a part of the body (*Cancer*, 2011).

**Childhood loss** – Loss experienced during childhood (ter Maat, 1997).

**Cope** – to invest one's own conscious effort, to solve personal and interpersonal problems, in order to try to master, minimize or tolerate stress and conflict. Methods in which one does the above (King et al., 2016).

**Commemoration** – remembrance, typically expressed in a ceremony (Arnold, 2020; Kohut, 2011).

**Community** – a group of people having a particular characteristic in common, this could be living in the same place, common interest, or issue (Simon, 2016).

**Containers** – an object that can be used to hold or transport something, connecting to art making, something that can be used to hold feelings, emotions, etc. (Hinz, 2009)

**Early adolescence** – children ages 10-13 (Kaltreider & Mendelson, 1985)

**Early childhood** – children ages 0 to 8 (Kaltreider & Mendelson, 1985)

**Emotional trauma** – can be the result of extraordinarily stressful events, resulting from damage or injury to the psyche after living through a frightening or distressing event and may result in challenges in functioning or coping normally after the event. This can come from one-time events, or repeated, ongoing stresses (Robinson, 2020).

**Emotional regulation** – The ability to respond to the ongoing demands of experience with the range of emotions in a manner that is socially tolerable and sufficiently flexible to permit spontaneous reactions as well as the ability to delay spontaneous reactions as needed (Robinson, 2020).

**Grief** - Grief is an intense emotional and physical reaction following the death of a loved one. This describes one's experience of deep sorrow, especially that caused by someone's death (Arellano et al., 2018).

**Group** – gathering of 2 or more people (does not include counselor/therapist) (Yalom, 1995).

**Group art therapy** – a form of art therapy where a small number of people gather under the guidance of a professionally trained therapist to help themselves and one another (Anand et al., 2019).

**Group therapy** – a form of psychotherapy in which a group of patients/clients meet to describe and discuss their problems together under the supervision of a therapist, a place for processing and expressing one's experiences with the support of others in similar situations (Yalom, 1995).

**Journaling** – the act of writing, typically in a collection of writings, typically done as a form of processing emotions, thoughts, feelings, experiences (Dictionary.Com, 2021).

**Late adolescence** – people ages 18-21 (Kaltreider & Mendelson, 1985)

**Loss** – a person in one's life dying, the experience of something or someone being removed from one's life (Arnold, 2020).

**Middle adolescence** – children ages 14-17 (Kaltreider & Mendelson, 1985)

**Middle childhood** – children ages 6 to 12 (Kaltreider & Mendelson, 1985)

**Oncology** – study and treatment of tumors, cancers (Cancer, 2011).

**Positive psychology** – scientific study of the strengths that enable individuals and communities to thrive (Ackerman, 2020).

**Stress management** – a wide spectrum of techniques and psychotherapies aimed at controlling a person's level of stress, especially chronic stress, usually for the purpose of and for the motive of improving everyday functioning (Robinson, 2020).

**School age** – children ages 6-12 (Kaltreider & Mendelson, 1985).

**Storytelling** – the activity of telling or writing stories. The act of sharing experiences, both fiction and nonfiction (Dictionary.com, 2021).

**Trauma** – a deeply distressing or disturbing experience, damage to the mind that occurs as a result of a distressing event (Dictionary.com, 2021), (Robinson, 2020).

**Tribute** – an act, statement, or gift that is intended to show gratitude, respect, or admiration (Feen-Calligan et al., 2009).

## Chapter II

### Methods

#### Methodology

A traditional literature review was conducted to review the impact community-based art therapy can have on children and adolescents who have lost one or more parents to cancer. The researcher identified the following areas of inquiry: the impact of grief on children and adolescents, the influence of community and group art therapy on children, and the impact of group therapy with children that are grieving. By assessing these areas of research, the goal was to support both the structure and impact of a community focus in art therapy groups for this population.

Information for this literature review was collected using resources available through the Indiana University Purdue University Indianapolis (IUPUI) library. The sources utilized were online resources, websites, and books. The online resources that were used were IUCAT (an IUPUI search engine), EBSCOHost, Google Scholar, and PsycINFO. Additional resources were found within reference sections. Articles were limited to peer reviewed to ensure credibility. The information and resources were organized in a literature matrix based on topics and themes. It also included search terms and phrases, and type of study and results when appropriate. Relevant studies were those that included group art therapy with children experiencing grief. Resources covering this population and topic together were somewhat limited, so these were broken down into themes. The literature matrix organized information by each of the following categories: (a) Author/date; (b) Key Words; (c) Search Engine; (d) Type of Study; and (e) the three emergent themes.



## **Chapter III**

### **Literature Review**

#### **Overview of Group Therapy**

Group therapy is mental health treatment in which one or more therapists work with 2 or more people at the same time. There is typically a common goal or issue within the group of participants (Manyam & Davis, 2020). A common factor in the group may be the location, such as a hospital, community center, rehabilitation center, or similar setting. Group therapy can be used alone for treatment, but it can also be integrated into a treatment plan that includes individual therapy and/or medication (Manyam & Davis, 2020). The way in which the group sessions are formatted will depend largely on the goals of the group and the therapist's approach (Manyam & Davis, 2020). A therapist that prefers a free-form approach may allow members to participate as they feel is appropriate when engaging in dialogue. Whereas another therapist may prefer to have specific plans for each session that may encourage members to participate in a specific format (Manyam & Davis, 2020). The different formats and approaches for group therapy will be adapted by the therapist to fit their approach and the needs of the population.

#### **Therapeutic Factors of Group Therapy**

Yalom (1995) described 11 primary therapeutic factors that are present in all therapeutic groups to provide an understanding of the benefits of group therapy. These factors are instillation of hope, universality, imparting information, altruism, corrective recapitulation of the primary family group, development of socializing techniques, imitative behaviors, interpersonal learning, group cohesiveness, catharsis, and existential factors. These factors are explained below.

Instillation of hope is optimistic feelings about the future and the emerging opportunities ahead (Yalom, 1995). Participants with similar challenges have the opportunity to observe change in others while also having their own victories acknowledged and supported by group members (Yalom, 1995). Universality is the realization that participants are not alone in their personal struggle and may be amplified through the group process (Yalom, 1995). This process shows group members that others are willing to support them, which can help move group members out of isolation and can be deeply healing (Yalom, 1995).

Imparting information is the process of educating and empowering group members. Clients share knowledge gained from personal experiences for the benefit of others (Yalom, 1995). The next factor described by Yalom (1995) is altruism. Altruism is the sense of significance in the ability to support others in the group. Self-worth and confidence are byproducts of this factor by clients offering value to their fellow group members (Yalom, 1995). Corrective recapitulation of the primary family group is a reparation or reassessment of past family and childhood events safely in the group (Yalom, 1995). This occurs when a group member consciously and unconsciously relates another group member to a member of their own family of origin, someone with whom they have struggled in the past (Yalom, 1995). New ways of relating can be developed, this can help to diminish unhelpful patterns that were learned in one's family of origin (Yalom, 1995).

The development of socializing techniques includes building tolerance, boundaries, empathy, and conflict resolution (Yalom, 1995). This can be helpful in reducing the group members isolation, as well as encouraging them to make connections in more meaningful ways (Yalom, 1995). Imitative behavior can be described as group members learning new and more effective ways to handle situations, whether that is resolving conflicts, coping with stressors,

communicating emotions, or other struggles they may face (Yalom, 1995). This can also be effective in learning ways to manage relationships by observing other members and seeing how they apply new and appropriate methods that replace their old, dysfunctional patterns (Yalom, 1995).

Interpersonal learning is a process that allows the group members to learn about relationships and intimacy (Yalom, 1995), and helps them to develop supportive and genuine interpersonal relationships. While in the controlled and safe environment of the group, members can express themselves openly and communicate thoughts and feelings and receive respectful and supportive feedback (Yalom, 1995). Group cohesiveness provides a sense of belonging, acceptance, and value within the group (Yalom, 1995). This experience should be both nurturing and empowering for group members (Yalom, 1995). Experiencing group cohesion encourages feelings of safety within oneself and in relation to others; this is an important factor for group members to experience to then feel safe enough to take the steps of self-disclosure and change (Yalom, 1995).

Yalom (1995) describes catharsis as a release of emotions and tending to the experiences that caused psychological wounds. The release of emotions can bring a sense of relief and can allow for considerable changes in one's internal framework and responses to life (Yalom, 1995). Catharsis is supported through group cohesion and when the therapist can facilitate a safe environment in which emotions can be freely expressed (Yalom, 1995). While catharsis is a feeling of release and relief, it is not seen as curative in and of itself (Yalom, 1995). The final factor Yalom (1995) provided is existential factors. This is the exploration into the meaning of life. This includes the process of understanding and accepting the human condition in its real form (Yalom, 1995). Through the support of the group, members learn to gain acceptance of

their existence, without seeking to escape from or deny past patterns and experiences (Yalom, 1995).

### **Group Phases**

Tuckman (1965) proposed phases that groups go through when working together. These phases include forming, storming, norming, performing, and adjourning. The forming stage is when the participants meet and learn about the opportunities and challenges within the group. This stage includes discussion and agreement upon goals (Tuckman, 1965). Group members tend to behave in an appropriate way and remain independent at this stage. To move into storming, group members must begin to let their guards down. In the storming stage, the group members begin to learn about one another and what it's like to work with one another in a group setting. Conflict between participants is expected to emerge during this stage, as they begin to explore roles and control (Tuckman, 1965). This phase can be destructive for the team and can lower motivation within the group if allowed to get out of control. The hope for this stage is that the group members will not feel judged, and therefore share their opinions and views. It is normal for tension, struggle and/or arguments to occur in this stage (Tuckman, 1965). The norming stage comes when group members accept others as they are and make an effort to work together or in the same environment, usually toward a common goal. At this stage, there is the risk of the members being focused on preventing conflict and becoming reluctant to share ideas or topics that could be controversial (Tuckman, 1965). The performing stage follows, it occurs when the group members are focusing on their common goal and are motivated. The group members are open to try new behaviors and accept new ideas and they can relate with honesty, respect, authenticity (Tuckman, 1965). The final stage, adjourning, involves concluding the group;

reaching goals or assisting the members in getting the tools to reach said goals. This stage provides the group with feelings of closure (Tuckman, 1965).

Storming is shown to be an important stage for a group to experience. The 1977 study by Dashew Isaacs looked at a group art therapy setting with latency age children. This study aimed to assess the efficacy and appropriateness of group therapy with this population. The girls in this group were more willing to share and let others share after going through a storming stage (Dashew Isaacs, 1977). In some of the first sessions of this group, three of the girls felt that they were unable to share, and the fourth girl was monopolizing the time and enjoying being the center of attention (Dashew Isaacs, 1977). It is stated in the study that the girl monopolizing the time was antagonizing the other girls to the point that they spoke up (Dashew Isaacs, 1977). From this point on it is said in the study that the girls were more willing overall to share their experiences. It is unclear as to if the therapist facilitating the group intervened at any point (Dashew Isaacs, 1977). Another example of storming within this group was observed when one of the girls was keeping all of the markers to herself (Dashew Isaacs, 1977). This interaction ended up bringing the discussion to light about her feeling that she wasn't getting her needs met in other parts of her life (Dashew Isaacs, 1977).

### **Group Therapy**

Ziff et al (2016) conducted a 12-session art program which tracked the fingertip temperature of school aged children as part of an elementary school-based program called ArtBreak. Fingertip temperature is a reliable alternative biomarker of stress level; a drop in temperature reflects increased stress whereas an increase in temperature indicates decreased stress. The authors hypothesized that the ArtBreak would decrease the children's stress levels. The temperatures were collected at the start and throughout the groups. The data was compiled

and compared (Ziff et al., 2016). The results showed significance between pre-intervention and post-intervention temperature (Ziff et al, 2016). The temperature on average increased by 4.5 degrees, which suggested that the ArtBreak programming helped to decrease stress levels (Ziff et al., 2016). The researchers concluded that the ArtBreak group intervention mitigated some of the stress influencing the children in this study (Ziff et al, 2012).

A study by O'Neill and Moss (2015) shows the ways group therapy can be an effective and beneficial form of therapy. This study offered nine adults with chronic pain 12 weekly group art therapy sessions. The sessions included guided imagery focusing on body scans followed by art responses and artistic expressions of the pain experience (Moss & O'Neill, 2015). The goal of the group included providing an opportunity for self-expression through creative activities; offering opportunities to gain a sense of control over the difficult emotions and life situations. As well as improving self-acceptance, self-esteem, strengthening a sense of self; and enhancing adaptive coping skills and reducing stress (Moss & O'Neill, 2015). Members reported that they felt supported through sharing an optimistic outlook (Moss & O'Neill, 2015). They spoke of ways in which they had managed to gain both perspective and better acceptance about their common loss through working with the group (Moss & O'Neill, 2015). The study found that the art therapy group showed promise as a useful model of support for people with chronic pain as had been hypothesized (Moss & O'Neill, 2015). They also saw that based on responses from the participants, the members of the group felt connected to and encouraged by the community that developed in the art therapy group (Moss & O'Neill, 2015).

### **Community Focus in Group Therapy**

For the purpose of this literature review, community-focused or community is defined as a common issue or common interest within the population. Community-focused clinical

interventions aim to build a sense of community within a group where there may not be a feeling of physical community. This will be further detailed below through the literature review on group art therapy. When looking at how community-based differs from community-focused, the main differentiation is that community-based tends to relate to the location. Van Bidder's (1997) definition of community-based refers to an approach that allows communities to have an active role in highlighting and addressing the issues that matter most in their community. This means the community being served are invited to have work on actively creating and delivering treatment, prevention, and intervention services. This is a way of also encouraging the community to actively engage in the whole process (Van Bidder, 1997). Community-based mental health care can be comprised of a wide variety of programs and services designed to meet local needs. These programs can be delivered primarily by community agencies, as well as through hospitals or health clinics (Van Bidder, 1997).

Looking at how community-focus differs from this is difficult with the lack of clear definitions. Within this thesis, community-focus refers to a building a sense of community within a setting of people that are related in a common experience, and can also be related in a close proximity. Specifically, for this population, it refers to building a sense of community within group therapy for children that have lost one or more parent to cancer. The idea is to go beyond the norm of a group therapy setting to foster and build relationships within the group therapy.

### **Group Art Therapy**

Group art therapy allows participants to form a sense of environment, focusing on the community aspects can contribute to fostering connections. Building community means participants have a sense of belonging, accountability, and support. This lends to building relationships that can be beneficial in coping with the experiences of grief. Groups that are

formed based on one or more commonality between participants encourages building relationships (Anand et al., 2019). This is not to take away from the benefits of having diversities within the groups that are formed. Group art therapy helps individuals develop communication and socialization skills. It allows participants to learn how to express issues and accept criticism from others. Additionally, group art therapy allows individuals to develop self-awareness by listening to others with similar issues (Anand et al., 2019).

Community focused art therapy in this sense will work on the idea that the participants have commonalities and are working towards a similar goal or treatment focus. Doing this, while simultaneously working to build a sense of community within the group therapy setting. These groups can be formed by finding commonalities in issues, interests, locations, or involvement in other groups or treatments. Pulling the focus on building a sense of community in the groups is intended to strengthen the relationships within said group. Art therapy groups also tend to have common goals or treatment focus (Feen-Calligan et al., 2018). When looking at community work and group work, it is important that the therapist has cultivated skills for assessing the needs of the community and implementing them in the group. It is also important that they have an understanding of different cultural beliefs, values, traditions, and experiences of oppression that may be present in group members' experiences. This is essential for art therapists when working with clients from backgrounds different from their own (Ottemiller & Awais, 2016). These communities are not necessarily going to be a community that the art therapist will be a part of, other than facilitating the group. For example, the art therapist may be involved with a cancer bereavement support group, but may not be a part of the community in the sense that they have cancer themselves (Ottemiller & Awais, 2016). A sense of community can be developed in settings with diverse populations and experiences through finding commonalities.



A study by Kohut (2011) described cases in which participants created a scrapbook to connect and share their emotional pain with others in a supportive group, and to begin to accept their loss through a meaningful organization of memories and life events. Kohut (2011) hypothesized that the process and product of the scrapbook would provide a safe and healthy grief process (Kohut, 2011). They found that the clients saw the support groups as a haven, allowing them to express feelings about their loss that they may not feel comfortable or appropriate expressing elsewhere (Kohut, 2011). A grief and bereavement support group can also be used to form a support network, to improve their skills in dealing with grief, and to feel a sense of normalcy by being a part of a community going through a similar experience (Kohut, 2011).

Liebmann (1999) describes different themes and guidelines in and around group art therapy. When looking at the basic structure for art therapy groups, one must think of the size of the group, goals, rules, boundaries, structure/format, and other outside factors that may influence how the group goes. Looking at deciding on a size for doing group art therapy, Liebmann (1999) explains the member should be able to maintain visual and verbal contact with one another throughout the group (Liebmann, 1999). This can allow for the optimal engagement among members and will vary when working with different populations. Timing needs to be considered when deciding on a size for group because each member should be given the opportunity to have time to share in the discussion (Liebmann, 1999). Groups that are too large can discourage others from interaction and sharing, a group that is too small can do the same. Finding the right size of group for the time, setting, and topic can encourage interaction and free flow among group members. The number of group members to facilitators must also be considered, with different

populations the needs will vary and a higher ratio of facilitators to participants may help in some cases (Liebmann, 1999).

When looking at the idea of planning a structured group art therapy, Liebmann (1999) stated that many people tend to struggle with starting, whether that is in the art making or the sharing process, having a theme or structure within the group can narrow the scope of what to expect and allow participants to feel more comfortable (Liebmann, 1999). Time constraints can encourage the need for structure in group art therapy because there are goals in place and only so much time to meet said goals. Time constraints can come from insurance companies, school needs, or the nature of a population or organization in which the group is operating (Liebmann, 1999). Having a common theme and structure in the group is said to help encourage the group to make more connections with one another (Liebmann, 1999).

There are factors outside and inside the group setting that will influence how the group will go. When looking at who will be permitted to join the group, the facilitator must consider a referral process and/or screening system (Liebmann, 1999). There may be people that either won't be right for the group, or don't work well in groups in general, and there may be people that may not be ready for a group experience at that time (Liebmann, 1999). Outside factors outside that may influence the group could be related to the institution that is hosting or running the group, physical space for the group sessions, accessibility and accommodations for the participants, and the feelings and experiences the group members are bringing in with them (Liebmann, 1999). Having a group that is closed, meaning it is set in who will attend and they are intended to attend for the full time of the group has been shown in the majority of the studies found within the research. This kind of group allows the children to be connected for the extent and become comfortable with one another (Liebmann, 1999).

When looking at the rules and boundaries within group art therapy, these can be established before the group meets for the first time. Instilling the importance of confidentiality and respect for others experiences and privacy can encourage participants to feel that they can be open in sessions (Liebmann, 1999). It can be helpful for the members to be more comfortable if they are given the opportunity to go over the rules and boundaries and add to them if they feel there is a need. When looking at the discussion format for groups, these rules and boundaries will be important (Liebmann, 1999). The most common way to structure a discussion in group art therapy is to allow everyone to take turns sharing. To ensure there is enough time for all of those that want to share, each person might be allowed a set amount of time. Taking turns sharing can allow security in the consistent structure in long term groups. It can also ensure that quieter or more reserved members of the group have a chance to talk and don't have to compete with others to do so (Liebmann, 1999). Some drawbacks of this include that it may cut off someone's processing, it can end up being superficially focused on the artwork, or it can remove some of the free-flowing conversation that could otherwise develop. Liebmann (1999) stated that at the end of their turns, a general discussion may develop among the group. The decision in which format of discussion may also vary with the population and the needs of said population (Liebmann, 1999).

### **Group Art Therapy with Children and Adolescents**

Dashew's (1977) case study about art therapy groups for latency age children was used to look at the benefits of children experiencing art therapy in a group (Dashew Isaacs, 1977). This study was conducted with four girls over a six-week period, with the possibility of an additional six weeks. The study proposed that the artwork created facilitated connections with the group members on common experiences and feelings. In addition to individual art making, the

participants worked collaboratively over the six weeks which encouraged their capacity to have fun with others, wait for help, compromise, and to work on communicating their emotions and expectations. The group was extended the additional six weeks because the participants felt that the experiences were enjoyable, fun, and helpful. They specifically stated that it helped their self-esteem, problem solving skills, and ability to make friends. This group commenced after seven months with participant outcomes including: awareness of behaviors, increased understanding of the way their behaviors' impact others, and new ways to relate to others. Dashew Isaacs (1977) stated that art therapy added an element of fun to the group, allowed for new therapeutic experiences, and invited them to look at their experiences in a new way.

A study by ter Maat (1997) examined group art therapy for immigrant adolescents with two groups of eight Spanish-speaking students who met once a week during school for ten weeks. All of the group members had arrived in the United States within the last year (ter Maat, 1997). The purpose was to provide these students with an experience that would assist them in recognizing and understanding thoughts and feelings related to immigration (ter Maat, 1997). The rationale for this study was that adolescence is a time of turbulence including physical and emotional changes that have a large impact on their development as they struggle with individuation and separation. At this time, they are also testing the values of their parents while working to develop their own sense of responsibility and morals. Adolescents tend to challenge, and test boundaries; all in search of self. Peers and groups that become part of their daily routine can at times take the place of the family in their lives (ter Maat, 1997).

Within this group, week one was called "Introductions" and dedicated to the students introducing themselves to each other and to the facilitator. They were also informed of the format and rules of the group, as well as given information about art therapy (ter Maat, 1997).

Week two was titled “Memories of the Past” and had the students looking at their past experiences. The students split paper in half and did drawings to represent a before and after experience: before, in their native country; after, in the United States (ter Maat, 1997). Week three was called “Discussing the Differences,” this looked at the differences of life before and after they immigrated. The students did this somewhat competitively, but also showed signs of making connections with others (ter Maat, 1997). This is when some of the students began to get more comfortable and involved with others. Weeks four and five were called “The Grief Process” and looked at the ways they had been grieving, the facilitator utilized the five stages of grief and built a discussion on this (ter Maat, 1997). They made drawings of the feelings they had connected to the stages of grief. Week six was called “Desahogo (Relief),” it was dedicated to looking at feelings of relief. They used letter writing as a way of processing the feelings they were experiencing. Week seven was called “Connecting with Each Other,” the students were in groups of two for this and were looking for ways to connect with each other. This task evoked laughter and a sense of friendly competition among the students, who had previously covered their lists and whispered to each other so they would not be overheard (ter Maat, 1997). Weeks eight and nine were “Open Theme,” which allowed students to readdress old topics or introduce new conversations. The students were explained to be more relaxed and playful at this time. Given the open theme, they chose to make magazine collages depicting what they liked, what they wanted, and who they wanted to become (ter Maat, 1997). They had been asked to bring in photographs of their childhood. This gave the students an opportunity to talk about school and their personal lives while looking at their childhood photos and browsing through magazines. Ter Maat (1997) explained that the energy level in these sessions was high (ter Maat, 1997). Week ten was “Closure and Evaluation,” this gave the students time to reflect and discuss their

thoughts and feelings about the group. Ter Maat (1997) explained that the students expressed sadness about the group ending and that they wished it could continue.

In week three, the students seemed to be in the storming stage of Yalom's group stages. They were still guarded and unsure about sharing with others. After they worked through this stage, the students reported that they experienced a sense of connectedness with their peers in the group (ter Maat, 1997). They also shared that through the group they realized that they were not alone in their experiences and feelings. Ter Maat (1997) stated that the structured art therapy groups were an important part in going beyond the spoken words that tend to be censored or protected by the students. She also states this helps speed up the therapeutic process as the school setting has time constraints (ter Maat, 1997).

Integrating expressive arts therapies have been shown to be especially helpful with young adolescents in providing unique methods for creativity and individual expressiveness (Perryman et al., 2015). It is explained that adolescents naturally gravitate toward expressive arts to seek forms of self-expression and that their identity formation can be captured through art therapy. The study by Perryman et al explained that teens may often have trouble when looking to express verbally how they are feeling, especially when connected to personal issues. The authors go on to say that expressive art groups tend to be a good match to help young adolescents to communicate those difficult thoughts and feelings through various artistic modes (Perryman et al., 2015).

Ziff et al (2016) found stress that is unattended in children could negatively influence their social competence and increase risk for social and emotional and other problems. To social and emotional development, based on their observations, they inferred that the intervention seemed to provide social and emotional developmental support for the children (Ziff et al, 2016).

The findings of this study aligned with research findings that showed art making lowers stress among children, measured by heart rate (Ziff et al, 2016).

### **Overview of Grief**

Grief is a natural human response to experiences of loss or change (Arellano et al., 2018). Grief is both a universal and a personal experience. There are many ways that a person may express and experience their grief. Individual experiences of grief can vary and are influenced by several factors. These factors of processing grief can be influenced by one's personality, cultural norms, religious and spiritual beliefs and values, and their relationship to the loss (Arellano et al., 2018). Grief or mourning can last for months or years. Generally, pain varies as time passes and as the bereaved adapts to life without the object of their grief (Darian, 2011). Many symptoms of grief overlap with symptoms of depression. These are sadness, the loss of capacity for pleasure, insomnia, and loss of interest in daily attending skills. While symptoms of grief do tend to lessen over time, they may resurface on anniversaries or when other reminders of a loss occur (Darian, 2011). While negative thoughts about grief may occur and are part of the normal grieving process, it is important that one does not let them control their actions (Darian, 2011). Kohut (2011) explains that social support provides a positive impact on the grieving process. In addition to connecting to others, participation can lead to feeling personal validation, empowerment, and growth (Kohut, 2011). These have been found to be especially important to foster in childhood and adolescence (Kohut, 2011).

### **Grief in Children and Adolescents**

Willis (2002) focused on the grieving processes of children and the different ways that they grieve, teaching them about the process of grieving, and coping with loss. Willis (2002)

works with the idea of four main components to a child's understanding of death, these are; (a) the irreversibility factor, (b) finality, (c) inevitability, and (d) causality. She stated that these factors relate to the child's development at the time of the loss. The irreversibility factor relates to the child not being able to understand that the death cannot be reversed. This is associated with children basing their understanding on previous experiences and tend to have seen things be reversed or "fixed". The finality factor is associated with an understanding that death is permanent. As a child develops, they begin to better understand the concept of time and the idea of permanence. Willis (2002) stated that most children have not experienced the life cycle to the extent that they have an understanding of death being a nature process. The author also stated that there are possible stages of this understanding and associated this with different ages in childhood. Stage one being ages 3 to 5, seeing death as a person moving away in some form. Stage two is described to be ages 5 to 9, where the child may see death as something that can be avoided. Stage 3 is said to be ages 9 to 10, where they can reach an understanding of the permanence and inevitability of death. Along with this, the idea of time and a sense of the future is developed as children age. If a child is still developing this understanding, there may be a lack of experience with something getting easier as time passes (Willis, 2002).

Children may experience regression in some ways while grieving, this could show in the form of bedwetting, biting, or thumb sucking (Willis, 2002). A child may want to sleep in their parents/guardians' bed while grieving (Willis, 2002). They may also look to get attention, this could be from people they know, or strangers they encounter (Willis, 2002). Willis explained that children can feel connected with the idea of things being planned and may be under the impression that everything, including death is a planned activity (Willis, 2002). This could encourage them to feel that someone is responsible for the death. Willis goes on to explain that



even at a young age, it seems children experience guilt associated with the loss, particularly when a parent or sibling is lost (Willis, 2002). This feeling can be heightened if they had been upset with this person close to the time of the loss.

Willis (2002) describes the importance of honest and open communication with children when talking about death. This is particularly related to the idea of not telling children that the deceased was needed by a spiritual being (Willis, 2002). Children's understanding of need is connected to their own experiences and comfort. Connecting need to loss may encourage the child to blame the spiritual being associated, whether that is God or another Higher-Power (Willis, 2002). When talking to a child about death and dying, using abstract terms can lack impact or meaning, especially when related to the idea of going to sleep or going on a trip. A child's experience with sleep and travel end in waking up or coming back home (Willis, 2002).

**Risks and Impacts of Grief on Children/Adolescents** Burns et al. (2020) researched childhood bereavement and worked to get an understanding of the adverse effects it can have and the risks that can come with the experience of loss in childhood (Burns et al., 2020). These risks include, but are not limited to future behavioral health, academic, and relational problems, and even earlier mortality in some cases (Burns et al., 2020). The loss of an attachment figure and the associated adversities after the death can have a significant impact on the child's life. It can impact their health, and disrupt expected developmental goals. In addition to the loss itself, there can be secondary stressors associated with the loss, for example, grieving youth also often experience a decrease in financial security and changes in schools and homes (Burns et al., 2020).

Burns et al. explained that services and resources to promote resilient adaptation and growth can help prevent negative outcomes in children that have experienced loss (Burns et al.,

2020). They also explain that bereaved youth can often be overlooked and are an under resourced population (Burns et al., 2020). The authors explained there is a need for a method to quantify childhood bereavement in order to meet the needs of the population (Burns et al., 2020). Getting this measure and an understanding of the level of need is an important step in distributing more resources (Burns et al., 2020). The method developed in this study is the Childhood Bereavement Estimation Model (CBEM), a tool that applies epidemiological approaches for finding the approximate prevalence of childhood bereavement resulting from the death of a parent or sibling in the United States (Burns et al., 2020). This addresses the importance of meeting the needs of bereaved children (Burns et al., 2020).

Andriessen et al. (2018) looks at the grief and mental health of bereaved adolescents. This study worked to understand the disruptive experience of loss in adolescents, to be able to find more targeted approaches for treatment (Andriessen et al., 2018). The authors described experiencing a death as the most stressful situation for a child or adolescent, especially the death of a parent (Andriessen et al., 2018). The level of impact on the child may vary connected to the relationship with the deceased and the nature of the death (Andriessen et al., 2018). Experiencing bereavement after any death can be disruptive to a child's life and can have consequences in physical and mental health, relationships, and social functioning. Andriessen et al. (2018) explained that the bereavement process can also be associated with personal growth in terms of increased appreciation of life, of others, and emotional strengths. In qualitative studies, grieving adolescents reported feelings of guilt, (self-) blame, anger, depression, risk behaviors, suicidality, and changes in relationships associated with their grief (Andriessen et al., 2018).

Andriessen et al. (2018) used a qualitative study to investigate the grief and mental health experiences of adolescents bereaved by suicide or other causes of death. Participants for the

study were required to have had a family member or a friend die through suicide or another cause of death when they were between 12 and 18 years old (Andriessen et al., 2018). They were also required to have experienced the death between 6 months and 10 years prior to the interview. There were no restrictions in place regarding the type of relationship, or geographical location within Australia. There were 39 adolescents (30 girls and nine boys) that participated (Andriessen et al., 2018). They had experienced a total of 51 deaths; 9 experienced more than one death. About half of the participants had experienced a death by suicide. The deaths occurred on average 5 years before the interview. Age at loss varied between 13 and 18 years (Andriessen et al., 2018).

Two main themes were found in the analysis, reflecting the participants' grief and mental health experiences (Andriessen et al., 2018). The first main theme was grieving apart together, this looked at the ways adolescents characterized their grief as both a very personal experience and as a relational experience with family and peers. For some it was characterized as a continued relationship with the deceased (Andriessen et al., 2018). The second major theme was personal growth. Grieving apart together had three aspects within the theme. These were experiencing the grief, grief in relation to others, and grief in relation to the deceased (Andriessen et al., 2018). Personal growth had two aspects within the theme. These were life lessons and self-care. Life lessons referred to how death changed aspects of their lives. Participants were said to have experienced lasting positive changes of their perception of self, relationships, or life. Some explained they saw the death as a before-and-after marker in their lives (Andriessen et al., 2018). Self-care was related to increased self-awareness, self-confidence, self-reliance, and self-care of the participant's own mental health or suicidality. This was also

associated with an overarching feeling of resilience to handle difficult situations in life (Andriessen et al., 2018).

As a result of this study, Andriessen et al. (2018) identified the unique experiences of bereaved adolescents. The participants experienced lasting grief and mental health consequences regardless of the cause of death or relationship with the deceased. Psychological closeness to the deceased person appeared to be an important factor in the outcomes or experiences of the participants (Andriessen et al., 2018). An aspect of their experience that was found to be important was the participants expressed an appreciation for their parents being open with them. The participants expressed frustration when they were shielded from the death by their parents/guardians (Andriessen et al., 2018). The study found that there were few differences between suicide related bereavement and other causes of bereavement. Feelings of guilt and struggling with why-questions appeared to be more pronounced among those bereaved by suicide, which is consistent with adults' studies (Andriessen et al., 2018). Experiencing the death of an important person while going through the developmental tasks of identity formation and searching for ways to relate to the world can be disruptive to the developmental process (Andriessen et al., 2018). This finding is said to be important because adolescents can experience the why-questions as unresolvable and can lead to rumination, which can lead to negative thinking and rumination, these feelings may perpetuate suicidal thinking (Andriessen et al., 2018).

**Adolescent Grief with Spiritual Influence** Muselman & Wiggins (2012) researched approaches in spirituality and loss for grieving adolescents and organized a case study on the topic. The authors explained that having an understanding of the nuances of the grieving process and the developmental needs of the client supports the creation of appropriate client

interventions (Muselman & Wiggins, 2012). An adolescent may have been raised with a faith and that level of importance or impact may vary, as can the amount of spiritual exploration (Muselman & Wiggins, 2012). When late adolescence is reached, they can become more focused on rationale rather than faith, and may begin to question the spiritual or religious philosophies of their families and faith communities (Muselman & Wiggins, 2012). The death of a loved one can encourage adolescents to explore their abstract cognitive abilities to consider their faith in new ways (Muselman & Wiggins, 2012).

The grief that follows the death of a loved one is said to be an especially challenging process for adolescents. There are many emotional responses, thoughts, and behaviors that may be part of the grief process for adolescents (Muselman & Wiggins, 2012). According to Muselman & Wiggins (2012) the adolescent's family background and stability prior to the death, personal capacities, and social abilities impact resiliency and coping during the bereavement process (Muselman & Wiggins, 2012). They also explain that the recovery of adolescent grief involves their emotional and intellectual capacities.

When looking at younger adolescents, they are said to fluctuate between dependence and independence, and may present with angry outbursts and egocentric behavior in response to death (Muselman & Wiggins, 2012). Older adolescents tend to be more capable of having empathy for others who are grieving. This may make it difficult for them to find balance between their own needs and those of their family (Muselman & Wiggins, 2012). Adolescents are working to gain clarity and sense of self and experiencing the loss may largely impact their developing sense of control (Muselman & Wiggins, 2012). When looking at the needs of grieving adolescents, Muselman & Wiggins (2012) explained that support, understanding, and warmth from relationships and therapeutic environments are key in adapting and coping with the

loss and grief. More specifically, the authors explain that when a child is experiencing the death of a parent, they need support, nurturance, and continuity from their surviving parent or guardian (Muselman & Wiggins, 2012).

The beliefs and spiritual practices of adolescents may vary as they grow and experience new parts of life, including death and loss (Muselman & Wiggins, 2012). A loved one's death may act as a crisis of faith, or as a turning point in life for some. These experiences not only vary within the life of an adolescent, but the interpretations and thoughts will vary among a group of adolescents (Muselman & Wiggins, 2012). A client's spirituality may be an important part in how they process the grief, whether positive or negative. Paying attention to this and allowing for this to be a part of the discussion may encourage a comfortable environment among the client(s) (Muselman & Wiggins, 2012). Allowing clients to discuss religious or spiritual aspects of their grief can show respect for their views. It can allow members to connect on similar views or learn new viewpoints (Muselman & Wiggins, 2012).

### **Art Therapy and Grief**

Artwork made by the bereaved has helped to express anger, frustration, guilt, sadness, and hope. These are feelings that are universal to the grieving process (DiSunno et al., 2011). Art making can give insight to the events of a person's life. Art is made from feeling, conflict, and life experience. When working with an art therapist, one can explore thoughts and feelings in the artwork (Kohut, 2011).

Art therapy allows those that are experiencing grief to express, process, and gain understanding in their emotional and sensory experiences that are occurring for them. The process of creating the art itself allows for them to connect to those sensory and emotional

experiences (Hinz, 2009). This process may allow them to feel a sense of release in letting their emotions into the artwork, whether that is two dimensional or three-dimensional. After the art making is completed, there can be a discussion of the art piece and the art process, pulling in cognitive engagement (Hinz, 2009). The art making process allows for the brain to be involved in the healing process in more ways, allowing for the sensory, emotional, and cognitive processes to be expressed and explored in different ways. The art creating and the creation may not be observably important to an outside point of view, but the client and the art therapist can work through the significant feelings and meanings within. This can work to find meaning and hope within the grieving process (DiSunno et al., 2011; Kohut, 2011; Muselman & Wiggins, 2012).

Art therapy can allow for creativity to be fostered and encouraged. This can allow for people to explore ideas in a new way. Grief processing can bring up spiritual and existential questions about life (DiSunno et al., 2011; Kohut, 2011). Even if the client has experience with art making, the art therapy process can give a new form of exploration in these questions. When a client is creating a piece of art in the exploration of existential questioning related to grief, they may find importance in the new and in the idea of creating something from nothing or from creating new from the old (DiSunno et al., 2011; Kohut, 2011).

Art making with the intent of commemorating, honoring, or remembering someone that has passed away can be very important for someone's grieving process. In the process of art making to commemorate or honor a person, or a time can help one to more easily acknowledge and express the significance and importance of that person or memory more easily (DiSunno et al., 2011; Kohut, 2011). The art piece that comes from that can then be a tool for them to share their memories of the person that has passed. It can also foster a sense of closeness or a form of

closure with the person that has passed. The art piece created in the session(s) can become a living memory of sorts (DiSunno et al., 2011; Kohut, 2011).

**Art Expressions with Grief** Arellano et al. (2018) proposed a group that looks at coping with grief through art expression (Arellano et al., 2018). It is important to note that this takes art therapy inspired approaches, but has not been performed by an art therapist. The art activities in this study were reported to help establish a safe environment, which can encourage the expression of sorrow and anger. Participants reported that they took inspiration from the art creations and continued making art as an outlet outside of the group. Research used to support this proposal expressed that the products were used to reflect upon for comfort during difficult days following the group (Arellano et al., 2018).

**Therapist's Understanding of Grief of Self and Clients** Arnold's (2020) pilot study looked at how creative engagement could serve as a way to navigate the personal loss experienced by professional art therapists. The applications for this can help professional therapists to better understand work with those that are grieving (Arnold, 2020). This study was conducted using semi-structured interviews with 3 participating art therapists. The results identified six themes and 16 subthemes: balancing personal experiences and professional practice, awareness of time, the loss experience, art making as a way to stabilize relationships, art as an intuitive practice, and creative expression for symbolic memorial to the deceased (Arnold, 2020). This study revealed that visual art making could help art therapists to improve self-knowledge and personal understanding relating to their own grief experiences. This in turn can lead to improvements in competency when providing therapeutic care for others (Arnold, 2020).



The death of a loved one can tend to bring up complex grief symptoms in the bereaved (Arnold, 2020). Mourning can express itself in more than emotional reactions, psychological and physical expressions can surface as well (Arnold, 2020). Therapists that have encountered personal loss are not immune to experiencing these expressions. Arnold (2020) explains that there is a possibility for therapists to inadvertently develop self-serving connections with their clients if they had not effectively worked on their own personal loss. Additionally, therapists that lack an understanding of the way grief can influence their mental and physical states, or those that do not observe their own trauma might negatively impact their clients (Arnold, 2020).

Self-disclosure is a present possibility in therapeutic work, when it is thought to be beneficial for the client's process. Whereas it is not possible for a therapist to leave themselves out of the therapeutic relationship (Arnold, 2020). Bereavement can last for months, years, or a lifetime after the loss, therefore it is impracticable for therapists to be free from grief before reentering therapeutic relationships (Arnold, 2020). Arnold (2020) discussed that there may be evidence of significant influence on the therapeutic relationship when the therapist is experiencing a level of bereavement. This may include the client perceiving less empathy from the therapist, negative views on the overall depth of the session, and decreased faith in the professional reliability/credibility of the therapist (Arnold, 2020). On the opposite side of this, Arnold (2020) expressed that grief symptoms could be experienced as transformative for both therapists and the clients (Arnold, 2020).

To work against these negative impacts on the therapeutic relationship, grieving therapists can work to identify and process through their experiences of loss through engagement in creative expression (Arnold, 2020). The author (2020) suggested that therapists who utilize creative expressions as a form of self-care are prepared to explore new ways of understanding

themselves both as an individual and a professional (Arnold, 2020). This might also work to increase their understanding of personal grief symptoms, but might also better understand the needs of their clients (Arnold, 2020).

**Scrapbooking and Grief** A study by Kohut (2011) used scrapbooking as the form of art therapy to allow participants a creative and expressive way to find healing with their loss. This study encouraged the participants to bring in items and images of or related to their lost loved one (Kohut, 2011). A participant in the study explained that this process allowed them to in some ways bring the uniqueness of their loved one back to life. This participant also expressed that their loss was sudden and unexpected, creating the scrapbook and processing through art therapy techniques allowed them to cope with the sudden loss. Another expressed that the sickness their partner had gone through had been prevalent in their memory, and creating the scrapbook allowed them to heal through remembering the positive memories more readily than the negative. A mother that had lost her son shared that anything she created in honor of her son made her feel closer to him and helped her cope with her loss. The creation of the scrapbook allowed the participants to process their grief as they worked, and allowed them to look back and reminisce after it was complete.

King et al. (2016) summarized research findings about the use of scrapbooking as a way to enhance the coping process of those that are experiencing grief or loss. The article explains creating scrapbooks that allow the participants to include personal and symbolic objects has been highly ranked as a preferred grief ritual for individuals dealing with loss (King et al, 2016). Scrapbooks can act as a tool to encourage communication and discussion about the experiences of loss. This can be communication between the participant and group members, between family members, or the client and therapist (King et al, 2016). It is explained that the use of scrapbooks

may be particularly beneficial for participants that find it difficult to express their feelings with words, or for children who are unable to verbalize their feelings (King et al, 2016).

The participants involved reported that after engaging in scrapbooking, they experienced decreased stress levels, depressive symptoms, and physical symptoms such as pain and difficulty breathing (King et al, 2016). The facilitators observed increases in conversation and religious feelings, as well as an enhanced sense of identity, social connections, and independence (King et al, 2016). Participants also reported an increase in feelings of family bonding, love, strength, support, and pride (King et al, 2016). As a whole, scrapbooking was reported to be meaningful in helping the participants to cope with grief and loss (King et al, 2016). It is explained that scrapbooking was found to be beneficial in both the group and individual therapy settings (King et al, 2016).

**Doll Making for Grief** There are art therapy directives and processes that are well suited for different diagnoses. Doll making has been found to be an effective art therapy process for those that are grieving (Feen-Calligan et al., 2009). The process of doll making and the discussion that follows the process can allow the client to reflect and provide a healthy form of mirroring. The doll can be representative of the client or the subject of their grief allowing a less threatening form of processing (Feen-Calligan et al. 2009).

Feen-Calligan et al. (2009) look at dolls and dollmaking as a form of grief recovery. Dolls have a long history in our world, viewed as sacred items in religious ceremonies that were made to represent the different gods that people worshipped to being an object of play (Feen-Calligan et al., 2009). Presently, dolls can be seen as a way to evoke both realms of reality and fantasy for both children and adults. Dolls can help people to feel safe and stay in a realm of

imagination with limitless possibilities, while they can still connect to ideas or feelings that are based in reality (Feen-Calligan et al., 2009). They found that work with dolls can provide a sense of attachment and comfort. This sense of comfort supports communicating emotions that had previously been unexpressed (Feen-Calligan et al., 2009). Feen-Calligan et al. (2009) found that using doll making as a tool for storytelling provided comfort for children because retelling stories can help remove fear from these stories (Feen-Calligan et al, 2009). When looking at how dollmaking can be a helpful form of therapy, the authors described doll making as an effective way to represent self and others. The doll can be a tool in providing the creator with reflections and realizations (Feen-Calligan et al, 2009). Mirroring in this format can be thought of as the client working on the doll, processing with the doll, and in turn doing the same with themselves (Feen-Calligan et al, 2009). Feen-Calligan et al. (2009) also describe doll making as a way for people to learn techniques connected to self-soothing, integration, and reparation.

The authors describe a case example in which a teenage girl was grieving the death of her sister, they had been dependent on one another to cope with trauma experienced in their lives (Feen-Calligan et al, 2009). When doll making was introduced, she intended to make a doll that represented her sister and there were specific items she was hoping to use. When the therapist was able to provide the client with these items, it worked to help further the trust between them (Feen-Calligan et al, 2009). The physical process of making the doll helped internal processing consequently making it easier to share with herself and the therapist (Feen-Calligan et al., 2009). Using doll making as a form of art therapy to cope with grief can be a positive experience for different parts of the grieving process (Feen-Calligan et al., 2009).

### **Group Therapy and Grief**

A grief and bereavement support group can also be used to form a support network, to improve their skills in dealing with grief, and to feel a sense of normalcy by being a part of a community (Kohut, 2011). A study by Kohut (2011), consisted of an art therapy group where the participants were guided to bring in mementos, photos, writings, and other items that remind them of their lost loved one. Using these items and other art supplies they created scrapbooks in honor of their loved one (Kohut, 2011). Participants in this group shared that they were comforted by the fact that they weren't alone in experiencing their loss. Multiple participants shared that knowing other people were missing their loved ones as much as they were helped in their journey with grief. Members in the group also shared that they were comforted by the supportive and caring atmosphere created (Kohut, 2011). They shared that the environment combined with the task of creating their scrapbooks allowed them to openly share and reminisce about their loved ones (Kohut, 2011).

According to Arellano's study (2018), groups can work well with grief work because the members have the potential to feel loved, accepted and understood, while also providing these same experiences for others. Establishing a group can provide an opportunity for diverse communication around the complex issues that come up in grief processing and the group format lends itself to establishing healthy and supportive relationships (Arellano et al, 2018). Group therapy can encourage participants toward the expression of complex emotions that follow the death of a loved one (Arellano et al, 2018). It can be an effective learning environment to acquire and understand various coping skills (Arellano et al, 2018). The group process serves as a place in which members' feelings may be validated, fears are understood, and needs are justified (Arellano et al, 2018).

A study by Jerome et al (2018) looked at the effectiveness of cancer specific bereavement in a group therapy setting. This study consisted of 27 participants involved in six-sessions of group therapy specifically for cancer related bereavement (Jerome et al., 2018). The study evaluated a new cancer bereavement therapeutic group intervention that included aspects of compassion-focused therapy (CFT), cognitive-behavioral therapy (CBT), cognitive therapy for posttraumatic stress disorder, and self-help groups (Jerome et al., 2018). The facilitators of the study collected data at a baseline, after intervention completion, and a three-month follow-up. They found that the participants experienced a reduction in grief intensity, symptoms of posttraumatic stress disorder (PTSD), depression, and anxiety post intervention, whereas feelings of self-compassion increased (Jerome et al., 2018). At the three-month follow-up, the improvements for grief, PTSD, and depression remained. However, the reduction in symptoms of anxiety and the increase in self-compassion were not maintained (Jerome et al., 2018). A small quasi-experiment with the waiting-list comparison group showed there was no change in any of their measures in the three months that they were not receiving therapy (Jerome et al., 2018). The authors found that this encourages the interpretation that it was the group intervention that influenced the improvements (Jerome et al., 2018). The study suggests this provides evidence that a brief therapeutic group is an effective intervention for cancer related bereavement (Jerome et al., 2018).

According to this study, the bereavement experienced from the loss of loved one to cancer can be distinguished from other types of bereavement (Jerome et al., 2018). From the time of a cancer diagnosis to a cancer-related death, family and friends often experience other forms of psychological distress connected to cancer. This could be from prolonged periods of

uncertainty regarding prognosis, witnessing changes in the physical appearance of their loved one, and witnessing traumatic events (Jerome et al., 2018).

The three main components of bereavement support covered in the group were: psychoeducation, development of self-compassion, and grief cognitions (Jerome et al., 2018). The first component, psychoeducation, was chosen based on evidence that learning about the grief process is beneficial in working through the grief process (Jerome et al., 2018). The second component was intended to develop self-compassion through compassionate mind training. The loss related to cancer may result in anxiety, shame, and self-criticism being increased, this is influenced by a heightened state of threat detection. Self-compassion development can help to move from a state of threat to developing self-soothing techniques (Jerome et al., 2018). The third component in the study used principles from CBT and CT-PTSD to work through unpleasant memories, negative grief cognitions, and maladaptive coping behaviors (Jerome et al., 2018). CBT for bereavement is found to be an effective way of reducing distress and evidence suggests that it be worked in with other approaches to ensure that the multidimensional nature of grief is addressed (Jerome et al., 2018). According to the authors, the main limitation in this study was that it lacked a randomized control group; therefore, attributing the changes/improvements to the intervention must be made with caution.

### **Childhood Loss Related to Cancer**

According to the American Cancer Society (2014), though the process might look different than in adults, children of all ages go through grief, sadness, and despair after the loss of a parent to cancer. It is explained that grief is a normal response to loss, and the process should not be discouraged (American Cancer Society, 2014). Their future mental health can be influenced by whether or not they experience the aspects of grief (American Cancer Society,

2014). The grieving process involves a spectrum of emotions and these can vary over time, they can help the person cope with, or come to terms with the loss. Grief in children differs from grief in adults and differs within each individual child (American Cancer Society, 2014). New and different aspects of the experienced loss can surface as the child develops and grows. This is explained to even apply to children who were infants at the time of the loss (American Cancer Society, 2014).

A child may feel sad or show other emotions for a short time and then go back to their usual activities or seem to shift to a positive mood (American Cancer Society, 2014). An adult might mistake this to mean that the child has already moved on, or that the child doesn't fully understand the loss (American Cancer Society, 2014). Children tend to grieve in waves; moving back and forth between grieving and being interested in everyday things (American Cancer Society, 2014). This is not altogether dissimilar to how an adult may behave in grief. This can go on for years after the child experienced the loss (American Cancer Society, 2014).

In some cases, the child may have started grieving before the actual death, if the parent's battle with cancer was drawn out and difficult. In some ways, the child may find themselves settling into handling their grief (American Cancer Society, 2014). In these instances, it is important that their caregivers continue to check in with the child. This includes hearing questions or concerns they may have (American Cancer Society, 2014). Challenges may come with this because children can tend to respond in ways that may make them seem unconcerned or indifferent (American Cancer Society, 2014). This may stem from the child not being able to find ways to express their grief (American Cancer Society, 2014).

Emotional symptoms can become more severe as the child grows. Gray et al.'s study found that two months after the loss of a parent, one in four children were considered to be



depressed (2011). A year or more after the death of a parent, approximately one in five children experience severe emotional symptoms (Gray et al, 2011). Some children can have a delayed response to the death of a parent and can show an increase in emotional problems two years after death (Gray et al, 2011). The authors explained that it can vary from child to child, but it is unknown how long this period of adjustment can last after the loss of a parent (Gray et al, 2011).

The child's surviving parent or guardian is said to play an important role in working with them to adapt and cope with the loss (American Cancer Society, 2014). The authors explained that the relationship between the surviving parent and the child can influence the way the child will adapt to the loss (American Cancer Society, 2014).

As the child grows up, they will tend to gain more knowledge about and understanding of what happened connected to the loss (American Cancer Society, 2014). This may lead to them asking new questions, as well as repeating questions they've had answered in the past. This exploration may allow them to reexamine or clarify confusions from the past (American Cancer Society, 2014). It may be difficult for them to work the information in with the old and can in some ways add confusion (American Cancer Society, 2014).

According to the American Cancer Society (2014), a child may be experiencing complicated grief if the child is experiencing the following behaviors, and the child may need excess assistance. This includes the following: experiencing constant anger or sadness, suicidal ideation or self-injury ideation, quick mood changes, changing grades, isolating oneself, unusual behaviors, difficulty with concentration, excessive crying, lacking energy, changes in appetite, difficulty sleeping, loss of interest in activities, and/or excessive dissociation or distraction (American Cancer Society, 2014).

## Chapter IV

### Results

#### Overview

This study aimed to provide a comprehensive review of literature pertaining to community focused, group art therapy, and grief with children that have lost one or more parents to cancer. It was hypothesized that through this review, themes would emerge among various aspects of art therapy being conducted. Themes may be related to the format of the group, the chosen materials, the ages of participants, number of group sessions, and topics included. Through the use of a traditional literature review, it was hypothesized that a new perspective on the topic could come to light and that the results of the study could assist in making more informed choices when conducting art therapy with this population. Additionally, it was hypothesized that the use of this research framework could provide guidelines and suggestions for future research conducted in art therapy used with this population.

It was hypothesized that the data would show that art therapy groups are effective for treating children who are grieving, and that an art therapy group with a focus on building a community would be an effective treatment method for children that have lost one or more parents to cancer.

The publications on art therapy with this population were found by searching in the sources and databases listed in Table 1. Of the sources used, 25% were books and 75% were academic journals. Figure 1 shows a breakdown of the types of sources utilized in the literature review. The search terms that were used to find these publications on search platforms can be found in Table 2. Within the preliminary search, 50 published resources were gathered pertaining

to the topics outlined in the traditional literature review. Of the published resources, a total of 32 resources were identified that primarily focused on the use of art therapy with grief. Among the 32 publications found in the traditional literature review, 27 of them were published since 2010.

These 32 resources were included in a literature matrix. The matrix is shown in the appendix. The information from these 32 articles and chapters was entered into the literature matrix to organize information by each of the following categories: (a) Author/date; (b) Key Words; (c) Search Engine; (d) Type of Study; and (e) the three themes. The themes that emerged in the matrix were: (1) Art therapy and Grief, (2) Community Focus in Group (Art) Therapy, and (3) Group (Art) Therapy for Children.

The results of this study work to provide necessary information for the benefits and approaches of a community focus in art therapy groups with children/adolescents that have lost a parent to cancer. In addition, it can assist art therapists in the preparation and execution of these kinds of groups by providing context for approaches used. This research may also be used to enhance already existing education on art therapy grief work with children and aid in training those working with the specific population.

### **Limitations and Delimitations**

Limitations of the study included lack of specific research due to subjective nature of the definition of community, difficulty locating documents and sources, research articles with varying sample sizes, and limited details on the theoretical framework of art therapy implemented. Research articles with limited information regarding the implementation of art therapy programs made it difficult to include these articles in the research. An additional limitation is the use of a single researcher in analyzing the literature which creates the potential

for researcher bias to impact the results. Creating and organizing a literature matrix allows for researcher bias to be introduced as the information included is based on the researcher's interpretation of literature. Lastly, it can be difficult to ensure the validity of Internet sources such as association websites, this leaves room for possible error or misinterpretation. A delimitation of this study was the inclusion of articles published before the year 2000. This allowed for more research to be included, but the applicability of the research results have the potential of being outdated.

The results of the research literature are organized below. Table 1 provides a detailed understanding of the search engines, journals, and book titles.

**Table 1**

*Sources*

<b>Databases</b>	<b>Journals</b>	<b>Books</b>
EBSCO	Art Therapy	Theory and Practice of Counseling and Psychotherapy
PsychArticles	International Journal of Choice Theory and Reality Therapy	Expressive Therapies Continuum: A Framework for Using Art in Therapy
PsychINFO	Health and Place	Creative and Mental Growth
Google Scholar	American Journal of Orthopsychiatry	The theory and Practice of Group Psychotherapy
	American Journal of Art Therapy	The Art of Relevance
	Education and Children	Art Therapy for Groups: A Handbook of Themes, Games, and Exercises
	Art therapy group for latency age children	
	Traumatology	
	Frontiers in Psychology	
	Psychotherapy: Theory, Research, Practice, Training	

**Table 1** (continued).

Therapeutic Recreation Journal

Art Therapy: Journal of the  
American Art Therapy  
Association

Counseling and Values

International Journal of Play  
Therapy

International Journal of  
Transpersonal Studies

Journal of Social Work in End-  
of-Life & Palliative Care

Psychological Bulletin

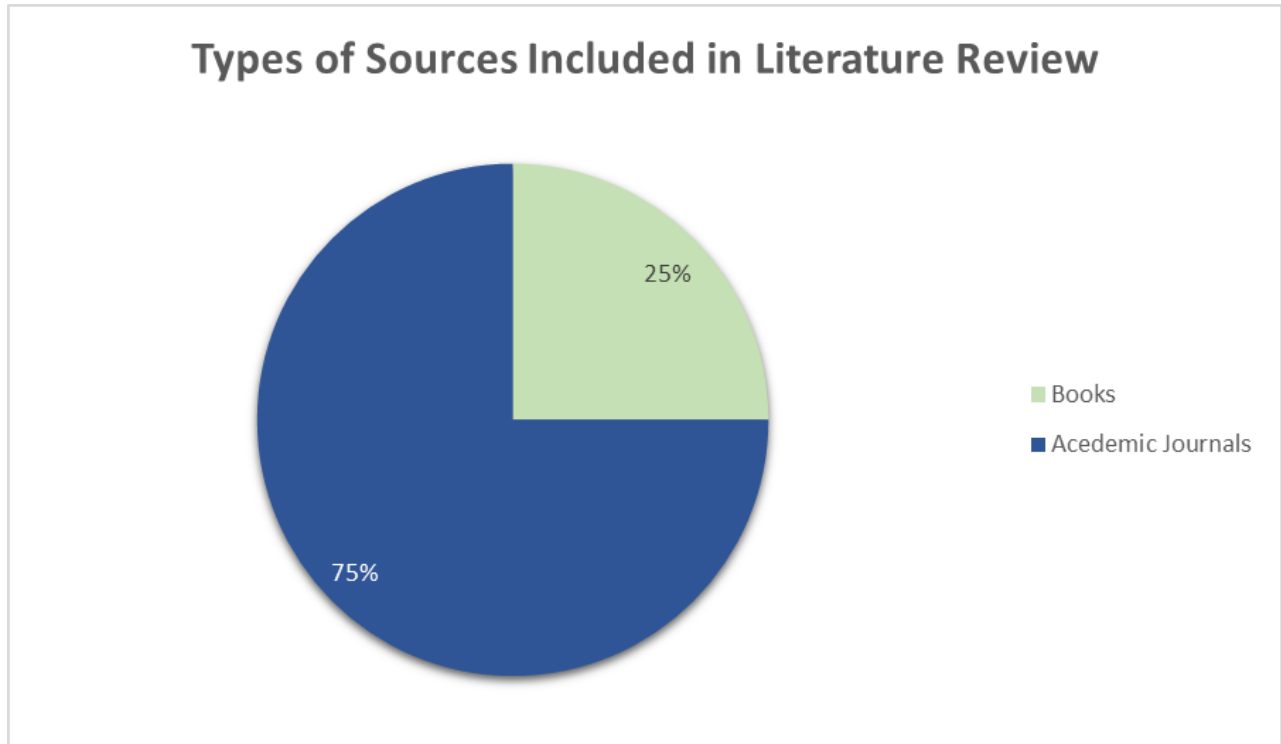
The Journal for Specialists in  
Group Work

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Figure 1 demonstrates the overall use of journals and books for this literature review.

**Figure 1**

*Types of Sources Included in Literature Review*



Commonly used search terms and the variations of the terms illicit a wider range of scholarly sources.

**Table 2**

*Search Terms*

Search Term 1	Search Term 2	Search Term 3	Search Term 4
Art therap*	Children OR Adolescents	Grief	Community
Art therap*	Children OR Adolescents	Complex or complicated grief	Community
Art therap*	Children OR Adolescents	Groupwork	
Art therap*	Children OR Adolescents	Group therap*	
Art therap*	Children OR Adolescents	Grief	
Art therap*	Children OR Adolescents	Grief	Parental cancer OR oncology
Art therap*	Group	Grief	Cancer related loss



**Table 2** (continued).

Art therap*	Children OR Adolescents OR Teens	Loss	Group
Art therap*	Children OR Adolescents OR Teens	Bereavement	
Art therap*	Children OR Adolescents OR Teens		
Art therap*	Children OR Adolescents OR Teens		
Group therap*	Children OR Adolescents OR Teens	Grief	Community focus
Group therap*	Children OR Adolescents OR Teens	Grief	Cancer related loss
Group therap*	Children OR Adolescents OR Teens	Art	Community

**Table 2** (continued).

Group therap*	Stages		
Group therap*	Children OR Adolescents OR Teens	Doll-making	Art therap*
Group therap*	Children OR Adolescents	Scrapbooking	Art therap*
Group therap*	Children OR Adolescents	Loss OR bereavement	Art therap*
Group therap*	Children OR Adolescents	Community	
Support groups	Children OR Adolescents	Grief	Art
Support groups	Children OR Adolescents	Grief	Community
Creative art therap*	Children OR Adolescents	Grief OR loss	Community
Creative art therap*	Children OR Adolescents	Grief OR loss	Art therap*

**Table 2** (continued).

Expressive therap*	Children OR Adolescents	Grief OR loss	Community
Expressive therap*	Children OR Adolescents	Grief OR loss	Cancer related loss
Art	Children OR Adolescents	Grief OR loss	Community
Art	Children OR Adolescents	Grief OR loss	Cancer related loss

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## **Chapter V**

### **Discussion**

#### **Community Focused Work**

While researching the ideas of community building in art therapy groups, it was difficult to find clear definitions for what community is at times. Most studies focused on talking about working in a community, as in, a location or population, rather than working to build a sense of community within a group. Authors often seem to classify this as community-based work because it is work that is being done in an established community. Even within these studies, it is assumed that the reader has a definition of what community is and they do not specify the definition by which they are operating (Feen-Calligan et al. 2009; Feen-Calligan et al., 2018; Moss & O'Neill, 2015; Ottemiller & Awais, 2016; Van Bidder, 1997). There are some clarifications with the definition of community-based, though this differs from the intentions of this thesis. This lack of clarity can make it difficult to find research within the population of community focused group work. The authors for these studies haven't put a focus on building that sense of community because they seem to be operating under the assumption that there is already a community present. There is not always going to be a sense of community within what one may call a community (Feen-Calligan et al. 2009; Feen-Calligan et al., 2018; Moss & O'Neill, 2015; Ottemiller & Awais, 2016; Van Bidder, 1997).

Feeling a sense of community can differ in many ways, from being in or a part of a community. For one to be a part of a community by location, they need only be within a certain proximity (Moss & O'Neill, 2015; Ottemiller & Awais, 2016; Van Bidder, 1997). This could mean very surface level interactions with one another, or none at all, as the requirement is just

the location. Community could also be looked at as having a common interest, diagnosis, trait, or other descriptor. With the variety of definitions possible for the word community, there needs to be clear communication on the intention and definition being discussed within different studies. This will allow for there to be less assumptions when researching community focused, community based, or general community studies (Moss & O'Neill, 2015; Ottemiller & Awaiss, 2016; Van Bidder, 1997).

### **Community Focus in Art Therapy and Grief**

The purpose behind this research is to look at ways this population can be better treated. Through this research it was found that the main goals in treatment should be the following: adaptation and growth of resiliency, psychoeducation about grief, development of self-compassion, work on feelings of anxiety, shame, self-criticism, depression, and self-esteem (Dashew Isaacs, 1977; Feen-Calligan et al., 2018; Moss & O'Neill, 2015; ter Maat, 1997). Working to build relationships can come along with this in group work, but those relationships need to be fostered and given attention so that they can help with the overall impact of the group.

It was also found that a closed group is ideal for this population, the same group of children working together from introduction to termination (Andriessen et al., 2018; Dashew Isaacs, 1977; Feen-Calligan et al., 2018; Liebmann, 1999; Moss & O'Neill, 2015; ter Maat, 1997). This allows for the group to gain trust and feel a sense of closure with the same people. While grief is a lifelong experience, it tends to be difficult to get people to commit to long term groups, especially with children. So, groups should have the goal of providing children with the tools to cope with their grief, so that when the group ends, they are better equipped to manage. While grief is considered lifelong, the goal is not to overcome the grief, but rather to incorporate it into everyday life.

Furthermore, the traditional literature review revealed that group participants often saw art therapy to be a less intimidating way to discuss experiences when compared to traditional talk therapy (Andriessen et al., 2018; Dashew Isaacs, 1977; Feen-Calligan et al., 2018; Hinz, 2009; Moss & O'Neill, 2015; ter Maat, 1997). These findings are valuable in encouragement to pursue further research, as another finding from the traditional literature review was that there was a lack of clarity surrounding the understanding of community-based or focused group therapy.

**Forms of Containment** Different forms of containment were shown in the art therapy practices with grief work. When looking at the positive impacts of providing containment, researchers expressed the physical containment allowed in the artwork worked hand in hand with the containment of group therapy itself (Arellano et al., 2018; Feen-Calligan et al., 2009; King et al, 2016; Kohut, 2011). Containment can be found through physical forms of holding as well as representative. An art therapist can hold the space for a client and allow them to bring in their experiences, emotions, and trauma. An art therapist can also ask the client to create physical containers for them to artistic represent what they may need to express (Arellano et al., 2018; King et al, 2016; Kohut, 2011). This containment was shown through scrapbooking, dollmaking, box art making, and different interventions involving two-dimensional art. These art forms allow a client to create and hold space for themselves as well, and for the lost loved one. The clients can then keep these items and add to them as time goes on: new outfits for the dolls, new pages in the scrapbooks, items in or on the boxes (Arellano et al., 2018; Feen-Calligan et al., 2009; King et al, 2016; Kohut, 2011). This allows it to be a continuous or an evolving art process that can be healing in the grief experience. The grief process doesn't necessarily have an ending, it evolves and changes as time passes, but the loss is still present in that person's life. It can come up as painful or encouraging memories, learning ways to cope with and process those feelings

early on and continue to do so can be extremely beneficial in the long term (Arellano et al., 2018; Feen-Calligan et al., 2009; King et al, 2016; Kohut, 2011).

Allowing the clients to provide containment for others has been shown to be an important part of art therapy group sessions (Arellano et al., 2018; Feen-Calligan et al., 2009; King et al, 2016; Kohut, 2011). The shared experiences are beneficial not only because it allows other group members to hear from others, but it also allows them to speak and express their experiences. In doing this, they can be validated and encouraged in what they are feeling. Grief is a universal experience, but it can be an extremely isolating feeling (Arellano et al., 2018; Feen-Calligan et al., 2009; King et al, 2016; Kohut, 2011).

### **Forms of Art Therapy Within Grief Work**

When applying art therapy to grief and grieving, one can use art as a way to work through and process their grief. This can be done through creating transitional objects, containment objects, storytelling, and general processing with the art (Arellano et al., 2018; Kohut, 2011). The product as well as the process can be helpful when working in grief treatment. The children can create something that represents the grief or feelings about the person they lost, and that creation can be a tangible reminder of their experiences and coping mechanisms. The art making process allows for the brain to be involved in the healing process in more ways, allowing for the sensory, emotional, and cognitive processes to be expressed and explored in different ways (Hinz, 2009). Art making as a way of commemorating, honoring, or remembering someone that has passed away can be important for someone's grieving process. In the process of art making to commemorate or honor a person, or a specific time can help one to more easily acknowledge and express the significance and importance of that person or memory more easily (DiSunno et al., 2011; Kohut, 2011).

Collaborative art making in the sense of working on a piece together was found among some of the studies. The idea of collaborative art making was more so found in the form of working on art making with the same prompt, materials, or topic and them having a feeling of collaborating by the discussion and the process (Feen-Calligan et al., 2018; Moss & O'Neill, 2015; Ziff et al, 2016).

### **Themes Found in Groups**

Over the course of collecting research, it was found that there were commonalities among techniques and frameworks for working with this population. When looking at structures for groups that are beneficial for grief work with children, there are patterns and structures in treatment. One of these structures involved psychoeducation, development of self-compassion, and grief cognitions (Jerome et al., 2018; Yalom, 1995). The first component, psychoeducation, was connected to evidence that learning about the grief process is beneficial in working through the grief process (Jerome et al., 2018; Tuckman, 1965). This is important especially when working with children because this may be their first encounter with death related grief. If the child doesn't have an understanding of the loss, they will likely experience a lot of confusion and misunderstanding when trying to process and cope with their feelings. When talking to a child about death and dying, it's better to not use abstract terms and ideas because they are not clear (Feen-Calligan et al., 2018; Willis, 2002). Death can be difficult for a child to understand, so a less abstract explanation can be easier to understand. This can still involve the family's religious beliefs as well, as those tend to be a place of comfort in times of grief (Willis, 2002). Within a group structure this can be a time to talk with the children about their experiences and teach them about the feelings they may be experiencing. With this being the first component, in a group



format, children may be in the Yalom's early phases. There may still be some storming in the group, especially related to the differences in beliefs and ideals they were taught (Yalom, 1995).

The second component is to work on the development of self-compassion through compassionate mind training. The loss related to cancer may result in anxiety, shame, and self-criticism being increased, this is influenced by a heightened state of threat detection. Self-compassion development can help to move from a state of threat to developing self-soothing techniques (Jerome et al., 2018).

The third component in the study used principles from CBT and CT-PTSD to work through unpleasant memories, negative grief cognitions, and maladaptive coping behaviors (Jerome et al., 2018). CBT for bereavement is found to be an effective way of reducing distress and evidence suggests that it be worked in with other approaches to ensure that the multidimensional nature of grief is addressed (Jerome et al., 2018). CBT can be incorporated into art therapy work in many ways. CBT focuses on changing negative thought patterns and behaviors, adapting them into more positive and adaptive ones. Artistic expression can help a client to reach a mindset for this sort of change to occur (Jerome et al., 2018). Art can be a cathartic process; it can help a client to reduce the impact of stressors on their mental state. It can also help a client to see negative thought and behavior patterns through artistic representations that they create. It can then help a client to see the interaction between their thoughts and behaviors (Jerome et al., 2018). By understanding the underlying issues that influence their mental state, clients can better cope with and work towards effectively changing negative thought patterns (Jerome et al., 2018).

Groups often tend to mirror family dynamics of the members and at times this can create conflict, but it can also allow the group members to work through family conflicts in an indirect

way (Yalom, 1995). This can allow for further processing of family conflicts if the family member being represented in the group is the one that passed away. While this isn't necessarily intentional processing, it is something that can be brought into discussion if it is something that is observed or noticed.

**With Children and Adolescents** Children and adolescents need a level of risk taking within their developmental processes (Dashew Isaacs, 1977). Art and creativity allow them to take risks in a safe and contained way. This can help to reduce them from taking these risks in other, possibly dangerous ways. This applies to group and individual art making and can be a tool for them to use after the group has ended. At these ages, children and adolescents tend to be testing the values of their parents while also working to develop their own sense of responsibility and morals. They tend to challenge, and test boundaries; all in search of self. Peers and groups that become part of their daily routine can at times take the place of the family in their lives or help them to work through family issues indirectly (Dashew Isaacs, 1977; ter Maat, 1997; Willis, 2002). Open and honest discussion with peers experiencing a similar situation can allow for the children and adolescents to work on gaining their own understanding of what loss means to them and how they can learn to cope with that loss (Andriessen et al., 2018; Burns et al., 2020; Willis, 2002).

When looking at Liebmann's (1999) example of art therapy with a group of children, she explained that a way to introduce a theme to the group can be by opening the group with a form of discussion. This could be done by storytelling and using imagination to introduce difficult topics. This is a method that would be adjusted with the age range of the group members (Feen-Calligan et al., 2018; Liebmann, 1999). The form of storytelling used in this example had the children close their eyes as they were walked through a story that led into the art making.

Another theme example given in this group was allowing the group to be still in silence, listening and being aware of their auditory surroundings before moving into art making (Anand et al., 2019; Liebmann, 1999).

### **Building Community in Therapy**

People that are coming together in group therapy do not inherently create a sense of community. To build this sense of community in the group therapy setting, the relationships must be fostered and encouraged. There needs to be a focus on coming together, building relationships based on common experiences and differences, and working together to support one another's processing and experiences in grief. This differs from the idea of community-based therapy because the goal is to form a sense of togetherness and community.

Tuckman's (1965) phases that groups go through come into play when building a sense of community in group therapy settings. These phases can encourage a sense of community by bringing in a feeling of a common goal in the norming stage of the proposed phases. (Liebmann, 1999; Tuckman, 1965; Yalom, 1995). Even before this norming phase where the group somewhat comes together to accept their group members and the common goal, it is important to assess this goal in the forming phase. Going into the group with the open and upfront intention of coming together and building a sense of community is important to allow the group members to understand their role coming into the group (Tuckman, 1965).

## Chapter VI

### Conclusions

#### Conclusions

Group art therapy has been shown to be effective in building a sense of community among its participants and has been shown to be effective in working with those that are grieving. Children that are grieving the loss of their parents tend to feel isolated in their experiences and find it difficult to verbalize what they are experiencing. An art therapy group specifically created to work through grief in a healthy manner can provide a sense of community within their common experiences. In addition, it can provide a place to experience grief with their peers in a way that they may be unable to with members of their family. As the common experience for children that lose a parent to cancer is to see their parent's sickness firsthand, they may have experiences that differ from a child that lost their parents in another way.

#### Recommendations

As has been stated, community is a term that is either loosely defined or assumed to be understood by the readers in much of the literature. There are many meanings when using the word community and these are not all interchangeable. In order for research to be clearly understood and used, there needs to be some more clarification when it comes to the definition.

When looking at the age ranges for groups, children and adolescents that fall into the same developmental levels will tend to be placed in groups together. This is important because they are around the same stages and levels of understanding and processing. The language, art directives, and materials around the groups would need to be adjusted according to the age and developmental level of the participants (Anand et al., 2019; Liebmann, 1999).

Goals within a group for this specific population would be related to the following. It is important for the children to develop an understanding of the meaning of death or loss, as well as accepting the reality and permanence of loss. It is also important that they work on creating and exploring feelings of safety and security, as well as exploring identity in relation to the loss experienced and loss in general (Burns et al., 2020; Dashew Isaacs, 1977). Developing coping strategies and learning how to connect with new relationships and experiences is a goal that needs to be addressed. Building on age-specific developmental tasks is important and would need to be adjusted for different age groups. Providing a way for the children to commemorate their connection with and memories of the person that passed can help to provide further coping skills even after the group ends (Burns et al., 2020; Dashew Isaacs, 1977).

Closed groups are shown to be beneficial with children experiencing grief as it allows them to get to a comfortable place with others in their group, and allows for them to work towards feelings of closure (Liebmann, 1999). Loss being something they are working to cope with, it is important that the group itself come to an end in a way that can prepare them for that end. This also allows the children to build that sense of community that can be beneficial. The children need to have time to trust and accept one another. Within the research, a group that is six to twelve weeks long seems to be the norm for this population. This can often be found accompanied by individual therapy treatment, as grief is also very individualized. Grief is a lifelong experience and the goal for treatment is not to get over it, but rather, to learn how to work with it being a part of life (Liebmann, 1999). Anniversaries, birthdays, and other life events come around yearly, and are often painful reminders of grief. These events can be as if the loss is occurring all over again and coping with this should be worked into the group experience (Anand et al., 2019; Liebmann, 1999).

There have been improvements observed in children experiencing grief or trauma through their art making and processing when they were able to find catharsis, expression and a sense of empowerment. The confusion and trauma of losing a parent was given therapeutic relief through the art therapy process (Arellano et al, 2018; Feen-Calligan et al., 2009; Kohut, 2011; ter Maat, 1997).

Providing a child with a safe place to feel heard, understood, and where they are allowed to express, explore, and experience their pain and grief through art making has been seen to be a beneficial experience in their grief process. Creating a group that will provide all of these things, a firm sense of community and relationships can provide children/adolescents with further tools and relationships to help them to cope with the lifelong experience of grief (Burns et al., 2020; Dashew Isaacs, 1977). This kind of approach to grief groups allows children to explore themes, idea, and curiosities surrounding their loss in a safe and supportive therapeutic art making environment. This process of building on children's art expression to embrace and release emotions will lead to a healthy sense of resilience when going through tougher stages in their life (Burns et al., 2020).

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## Appendix

## Literature Matrix

<b>Author and Date:</b>	<b>Key Words</b>	<b>Search Engine</b>	<b>Type of Literature: Primary, Secondary, Tertiary</b>	<b>Theme 1: Art Therapy and Grief</b>	<b>Theme 2: Community Based Group (Art) Therapy</b>	<b>Theme 3: Group (Art) Therapy for Children</b>
Anand, Houston, Avent, and Glenn 2019	art therapy, group, outpatient group, psychiatry	EBSCO Host	Primary	X	X	
Andriessen, K., Mowll, J., Lobb, E., Draper, B., Dudley, M., & Mitchell, P. B., 2018	grief, bereavement, children, adolescent, mental health, therapy	Psych INFO	Primary	X		X
Arellano, Graham, DubaSauerheber, 2018	grief, young adults, art expression, choice theory, group therapy, non-profit agency	EBSCO Host	Primary	X	X	X
Arnold, 2019	grief, loss, bereavement, creativity, art therapy	EBSCO Host	Primary	X		X
Atkinson and Robson, 2012	art, child welfare social adjustment schools, organization, wellbeing	EBSCO Host	Primary	X		X

**Literature Matrix** (continued).

Baker, Sedney, and Gross, 1992	bereavement, children, adolescents, grief, loss, mental health, psychology	Google Scholar	Primary				X
Burns, Griese, King, and Talmi, 2020	childhood, children, bereavement, grief, psychology	Psych INFO	Primary				X
Darian, 2012	loss, children, childhood, bereavement	EBSCO Host	Primary				X
Dashew Isaacs, 1997	art therapy, children, group, latency age, at risk girls	EBSCO Host	Primary		X		X
DiSunno, Linto, & Bowes, 2011	art therapy, grief, group, children	EBSCO Host	Secondary	X	X		X
Feen-Calligan, McIntyre, and Sands-Goldstein, 2009	dollmaking, art therapy, group, community, identity construction	EBSCO Host	Primary	X	X		
Feen-Calligan, Moreno, and Buzzard, 2018	art therapy, community building, psychology	EBSCO Host	Secondary		X		
Gray, Weller, Fristad, Weller, 2011	depression, children, adolescents, parental loss, grief	EBSCO Host	Primary				X

**Literature Matrix** (continued).

Guay, 2018	art therapy, group therapy, social skills, social development	EBSCO Host	Primary	X	X	
Jerome, Smith, Shaw, Szydowski, Barker, Pistrang, Thompson, 2018	bereavement, cancer, grief, oncology, therapeutic group		Primary	X		X
Kealy, Sierra- Hernandez, Piper, Joyce, Weideman, and Ogrodniczuk, 2107	complicated grief, group therapy, insight, self-reflection	EBSCO Host	Primary	X		
King, Prout, Stuhl, and Nelson, 2016	bereavement; coping; grief; loss; memory book; scrapbook	EBSCO Host	Primary	X	X	X
Kohut, 2011	scrapbooking, art therapy, support groups, grief, children, art making	Google Scholar	Primary	X	X	X
Manyam and Davis, 2019	trauma groups, African American trauma, resiliency, groups, African American, teens, group therapy	EBSCO Host	Secondary	X		X

**Literature Matrix** (continued).

Moss and O'Neill, 2015	art therapy, community, adult, chronic pain	EBSCO Host	Primary	X	X	
Muselman and Wiggins, 2012	spirituality, counseling, adolescents, grief, loss, therapy	EBSCO Host	Secondary	X	X	X
Newton and Ohrt, 2017	bereavement, college counseling, grief, mindfulness, psychotherapy group	EBSCO Host		X	X	
Nolbris, Abrahamsson, Hellström, Olofsson, and Enskär, 2010	children, siblings, cancer, support group	EBSCO Host	Primary	X		X
Ottmiller and Awais, 2016	art therapy, community-based, model	Google Scholar	Tertiary		X	
Perryman, Moss, and Cochran, 2015	humanistic, play therapy, art therapy, expressive therapy, group, children, at-risk adolescents	EBSCO Host	Primary		X	X



**Literature Matrix** (continued).

Slyter, 2012	counseling, grief, adolescents	Google Scholar	Secondary			
Supiano, Anderson, and Haynes, 2015	complicated grief, dementia caregivers, group psychotherapy	EBSCO Host	Primary	X		X
ter Maat, 1997	immigrant, immigration, art therapy, group, children, adolescents	EBSCO Host	Primary		X	X
Tuckman, 1965	small group, group therapy	Google Scholar	Secondary		X	
Willis, 2002	grief, children, bereavement, adolescents	Google Scholar	Primary			X
Yalom, 1995	group, psychotherapy, stages	EBSCO host	Primary		X	X
Ziff, Ivers, and Shaw, 2016	art, child, children, stress, group counseling, social emotional	EBSCO Host	Primary	X		X

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