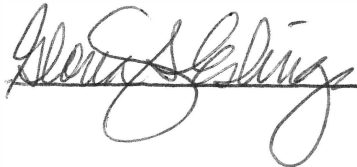


Art Therapy and Other Creative Modalities  
Used for Children/Adolescents Suffering from Grief


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### **Abstract**

Significant change or loss due to the death of a parent, caregiver, or loved one can be a traumatic event in the life of a child /adolescent. Change, be it from divorce, immigration, hospitalization, or incarceration, has a dramatic impact upon a child. After a death or loss, children can have difficulty expressing their grief with others and may verbally and emotionally shut down. Children, especially younger children, lack the coping skills that life experiences bring and can lack the cognitive functions necessary to express their emotions in a way that adults can clearly understand. There are vast differences in the way that children and adults grieve, namely because children have not yet developed complex and abstract reasoning skills to express and understand their feelings and emotions (Slate, C.N., & Scott, D.A., 2009). One of the best, and most natural ways that children and adolescents express themselves is through artistic means. Painting, drawing, sketching, coloring, and writing, are just a few creative modalities that can help children release and make sense of heavy and confusing emotions.

Art has been proven to promote the healing process for children, as well as providing a vital communications tool that does not use words. It allows the child a way to express their thoughts on abstract ideas, as well as providing safety; that ultimately helps the child to feel in control. It is my wish to show how art therapy and other creative modalities can be very conclusive in helping children and adolescents suffering from grief regain a sense of control and hope for empowering their futures.

*Keywords:* grief, bereavement, children, adolescents, art therapy, creative modalities,

## **Introduction**

This paper will look at the different ways in which children and adolescents grieve, as compared to adults. It will also consider the effects of grief on children and adolescents, in relation to their external and internal worlds: academics, common emotions, i.e. anger, confusion, guilt, and shame. It will look at the typical (normal) and atypical grief responses (persistent complex bereavement disorder) and how to support children and adolescents in their grief. The developmental grief responses for children and adolescents will be reviewed to aid in better understanding how healing processes can occur. In regards, to optimal understanding of grief, the Dual Process Model (DPM; Stroebe & Schut, 1999), for processing grief, as compared to phases and/or stages of grief; work done by Elizabeth Kubler-Ross in the 1960's will be explored.

This paper will also concurrently examine art therapy in depth: it's meaning, function, brain function, and its healing aspects associated to grief. The benefits of art therapy and the various creative modalities will also be reviewed in relation to the developmental stages in both children and adolescents. I will highlight specific examples of the various art modalities used for grief in children and adolescents and discuss the ways in which art therapy groups can also enhance healing. To finish, I will summarize, and review two case studies utilizing the creative arts modalities that will help to alleviate symptoms of grief for bereaved children and adolescents.

*“Grief is itself a medicine, and bestow’d*

*To improve the fortitude that bears the load...”*

--William Cowper, “Charity” (1782)

## **Grief**

Grief is a natural, normal, and an essential response to death. In 1969, Elizabeth Kubler-Ross (Kubler-Ross and Hobbing, 1997) published a model to explain the stages of grief. This model is not specific to bereavement or the death of someone, although that is one of its important components, but rather it can be used to aid in the understanding associated with trauma and change (Slate, C.N., & Scott, D.A., 2009). In the matter of grief associated with death, Kubler states that there are five stages (denial, anger, bargaining, depression and acceptance) and that the bereaved may not go through all five stages, nor follow the steps in sequence, and they might even experience a couple of the stages at once, or repeat one or more stages more than once (Slate, C.N., & Scott, D.A., 2009).

In a contemporary study, done in the last nineteen years, Stroebe and Schut’s Dual Process Model of Grief (DPM) points out two types of stressors that are associated to grieving: loss-oriented stressors and restoration-oriented stressors. Both types require coping, but Stroebe and Schut stress the importance of taking an important break from said coping, and they also suggest that the grievers will repeatedly shift back and forth between these two approaches (DPM; Stroebe & Schut, 1999). Loss-oriented stressors, according to DPM, are stressors that come from focusing on, and processing the loss of a person who has died, and the relationship that was had with that person. Examples may include: looking at old photographs and listening

to favorite shared music. Restoration-oriented, has to do with secondary sources of stress and coping. These examples may include: fulfilling the tasks of the person who died and having stressful feelings of isolation because of the loss (DPM; Stroebe & Schut, 1999).

The most important aspect of the DPM is the idea that there will be oscillation, which means engaging in a dynamic process of oscillating between loss-oriented, and restoration coping; in other words, the griever will oscillate between confronting the loss and avoiding the loss (DPM; Stroebe & Schut, 1999). By going back and forth between a focus on the loss, and a focus on restoration, one may gradually strive to seek a balance between these two modes of coping. Although the grief may feel chaotic, it has been viewed as emotionally healthy and adaptive to bounce back and forth between approaching and avoiding the pain of grief (DPM; Stroebe & Schut, 1999).

In conclusion, it could be said that the DPM aids in the understanding of the idea that coping with grief involves going back and forth between loss orientated responses, such as feeling connected with the deceased, and at the same time experiencing restoration-orientated coping, as one may focus on daily tasks, and avoid emotional pain. One could also say, on the other hand, that Kubler's model helps to start a conversation that ultimately moves toward bereavement resolution. That conversation, for individuals experiencing grief, might take place between patients and doctors, therapists, counselors, teachers, and so on, to help facilitate communication and understanding, so that healing can take place.

Grief is unique for everyone, however, there are many similarities that can be shared within the different age groups. Many people who experience grief might go through the above-mentioned five different stages, in combination with potentially feeling out of sorts, maybe experiencing low self-esteem, illness, depression, and confusion, which may manifest into

thoughts that their feelings are out of control. However, there are vast differences in the way that children and adults grieve, namely because younger children have not yet developed complex and abstract reasoning skills in which to express and understand their feelings and emotions (Slate, C.N., & Scott, D.A., 2009). It is in this vein that I will continue to explore how children, specifically, suffer with grief.

### **Grief in Children**

In Ester R. Shapiro's book, *Grief as a Family Process* (as cited in Glazer, 1998), Shapiro discusses the idea that children's grief, being much like that of adults, is determined in large part, by the type of relationship that they had with the person who died, the amount of upset in their daily life as a result of that person's death, the social and emotional support that the child may, or may not be receiving, the child's predisposition to trauma, and the child's coping style (p. 2). Because children have a limited ability to verbalize their feelings, i.e., grief, it tends to show up in their mood, play, and behavior. In Webb's Handbook, from *Helping Bereaved Children* (as cited in vision.org, 2004) the author describes children's grief differing from that of adults mainly because "children's immature cognitive development interferes with their understanding of the irreversibility, universality and inevitability of death" (para. 1).

Schneider (2016) study *10 Things Grieving Children Want You to Know*:

1. Children want to be told the truth about the death.
2. Children look to you as a role model for how people grieve.
3. Children want to talk about the person who died.
4. Children express their emotions through play and behaviors, which may be problematic for you.

5. Children need to know who would take care of them if you could not.
6. Children benefit from being included in mourning rituals.
7. They need you to help them feel safe.
8. They need to be taught coping strategies.
9. Children need to be included when making decisions.
10. Children need you to take care of yourself: they will only adapt as well as you do. (pg.3)

According, to Finn (2003), grief can be an emotion that is expressed from any type of loss, be it from a permanent loss due to the death of a primary caregiver, family member, adoption, foster care, or immigration or whether it be a temporary or recurring loss such separation, divorce, parental remarriage, hospitalization, and incarceration. Change can evoke grief responses in children that can vary in intensity and be demonstrated in any number of ways. For example, principals in the Holland (1993) study (as cited in Finn, 2003), reported the grieving children in their schools, demonstrated problematic behaviors such as: crying, withdrawing, concentration problems, aggression, and violence. Other noticed behaviors among grieving children were: preoccupation with loss, disruptions in sleep, and eating patterns, complaints of headaches, and stomachaches, and other illnesses (p. 155).

As stated in a blog, by Art with Heart Association (2016) red flags may be observed in grieving children that would indicate a need to see a professional. They are as follows:

- Taking big risks, or explosive anger
- Harming themselves or others



- Having suicidal thoughts or behaviors
- Self-medicating with substances
- Vigorously avoiding help that is offered
- Becoming overly withdrawn; or no emotion at all
- Having extreme nightmares or night terrors
- Becoming obsessive about the loss
- Losing or gaining excessive weight
- Extremely fatigued because of lack of sleep. (p. 6)

### **Grief in Adolescents**

Adolescents process emotions differently than adults, and according to pbs.org (2002) it has much to do with brain activity. The blog (as cited in cravemate.com, 2013) relates the following idea:

“that teens rely on the amygdala (<http://www.sciencedaily.com/articles/a/amygdala.htm>) or primitive brain, while adults use the pre-frontal cortex (<http://oxfordjournals.org/content/122/5/994.full>) or rational brain. The amygdala, known for the fight or flight response and *gut* reactions, is attributed with highly charged emotions. Those turbulent teen years indeed have a physiological reason” (para. 3).

So, it is no wonder that adolescents may experience grief differently than adults. Teachers, counselors, and school administrators who work with adolescents are in a unique position to recognize and understand the they may exhibit grief differently than either young

children or adults (Doka, 2014). There are six ideas that teachers, and others who routinely work with adolescents should be aware of:

1. **Adolescents are likely to experience losses that are sudden, unexpected, and traumatic.** Unintentional injury, (accidents), suicide, and homicide, (school shootings) are the three leading causes of death in adolescents according to the National Vital Statistics System of the Centers for Disease Control and Prevention, which reports that 72 percent of the deaths between the ages of 12 and 19 occur for these reasons in the United States (cdc.gov, 2006). So, at a time when adolescents are extremely self-conscious, and identify deeply with their peers, it is important that they get the support that they need when there is death/traumatic loss of a peer, or parent, or other family members, in their lives. They need help in dealing with the complex emotions that these types of death can evoke, and for reestablishing a feeling of safety.
2. **Adolescents can be isolated by their grief.** As their independence grows so does their need for privacy and autonomy. They may be less likely to seek help or comfort due to grief issues. Parents, teachers, and counselors should be diligent in assessing whether the adolescent is having a difficult time in coping with loss.
3. **Adolescent egocentricity stresses the need for normalcy.** Adolescents mainly want to fit in with their peers. They do not want to stand out and be labeled as being. “the kid who lost their parent.” Grief group peer support at this time can aid with feelings of normalcy, as they can be with others who may be experiencing the same thoughts and feelings.

4. **Adolescents are more likely to turn to the Internet and social media as they cope with loss.** While, adolescents do routinely access the internet to find avenues of support and information, they should be made aware of the dangers, i.e. cruel comments, online predators, and potential confusing and inaccurate information, should be directed towards protected sites that monitor for safety.
5. **Adolescence is often a time of spiritual questioning.** Adolescents are aware of the spiritual things that they have been taught as a child. While, this is typically the age that they question everything, spirituality is no different. However, at this time they should be encouraged to explore their spirituality in an open and honest way.
6. **Adolescent grief may be masked by other behaviors.** Parents, and adults who work with adolescents should be aware of acting out behaviors that may be ways that they are seeking support in trying to cope with loss. These behaviors may include: substance abuse, eating disorders, and depressive symptoms, to name just a few. Referrals should be made when necessary for outside support and help (Doka, 2014).

### **Developmental Grief Responses for Children/Pre-Adolescents**

When working with children who have experienced any type of loss, it is important to be aware of their developmental stage and any cultural considerations. The following developmental grief responses for children and adolescents, described in a study done by Baker, Sedney, and Gross (1992) are:

- Babies – Although they cannot express themselves verbally, they certainly can feel the loss of a caretaker, common reactions include: irritability, constant crying, change of sleeping and eating habits, decreased activity and weight loss, i.e. a twin's reaction to his nine-week old twin's sister's crib death. His reaction to her death was so severe that they had to take him off formula due to extreme colic issues, (experienced right after her death) and put on a diet of solids to quell the severe distress that may have been a reaction to his sister's death.
- Preschool age (2-4) - Preschoolers do not comprehend the concept of "forever." Their grief reactions are brief however, very intense. Grief responses include: confusion, nightmares, anger, aggression, confusion, and regressive behaviors.
- Early Childhood (4-7) – They will often express their grief feelings through play instead of verbal communication. Typical responses include: anger, sadness, confusion, and difficulty eating and sleeping.
- Middle Years (7-10) – This group may want to see death as reversible, however, begin to see it as both final and universal. Common grief reactions include: fearing other love ones will die too, experiencing anxiety, anger, sadness, withdrawal, denial, depression, changes in eating and sleeping patterns, and regression to an earlier developmental stage.
- Pre-Adolescent (10 – 12) – Pre-adolescents are in the process of establishing their own identity, increasing their independence from their parents and other adults and increasing their dependence on their peer group. It is common for this group to want to cover up their feelings about the loss so as not to feel "different." Common themes of grief are: withdrawal, indifference, anger outbursts,

irritability, bullying behavior, physical complaints, moodiness, changes in sleeping and eating patterns, indifference towards school work, or isolation from their peers (Baker, Sedney, & Gross, 1992, p. 105).

### **The Difference Between Trauma and Grief and Persistent Complex Bereavement Disorder**

The importance of understanding the difference between aftermath caused by the traumatic nature of a death, and grief reactions is significant in helping children and adolescents better cope with death and grief (Dyregrov, 2008). If a death happens naturally, as in a long illness, the loss may be viewed more in lines with normal grief; as compared to a sudden death, (homicide, suicide, or accident) where loved ones (child, and adolescent) had no time to prepare. The shock can have traumatic implications for loved ones, especially if the child witnessed the death, or found the body of a parent who committed suicide (Dyregrov, 2008).

PTSD, post-traumatic stress disorder, a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event, may develop for the child, and can complicate their grief work (Dyregrov, 2008). It would be important to help the child prioritize and reduce post-traumatic reactions. Wordon's book (as cited in Dyregrov, 2008) described the following tasks for children in grief:

- Accepting the reality of the loss
- Experiencing the pain or emotional aspects of the loss
- Adjusting to an environment in which the deceased is missing

- Relocating the dead person within one's life and finding ways to memorialize the person (Dyregrov, 2008).

Another idea to be aware of, in terms of loss and grief, and helping children and adolescents, is a condition called persistent complex bereavement disorder (PCBD), DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> ed.). It is a diagnosis assigned to individuals who experience an unusually disabling or prolonged response to bereavement (Diagnostic and statistical manual of mental disorders, 2013). Formerly known as complicated grief disorder, persistent complex bereavement disorder causes sufferers to feel severe longing for a deceased loved one, usually over a prolonged period. Feelings of yearning for the deceased impact negatively on a person's relationships; and can lead to long-term psychological problems later in life (Dyregrov, 2008).

Persistent complex bereavement is typically characterized by destructive thoughts and behaviors, as well as general impairment and reluctance to resume normal life (Fleming, 2018). Parallel with the increasing awareness and development of treatments for PTSD, is the evidence that PCDB is also a clinically significant syndrome in children and adolescents, as stated from Melhem *et al.* (as cited in Dyregrov, 2008).

The need for ongoing design of programs to assist children with PCBD complicated grief (CG) is important, as such reactions hamper usual grief reactions. According to Tein *et al.* (as cited in Dyregrov, 2008), the children who receive support early on, and whose feelings and needs are accepted and met with understanding and compassion, are associated with having the least mental difficulties in the aftermath of loss (Dyregrov, 2008).

### **Art Therapy Meaning and Function**

Art therapy is the purposeful use of visual arts materials that are used as a therapeutic technique to help facilitate growth, self-discovery, empowerment, healing, and a sense of well-being in patients who may be suffering from adverse mental or physical afflictions. It is the creative process that uses the media of art, be it drawing, painting, sculpture, and other art forms, to provide the client with the tools to understand emotions through artistic expression. Art therapy works in activating emotions, memories, and gestalts, or symbols, to bring about catharsis for a client. It crosses over from cognitive, emotional, and behavioral domains, to bring about a richer and more in-depth holistic type of healing. This form of therapy can benefit individuals with disabilities or diseases that may make it difficult for them to communicate, and can be especially beneficial for children (namely, because their brains are still developing). It allows them to express emotions, distress, or anxiety without necessarily having to speak (Sortino, 2012).

The types of art materials and activities that art therapists use with children are limitless, although care should be taken to select materials that are age appropriate. Developmental issues should also be considered when planning activities and selecting art materials. Art mediums such as pastels, markers, clay, watercolor, and acrylic paints, are often of universal appeal to preadolescent children, whereas younger children may be more likely to respond positively to crayons and finger painting (Finn, 2003). Sensory materials, such as finger painting, shaving cream, and play dough (sculpey/polymer clay) are proven techniques that are very popular with younger children.

Creative Connections for Kids (2012) found the following:

When engaged in sensory play, children utilize all, of their senses. It promotes sensory integration which is the ability of the body to integrate and process the information it receives via the sensory modalities of touch, taste, smell, hearing, and vision. As children pour, dump, build, scoop, and explore they are learning about spatial concepts (full, empty). They learn pre-math concepts along with language and vocabulary.

Messy play can be calming to children (however, sometimes they can regress). It is not just about making a mess and getting dirty; it is an essential component to learning that encourages exploration and discovery through play. (p. 2)

To illustrate, finger painting could be one technique that a therapist may engage the child in. They might ask the child to “paint a picture of something that is important to you” or “paint a picture of how you are feeling today.” The therapist then observes the content being produced, and the behavior of the child while creating the art. Once the picture is completed, the therapist might ask the child to tell a story about his or her painting (GoodTherapy.org, 2015).

Art has been shown to be the ‘bridge’ of understanding between the child and the therapist, a critical component in the therapeutic intervention. The quality of the work is not as important as the process that occurs with the child as they create and explore their emotions via the art. The reactions and the dialogue that ensue between the therapist and the child also play a crucial role in the child’s understanding and healing.

Finn’s study (2003) found that art represents a way for children to exert control in their lives and cope with the challenges of daily living. Children who wish to pound clay in



anger or draw tears of sadness are learning to come to terms with their feelings (p. 159).

### **Art Therapy/ Creative Modalities and the Connection to Brain Function and Healing**

According, to a study done by Sortino (2012), something that does not often seem to be discussed, are the effects of the therapeutic healing process, and the continued need for art therapy and other creative modalities that apply the various disciplines of the creative arts, be it music, drama, play, bibliotherapy, or expressive art therapies (Sortino, 2012). The expressive arts therapy uses various arts-movement, drawing, painting, sculpting, music, writing, sound, and improvisation in a supportive setting to facilitate growth and healing (Rogers, 1993). These types of therapies are especially important for children. There are certain brain areas that are activated during artistic expression, kinesthetic (sensory), perceptual (affective), and cognitive (symbolic), and art has been seen to stimulate multiple areas of the brain, particularly when one is attempting to help a child to heal (Sortino, 2012). When a counselor or a therapist is trying to communicate with a child about a tragedy, they often focus only on the verbal areas of the brain (the cerebral cortex), which can negate those children whose cognitive processes may be developmentally more non-verbal (Sortino, 2012, p. 3).

Harriet Wadeson (2010), a pioneer in the field of art therapy, and instrumental in helping to develop the field, discussed the idea that verbalization is linear communication. The sentences follow one another, respectively. Art expression need not obey all the rules of language because it is spatial in nature, in other words, as sentences follow one another, art can happen all at once (Wadeson, 2010, p. 13). It has been observed that even for the more verbal child, talk therapy has not always led to expressing any depth of grief, while artistic expression can often allow for a greater beneficial experience (Sortino, 2012, p. 3).

Sortino (2012) goes on to discuss the effectiveness of art therapy, in that it addresses both sides of the brain, or the child's verbal or non-verbal reasoning and emotion-based faculties. This seems to be especially true with the right side of the brain, considered to be our more visual and emotional side. Although we, of course, use both sides of the brain simultaneously, some children (some studies have shown that females, especially) have an advantage because the corpus callosum, a strip that runs down the center of the brain is larger in females, which allows the two halves of the brain to *crosstalk*, an indication of why art therapy may be more effective for females (Sortino, 2012). For males, whose corpus callosum is smaller, they might not have the luxury of being able to *crosstalk* as effectively. Nevertheless, art therapy can actively stimulate the right side of the brain, or the visual, emotional side of the male's brain, which allows for the grief to surface, be explored, and thus communicated, or giving the grief a 'voice' (Sortino, 2012).

The emphasis lies in the process and development in the actual art making. How the ideas and thoughts are conveyed is of more importance than the final product and therefore becomes the link between non-verbal and verbal communication. This concept can be applied to other areas of the creative arts, such as telling a story with finger puppets, or other 'play' synopsis's, as well as expression through dance, mime, or music making (Inei, 2007, p. 2).

A Sortino (2012) study, found the following:

Whatever expressive arts a counselor chooses in dealing with a child's grief, the key is to understand that beyond the different developmental levels of a child's grieving emotions, there are major factors involved in the healing process that go beyond simply talking about a tragic experience. The brain is far more complex, and as such, needs

expressive forms of therapy that will address multiple areas of the brain for the *unspeakable* and/ or *speak able* wound to be healed. (p. 5)

So, the idea that brain function, being enhanced with art, can facilitate healing. Research by Recover from Greif.com (2010) supports:

Creating artwork following a tragic loss can be very therapeutic, helping you to express and release your own painful, stressful emotions. Assessing these emotions is not always easy by talking, using words. (p. 2). You may try to talk it out, get it off your chest, yell, and scream out, in your anger and grief. But in the end, the feelings still sit there. Why? Because your left-brain's verbal language is limited in its vocabulary, leaving your true emotions literally unexpressed. To access and release your real feelings you use the right-brain's language of imagery, through artwork. Open your mind to this, and you will find much comfort in your artwork. Creating artwork in a healing studio can be very enjoyable. It provides a welcome respite from heavy bereavement. For some, it can enliven, energize, and nurture a playful childlike side. It has been proven that the creation of art, increases the serotonin levels in the brain, which helps fight depression. On the other hand, some people report that art becomes a form of meditation, and they find inner peace and calm from it. The repetitive, soothing actions and sensations of art can bring about the physiological "relaxation response" not unlike what long-distance runners experience (p. 3).

### **Grief and the Healing Arts: Creativity as Therapy**

Creativity has been shown to be an extremely helpful avenue that art therapists explore with children, because while some children are more verbal and feel comfortable talking to adults about grief, others are non-verbal and will internalize their grief (Sortino, 2012). When a child draws or colors, words are not needed. Even for the verbal child, discussion does not always lead to expressing the depth of their grief, while an artistic expression can often allow the experience (Sortino, 2012). Art expression also allows children to take the pain, the sadness, the frustration, the questions, and put it all outside themselves and that can be very healing in and of itself. The idea that a child could put their grief out on something objective in front of them and be able to look at it from that vantage point, regardless of the presentation, can be very healing and therapeutic. Grief can become symbols of loss and pain for children, that they often time, have trouble expressing. The art can give a voice to their grief (Sortino, 2012). There is a valuable connection between the head, heart, and the hand, that allows for the release of trapped feelings (Art with Heart Association, 2016).

The Art with Heart Association (2016) found the following:

“Creativity helps children put those emotions outside, so they can see their experience from a different perspective, making things clearer and giving them distance. Creativity gives children a sense of control, in a safe therapeutic setting, that allows them to tell their story as many times as needed to help them process, make sense of, and if need be, eventually let go of” (p. 6).

The author has personally witnessed the flush of relief on a child's face as they unburdened themselves of the intense feelings associated to anger and loss, in a therapeutic setting, (which will be addressed in greater detail in the case studies' example). It is an extremely humbling experience to play a part in such a vitally important artistic healing process for a grieving child.

### **The Developmental Stages and Utilizing Art Therapy for Bereaved Children**

In an article by Sortino (2012), he discusses the many diverse issues that doctors, counselors, therapists, and psychologists face as they address the different emotional and/ or cognitive developmental levels of children suffering from grief. Experienced licensed art therapists understand these differences and readily use art therapy and other creative modalities as their main strategy to help bereaved children. This is especially important with younger children who are dealing with death, and often have unspeakable thoughts and/or emotions associated with death (Sortino, 2012, p.2). For many children, the loss of a loved one, or caretaker, is a difficult thing to express verbally, so creative expression can become an important release for the child, even without therapeutic interpretation (Glazer, 1998, p. 2).

The medium of art, usually a child's favorite 'go-to' form of expression, whether it be drawing, painting, or sculpture, can give unspoken emotions a "voice," so to speak, and allow a child the freedom and opportunity to explore feelings in a safe, non-judgmental environment. In this way, art can give a voice to their grief (Sortino, 2012, p. 3). In giving the grief a 'voice', one must be aware of the different developmental levels of children. Research by Glazer (1998), supports the idea that the grief process is affected by the child's developmental stage, as well as the psychological tasks faced by the child in his or her developing understanding of death (p. 2).

In *A Discussion of Coping Methods and Counseling Techniques for Children and Adults Dealing with Grief and Bereavement* by Slate & Scott (2009), they explored how grief presents itself in the developmental stages of children and offer approaches and techniques that may help children cope and come to terms with grief (Slate & Scott, 2009).

Slate & Scott (2009) studies found the following:

**Infant – 3 years old:** Although the child does not understand death, they are aware of a

Care-givers absence. They may associate death to being asleep. Approaches/Techniques:

Use concise language with the child. Even though they do not understand death, it is

better to explain what happened to their loved one, which might help alleviate thoughts of

abandonment that may surface as they get older. Some techniques that could be

employed with children, aged 1-3 years old may include art, sand tray, play, puppet,

and storytelling.

**3 – 6 years old:** This age group is very curious about death. They are also very

egocentric and may feel that their thoughts caused their loved one's death from some

magical 'way of thinking' (i.e., being mad at the parent, misbehaving, saying "I hate

you," etc.,). Children at this age often temporarily regress with symptoms such as

bladder and bowel control, use baby talk, thumb sucking, want to sleep with a sibling

or parent, experience a change in eating and sleeping habits. Approaches/

Techniques: provide as much honesty and clarity about the event as possible with this

age. This should be done to lessen confusion to help them understand that their thoughts and actions did not cause the death of their loved one. Some beneficial therapies for this age group would include art, sand tray, play, puppet, and storytelling. These therapies are advantageous because they allow artistic expression, rather than words, to show how they feel. They can draw or manipulate a puppet to act out emotions without having to verbalize their feelings. Glazer's play therapy observations (as cited in Slate & Scott, 2009) showed that the use of creative expression in a therapeutic environment can help a child to express emotion and process their grief (p. 4).

**6 – 12 years old:** Children, (10 years and older), at this age do typically understand death, and reason that it will be something that will inevitably happen to them, sometimes becoming obsessive over this fact. At the younger spectrum of this age group, there might be a tendency to view death in terms of spirits, ghosts, and angels. Boys may often displace their grief with aggression, whereas girls may tend to become attached and clingy. Emotions, which range anywhere from guilt, anxiety, and sadness, and are not easily articulated at this age. Helping them to cue into their emotions could be the most helpful. Some techniques to use with this population may include the use of art, music, sand tray, play, and recreational therapies (p. 4).

### **The Art of Art Therapy and the Various Modalities Used for Bereaved Children/Adolescents**

Art therapy is based on one specific art form, incorporating various art medias, while expressive arts therapy draws from a variety of art forms. Drama therapy, play therapy, music therapy, or expressive art therapy are all creative modalities that can be especially helpful in providing therapeutic relief for a child experiencing trauma, and/or grief. Expressive arts therapy is one form that uses the specific features of music, movement, play, psychodrama sculpture, painting, and drawing. Depending on the individual needs of the client, sometimes therapists combine several of these techniques together to provide the best possible outcome for the child (GoodTherpay.org, 2015).

Dr. Natalie Rogers, daughter of Carl Rogers, founder of the humanistic approach (or client-centered approach) to psychology, took her father's client-centered approach one step further, into an expressive creative arts arena. As a trained psychotherapist, founder and codirector of the Person-Centered Expressive Therapy Institute in Santa Rosa, California, Rogers facilitates clients' self-expression through the means of various art modalities. She states that all people have an innate ability to be creative, and that creative process is healing (Rogers, 1993).

According, to Rogers (1993) opportunities are plentiful for the expressive arts therapist to encourage sound, movement, and visual art to help children in releasing their pain and help them to acknowledge loss. It is also important to remember that words can be caught in a child's throat, or buried deep within his, or her heart (p. 144). Thus, it can be very appropriate to ask them if they might like to express those feelings through movement or visual art. Rogers also likes to encourage the use of sound, and sometimes prompts her clients by asking them if they might like her to 'sound' with them (p. 145).



### **Empowering Children and Adolescents through Art Expression**

When a child has been personally traumatized, and grief stricken, or is part of a family, school, or community system where trauma, and or loss, has been experienced, the child's sense of his or her own power and safety is threatened and ultimately weakened. The trauma/loss destabilizes the world as the child knew it prior to the event(s). The effects upon the child depend on many factors: such as the nature of the death, direct experience related to the death versus witnessing the personal impact, after-event impact, such as lifetime disruption (Greenwald, pg. 10), and reoccurring reminders of the death, i.e., anniversaries, holidays, the age of the child with which the onset of the trauma/loss occurred, and the relationship status of the person who passed (Greenwald, 2005).

In treating traumatized or bereaved children, the combined use of various creative arts modalities, such as writing, storytelling, drawing, puppet making, drama, movement, music creation, drumming, sculpting with clay, have all proven to be effective (Rogers, 1993). The use of creative art making and action for children and adolescents, helps to awaken their life force energy, relaxes their sadness, and helps to develop or redevelop their sense of empowerment and hopefulness (Rogers, 1993).

An empowering therapeutic approach, used for grieving children, and pre-adolescents/adolescents especially, is bibliotherapy. Storytelling, creative writing, and reading have long been recognized for their therapeutic potential. In one of my case studies, I will show how expressing grief through storytelling, can be particularly beneficial for younger children. DeSalvo (2000), the author of *Writing as a Way of Healing*, states

that:

“Reading connects us to others lives; we learn that we are not alone in our experiences, our suffering” (p. 120).

Bibliotherapy is an expressive therapy that involves the reading of materials to facilitate healing. It can be combined with writing therapy and has been shown to be effective in helping children deal with effects of grief. Writing exercises such as reflective journaling, writing narratives from the perspective of others, and writing unsent letters, (more applicable for pre-adolescent children, 10-12 years) may be good tools to use in helping a child cope. Reading, writing, and telling our stories, has been shown to be an effective way to aid in lessening the feelings of intense grief and suffering (Inei, 2007, p. 2). There are creative writing and multi-arts summer camps available, that pre-adolescent children and teenagers can partake in, that explore issues of grief and loss, that may be especially healing and beneficial for the bereaved.

### **Incorporating Art into Play and Group Grief Therapy**

In this section, play therapy will be highlighted as a positive intervention for children experiencing grief. The expression of emotion and the acceptance of the child’s feelings and unconditional regard that occurs in the playroom helps the child to develop a personal understanding of their loss (Glazer, 1998, p. 2). As everyone is an individual, they will process grief in their own unique way. Use of play therapy can greatly assist the therapist in searching for ways to understand the child’s perspective. Webb’s study (as cited in Glazer, 1998) found

“that the therapist can play as the primary mechanism for the child to process his or her grief, while at the same time gaining insight into the child’s journey as they are developing an understanding of the concept of death” (p. 2). Therapists are increasingly using play and group therapies for grieving children. According, to Finn (2003),

“play-based rituals and activities such as games and storytelling are used therapeutically to help children express their emotions and reduce the social isolation associated with grief” (p. 157).

Play therapy is usually non-directive in nature, which helps to facilitate increased self-awareness and self-direction for the child. This in turn, may help with the child’s development of his or her own concept of death, in an age appropriate manner (Glazer, 1998, p. 3). A safe and supportive environment is also an important goal in play therapy. When a child is feeling safe, comfortable, and supported, they are more apt to process; and thus, their artwork become more palpable representations of their grief work (Glazer, 1998, p. 3).

There is a commonly held belief that there are numerous challenges in talking to bereaved children and adolescents. Most notably, are the ideas that children and adolescents do not want to stand out from their peers, in other words, they are predisposed to keeping to themselves, when it comes to grief. At the same time, they are also more likely to turn to their peers for comfort and understanding. Levine and Noell (as cited in Glazer, 1998) suggested that the grief groups helps to create a safe environment for children to remember, share, express pain, and to begin the process of healing. Through participation in a group, children can reduce their feelings of isolation, being different, and they can have their experiences understood and validated. In age-specific grief support groups children can benefit from the opportunity to

share their experiences and feelings with others who are grieving too (Glazer, 1998, p. 2). In addition, the expression of emotion and the acceptance of the child's feelings and unconditional regard that occurs in the group-like setting helps the child to develop a personal understanding of their loss (Glazer, 1998, p. 2).

According to Ferstz, (as cited in Malchiodi, 2013), safety is created in a grief art group setting. The peer support, and dynamic approaches to communicating feelings allows group members to feel understood and supported. The outcomes of the art directives, coupled with the feedback from peers and facilitators, gave the participants tangible reminders of their progress (Malchiodi, 2013). The art directives offer participants an opportunity to express and discharge painful and difficult emotions, and to experience a renewed sense of self-control and accomplishment (Malchiodi, 2013).

One noteworthy technique called the Rosebush Technique, used in many grief group settings, and developed by Allan (as cited in Glazer, 1998) was designed to help give children a safe vehicle in which to explore his, or her own thoughts and feelings. The words and visual imagery referenced by the child pertaining to their art work (the rosebush) helped to give the therapist a view of the child's inner world and feelings (pg. 3). Glazer's (1998) study found the following: the purpose of the study was to explore the use of guided imagery as a tool to for the expression of the grief process for the children who were participating in open-ended, age specific, grief groups. There were two themes that were discerned from the study: a movement from isolation to integration and an increased feeling of safety in the world (p. 4). The children projected elements of their world into the gestalt of the drawing, thus, the focus was determined to be the gestalt. Elements found in the drawings may not be universal but may guide the initial response to the feelings behind the drawings. The willingness of the child to share the drawing

with the therapist by composing the drawing in the presence of the therapist and then describing the drawing may help to establish rapport and to provide the child with a metaphor for his or her experience in grief (pg. 9).

In conclusion, the Rosebush Technique can be used as a tool in understanding the grief process in children. It is important to remember not to generalize or view any symbols as universal that may be found in the children's drawings. Rather, the interpretation should be the child's own experience in producing his or her own art work, and that artistic expression is therapeutic, in and of itself. The research seems to provide conclusive results that supports the ability of the children to use art as a medium of expression for the individualized, and grief group process (Glazer, 1998, p. 9).

### **Case Studies**

The following two case studies and reviews highlight the importance of art therapy, and other creative modalities, that aid bereaving children and adolescents. The case studies will show how feelings of loss, and isolation are lessened; and personal insights, and self-esteem are enhanced. All of which, will ultimately allow for a regained sense of self, as they hold onto positive memories, and move toward hope empowered futures. The names of the clients have been changed to maintain their privacy.

#### **Case Study 1 – Expressing Grief Through Storytelling**

My very first practicum experience upon entering graduate school, was at the Boy's and Girl's Club of Superior Wisconsin. Working with children was a natural, and enjoyable fit for me, since I grew up the oldest girl of three brothers, and a large flock of cousins, many of whom, I babysat. The directive that day, was having the children make 'wish lists' for both the present, and the future. One, little six-year old boy, named Jason, was asked if he wanted to participate, but he declined, saying he was not interested. He later came back to the project table, and tugged on my sleeve, saying that he wanted to write a story, and would I help him? I agreed, and we took materials off to another side of the room and began. As it turned out, I was Jason's scribe, and as he dictated his story to me, he also drew pictures for each part of the story. The story was about an evil wizard who put an evil spell on a Mother and Father who were the parents of a son and a daughter. Through a series of events, the Brother and Sister ended up breaking this evil spell, and ultimately rescued the Mother and Father from the evil wizard's tower, and everyone lived happily ever after. Jason did want me to add another detail to the ending; that the evil wizard was not a man, but a woman.

I was aware of the fact, that Jason did have a little sister, named Jessica, and she attended the Boy's and Girl's Club as well, and that their parents were in the middle of a nasty divorce and custody struggle over the children. At the time, the Father had sole custody of the children.

### **Review**

It seemed that Jason innately knew just what type of therapeutic outlet he needed that day, as he had initiated the storytelling venture. The one on one, creative expression process allowed him to voice his concerns, fears, and true feelings about his parent's divorce (loss). As I

had stated earlier in the paper, change, be it from divorce, and loss, due to the death of a parent, caregiver, or loved one can be a traumatic event in the life of a child. After a death or loss, children can have difficulty expressing their grief. With the use of narrative and art Jason was able to facilitate his own emotional expression over what he was experiencing at the time; namely, the processing of his grief and loss.

Telling one's story is part of the mourning process, no matter what the circumstances of that loss, and it is a critical element of the process. It is very therapeutic to tell one's story; whether in verbal, written, artistic form (pictures), or use of the metaphor. The metaphor is a literary technique in which one idea is expressed in terms of another (Glazer & Marcum, 2003). The therapeutic value of the narrative may lie in the safety of the metaphor, in that the individual finds his own solutions by contemplating what the story seems to imply or mean to him. For Jason, the metaphor may have been the evil wizard, representing the 'nasty divorce,' and he and his sister were also able to 'save' the family from its unpleasant aftermath. In Jason's circumstance, there was unconfirmed physical and emotional abuse inflicted on the children via the Mother. Hence, maybe Jason's inclusion to his story in referencing the evil wizard, as a woman, may have been his way of coming to terms with that.

Stories can provide growth opportunities for working through concerns that preoccupy the individual, and the goal is the emotional development of the child, clarification of anxieties, and the development of problem-solving skills (Glazer & Marcum, 2003). For Jason, the power of the story is not only in telling his story, but also translating his images and feelings into shapes and pictures onto the paper, and seeing it all come to life, so to speak. In this way, he was able to 'voice' his concerns, integrate his loss, gain understanding, and a sense of accomplishment with his finished project. Finally, by witnessing Jason's story, I observed the flush of relief on his

face as he unburdened himself of the intense feelings associated to anger and loss. He was able to be heard, understood, and validated, and hopefully this moved him a little closer towards acceptance and healing.

### **Case Study 2 – Expressing Grief Through Art Therapy/ Memory Boxes**

During my third semester, one of my practicum experiences was at Child Development Project at Family Forum in Superior Wisconsin, where I worked with the preschool age children, and other children in the community who were brought in for mental health services. It was there that I met, Kent, a three-year old pre-school boy, who was referred to me by his teacher for aggression and behavior problems. Kent just lost his biological father with whom he had a close bond to less than a year ago. His father came back from serving in the Iraq War with Post Traumatic Stress Disorder (PTSD). Kent witnessed both verbal and physical abuse in the home, that was directed at his mother. His Mother and Father split up in March, and in May, his father passed away.

Kent's mom, and his teachers, stated that he had a hard time staying on task, broke the rules at school, and at home (defiant with Mom) bit and pushed other children. He showed no understanding, thus, no remorse for his actions. Kent's mom says that she has found him sleep walking in the hallway at night sometimes, and is often found outside his bedroom door, asleep, in the morning.





Art therapy was used to help Kent achieve an important understanding of his thoughts, feelings, and behavior, as well as giving his grief (sadness) a 'voice,' or outlet, so to speak. Art was also used to help him gain an understanding of death. An art therapy art project that was done with Kent, was making a Memory Box for his father. On

the day of the project, Kent's mother could not make it because of a work commitment, so Mom's boyfriend came in to assist Kent with the making of his box. Kent's mother had sent along an envelope filled with pictures of Kent, and his father, as well as additional Army related items and keepsakes belonging to Kent's father. Kent, with help, wrote, DAD on the top of the box and decorated it with dinosaurs (his favorite symbol, and metaphor). The inside was lined with tissue paper and the keepsakes were laid inside the box. The inside cover of the box was decorated with more dinosaur stickers, and one special picture of Kent, as a small baby, and his father taking a nap together, placed in the center. Kent was enjoying the project immensely and seemed excited and emotionally attached to his mother's boyfriend as they worked. They appeared to enjoy a special relationship and the hope is that the mother's boyfriend will continue to support and help care for Kent as he gets older and gradually comes to terms with his father's death.

### **Review**

Kent was diagnosed with Post Traumatic Stress Disorder (PTSD) and is suffering with the effects of grief. He watched his father, with whom he had a close bonding attachment to, become violent with his mother. His mother and father split up after one especially violent incident, and two months later his father was killed in a tragic car accident. Kent never saw his father again and did not understand why. Children do not have a context for their feelings and upsets. A small disappointment can seem like the end of the world. Worse yet, since they do not have a fully developed frontal cortex to help them self-regulate, children are even more prone to lashing out when they are angry (Markham, 2018). A child who has lost his father has a larger, more intense set of feelings altogether. In this case, Kent, who witnessed his beloved father lashing out against his mother, with whom he had a good attachment to as well, was abruptly taken out of the house by his mother during chaotic conditions. Afterwards, Kent never saw his father again. Confusion, sadness, and anger ensue. As previously stated in the paper, children's immature cognitive development interferes with their understanding of the irreversibility, universality and inevitability of death. Preschoolers simply do not comprehend the abstract idea of "forever," as their concept of time is a hard notion to understand at their level of cognitive development (Webb, 2004).

Kent was given opportunities to help him process his grief in developmentally appropriate ways. The book "*Water bugs & Dragonflies*" by Doris Stickney, was read to him. It was an excellent way to explain death to a young child. A coloring book of the same book was given to his mother to color, and read along with him, to help validate the concept of death. Making the box helped Kent to reconnect with his father, (his belongings, and keepsakes) bringing him closer to him in an abstract and way. Hopefully, giving Kent a sense of safety, and accessibility, in the midst, of strong emotions. The box is kept in Kent's room, and his mother said that she will direct him to the box when he is feeling sad and missing his father. She said that it will be brought out and celebrated on special anniversaries (birthdays, and day of passing) to help him feel connected to his father.

The combination of storytelling, art therapy, and the making of the memory box to honor Kent's father has been shown to be a healing experience for Kent. His mother and his teacher said that he seems to be having less frequent outbursts, and the aggression of hitting and lashing out at others has ceased altogether. Kent's mother also reflected that Kent seems happier now, and more able to stay focused on tasks at home.

### **Conclusion**

The facts and ideas presented in this paper just brush the outer layers of knowledge that embrace the ideas that art therapy, and other creative modalities are effective means of helping children and adolescents deal with grief. More, and more research is being explored every day concerning the vast benefits pertaining to the expressive arts for grief, and other numerous maladies. My hope for you, after reading this paper, is that you have obtained an appreciation for the following fundamental ideas regarding the benefits of art therapy, and other modalities used for grief. That children and adolescents grieve differently as compared to adults, and the effects of grief on children and adolescents in relation to their external and internal worlds can also be dissimilar from that of adults. There are distinct developmental grief responses for children and adolescents that aid in the understanding of how healing processes can occur. The comparison of the Dual Process Model (DPM; Stroebe & Schut, 1999) for processing grief, with the phases, or stages, of grief by Elizabeth Kubler-Ross is a starting point for dialogue in alleviating grief symptoms. Brain function and healing was considered for exploration of how children and adolescents grieve, and the idea that the expressive arts therapies have the distinct power of connecting to the most primitive parts of our brains, especially true for children and adolescents, in establishing new healthy connections (pbs.org, 2002).

Expressive arts therapies encourage movement of the imagination, that many may struggle with during grieving process, and the idea that art influences how we look at, unblock, wrestle with, and shed light on the need to distance and detach from our pain. When we dodge grief to avoid, deny, or block the inevitable pain, the arts invite the imagination of these ‘stuck’ places to come to the surface in images, movement, color, and sound. The art process releases the tension of grief, allowing it to expand and contract, while providing a safe container in which this process can take place. When we create, we give ourselves permission to examine all that is happening within our grieving bodies (Goodtherapy.org, 2012).

Improvements have been seen in children experiencing grief or trauma through their art when they were able to find catharsis, expression and a sense of empowerment, as the swirling confusion in their heads were given therapeutic release through the creative process (Recover FromGrief.com, 2010). When a child has been heard, understood, and allowed to voice hurt, pain, and or grief through art, that is when the true value of the expressive arts shine through.

The theoretical approaches used in the creative modalities have been shown to be very conclusive in helping children suffering from grief regain a sense of control, and hope for empowering futures.

### **Dedication**

This thesis work is dedicated to my son, Daniel, who continually sought his place in the world. I always thought of him as a brave and courageous tiger, walking on the edges of life. The following is a quote that I came across sometime after Daniel's passing: "It is better to live one day as a Tiger than a thousand years as a sheep." Recorded as the view of Tipu Sahib c 1750-99, sultan of Mysore in India.

This quote certainly reminded me of Daniel, and I began to understand that through his death, he taught me how to live. I am learning how to be present. How to show up in my life and live it. How to hold on to the things and people that make me feel alive. How to be thankful for the time that I have today, how to embrace and savor every day of my life. Most of all, I have learned that Grief is another name for Love.

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