

Spring 5-19-2018

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How Can Expressive Therapies Help with Grieving and Loss? A Literature Review

Capstone Thesis

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August 9, 2018

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Abstract

This literature review surveys different expressive therapies interventions (ET) for grief and loss. There are examples from all major modalities in the ET continuum. Loss in this context is defined as the loss of someone important in one's life (a child, a parent etc.). Two of the articles sited grapple with community loss whereby a community of people lost something of great value to them. The urge to create can be present for many people when they are grieving, and ET offers a therapeutic method of channeling this creativity. Mourning rituals that already exist can be linked to ET interventions. This review also looks at different forms that grief takes: complicated grief (CG) and unexpressed/unresolved grief and the benefits and drawbacks of group vs. individual work.

Keywords: Expressive therapies (ET), grief, loss, complicated grief, unexpressed/unresolved grief, ritual.

How Can Expressive Therapies Help with Grieving and Loss?

Introduction

What he was going to miss was her smile in the morning, and the hopeful feeling she gave him, the conviction that fun was still possible, that you were more than the sum of what had been taken from you.

-Tom Perotta, *The Leftovers*, 2014

In August of last year, this writer lost her father unexpectedly. A little over a month later it was time to begin researching a topic for this paper. In experiencing grief over her father's death, this writer found she had a great need to talk about death and how to recover from the loss (or losses) it leaves in its wake. She was curious, as a nascent drama therapist, what the world of expressive therapies (ET) had to offer in terms of healing. ET is an umbrella term that includes different modalities of arts-based therapy including: art, music, dance, drama and expressive therapy (therapists using this modality use different elements of the individual modalities). While each modality is distinct, there are common themes that bind them. Every expressive therapy modality uses imagination, transformation, metaphor, creation and story- based interventions. Individually, they have unique perspectives and approaches (Malchiodi, 2007, pp. 8-9).

How can ET help with grieving and loss? That is the research question that guided this literature review. Once this writer committed to researching this topic life gave her more examples of loss to grapple with. Her maternal aunt died in October, shortly after planning and attending her father's burial. Not long after burying her aunt and starting to write this paper, the author's mother was diagnosed with cancer and died about a month later. The subject of this literature review went from being somewhat personal to intensely personal. It was difficult to read about and experience so much loss all at once. Within the direct experience of so much

grief, the author had a more critical eye towards the interventions that she found and wrote about. This author found that it is important to remember that the way people grieve, and process that grief is personal and distinct to each individual. There is no right way to go about it and hearing that from a professional helper can be reassuring.

There are many examples of individual and group interventions used by expressive therapists with grieving clients in this literature review. Some are for specific populations: children, women in prison, people who have lost someone to suicide etc. and some are less specific. In searching articles, interventions for different types of loss came up. For example, community loss is when a group of people loses something vital to them such as their health and vitality, in the case of marginalized communities, or their sense of belonging to humanity, in the case of veterans (Williams et al., 2009; James & Johnson, 1997). This widened the scope of the research and made it more inclusive of grieving communities and populations rather than just individuals.

ET has unique ways to look at and help people process loss. These include: the creating of memorials/alters, and making art to connect with feelings of grief (Castle & Phillips, 2003), the use of writing to make sense of loss, or confront a loved one (Redhouse, 2015; Stepakoff, 2009) viewing death as a transformation rather than an ending (Porter, 2003), processing collective grief in an imaginative realm (Williams et al., 2009, James and Johnson, 1997) and processing unexpressed grief through art making (Ferszt, et al. 2004). There are ET interventions to help cope with the loss of a child/the loss of a parent (Callahan, 2011; Philpott, 2013; Dalton, & Krout, 2005; Slyter, 2012). The following literature review looks at different types of grief and specific ET interventions to aid in its processing.

Literature Review

Stages of Grief

A seminal publication on grief is Elisabeth Kübler-Ross' (1969) *On Death and Dying* which includes, five stages of grief: denial, anger, bargaining, depression and acceptance (pp.51-146). Kubler-Ross wrote about these stages in relation to patients who received terminal diagnoses (p. 147), but they have become a foundation of grief therapy. Kubler-Ross offers some excellent advice in helping bereaved persons, when she admonishes helpers to “Let them share and ventilate, but be available” (1969, p. 186). She goes on to say that the best thing that can be done to help mourners is to allow them to “share” and “work through” (1969, p. 186) their feelings. To this author that means that therapeutic presence is the most important aspect of working with the bereaved.

While some have complained of the stages being too limited (Redhouse, 2015, p.67) many of the upcoming interventions in this review focus on one or more of Kubler-Ross' (1969) feeling states of: denial, anger, bargaining, depression and acceptance (pp.51-146). Worden (2009) has identified four “tasks of mourning” (p. 39). The first is to “accept the reality of the loss” (p. 39), the second is to experience the pain of the loss, the third “to adjust to a world without the deceased” (p. 46), and lastly, to discover or create a lasting bond with the deceased while adjusting to or starting a “new life” (p. 50). In both models the stages or tasks are not trains that move in a linear fashion. Rather, mourners may return to a task, or they may be working on multiple tasks at the same time (p.53). The music therapists, Dalton and Krout (2005) created their own terminology of grief processing: “understanding, feeling, remembering, integrating and growing” (p. 133) in working with adolescents. All of the above models can be useful to expressive therapists as they offer a framework of grief to operate within.

All Grief is Not the Same

Complicated grief (CG) also known as persistent complex bereavement disorder (American Psychiatric Association, 2013) can be present in bereaved people who are having extreme difficulty recovering from the loss of their loved one. Criteria for CG includes: “persistent yearning/longing for the deceased” (p.789), trouble accepting the death and even at times a wish to die so as to be reunited with the deceased. Symptoms must be present for one year in adults and six months in children (American Psychiatric Association, 2013, pp.789-790). Glickman et al.’s (2016) quantitative study of CG looked at the differences in responses to complicated grief treatment (CGT) or interpersonal therapy (IPT) in adults. CGT treatment integrates Cognitive Behavioral Therapy (CBT) and trauma informed treatments to create a multi-faceted approach to CG, whereas IPT focuses on grief alone (p.119). The authors found CGT to be more effective than IPT in reducing most symptoms in CG, but especially depression; “possibly because CGT specifically targets dysfunctional thoughts and avoidance behaviours [sic] as manifestations of grief complications” (p.123).

Glickman et al. (2016) used well known inventories to measure symptoms before and after treatment, including the Beck Depression Inventory (BDI) (Beck et al., 1979) and the Hamilton Rating Scale for Depression (HRSD) (Hamilton, 1960). All participants had the same length of treatment: 16 weekly sessions and were randomly assigned to either treatment (p.118). Limitations of the study include a small sample size ($N=69$) and no follow up with participants who dropped out (p.123). One of the authors, Shear, has studied grief and CG for many years and helped create one of the inventories to measure it: The Grief-related Avoidance Questionnaire (GRAQ) (Shear et al.,2007). This may be a useful tool in determining if a client is suffering from CG.

While none of the studies in this review mention CG, it is present in some of the studies under a different name. Unresolved or unexpressed grief can do lasting damage to a person and result in counter productive behaviors, depression and isolation (Ferszt et al., 2004; James & Johnson, 1997; Redhouse, 2015; and Yun & Gallant, 2010). It can remain hidden for a long time but it will not go away if it is not addressed.

Expressive Therapies: An Organic Outlet for Grief

When you are gone, there is nor bloom nor leaf,
Nor singing sea at night, nor silver birds;
And I can only stare, and shape my grief
In little words.

- Parker, *Not So Deep as a Well*, 1938

The compulsion to create when one is grieving makes ET seem like an obvious choice for some people. ET can focus the urge to create in a particular direction. In a brief presentation of three case studies, Isis (2004) discusses how three bereaved women instinctively turned to art making to help them process their grief. One wrote songs, one poetry, and another took stained glass, shattered it and created art pieces out of it. None of the women had written poems, songs or made art from stained glass before, they had never been to art school, but they felt compelled to express their grief through these different art forms (p.32). “Poetry is a form of speech that naturally arises when the heart is full” (Stepakoff, 2009, p. 108). Stepakoff is a poetry therapist who works with people bereaved by suicide and she has found that some people naturally turn to writing to express their grief (p.108).

Sometimes the creation is casual and unplanned and other times it is more formal. Ritual can be at the heart of many ET interventions and the creation of rituals may be helpful for

grieving people. Castle and Phillips (2003) created the Bereavement Activities Questionnaire (BAQ), a multiple-choice questionnaire with three areas of questions for bereaved people about what they found most helpful during the time of their bereavement (pp. 52-53). While the authors were looking at rituals and not specifically ET rituals, it is interesting to note that the top five rituals that bereaved people found helpful, involved creation. The first was planning a memorial service or celebration of life. The second was making an altar or designating a special space in one's home for the person who died. Third, talking to the person who has died. Fourth, making something: a photo album, scrapbook, artwork, or some other craft of the deceased that reminds one of them. Lastly, "writing a letter or poem to the deceased" (Castle and Phillips, 2003, p. 55) was the fifth most helpful ritual.

When one is working with ET interventions metaphor will always be present. Porter (2003) is an excellent example of the use of metaphor in ET. In discussing impasse in drama therapy, the author uses the aesthetic moment in a drama therapy session when a client and therapist reach an impasse (defined as a moment when the play stops due to the client's resistance) as a metaphor for death (p.101). She is not only referring to one's final end, but to the many deaths that transformation demands of one as well. She argues that these moments, while perhaps frustrating for the therapist (and client), are necessary and beautiful. Necessary because the client might be asserting a boundary or doing valuable work and beautiful because they create space. The impasse may be the starting place of change (p.101). The author looks at impasse through the lens of poetry, metaphor, philosophy and spirituality to give it a form that can be seen and understood. The author acknowledges that death is always with us, and we are always grappling with it even if we cannot see that. This is an important realization for people who have lost loved ones.

Supporting Grieving Children and Adolescents

Many of the studies highlighted in this review focus on interventions for children and adolescents. Currier et al. (2007) analyzed 13 quantitative studies of bereavement interventions for children and adolescents. Only one study was based on an ET intervention and the rest were traditional therapeutic interventions (p. 259). In their review, Currier et al. (2007) found that “the interventions with bereaved children do not appear to produce the outcomes that are expected from professional psychotherapeutic interventions” (p.257). The authors point out several reasons for the ineffectiveness of bereavement intervention including: administering interventions too long after the loss has occurred, treating children who may not need treatment, lack of rigorous screening of participants and “the tendency to pathologize bereavement” (Currier, et al., 2007, pp. 257-258). The authors recommend better screening of participants, for the researchers to define their theory and interventions more clearly, screening children for CG, and more long range follow up (p. 258).

Currier et al. (2007) bring an important issue to the fore in working with any grieving population but especially children: specificity. Where are the clients in their development and cognitive abilities? How did their loved one die? While not discouraging group bereavement work among children, the authors strongly cautioned for proper screening of participants. A child whose parent died a violent death may not receive any benefit from being in a group with children whose bereaved died of natural causes (p. 257). Conversely, a child who lost a parent to cancer will have different issues than a child whose parent was murdered or took their own life (Webb, 2003, p. 407). Webb (2003) and Slyter (2012) present different ET interventions for children and adolescents who are grieving. They both center their interventions around the child’s developmental stage.

Webb (2003) considers children's ability to understand death depending on their developmental stage. For instance, a child under the age of seven may not fully understand what it means to die: they may think that the dead can return (p. 410). Interventions may be needed to help them understand the nature of death before they can begin to process the loss.

Grieving adolescents also bring unique developmental issues to grieving. While they may be able to understand the concept of death intellectually, they may feel loss more acutely than adults and they may take it more personally (Oltjenbruns, 1996). "This sense of being alone and special leads adolescents to feel as though their grief is obvious to all, but no one could possibly understand how they feel" (Slyter, 2012 p. 18). They may grieve in cycles and even feel the loss through their entire lives especially during milestones like graduations, weddings or the start of their own family (Slyter, 2012 p. 18). Slyter also encourages parents or caregivers to let adolescents be a part of the rituals around the death that are being held as then adolescents can accept the loss of their loved one more readily (p.29) reinforcing the concept of the importance of rituals.

Expressive Therapies with Grieving Children

After an extensive survey of their topic, Hill and Lineweaver (2016) tested their hypotheses, "that art making would result in significant improvements in grieving children's affect, regardless of whether the art making occurred in an individual or a collaborative context (p. 92)". In their study the control group, put together jigsaw puzzles (always the same puzzle) and the other group made pictures of a "happy person (p.93)". In both groups some children worked individually, and some worked together. They found that the children making art individually had the greatest increase in affect.

Hill and Lineweaver (2016), implemented aspects that had shown to be effective in other research into their study. For instance, a focus on positive feelings in the creation of art was shown to be more beneficial than focusing on negative feelings (p.92). They worked to create uniformity in all test subjects in terms of the children participating, instructions, materials and what was being created. The authors acknowledged that theirs was a small sample size: 54 children, and that the children participating were recruited from a center that supports grieving families, so the participants may have been more open to the exercises than children from the general public (p.96).

Stutey et al. (2015) took a different approach than the previous study when working with bereaved children. The children were given disposable cameras with the instructions to: “Please take pictures of anything that reminds you of your loved one who died or that will help me understand how things have been for you since they died” (p.157). After the pictures were developed, the children met with a therapist, showed the pictures and talked about the meaning of them. An important discovery was that the children were particularly excited about having choices: “More than anything I was really excited that I got to pick what I wanted to take pictures of, it was all my choice” (Stutey, et al., 2015, p. 160). Something small, like being able to choose the colors of a picture or in this case, what to take pictures of, can help grieving children feel some autonomy over their world at a time when it is sorely needed. The authors found children were also comforted by seeing traits of the deceased in others, for instance “the laugh of a sibling, or when a parent comforted them” (p.162).

The authors observed that while the bereaved children could not always articulate their feelings in spoken language, the pictures they took represented many complex emotions (Stutey, et al., 2015, p.161). This is one of the most helpful aspects of ET in working with grief: the

ability to express intense feeling in a non-verbal way and to give voice to feelings through another medium. This is especially important in working with children as they may not have developed the language skills needed to say what they feel (Webb, 2003, p. 415).

In an article on play and expressive therapies for children, Webb (2003) cites a case study of a nine-year-old girl she saw for individual counseling after the girl lost a good friend in a disturbing car accident. The author made up stories with the girl, played board games and drew pictures. In these activities neither of them mentioned the death of the girl's friend but it was present in the metaphor of the play they engaged in. The girl made up stories about creatures hunting her, and during the board game Battleship, Webb made sure to vocalize the fear of the people on the boats who may sink. While they never explicitly discussed the loss, six weeks after beginning therapy, many of the girl's traumatic symptoms had stopped (pp. 419-420).

Embodiment is another tool of ET, used predominantly in drama therapy and dance/movement therapy. It involves using the body as a way of engaging with the thoughts and feelings a client may have (Jones, 2007, p. 113). Through the case study of Claire, Mackenzie (2013) gives examples of how embodied story telling can be used in the treatment of grieving children. Claire is a 10-year-old girl who has lost an older brother to suicide. She, her twin brother and two other boys are in an expressive therapies group for traumatized children and Mackenzie is the drama therapist who works with them (p.134). Throughout the 10-week sessions, Claire frequently puts herself in the middle of the group. She can articulate her feelings and asks through the work that she does to be seen and heard. In one of the final sessions Claire creates a story that she enacts, playing different roles, "which were almost inaudible" (p. 138). In her enactment one of the characters dies and another character states, "You still have me" (p.138). While presenting as in control of her emotional state during the sessions, in her last

scene Claire reveals a more vulnerable side of herself. She expresses her deepest fear, that she is not as important as the child who died. She does this through enacting different made up roles that say what she, Claire, believes but cannot say out loud as herself. Mackenzie states that performing this vignette for the group “appeared to be a vital part of her healing” (p. 138). There is no follow up reported for Claire or the rest of the group, so it is impossible to know if these sessions created deep healing or momentary reprieves. Still, this article also gives excellent examples of how different modalities of expressive therapies can be used together.

Another example of embodiment is present in a study by Philpott (2013). The author interviewed three DMT therapists who worked with grieving children and then analyzed the results. All three therapists used interventions where the children could “remember and honor their loved one through dancing” (Philpott, 2013, p.157). Many children used the dancing as a way of strengthening their connection to the loved one they had lost. Some would imagine dancing with their loved one, or dancing for them or inviting their loved one to watch and be a part of the circle. One of the therapists stated that using dance to memorialize their loved ones was a “coping skill” for the children as they “experience feeling really happy...and having their feelings of love for that person” (p.157). Embodiment can help clients express a wide range of emotions, from fear as demonstrated with Claire (Mackenzie, 2013), to joy as seen in this article.

Philpott (2013) found certain themes appeared in the therapeutic work of the bereaved children in relation to the person they lost: “remembering and honoring; feelings about that person; telling the story of loss; learning about mortality and limited amount of time; and deepening into resiliency” (pp. 156-157). Some children found support in group DMT work where they shared their memories with other children who had lost loved ones (p.157). This reinforces some of the earlier observations in this review, the importance of creating a ritual

(Castle and Phillips, 2003), and sharing with others who have gone through a similar loss (Currier et al. 2007; Webb, 2003).

In wanting to help grieving adolescents more specifically, Dalton and Krout (2005) created an assessment tool. The Grief Process Scale (GPS) is based on the analysis of bereaved adolescents' song lyrics they had written during music therapy and the adolescents self-reporting about what the experience of music therapy and creating their own songs had been like (p. 133). They identified "five grief process areas (understanding, feeling, remembering, integrating and growing)" (p. 133) and developed the GPS to address those processes directly by creating subsets of questions for each process area. They then tested their assessment tool clinically with 20 adolescents ages 12 to 18 who had lost a loved one in the past three years (p. 134).

Fourteen of the adolescents met in a group for music therapy songwriting sessions over seven weeks. The other six were "the no-treatment, no-contact control group" (p. 135). The group in music therapy wrote lyrics for songs that focused on each of the "grief process areas" identified above (p.135). The authors gave their GPS assessment tool to the individuals at the beginning and end of the seven weeks. There was noticed improvement in many areas with all participants. As the sample size was small, the authors were unsure if their assessment tool would get consistent results if it were used more widely. The group songwriting sessions did seem to help the adolescents to process their grief (p.136-137).

Expressive Therapies with Grieving Adults

One of the most helpful aspects of using ET with bereaved people is that the interventions can create a container for their grief. This takes the feeling out of the person and puts it into an aesthetic form that is *of* them but separate from them. This allows the person to gain some perspective on what they are feeling and can help to alleviate some of the more

overwhelming aspects of grief. All of the interventions in this section use containment, albeit in different ways.

In a qualitative study following bereaved caregivers who used music and music therapy to help them process their grief after the death of their loved ones (O'Callaghan, et al., 2013) the authors looked at “the relevance of music” (p.102) to the caregivers. All of the eight participants each had some relationship to music; some were musicians and some of the people they cared for participated in music therapy prior to their death (p. 117). The researchers found that the participants used music in different ways. At times it was for release – subjects would listen to songs so that they could cry. At other times, it was to elevate their mood – if the subjects were low they would choose music to cheer them up. Some of the subjects had music that their loved ones created and while they found listening to it to be difficult, they were comforted by the presence of it (p. 118). The study presented specific ways bereaved people can use music to mourn their loved ones and to strengthen their connections to them. “... a striking finding was music’s capacity to “contain” a person simultaneously experiencing apparently contradictory emotions: the dual sadness and comfort described by the mother as she howled to her son’s music” (p.119).

Callahan (2011) used an arts-based process to help achieve two tasks: help parents who had lost children with dance/movement therapy (DMT) and create a performance to help people understand what bereaved parents go through and how agonizing it is (p. 192). The author held group bereavement sessions with parents who had lost a child. She then created a dance theater piece called “Buried Treasures” using the words and themes that arose out of those sessions. The recurrent themes that arose from the parent discussions were: the process of grieving does not stop, “their lives were changed forever” (Callahan, 2011, p. 190), the parents wanted their

children to be proud of them, and an absence of a fear of death, because if they died they would be reunited with their children (p. 190). The parents did not take part in the performance but were invited to attend. One set of parents who saw the performance stated that it “expressed everything they had felt and gone through” (Callahan, 2011, p. 191). The performance became the container for the grief and the parents found relief in that.

During the group bereavement sessions Callahan (2011) used a meditation process that she created. She guided the parents through their memories of when they first heard about the death of their children, on to the funeral or memorial services and ending with where they were right now during the session. They were instructed throughout the meditation to pay attention to their “their bodily sensations and to the reactions they had had during the events surrounding their child’s death” (Callahan, 2011, p. 188). Many parents found that they had become disconnected from their bodies and minds at hearing of the loss of their children. Some could not remember faces, or where they were, or who had come to the service for their child. The author suggests that “bereaved parents develop a temporary unconscious body-mind disconnection” (Callahan, 2011 p. 188). This is embodiment from a different perspective than the other interventions previously discussed. In this intervention the goal is to bring the clients back into their own bodies and their own feelings rather than embodying a different role or imaginary place.

As a poetry therapist working with people who are grieving a loss due to suicide, Stepakoff (2009) has found that many grieving people spontaneously turn to writing, either in journal form, poetry, or writing letters to the deceased (p.108). In her case study of a suicide grief support group, Stepakoff utilizes both receptive methods of poetry therapy, where the therapist assigns or shares written poems and expressive forms where the participants create their

own work (pp.105-108). The author uses written poems with four goals in mind: to talk about suicide grief in an artistic and contained way that shows the participants in the group they are not alone, to show what truthful sharing can look like, “to give external form to internal, difficult to articulate emotions and perceptions” (Stepakoff, 2009, p. 107), and to show how beautiful the poems can be and that beauty can help spark life in the participants (p. 107). When the author assigns participants to write their own poems she uses the same goals (p. 110). This is another form of containment coming directly from the client’s lived experience. The author finds the support group format especially helpful with people who have lost someone to suicide as they can share with people who truly understand what they are going through (p.107). This article and the previous one show how uniting people who are grappling with the same horrific loss can be healing.

Unexpressed/Unresolved Grief

Another form of grief is known as unexpressed/unresolved grief. Ferszt et al. (2004) created a pilot study for women in prison who had lost a loved one while they were incarcerated. Due to the constraints, lack of privacy and the need to appear strong, grieving a loss while incarcerated is remarkably difficult (p. 191). The authors offered the women art therapy and focused on processing grief over eight weeks. They found that the art making became a safe way for the women to express their feelings without seeming weak to the other prisoners or wardens (p. 191). The research was presented in a “a composite case using the pseudonym Ashley” (Ferszt et al., 2004, p.193). The article follows Ashley’s journey through the eight sessions. At times Ashley is defensive but she finds that making art helps her express her feelings and clarify her thoughts. Like Hill and Lineweaver’s (2016) study, the art therapist encourages Ashley to

focus on some positive aspects of herself and her future so that she has something to work toward (pp.195-196).

The authors stated at the beginning of the article that they could find little research on women in prison and grief and that compelled them to create the study (Ferszt et al., 2004, p. 192). One of the authors had co-facilitated an art therapy group in prison, focusing on grief in the past. The members of that group spoke of their inability to process grief in prison and how their feelings became overwhelming when released. The authors make a clear connection between unresolved grief and the difficulties women face when integrating into civilian life after incarceration (p.191) and suggest that more longitudinal studies be done with this population (p.198).

In a case study of a 74 -year-old woman who was dying of cancer, one can find a beautiful example of unresolved/unexpressed grief. Redhouse (2015), a drama therapist, worked with Iris over seven sessions on the creation of Iris's "Life Story," a book about her life that she would leave to her family after she passed. Iris had a younger sister who died when Iris was a young woman. The death sent her into a sort of tailspin where she "was all over the place" (p. 73). While Iris spoke of her sister often, she did not include the story of her passing in the book of her life. There was a space between the reported memories of her life before her sister died and afterwards but what happened at the time of the death was absent from her finished narrative (p.74). Redhouse names this space "unspoken grief" (p.75).

While creating the book Iris would sometimes say of someone, "They had a good life and a good death" (p.74) but the deaths that had the most resonance for her were the ones that happened seemingly prematurely: her father, her sister, and her uncle, who all died while still young. Those deaths did not fall into the "good life/good death" category and they troubled her

(p.74). Redhouse did not give tidy interventions for resolving Iris's grief but rather allowed it to be heard and witnessed. There is a poignancy to Iris's story that speaks to how deep unexpressed grief can be within someone and how unwilling or unable they can be to let it go.

Is there a specific way that unresolved/unexpressed grief can be addressed with ET interventions? What should the ET therapist focus on? Using a music-based intervention Yun and Gallant (2010) studied women ($N=21$) with unresolved grief issues. The intervention focused on forgiveness as the authors were curious if this would help heal the women's grief. They also tested to see if the intervention would lower the depressive symptoms in the participants. Lastly, they wanted to know, "do women who do not resolve forgiveness/grief issues tend to show higher levels of depression symptoms, and conversely, do women who successfully resolve forgiveness/grief issues tend to show lower levels of depression symptoms?" (Yun & Gallant 2010, p.365). Over six months each participant received 12 individual, hour long counselling sessions. During the sessions the counselor would play a song (from a music therapy songbook) that was about forgiveness. The participant would then study the content of the song, noticing parts that stood out to her and the dominant narrative of the song. She would then describe what she had experienced in her own life within the context of the song (p. 368). The participants also filled out the Beck Depression Inventory (BDI) and the Forgiveness Grief Perspectives Scale (FGPS), "which measures the level of perception on unresolved forgiveness/grief issues" (p. 370) before the start of the 12 weeks and again when the sessions concluded. The authors found a strong correlation between forgiveness and depression; "the higher the unresolved forgiveness/grief scores the greater the depression symptoms, and the lower the unresolved forgiveness/grief scores the less the depression symptoms" (Yun & Gallant 2010, p. 370). This

same triad of unresolved grief/depression/forgiveness is apparent in the study by Ferszt et al. (2004) and in the following study with Vietnam veterans by James and Miller (1997).

Drama Therapy and Community Loss

James and Johnson's (1997) article, *Drama Therapy in the Treatment of Combat- Related Post-Traumatic Stress Disorder* is a case study of a cohort of fifteen Vietnam veterans in a four-month in-patient treatment program at a VA Hospital in West Haven CT. The patients, all suffering from Post-Traumatic Stress Disorder (PTSD) were assigned drama therapy with the authors during their stay (p.384). James and Johnson made note of three phases the veterans went through during sessions: The rage phase, the shame phase and the empathic stage. During the rage phase the imagery the men bring to the surface is blunt and angry (p.385). This phase is characterized by high energy and improvisations of attacks against people in authority. This is the time when the men explore revenge for what was done to them and for who they have lost.

During the shame phase secrets are revealed, the men play with "themes of impotence, loneliness, regret, guilt, fear and doubt. Issues of intimacy rather than authority are foremost in the drama therapy session" (p.389). There is more identification with the victim and the men can explore their grief. "Our experience has been that this toleration of shameful affect in the session precedes the sharing of traumatic memories, which serve as pivotal moments in the therapeutic process" (p. 390). The empathic stage is marked by acceptance of what the men have lost and a recognition that they are indeed still human and welcome to be a part of humanity, which for many years they felt banished from.

From the previous article and the one to follow one can see how ET can facilitate healing within a community. Some circumstances require the entire community working together to achieve emotional recovery and well-being. Williams et al.'s (2009) an arts-based research study

followed the story of a predominately African American community in Buffalo, N.Y. where many people were suffering from lupus, lead poisoning and other auto immune disorders. A community organization (the Buffalo Lupus Project-BLP) was formed that began to gather information about sites next to the neighborhood where toxic waste has been dumped. The BLP partnered with New York University of Buffalo and a local church to expand their research. Over the course of a weekend they presented a Theater of the Oppressed-Forum Theater workshop to show their findings and to tell the story of how their organization came to be, to the community at large (p.467).

Forum Theater asks that members of the audience participate by replacing the actors on stage and offering solutions to the presented problem so that “all possible solutions, ideas, and strategies” (Williams et al., 2009, p.473) are explored. The writers did an excellent job of showing how crucial the Forum theater paradigm helped involve more and varied community members to seek justice and solutions to an environmental and health crisis. On the surface this article does not seem to fit into the category of grief and loss but the project itself comes out of a community grappling with the loss of its health and vitality and its abandonment by the larger surrounding community. Viewed from that context it is about loss from a collective perspective. It is one of the few articles this writer encountered thus far to grapple with the grief (and anger) of a community, rather than an individual person. The BLP’s quest for justice for its community shines a light on the topic of grief and justice. Many grieving people feel that the loss of their loved one is unfair, and they must reconcile themselves to that fact to find some semblance of peace. For the BLP, the action of seeking justice for their community brought, if not peace and healing, then a new and invigorated purpose to the community.

Discussion

Most of the rituals that are performed when someone dies are in some way creative. In the US, depending on one's religion, other spiritual beliefs, and cultures, we may plan a memorial service or funeral, highlighting their good character traits and their funny ways. We share songs, poems, and readings that they loved. We write the story of their life for the obituary. We plan a meal, put together scrapbooks and collages of photos to share. We might make their favorite foods or best recipes to share after the service. In many families when someone dies their picture is in a prominent place in the home, perhaps with other objects that have meaning, thereby creating an altar or mourning space. Creation helps people make sense of loss: it creates and maintains presence out of absence.

An important theme in the literature was that people want to create or maintain connections with people they have lost. Worden (2009) seemed to get it right when he identified this as one of the tasks of mourning. ET can help people with this task by creating a physical piece of art (a poem, a dance, a scene, a song, a picture, etc.). People, especially children, may have an easier time expressing themselves in play or in metaphor than in words. ET offers opportunity for people to express anger at their loved ones (Stepakoff, 2009, James & Johnson, 1997, Yun & Gallant, 2010) or their fear of death (Porter, 2003, Redhouse, 2015, Webb, 2003) through imaginary work.

Four articles- Ferszt et al. (2004), Yun & Gallant (2010), Redhouse (2015), and James and Johnson (1997) dealt specifically with unresolved grief. Yun and Gallant looked at forgiveness and levels of depression in unresolved grief; as did James and Johnson, though they do not call it unresolved grief. The veterans they worked with were mired in guilt and shame for what they had done in Vietnam, and they needed to be able to forgive themselves to feel a part of

the human race again and let go of the war. They were able to do so in the improvisational play they engaged in within their sessions. Similarly, the women in Yun and Gallant's study needed to forgive other people to move on and feel better. The women that were able to see the importance of the step of forgiveness through song lyrics showed less depression than the women who couldn't do so.

Ferszt et al. (2004) made a connection at the end of their study that for people in prison who suffer the loss of a loved one while inside may have difficulties when they are free if they are not able to process that grief. As prison is not a place where one can safely express emotion and the prisoners are only allowed access to their outside community for the funeral, all the emotion and grief over the loss may fall upon the prisoners once they are released. This could lead to an overwhelming time for the released person who is trying to reacclimate to society and mourn a loss simultaneously (p.191).

Redhouse (2015) found that that her client had a lot of unexpressed grief over three deaths in her life that she felt happened when each person was too young. Even though the losses had happened deep in the past, they were still very present for her client. All these pieces show the emotional toll and the dangerousness of carrying unexpressed/unresolved grief can exact on human beings individually. It also makes this author wonder if our society lets people grieve as they need to? From the two studies that dealt with veterans and prisoners, it seems as if certain populations are not allowed to grieve and that even in the general population, a time limit is put upon how long people are supposed to grieve for.

Group therapy can be remarkably helpful if everyone in the group is bound by the same type of loss. Stepakoff (2009) held group therapy sessions for people who had lost someone to suicide. James and Johnson's (1997) group members were Vietnam veterans, and Callahan's

(2011) group contained parents who had lost a child. In each of these studies it was clear that being with people who had experienced the same type of loss helped to lessen isolation and promote healing. Groups can foster a sense of safety; the participants are able to practice interacting with other people and then can take that out into the world at large.

Eight of the articles focused on children/adolescents who have lost loved ones. One addressed parents who have lost children exclusively, one focused on women in prison, one on veterans. Some of the qualitative articles do not state the skin color or social class of their clients. Since all of the authors cited do not specify, it is difficult to make a clear assessment of who is getting studied and who is not. Ferszt et al. (2004) state in their article that they could find no grief research on women in prison which led them to create the study (p.191). The fact that so many of the articles address children's bereavement is heartening but there does seem to be a paucity of research on people of color, indigenous peoples, poor people and people in prison. As the opioid epidemic continues and the suicide rate among veterans and others goes up, these are two other populations that ET researchers may want to explore.

Of the 17 ET articles cited in this review only three used quantitative methods, two used arts-based and the rest were qualitative. While this author found something useful in all of the articles and interventions created by different expressive therapists, there will probably be some people who would prefer more quantitative research to be done with expressive therapies. This is an ongoing debate in the world of drama therapy: more quantitative research equals more legitimacy. This could mean more funding and being taken more seriously by the traditional therapy world.

Conclusion

I can't understand how life can go on as usual. Busses run, shoppers shop, the

grocery store on the corner still stands. Starbucks hasn't gone out of business.

Facebook flourishes. Yet Abe is in the ground. He's wrapped in a shroud. He has his tallis on. He's gone. He flickered on earth for awhile, and then he left.

(Helfgott, E. A., 2012, *Diary of my husband's illness: After his death – still witnessing Alzheimer's*, p. 40)

While the articles that focus on children rightfully recognize the importance of developmental stages in relation to the interventions used, the articles for adults do not. This is a mistake. There is a difference between losing a loved one when a person is older and retired vs. when one is younger, working, and/or perhaps raising children. While the loss will be painful in either case, the stress level may be higher in the latter scenario. Most of the interventions discussed sadness, feelings of depression and guilt but none of them mention the reality of what it takes to dismantle a life and how stressful and emotionally exhausting, and time consuming that can be. This writer would like to see more interventions that deal with the real-world aspects of laying someone to rest. As baby boomers die, disposing of their things and affairs is going to take up an enormous amount of their children's time and energy. An ET intervention that grapples with the dual feelings of "I miss my mom so much" and "Why is there an ocean of junk mail that arrives every day? I could just kill her right now!" would be helpful. Death is inevitable, although we ignore that fact every day, and it is also remarkably inconvenient, especially in a society that does not offer most people paid bereavement leave.

One grief therapist this writer consulted with said that American adults' ritual around death is cleaning out the home where their parent/s lived. There is some truth to that. One of the most helpful books this author has encountered about the death of one's parents is Roz Chast's (2014) graphic novel, *Can't We Talk About Something More Pleasant?* It perfectly captures the

enormity of the task of taking care of one's parents as their health fails, their eventual death and the daunting task of disposing of their belongings. It is sad, funny and real – all of those qualities were present for this writer throughout her journey with her parents' deaths.

If one is going to work with grieving clients using ET, please remember that people who are grieving may be capable of very little, at least initially. Grief is exhausting and the energy it takes to simply get up, get dressed and arrive at someone's office is immense. They may only be able, in the beginning, to sit and cry or "shape their grief in little words" (Parker, 1938, p. 165). Being present with them and simply witnessing their grief may be the best intervention.

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