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Group Art Processing for Young Adults Experiencing Complex Bereavement: A Literature
Review

Capstone Thesis

Lesley University

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Specialization: Expressive Arts Therapy

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Abstract

This literature review distinguished group arts processing as a successful approach to treating clinically diagnosed bereavement, specifically as a sustainable support in the developmental milestones of young adults. Expressive arts therapy interventions were examined as a successful treatment option to sustain expected age appropriate developmental milestones. Current literature indicated that the expansion from cyclical grief theory has opened up multiple opportunities for more dimensional and art inclusive bereavement supports. Peer-support models and age specific processing groups have an evidenced-based presence in service offerings for this age range. Through expressive therapy directives that focus on objectives of meaning making, memorializing, and continuing bonds with the deceased, three major areas of young development are addressed. The areas of young adult development that this review focused are self-regulation, intimacy, and self-preservation. Though research on group art processing evidencing more validity and success in treatment than individual art processing was inconclusive, the quantitative and qualitative studies exhibited in this review support overall room for improved treatment attempts. This literature review examined and illuminated the expansion of more peer-model grief work that specifically targets young adults in mourning. Expressive therapies offer a primary source of processing and increased self-reliance towards healing.

Keywords: young adults, development, complex bereavement, expressive arts therapy

Group Art Processing for Young Adults Experiencing Complex Bereavement

Introduction

While grief is considered both an accepted and appropriate reaction to loss, long term effects require further attention in symptom identification and management. In the case of grieving young adults, with this group understood as between ages eighteen to twenty-six, long-term effects of grief can interrupt developmental expectations and in doing so cause further complications (Zhou, 2018, p.222). As neurotypical growth is still incomplete within the young adult age range, there is room to speculate how extended effects of grief can affect these aforementioned developmental expectations (Hall et al., 2014, p.21).

Grief involving long-lasting symptoms over the span of at least six months may lead to either complicated or prolonged bereavement disorders requiring psychological medical assessment (Dyregrov, 2017). Since the addition of prolonged grief disorder (PGD) and complicated grief (CG) disorder to International Classification of Diseases' eleventh revision, while initially understood by researchers "as only semantically different from one another (Hall et al., 2014, p. 20), further examination into the effects on everyday functioning was required. The Diagnostic and Statistical Manual of Mental Disorders' fifth revision added similarly titled diagnoses identified as Persistent Complex Bereavement-Related Disorder (PCBD) in order to best separate grief versus dysfunctional grief requiring diagnostic care (American Psychiatric Association, 2013).

Implementing a dialogue between the ICD-11 and DSM-5's versions of long-term grief became a required step in providing concise clinical supports (Litz & Jordan, 2014, p.183). The criteria for both of these manuals' versions reach consensus on several points. Both diagnoses seek long-term preoccupation of the deceased, intense emotional dysregulation and depressive

reflected symptoms, and clinically significant distress affecting everyday functioning (Litz & Jordan, 2014, p.181). The PCBD diagnosis fits a twelve-month minimum model for identified symptoms rather than the ICDI-11's portrayal of a six-month collection (World Health Organization, 2018). Cognitive functioning is an additional area that long-term grief holds distinctly as a factor for disruption, since "for some, the acute grief process is stalled [and includes] overlapping symptomatology such as post-traumatic stress disorder (PTSD) and depression" (Hall et al., 2014, p. 20). The importance of listing complicated grief as a separate diagnosis may offer structure to comprehensive treatment.

For some people the unpredictable process of grief can be linear and managed by outside supports. For others the process is less acute and more prolonged through the lifespan. While grief healing theory involving multiple steps exists to illustrate a more linear timeline for healing, many of the Western world's grief-centered supports stand on the notion that healing from grief is in fact not linear (Ruscher, 2012, p.321).

Cyclical versus linear grief healing supports may impact the misinterpretation of grief symptoms for other disorders (Ruscher, 2012, p.323). The selection of cyclical grief theory versus linear theory further connects the onward development stunting that young adults may face with this diagnosis. As the cycle expects to control repeatedly enacting symptoms, distinct milestones of young adulthood development involving self-regulation, intimacy, and self-preservation are in danger of being delayed and stunted (Busch & Hofer, 2012, p.282).

This Capstone Thesis Project will include an extended review on literature opening the aforementioned areas, summarized into the following categories: distinctions of Persistent Complex Bereavement Disorder (PCBD) to other diagnostic manuals' digressive versions, cyclical grief theory versus linear theory in current clinical care for young adults, and the

connection of posttraumatic growth to bereavement symptoms for this age group. Quantitative cases in which group art processing utilizes cyclical grief theory to address PCBD will be reviewed and systemically discussed. This author will conclude by identifying opportunities for expanded research in young adult specified interventions that promote strengthening of self-regulation, understanding of intimacy, and comprehension of self-preservation.

The purpose of this thesis is to provide a review of current studies and literature on persistent complex bereavement disorder's effect on young adult development. In exploring the different options for clinically supporting young adults experiencing this developmental outcome, group art processing will be the main focus. Lastly, opportunities for art processing interventions based on previous theories implemented in grief healing sectors will be presented for further research opportunity.

Literature Review

The short-term reactions of grief can be considered developmentally appropriate for young adults. The sudden loss and change of the nuclear family system, an outside support, provider, or peer creates dissonance and requires time for processing. Symptomology related to the grief process can reflect similarly to other disorders, particularly those involving tendencies to isolate, ruminate, or obsess over inconsistency of change (Kristensen et al., 2017, p.1). The consideration of "normal" versus diagnostic grief experiences can be examined in several factors. These factors include the living's relationship to the deceased, circumstances between the death, and level of violence in death. These considerations may also include shared environments or shared support systems between the deceased and living (Holland & Meyer, 2011, p.254).

In discussing how the relationship between the dead and bereaved contain likelihood of a complicated grief response, there is "a distinction [that] has been drawn between symptoms of

separation distress (e.g. numbness, anger/bitterness) in prolonged grief disorder (PGD), a chronic and severe form of grieving" (Holland & Meyer, 2011, p.1). Exploring the cause of death, as well as the role of the deceased in the bereaved person's life, points to a variance of separation and traumatic distress models. Holland and Meyer (2011) noted that "past researchers successfully used these groupings of items to separate trauma" (p.2). One 2011 study examined a series of losses by violent and self-inflicted means and related more similar levels of traumatic distress. The symptomology involved in this comparison found that distress levels were much higher with non-medical or support system expected deaths, likely due to how "the loss of a close attachment can disrupt one's self of being protected and produce a shattered sense of security" (Holland & Meyer, 2011, p.3). By further examining the connection between a trauma response and the probability of complicated grief, mental health services can further specify treatment to meet grieving clients' needs.

Other than reflecting on how a trauma related diagnosis can be mistaken for complicated grief, a prolonged grief disorder shares several symptom subsets and expectations as clinical depression (Kristensen et al., 2017, p. 1). A distinguished review on this comparison notes that "there is no simple definition of normal grief, [but] some main points can be noted. Grief after the death of a loved one includes a number of different reactions that are of an affective, cognitive, behavioral, and somatic nature" (Kristensen et al., 2017, p1). Multiple subsets of diagnostic criteria, namely the Diagnostic and Statistical Manual of Mental Disorders Revision 5 (DSM-5) and International Collection of Diseases Revision 11 (ICD-11) set aside different diagnostic criteria for an established diagnosis on this particular kind of grief.

According to the DSM-5, a somewhat new condition in the latest revision can be referred to as persistent complex bereavement disorder (PCBD) (Lee, 2015, p.399). The reasoning behind

a separate diagnosis rather than just specific depressive criteria was "developed using expert consensus and shares many features with the empirically supported constructs of complicated grief [as seen in ICD-11]" (Lee, 2015, 2, p.399). These criteria are often further disguised as subsets of depression and anxiety diagnoses when grief is not an additional factor. According to the latest revision of the DSM, however, there are sixteen total symptoms related to grief that are separated into three separate categories for the listed domains (APA, 2013). Some of the most predominant symptoms include the first domain of "yearning, sorrow, preoccupation with the deceased, and preoccupation with the circumstances of the death" (Kristensen et al., 2017, p.400). The next domain, which is referred to as reactive distress (APA, 2013), revolved around "difficulty accepting, disbelief, numbness, difficulty with positive reminiscing, bitterness and anger, maladaptive self-appraisals, and executive avoidance" (APA, 2013). Understanding these domains can allow mental health providers to differentiate more specific diagnostic criteria to support clients.

One 2017 clinical study focusing on the complete inventory of this disorder found that there are "also other variables associated with bereavement distress that are documented in previous research but not articulated in the DSM-5...[and] tied to elevated grief" (Kristensen et al., 2017, p.40). This study additionally emphasized that "another measure of dysfunctional grief is the extent to which it can predict important outcomes above and beyond other related decisions" (Kristensen et al., 2017, p.401). Quantitative methodology in this study differentiated between "exploratory factor analysis, construct validity, and incremental validity" as it exists within self-reporting of complex grief symptoms (Kristensen et al., 2017, p.401). Risk factors between identifying and cultural markers were established, as well as the consequences of everyday functionality following the death.

Within the complicated terms of this disorder also exists space for cognitive functioning impairment, particularly when a complex bereavement disorder is mistaken for depression or not diagnosed at all. As "much evidence suggests that complicated grief (CG) is a disorder distinct from conditions with overlapping symptomology such as posttraumatic stress disorder (PTSD)", requiring diagnoses process and treatment intervention is necessary to allow for more specified treatment (Hall, 2014, p.20). Prior research methods have determined that "individuals with CG have greater neurocognitive deficits compared to both normally bereaved and non-bereaved control participants" (Hall, 2014, p. 21). Cognitive functioning may therefore be affected by untreated or mis-diagnosed complicated grief.

In discussing the method that sought to make the connection between cognitive impairment and complicated grief, one study gathered in a group therapy setting titled Healing Emotions After Loss (HEAL). Findings of over nineteen hundred individuals in revolving groups over time were given "baseline clinical assessments...some excluded and randomized [from the] assessment for variance "(Hall, 2014, p.21). Results of the survey and clinical assessment trials concluded that a higher rating score within the Inventory for Complicated Grief was established, particularly with the death of a closed loved one or significant other. Within this group scoring high on these symptom domains, there was a "significant association [with] lower skills in attention, orientation, and memory domains" (Hall, 2014, p.21). The major findings of the study determined that "complicated grief was associated with lower cognitive function compared to control participants after controlling for age, sex, and education", which further elaborate on the widespread cross of this subset (Hall, 2014, p.23). Areas such as attention span and memory in young adults are pivotal milestones at risk of being affected by grief.

In research methodology of complicated bereavement, a publicized stigma in diagnosing some forms of grief but not others illuminated the "normal" label placed on particular losses, but not others. One area where stigma intrudes on complicated bereavement treatment is pre-disposed judgement linked to the circumstances or nature of the death. One 2019 record published in *Psychiatry Research* noted that "with regard to self-stigma, suicide bereaved persons perceive more stigmatizing social reactions, for example, experience more externalized stigma (e.g. shame, guilt, embarrassment), and report experiencing more enacted stigma in the form of social avoidance and rejection" (Eisma et al., 2019, p. 785). In treating complicated grief, examining the effects that stigma may have on a bereaved person seeking treatment can offer insight into their processing of the death itself.

A more recent 2019 online study utilized a survey style participation in which participants read six style vignettes regarding various types and methods of death leading to grief. Participants were then asked to fill in several questions about their reaction to each story using a scale measure. One major limit within this quantitative study noting vignette style assessment for grief related judgement was that "unlike established mental disorders such as depression and psychosis, PGD is likely less known among the general public. It is therefore remaining to be established to "what extent the diagnoses are a credible manipulation for participants, and to what extent results can be attributed" (Eisma et al., 2019, p.787). This study challenges the overlap of complicated grief criteria being mistaken for other depression and anxiety-based diagnoses.

The treatment methodology behind complicated grief is often reformatted and attributed as an extra circumstance to a more prominent disorder. Viewing grief theory through multiple filters can challenge some of the most severe bereavement symptoms. Through ongoing

problems due to symptoms, or cyclical theory, and more so in linear time theory with step-by-step grief grouping (Ruscher, 2007, p.321) we may better understand the grief healing process. One major problem of understanding linear time follows "[stretching] unidirectionally from an irrevocable past to an unknown remote future" (Ruscher, 2007, p.321). A repeated, staggered pattern of grief symptoms welcomes room for symptom management and balance. On the other hand, when welcoming a more cyclical grief understanding, there exists room for re-inventing patterns, meaning making to new traditions, and understanding of future grief and loss's eventuality (Ruscher, 2007, p.313).

There is ample room in this concept of stagnant versus persistently changing grief theory where both exist simultaneously. As "grief is associated easily with both linear (e.g., moving forward) and cyclical (e.g., birth-death-rebirth), notions of time", considering how both functions in the wake of diagnostic treatment is crucial (Author, year, p -). One major facet of self-preservation for someone suffering with complicated grief using these models is control and perception of agency, "whether the person takes action or not, the cycle repeats (e.g., sunrise follows sunset" (Ruscher, 2007, p.313). Similar to the growth in intimate relationship timelines and effects of change, viewing grief theory in both cycled and linear perspectives offers more dimension to healing over varied formats of time.

One empirical review on grief-processing highlights the importance of the aforementioned viewpoint in grief theory options. In examining a cumulative viewpoint on how visual art modalities support treatment for the bereaved, Sandra Gramling and Rachel Weiskittle cite the importance of nuanced grief theory involvement. The review noted, "a large body of empirical evidence indicates multiple trajectories of grief rather than one standardized process, and leaders in the field suggest that reactions to loss can be as varied as the bereaved individuals

themselves" (Gramling and Weiskittle, 2018). In other words, introducing a variety of treatment to bereaved that does not limit to individualized sessions offers a well-rounded support system. Visual arts mediums are one primary subset of expressive therapies that grief has been managed with recorded success. According to Gramling and Wiskittle, the beginning success of expressive arts therapies began after the elimination of a "one size fits all" bereavement treatment theory (Gramling and Wiskittle, 2018). The review further examined how significant a role expressive arts therapies play in the complicated grief treatment process.

A cumulative 27 studies were surveyed in the management and treatment of grief utilizing art processing as its primary mode of treatment. According to this review a staggering percentage of 80% of expressive therapists reported supporting bereaved clients. Furthermore, grief and bereavement were self-reported by surveyed clinicians as a primary specialty in their treatment (Gramling and Wiskittle, 2018). The review denotes and defines major work areas of healing that expressive therapy in particular can offer to those in bereavement. The areas defined in successful grief treatment were distinguished as continuing bonds, meaning making, and the memorializing of the deceased in a more physical, tangible way (Gramling and Wiskittle, 2008).

The study reported that in treatment effectiveness using art therapy, 44% noted results in continuing bonds, 41% noted results to meaning making, and 56% pointed to an overall decrease in negative grief symptoms. Visual art modalities utilized for treatment in these studies included family portraits, memorials of the deceased, photographic essays, assemblages, and metaphor prompts to be answered using visual mediums. This empirical review on overall success of expressive therapies in grief treatment highlights the importance of an open-ended grief theory model.

Within a historical viewpoint of grief management strategies, a shift in processing research has vastly identified a group versus individualized grief model. This model initiated the idea that "grief may be better conceptualized as a social process rather than a private, internal event" (Rack, 2008, p.401). In a study evaluating cumulative areas of grief management message, grief is less about the relationship between the bereaved and the lost but a relationship between survivors and their society (Rack, 2008, p.401). This subset of understanding concludes that cultural and ritualistic performances of communicating grief are not just to promote the healing process, but to also to deliver a message to systems existing around the person.

A group support bereavement model re-builds a caring and supportive community for the grieving to express themselves in a number of ways. Family support models, particularly when surviving the loss of a caretaker or nuclear member, have found success in express art therapy processing. Grief-centers across the United States have offered families and peers the interactive experience in creatively processing grief for over four decades.

The first peer grief establishment, The Dougy Center, opened in 1982 with the intention to create "an envisioned place where children, teens, and their parents coping with the death of a family member, could share their experience with others who understood, who didn't tell them to 'get over it' or judge how they chose to grieve" (Dougy Center, n.d.). The center has since expanded to age-specific programming for children, adolescents, young adults, and families. Like many other grief centers offering support in the United States, Dougy Center's programming combines verbal sharing style processing with creative opportunities for dramatic play, visual art making, and creative writing. The center features an art room in particular for all ages of participants to utilize.

In addition to creative opportunity, the Dougy Center's young adult programming still succeeds today through its focus on a group, peer-support model. This model seeks to engage this age group in creating a safe and welcoming space for grief. Testimonials and the center's most annual report in 2019 quantifies a total of 2,281 center participants in that year alone (Dougy Center, n.d.). Not only does the center feature a peer model combined with a poignant expressive arts therapy focus throughout, but the center has thrived in creating institutional learning for mental health professionals, social workers, educators, and thorough psychoeducation for caretaker figures. A total of 990 local providers received peer model grief training in 2019 alone, along with 7,038 receiving outreach and community-based training on both national and international levels. (Dougy Center, n.d.). The Dougy Center's current success even today speaks to the importance of group centered processing work and the usage of expressive therapies as a particularly tangible method of treatment.

Similar to the pioneering care model of the Dougy Center, Common Ground offers peer-based support for a variety of ages, including an area of supports for young adults struggling with grief. The founder Lynn Snider is a licensed counselor who began the program with intentions to supply "a need in the community for services focused directly on the needs of grieving children and teens", particularly in the wake of young adult suicides in the community (Common Ground, n.d.). A specialized trauma response focus on violent or unexpected deaths has been built into the model for separate, specialized care and resources (Common Ground, n.d.). Common Ground markets the clinical support work and peer-model utilizing a series of art pieces, including collages and assemblages, as one of many ways their participants have navigated their healing process.

The center offers comprehensive opportunities for creative group processing and has operated in New Jersey since 2009. Common Ground began as a singular support meeting in the basement of a church for grieving families and over a decade has expanded to its own cohesive space offering multidisciplinary bereavement services. Featuring an orientation process as well as a family model of treatment where needed, the success of the center promotes the importance of Dougy Center's originating work into peer-model views on grief. The center above all else based its peer and group practice models on the ideology that "grief is not something to be 'cured of', 'fixed', 'taken away', or 'recovered from'" but instead a traumatic reaction to change that must be supported and processed extensively (Common Ground, n.d.). The program operates out of a re-purposed home and features an array of expressive therapy modalities involved in peer support treatment.

Creative opportunities provided at the facility include music making spaces and instruments, a visual art room, and puppet play. Additional spaces in the center offer for imaginative play and drama therapy in the form of sand trays, puppets, and an imagined hospital space for interactive play and acting. These comprehensive creative offerings fit for a variety of age ranges, including the peer support for young adults, strengthens the usage of expressive therapy in a complicated bereavement space. Social interaction during this time of development is essential, particularly when the trauma of loss interrupts such a key period of neurological growth.

Existing research has indicated that "responses to grief management strategies vary as a function of demographic factors such as gender of the recipient, situational factors such as cause of death, and personality factors such as the extent to which recipients generally see social support as available to them" (Rack, 2008, 404). In order to begin understanding different

options for grief management, working through these factors has occurred in several waves of research methodology. Treatment spaces for grief frequently depend on social connection, whether imagined in a closed therapeutic group, a support group model, or a community healing spaces offered both in person and through online platforms.

Demographic factors welcoming these kinds of groups must be taken into consideration, and each specific age group requires this kind of service. While this may fall back on more cyclical grief theory, or systemic processing of these grief messages, this would allow the most comprehensive explanation for origins of emotional response. If a more systematic approach is to be taken with how we view person-centered grief messaging, then these factors need to be thoroughly evaluated. The culturally distinct view on emotional outpour and response would also need to be considered and are often placed in a non-inclusive binary in previous status of gendered responses to grief. A need for cognition (NFC), or "an individual's tendency to engage in and enjoy effortful cognitive endeavors" (Rack, 2008, p.407) suggested that preoccupation with the grieving response could stifle the ability to relay a social connection to others.

Previous research from the 1990s noted that "socially sharing grief might lead to *emotional recovery*, or reduction in the arousal elicited when an emotional recovery is recalled" (Kristensen et al., 2017, p.406). One major experience as it especially links to young adults need for peer socialization for acceptance is using social reactions to grief to support post-traumatic growth. The eventual end goal of posttraumatic growth following grief in its own right undermines complicated grief as a separate diagnosis, and not simply a collection of symptoms from other underlying conditions (Holland & Meyer, 2011, p. 256). The continued impact of the death in the perspective of a young adult, has the potential to re-write essential amounts of social networking and promotion of well-being (Stein, 2017, p.725).

One major area of posttraumatic growth begins with the idea of continuing bonds. This specific area of bereavement healing may be defined as "the presence of an ongoing inner relationship with the deceased person" (Stein, 2017, p.726). Overall the concept of posttraumatic growth with the bereaved included positive changes in the person's life that are not only limited to the outcome of grief but ability to grow through and past the deceased's role in the bereaved person's preexisting system. Some positive changes previously reported in research on this particular type of traumatic growth include "deriving deeper self-knowledge, placing greater emphasis on relationships, and re-ordering life priorities" (Stein, 2017, p.726). These areas of posttraumatic growth are not limited to the death of nuclear family systems or even essential peer system members. As far as young adults' day structure goes in educational and/or vocational spheres, the death of a familiar face can promote the same symptoms defined in complicated bereavement disorder.

Facilitating posttraumatic growth can be an integral goal or objective in healing for individuals mourning a traumatic or over-stigmatized death. Stigma as it may be found in suicide, substance related loss, or other deaths considered unnatural or unexpected may hinder an open line of communication in processing the loss. The use of creative writing as an expressive therapies directive for grief can act as a nonverbal and internal platform for the source of complicated grief struggle (Stepakoff, 2009). The utilization of expressive arts therapy can destigmatize processing through art making, through metaphor, and through the symbolic process. This tool in young adult groups functions not only as a rapport building exercise in long-term treatment, but an individualized way of processing in a maintained group setting.

Exploring barriers between story sharing and eliminating a war-story mentality reported in grief groups can create a healthy and well-rounded space for young adults to grieve.

According to Stepakoff, whose examination in how creative writing therapies can foster posttraumatic growth for those experiencing complicated grief from suicide, this modality seeks to "help survivors move from formless anguish to symbolization, from isolation to connection, from destruction to creation, and from silence to speech" (Stepakoff, 2009). Young adults can benefit from a literal writing of their own narrative in the form of written word to expose non-linear grief responses as they emerge. The use of creative writing is a frequent modality of expressive arts therapies for complicated grief.

Poetry and/or creative writing therapy in particular with this population can exist in two approaches, self-directed or facilitated, both capable of wrapping up to a finalized group processing period (Stepakoff, 2009). While self-directed approaches can include journaling or freewriting, it may also include the processing of pre-existing poems, short stories, or other works of written fiction and projecting personal meaning onto it. Facilitated or guided approaches to creative writing therapy for grief may assign a pre-existing piece for the group to process. A guided approach may also follow writing prompts, questions to answer in prose or poetic form, or group-wide collaborations on words or phrases to stack together for communal art making (Stepakoff, 2009). The expressive therapy approach can reach a more literal space for the bereaved as well, such as letter writing to the deceased, or writing in the voice or perspective from the deceased with intention of communicating with surviving loved ones.

In providing context for how a historical examination of group processing can support grieving young adults, major developmental milestones of this age range must be further examined. This writer involved the three major developmental expectations of young adults under the following categories as they pertain to grief in conducting this literature review: intimacy, self-regulation, and self-preservation. The abilities to make connections to three major

milestones as they integrate into group art processing will follow the creation of continuing bonds and posttraumatic growth amongst peers.

One qualitative study sought to examine how young adults harbor intimacy with likened experience peers through continuing bonds with persistent friends following the death of someone in their own friend circle. As there is a current need for expanded research on how survivors of friends in young adults affect developmental cues, this study's goal was to explore "overlap and distinctions between expressions of continuing bonds and post-traumatic growth in the lived experience of young adults" (Stein, 2018, p. 727). Participants in this study included 20 young adults total and all participants were survivors of a close friend's death. The number of years following the death, length of friendship, any previous experience with loss, and detailed accounts of their experience were gathered during a measured interview process.

In order to best conceptualize how remembrance and meaning making was conducted for the participating young adults, they were additionally asked about coping skills, necessary support systems, remembrance tactics utilized in community spaces, and any other ways they tried to "make sense or drive meaning" in the death of a friend (Stein, 2018, p.728). The study found that all 20 participants exhibited continuing bonds as described by the following three categories: personal change, homage activities, and personal connection. These activities supported young adults in identifying how their personal identities changed, how meaning making could be further established, and what kinds of activities young adults engaged in both independently and as a community to process the death.

The most prominent form of personal connection recorded was "having direct communication with their friend" in the form of writing and speaking aloud. Other forms of meaning making involved speaking of the friend in present tense to others and reminding the self

of friend's experiences, opinions, and decision-making predictability in order to weigh out future decisions (Stein, 2018, p. 729).

Overall this study began to make concrete connections to the importance of posttraumatic growth for young adults in working with existing notions of deceased friends to solidify important roles of upcoming friendships. The sharing of stories, utilization of humor, and present tense language are just a few interpersonal communication tactics historically used in grief-reduction management for young adults (Thai & Moore, 2018, p.4). Historically, grief support across all ages has been an area of clinical support and research, changing from more traditional and cyclical ways of viewed recovery to symptom management and control with more complex bereavement. Particularly with young adults, however, whether in student setting or another group setting, the founding areas of need rely heavily on social presence and support. Current literature suggests that a combination of finding individualized meaning and also commemorating with others experiencing the same change during this vital point of development is a crucial combination of care (Thai & Moore, 2018, p. 5).

In previous literature that was based on social interaction supports needed for young adults in complicated grief, a major area of research requiring age-specific exploration is the purpose of support groups. A study conducted in 1997, in which young adults in complex bereavement sought treatment, it was noted that very few decided to actively seek repeated individualized treatment versus group support. Even fewer communicated that individualized treatment was helpful. One mode of support especially within learning and community-based settings featured the idea of professionally led peer support groups. This has been evaluated as a successful model for both bond making, meaning making discussion, and removal of social

stigma from more socially criticized deaths such as death by completion of suicide and death by substance use (Thai & Moore, 2018, p. 7).

Following the death of a close friend or sibling reaching in similar age group, complicated grief symptoms can be "particularly disruptive" in following appropriate abilities of self-preservation (Herberman Mash, 2103 p.1206). In a discussion of somatic symptoms and co-morbidity distinguishing for complicated grief in this age, research evaluate the connection to grief responses in young adults and "pre-loss negative cognition". (Herberman Mash, 2013, p.1206). Researchers examined a group of young adults recently affected by the loss of a sibling or close friend within the past three years. Method and data collection included an interview process of demographic information, time since loss, and circumstances since loss.

The final findings of the report cumulated several parameters of where grief narrative and post-loss symptoms displayed patterns in sample group. Overall patterns were categorized into complicated grief symptoms, somatic symptoms, meaningfulness and meaning making, self-worth, and self-criticisms of depth and conflict into one's overall being (Herberman Mash, 2013, p. 1205). Co-morbidities with severe depression were also found within this age group. No certain categories of demographics were linked, such as age, gender, spiritual practice, or ethnicity were linked to a categorized symptom more than others. This study overall added to the limited research in how a young adult's ability to defense themselves from future pain and loss may be hindered without proper supports following this kind of event.

Historical research of young adult self-regulation and intimacy as essential areas of their development link the importance of complicated grief management (Busch, 2012, p.282). Beginning as early as an empirical psychological theory of study, having a grasp on these major areas of identifying need are what "helps individuals cope with the demands of every dya life

(Busch, 2012, p.282). One series of studies published in 2012 worked to establish the contents of the "intimacy crisis" as it exists in relating intimacy, self-regulation, and well-being of a young adult, and how lack of attention paid to these suffering areas can lead to destabilizing results. Close to 200 students in an academic setting were given a questionnaire and a timed lapse to complete it on their own schedule. The questionnaire tool followed areas of attentional control, self-esteem, subjective well-being, and intimacy, particularly the successes of these areas for each student and how they all interconnected (Busch, 2012, p.284).

Final results for the questionnaire series and follow-up garnered statistics of barriers to functioning mainly, significant negative relationships preventing intimacy, lack of control, and lack of understanding of grasp on purpose in life. These areas point back to the essential notions of meaning making, intimate relationships, and communication on a provider and community basis for a young adult suffering from complex grief symptoms. Proctors of this series of studies overall "demonstrated that [for young adults] successful identity formation explains part of the relationship between self-regulation and well-being" (Busch, 2012, p.289). Lastly, the study examines that the ability to defend one's emotional standings through self-preservation is an essential link between the rest of these developmental milestones in order to maintain physical and mental well-being (Busch, 2012, p.289).

In order to best manage these three areas of development through a group support lens, the limited research requires more context in how young adults grieve for and with each other. One 2012 study focused on participants with complicated grief symptoms and/or already diagnosed with prolonged grief disorder. Participants sampled both quantitative through a questionnaire and qualitative through interview narrative from a variety of grief support groups. Some groups participating in the study were facilitated by government funded agencies, non-

governmental agencies, more private group settings, and collaborative environments including all three (Johnson, 2012, p.87). Out of questionnaires utilized one involved a scaled level of participants' grief symptoms with a follow-up of "five divided criteria" linking to symptom criteria of complicated grief.

Even though a low percentage of the sample given met all existing criteria for complicated grief, major similarities of the sample results included "separation distress" (Johnson, 2012, p.92) as a major factor in daily functioning, as well as overall bitterness and difficulty accepting the death. At last, nearly half of young adults questioned experienced "significant impairment either socially or occupationally" (Johnson, 2012, p.92). Overall quality of life between the sample taken of those actively in groups were almost halfway more effective than those currently non-seeking or non-active in group-based treatment. This study works to begin establishing norms for how to view group supports not only in addition to individualized supports for grief but as an essential notion to healing complex bereavement symptoms.

This combination of seeking out a psychotherapy healing model with group art facilitation can "align with the validation and emphasis on relationships" (Arellano, 2018, p.47). Through expression and through a choice theory model, group participation for young adults in complex bereavement periods encourage an individual treatment while existing in a community sphere. Through expression of a more personal growth-oriented technique, group grief processing for young adults "provides the potential for members to experience feeling loved and being understood while providing participants the opportunity to exchange support between their peers" (Arellano, 2018, p.47). These community supports offered in a group space create a positive, engaging model of care for grieving young adults.

As one 2018 eight-week group session discussed, major clinical interventions for young adults included group planning, defining grief as a group, and mirror communication reflections. More abstract versions of grief involved creating an "anchor" of what emotions to leave and which to hold following the deceased of a loved one, creative fiction narratives and writing prompts honoring memories of the dead and creating a physical memory box for meaning making items to be stored. More research would welcome young adult specific interventions as they harbor the symptoms of more complicated, long-term grief.

A 2019 article by Dana Garti and Michael Bat Or, as published in the *Journal of the Art Therapy Association*, offers a comprehensive look into grief supports from the perspective of the clinician. This published work presses the importance of a multidisciplinary lens for treatment focusing on both arts and healing specifically for the bereaved. Garti and Or point out that "therapeutic interventions should address the double focus of loss and trauma in an integrated and interrelated manner" (Garti and Or, 2019). Through this combined lens, art making becomes not just a processing of loss but new ritual building for the client. Skillsets utilized in art therapy, such as providing a coping skill and comfortable space for somatic release, are all harbored by the therapist one powerful setting.

The historical significance of grief groups in general can foster a tight knit communal aspect of healing while also leaving room for more complex processing interventions. As far back as one of the first documented, clinical grief support groups in 1998, the utilization of art expression within this model founded a significant place. Through the experience of art making early members of this group stated that "the experience was a great way to incorporate bliss and spontaneity to the group process, establishing balance to the seriousness of traditional self-help groups (Arellano 2018, p.50). An element of safe processing, connection to the deceased through

physical or spiritual ideology, and recognizing similarities in symbolism on grief as a whole makes this specific form of arts-based group therapy an essential support for young adults.

Discussion

The purpose of this literature review focused on a multidimensional approach. This writer sought to connect how major young adult milestones such as intimacy, self-preservation, and self-regulation are affected by symptoms of complicated grief. In order to set the premise for making these connections, this writer examined a multi-faceted perspective on grief versus complex grief diagnoses. The consensus that a more prolonged grief is a long-term condition outside of developmentally appropriate grief response previously supported by traditional models such as the seven stages of grief (Bart et al., 2017, p. 27).

All quantitative research studies examined for the purpose of this literature review cautioned that complex grief symptoms required more comprehensive treatment and many in questionnaire-based studies noted that a combination of individual and group-based support would be clinically appropriate for a young adult population. Several support group wide study collections found that complicated grief causes interpersonal disruption, decreased sense of self-worth, and issues with future planning.

The prominent form of grief treatment that this literature review sought to examine was the clinical role in expressive arts therapy. Prominent centers focusing on a peer-model of bereavement support were examined, in addition to clinically reviewed successes of intermodal work completed at these sites. Success rates for these treatments were offered in the form of clinicians' self-reporting and success of expressive based groups. Though a selection of

expressive mediums were discussed, one particular medium of expressive arts therapy was not identified as the most succinct or valuable form of creative expression with grief.

This review of literature found that untreated complicated grief in young adults can be detrimental to age appropriate developmental milestones. Through this avoidance, or more focused on a depressive symptom based treatment rather than loss based treatment, the young adult is likely to harbor "maladaptive behaviors...as it has been found that the experience of a traumatic loss during young adulthood is associated with more psychological distress and less individuation from the family over the course of a lifetime" (Thai & Moore, 2018, p. 10). While there was a widespread amount of research conducted on how grief can rearrange structure of one's life and priorities, the major focus on group participation fostering community lends itself to the importance of communication in young adult development.

Through meaning making and personal elements of change, group participation for young adults facing complex bereavement can participate in connections leading to posttraumatic growth (Stein et al., 2018, p.732). Another major similarity is the concept of perspective building in young adults found within the sampled literature review, or increased insight in how the unexpected death of a loved one can re-prioritize and highlight purpose and connecting understanding for mortality.

All studies presented in this literature review discussed the hazards involved when complicated grief symptoms were erroneously treated singularly as depression and/or posttraumatic stress disorder. The literature further emphasized the risks and concerns related to misdiagnosing complicate grief as a normalized bereavement response that does not require additional supports (Kristensen, 2017, p.3). Evaluating the nature of complicated grief diagnoses,

particularly in a group model where communication occurs both through connection and art making intervention, is an essential area for further research.

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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