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Deathucation
On Childhood Bereavement and Drama Therapy
Capstone Thesis
Lesley University

May 1, 2020

Morgan Price-Dennehy

Drama Therapy

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Abstract

This literature review is on childhood bereavement and drama therapy. The author examines current theories of childhood bereavement, including the chronic sorrow model, the dual process coping model, the tasks of grieving, and a three-part model that looks at significant mitigating factors relating to the death of a loved one. Efficacy of bereavement interventions is discussed. An in-depth look the current literature shows what children need from bereavement interventions. The history of drama therapy and childhood bereavement is also discussed. This paper concludes with a discussion on themes that are identified in the research as being helpful to bereavement including psychoeducation, communication, expression, support, reinvestment in life, continuing connection, opportunity to say goodbye, inclusion of trauma interventions, and joy.

Keywords: children, bereavement, grief, drama therapy

Deathucation

On Childhood Bereavement and Drama Therapy

“Begin at the beginning," the King said, very gravely,
"and go on till you come to the end: then stop.”

—Lewis Carroll, *Alice in Wonderland*

Death is “stupid” (Higginbotham, 2016, p. 16). It is often believed to be one of the most taxing events a person can endure (Kennedy et al., 2018). Death is a reality of life that everyone will one day be faced with (Webb, 2003). No one is impervious to grief when a loved one dies, not even children (Green & Connolly, 2009). Death is actually a common childhood experience (Brown, 2018; Brown et al., 2008; Dyregrov & Dyregrov, 2013; Koblenz, 2016; Stutey et al., 2016; Thanasiu & Pizza, 2019; Webb, 2003, 2011). Every year, in the United States alone, thousands of children experience the loss of a loved one (Stutey et al., 2016). As common as the experience of death of a loved one is, a person’s reaction to this event is considered taboo in this culture (Brown, 2018; Dalton et al., 2019; Koblenz, 2016; Stutey et al., 2016). In the United States, society cues individuals to express their grief as quickly and as quietly as possible (Brown, 2018).

This is a painful message for children to receive, as the expression of grief is an important part of moving through and processing the death of a loved one (Beale et al., 2004; Brewer & Sparkes, 2011; Brown, 2018; Chen & Panebianco, 2017; Ellis et al., 2013; Gao & Slaven, 2017; Stutey et al., 2016; Webb, 2003, 2011). Grief can present in children in many ways such as psychosomatic aches and pains, difficulty sleeping, changes in appetite, increased anxiety, maladaptive behaviors, attention seeking behaviors, difficulty concentrating, and social withdrawal; Brown (2018) wrote that nearly any symptom can be considered normal following the death of a loved one as long as the child is not hurting themselves or others.

Gao and Slaven (2017) wrote that many children grieve in “puddles” (p. 122); this is because grief is not an easy emotion to process, so children naturally move in and out of grief. Researchers pose they do this because their grief is at times intolerable; oscillating between emotional states is a natural way of regulating (Brown, 2018; Gao & Slaven, 2017; Green & Connolly, 2009; Stutey et al., 2016; Webb, 2003, 2011). Many children may become self-conscious about being perceived as different from their non-bereaved peers (Brown, 2018; Green & Connolly, 2009; Webb, 2011). Thus some children choose not to engage with their grief, which is significant. The way a child grieves can leave lasting effects on the child, which may determine how they will respond to loss throughout their lifespans (Chen & Panebianco, 2017).

Bereavement during childhood affects an entire family system (Chen & Panebianco, 2017). The death of loved one during childhood affects physical and mental health throughout the lifespan (Kennedy et al., 2018). Experiencing the death of a parent early in life elevates the risk that these individuals will be diagnosed with psychiatric disorders (Chen & Panebianco, 2017). Children who experience bereavement are more likely to have a negative affect and experience depression and anxiety throughout their lifespans (Rosner et al., 2010). Turunen & Punamäki (2016) wrote that children in this population are “more vulnerable to later adversities in life” (p. 47). Experiencing parental death during childhood is positively correlated with an elevated risk of all-cause mortality in early adulthood (Li et al., 2014). The research shows that experiencing grief as a child can leave children’s mental, social, and physical health at risk.

Grief is an unwanted visitor in most anyone’s life. It was not welcomed into this writer’s life, and, as death often does, it came anyway. This writer’s relationship with grief began when she was 5 years old. This thesis is written from the perspective of someone who used theater and improvisation to move through grief and reconnect to life. The idea to write this thesis came

from a lifetime of grief and a profound belief in the ability of the arts to be used as a vehicle for healing. This thesis comes from someone who knows the experience of losing a parent as a child and losing a partner as an adult. These experiences have left their indelible marks on this writer, which eventually led her to this field of drama therapy with a deep desire to help others learn to cope with their grief particularly children and their families.

Definitions

This literature review will address childhood bereavement and drama therapy. There are several terms that will now be defined: bereavement, grief, children, and drama therapy. Bereavement is the “objective” (Arnold, 2018, p. 7) experience of the death of a loved one. Grief does not have a universal definition (Arnold, 2018). For the purposes of this paper, grief is defined as the responses and reactions to bereavement (R. Versaci, personal communication, January 14, 2020). Children are defined as individuals aged 0 to 18 years. They are still in the process of developing physically, emotionally, cognitively, and socially.

Drama therapy is the practice of purposefully using drama, theater, improvisation, and dramatic exercises to promote psychological wellness, healing, and growth (Emunah, 1994; Jones, 2007). There are many different methods of drama therapy, and no matter which method is being used, there are “core processes” (Jones, 2007, p. 81) that are responsible for making drama therapy healing; those processes are dramatic projection, distancing, role playing, personification, witnessing, embodiment, play, life-drama connection, and transformation. These are all derived from theater and drama, and they can be used to enhance one’s understanding of the restorative aspects of drama therapy as a healing art form (Jones, 2007).

Literature Review

Current Theories

Gao and Slaven (2017) conducted a qualitative analysis of the literature for bereaved children. They found two current theoretical models of grief: the dual process coping model and the chronic sorrow model (Gao & Slaven, 2017). The dual process coping model looks at two types of stressors, those that are loss-oriented and involve grief and those that are restoration-oriented stressors, and it suggests that children “oscillate” (Gao & Slaven, 2017, p. 121) between the two expressions of grief, or they avoid them by not grieving (Brown, 2018; Rabenstein, 2018). The chronic sorrow model “defines chronic sorrow as the periodic recurrence of sadness or other grief-related feelings” (Gao & Slaven, 2017, p. 121) related to the child recognizing that there is a discrepancy between the reality they have and the reality they want, and it explains why children grieve at each developmental stage (Omens, 2014; Rabenstein, 2018).

Another current theory of bereavement suggests that there are certain tasks of grieving (Brown, 2018). These include accepting and recognizing the reality of death, feeling grief, continuing connection with the deceased, adjusting to life without the deceased, finding meaning in their loved one’s death, and reinvestment in life (Brown, 2018). Children may go through these tasks in any order, and the amount of time that each child will need to spend on each task depends on the individual, their loss, and other mitigating factors (Brown, 2018).

Webb (as cited in Brown, 2018; Rabenstein, 2018) created a three-part model examining mitigating factors of a bereaved child including individual factors, factors related to the death, and environmental factors. Individual factors include the child’s developmental stage, level of cognitive development, temperament, past experiences with death, and medical history (Arnold, 2018; Brown, 2018; Webb, 2003, 2011). Factors related to the death include type of death, contact with the dead body, opportunity to express “goodbye,” relationship with the deceased, and grief reactions (Brown, 2018; Rabenstein, 2018; Webb, 2003, 2011). Environmental factors

include grief reactions of others, recognition of bereavement by school and peer group, as well as religious and cultural beliefs and rituals (Brown, 2018; Webb, 2011).

Significant Mitigating Factors

As Webb (2003, 2011) hypothesized, there are a number of mitigating factors that affect a child's grief due to bereavement (Brown, 2018; Rabenstein, 2018).

Age. A child's age is considered a mitigating factor of a how a child will react to the death of a loved one and how they will comprehend the death. Very young children often do not have a strong concept of object permanence, which means when one takes an object away from a child of this age, they will not be aware that the object continues to exist (Webb, 2003). It is important for researchers to remember that "children grieve at any age. As soon as they love, they can grieve" (Gao & Slaven, 2017, p. 119). Young children often understand death as being temporary, and their thoughts can be characterized by magical thinking (Dalton et al., 2019; Green & Connolly, 2009; Haen, 2005; Omens, 2014; Stein et al., 2019). Magical thinking is a child's attempt to create a narrative of the death that makes sense to them; it often involves imposing blame and shame upon the child for something that cannot be attributed to the child or their actions (e.g.—If I'm good at school, then my father will not die. I was bad, and that is why my brother died.). Younger children are often confused by euphemisms for death (Dalton et al., 2019; Haen, 2005; Omens, 2014; Rosner et al., 2010; Stein et al., 2019; Webb, 2003, 2011). The younger the child, the more likely they are to have their grief go unnoticed by those around them making them "invisible, unacknowledged grievers" (Chen & Panebianco, 2017, p. 152), which means that these children cannot accomplish their tasks of grieving because their grief is not being acknowledged (Stutey et al., 2016). Often younger children who are faced with bereavement struggle with amplified fears, disruptions in attachment with caregivers, persistent

regression, traumatic play (Dyregrov & Dyregrov, 2013; Haen, 2005; Rabenstein, 2018), and cognitive confusion (Webb, 2003, 2011). Once a child is 8 to 10 years old, then they usually understand the finality and irreversibility of death (Rabenstein, 2018; Rosner et al. 2010; Stein et al., 2019; Webb, 2003, 2011; Weber, 2005). Older children, preadolescents and adolescents, when faced with bereavement often express their grief through risk behaviors such as suicidal ideation (Rabenstein, 2018; Rosenberg et al., 2015; Webb 2003, 2011) and the use of alcohol and drugs (Kennedy et al., 2018; Rabenstein, 2018; Rosenberg et al., 2015). Older children may also struggle with creating a narrative of their loved one's death, pessimistic thinking about the future, and reinvestment in life such as setting new goals (Webb, 2003, 2011).

Cognitive Development. While age can act as a guide, the level of cognitive development is going to serve as a greater predictor of a child's grief reactions to bereavement (Arnold, 2018; Brown, 2018; Brown et al., 2008; Green & Connolly, 2009; Stein et al., 2019; Thanasiu & Pizza, 2019; Webb, 2003, 2011). A child's level of cognitive development is a more significant mitigating factor than a child's age (Green & Connolly, 2009). Piaget's concept of developmental stages serves as a guide in understanding children's comprehension of the death (Arnold, 2018). Piaget's developmental stages are passed through sequentially: the sensorimotor stage is when object permanence is learned; the preoperative stage is when children's thoughts are egocentric and are characterized by magical thinking; the concrete operational stage is when children become less egocentric and are able to use rational thinking; and the formal operations stage is when children are able to think abstractly (Arnold, 2018). Once children are entering the concrete operational stage, they are able to understand the universality, irreversibility, non-functionality, and causality of death (Arnold, 2018; Webb, 2011). Typically, around the end of the concrete operational stage, children are able to grasp the idea of continuing connection with

the deceased (Arnold, 2018). Being aware of how a child's development progresses is a fundamental part of being able to discuss the death of a loved one with a child in a developmentally appropriate way (Arnold, 2018; Thanasiu & Pizza, 2019; Webb, 2003, 2011).

Death Related Factors. A child's relationship with their deceased loved one is a significant predictor of a child's grief reactions (Arnold, 2018; Brown, 2018; Webb, 2003, 2011). Clinicians should consider the many ways a child can be impacted by their relationship with a deceased loved one. As Balk et al. (as cited in Webb, 2011) reported, the closer the relationship with the deceased, the greater the feelings of loss a child will experience.

It is important to consider how the child's loved one died. Children who are afforded the opportunity for anticipatory grief, as opposed to children who face the unexpected death of a loved one, often show greater resilience (Beale et al., 2004; Christ et al., 2005; Kennedy et al., 2018). "Clear communication can help children to prepare for changes or loss, enabling them to receive support" (Dalton et al., 2019, p. 1166). Communication minimizes the chances that a child will face anxiety due to magical thinking (Dalton et al., 2019). Violent deaths may raise the risk of future mental health problems for a bereaved child (Turunen & Punamäki, 2016).

It is imperative that the clinician is aware of any cultural stigmas surrounding the loved one's cause of death. Sometimes parents are trepidatious about sharing their HIV diagnosis with their children due to the parents' shame, overwhelming feelings, and concerns of overburdening their children (Dalton et al., 2019). Webb (2011) suggested a child may feel "disenfranchised" (p. 135) from their grief if the cause of death of their loved one is considered to be taboo.

It is even important for the clinician to be aware of what happened following the death. Webb (as cited in Brown, 2018) supported the idea that children should have the opportunity to be with the deceased person including at the time of death and throughout the family's grief

processes (e.g.—viewings, ceremonies, and visiting graves or mausoleums). Anderson et al. (as cited in Brown, 2018) suggested that children be prepared for “all rituals and observations surrounding” (p. 428) the death of a loved one and be afforded the choice of whether or not they wish to participate. Children benefit from being a part of saying goodbye (Brown, 2018).

Caregivers’ Grief. There is not a universally correct way to grieve (Brewer & Sparkes, 2011; Brown, 2018; Chen & Panebianco, 2017; Koblenz, 2016; Turunen & Punamäki, 2016; Webb, 2003, 2011). The expression of grief is an important part of healing from the death of a loved one. “How children are able to work through their grief is seen to depend primarily on how their parents and other adults behave and how able they are to reach out and to support them” (Brown, 2018, p. 424). Webb (2011) wrote that the younger the child the greater their own grief is influenced by their caregivers. Bowlby (as cited in Brown, 2018) suggested that in times of bereavement that adult defenses may impede a child’s ideal mourning process. Children are extremely observant (Brown 2018; Dalton et al., 2019; Webb, 2003, 2011), and thus how those around them are processing their own grief will often serve as a model for the child (Brown, 2018; Brown et al., 2008; Dyregrov & Dyregrov, 2013; Webb 2003, 2011; Weber, 2005).

Culture. There are thousands of different societies in the world’s roughly 200 countries, each with their own unique culture (Brown, 2018). Grief and culture are deeply intertwined (Brown, 2018; Thanasiu & Pizza, 2019). When helping others grieve, one must be aware of culture, religion, family history regarding bereavement, and one’s own biases and beliefs surrounding death and the bereavement process (Brown, 2018; Thanasiu & Pizza, 2019). Therapists should research their client’s cultural beliefs related to death because in grief people often return to observing traditional values (Thanasiu & Pizza, 2019). It is important to be open to an array of responses to death and grief in order to provide competent care despite cultural

differences (Brown, 2018). While culture is an important mitigating factor in how someone may grieve, the experience of grief itself is universal (Thanasiu & Pizza, 2019).

Efficacy of Bereavement Interventions

In a meta-analytic review of controlled outcome research on the effectiveness of childhood bereavement interventions (n=13), Currier et al. (2007) found that bereavement interventions show little efficacy. The authors posited that these findings could be due to many factors such as too much time passing from the death of a loved one to when the intervention occurred, inclusion criteria for studies being analyzed primarily including children who are not distressed in their grief, and limited quality and quantity of studies (Currier et al., 2007).

Rosner et al. (2010) conducted a meta-analysis of interventions for bereaved children (n=27). In this study authors conducted analyses of both controlled and uncontrolled studies (Rosner et al., 2010). They found that there is a “small to moderate treatment effect” (Rosner et al., 2010, p. 126) for bereavement interventions for this population. While this analysis included many of the same studies that Currier et al. (2007) included in their meta-analysis, this study included more published research articles and did not include two unpublished dissertations (Rosner et al., 2010). Researchers found that older children may reap more benefit from bereavement interventions than younger children do (Rosner et al., 2010). Authors report that interventions closer to the death of a loved one showed smaller effect sizes than the interventions that allowed more time to lapse between the death and the intervention (Rosner et al., 2010).

Chen and Panebianco (2017) conducted a narrative review of the literature to study the efficacy of bereavement interventions for preschool-aged children (n=17). Initially authors intended to do a meta-analysis; however, there was not enough literature available on this niche population (Chen & Panebianco, 2017). Thus, the research remains suspect. Overall, empirical

support demonstrating the efficacy of bereavement interventions for all children under the age of 18 is lacking (Chen & Panebianco, 2017; Currier et al., 2007; Rosner et al., 2010). This becomes progressively more problematic as the target population age decreases.

What Children Need From Bereavement Interventions

Therapies based in play are the primary treatment option for pre-school aged children (Chen & Panebianco, 2017). Most studies showed that interventions can help children grasp the understanding of death, deepen their understanding of grief responses, and provide them with the opportunity to express their grief (Chen & Panebianco, 2017). The importance of including surviving parents and families in the therapy process is a primary way to support these children, suggesting that adaptative grief responses can be learned and taught (Chen & Panebianco, 2017).

When examining the effect sizes of single studies, Rosner et al. (2010) reported that the most effective interventions were music therapy interventions. Authors reported “trauma/grief-focused school based brief psychotherapy” (Rosner et al., 2010, p. 130) has also shown to be an effective intervention, but this has been done primarily in studies without a control group meaning the integrity of the studies being analyzed may not be as sound.

Ellis et al. (2013) did a qualitative study to explore the long-term impact of childhood parental death retrospectively by using written and oral interviews to talk to adults about their experiences of parental bereavement during childhood (n=33). The study showed that continuity, social support, and communication all serve as protective factors (Ellis et al., 2013). Importantly it also showed that the inverse of these were reported as leaving lasting negative effects.

Koblenz (2016) conducted group interviews of adults who had experienced parental bereavement during their childhoods (n=19). Data from these interviews were coded, and five constructs were identified as impactful to grief processes: adjustment to catastrophe, support,

therapy, continuing connection with the dead parent, and reinvestment in life (Koblenz, 2016). These constructs were seen to impact interviewees both positively and negatively.

Gao and Slaven (2017) conducted a qualitative analysis of the literature for bereaved children and combined that information with the knowledge from professional experts in the field of childhood bereavement. Important themes found in the literature include benefits of social supports to decrease the feelings of isolation, the inevitable change in family dynamics when a loved one dies, and the benefits of various expressive therapies with this population including art therapy, play therapy, and music therapy (Gao & Slaven, 2017). In the expert interviews, researchers reported on best practices for helping bereaved children: honest and open communication about the death of a loved one, normalizing grief, peer support from other bereaved children, the helpfulness of expressive therapy interventions, the advantage of mentors to help with new family dynamics, psychoeducation to medical providers about bereavement and local bereavement services, death education as part of health class, increased support to bereaved children over summer months, and taking a break from grieving (Gao & Slaven, 2017).

In a quantitative study of a preventative intervention for families with children who had a parent with terminal cancer, authors studied the outcome of how providing psychoeducation to the healthy parent affects the child (Christ et al., 2005). Families were provided with an intervention that began before the parent's death and continued for six months after. Children reported that their healthy parents who received psychoeducation were perceived as increasingly "competent" (Christ et al., 2005, p. 74) and communicative.

Beale et al. (2004) conducted a qualitative study to better understand the experience of children who had parents with terminal cancer (n=28). Through the interview process, they found that the majority of the children sought reassurance and felt they had become a caretaker,

and they struggled with separation, anger due to perceived abandonment, despair, and guilt (Beale et al., 2004). Researchers also found that nearly half this sample struggled with discipline problems and aggressive behavior (Beale et al., 2004). This study found that intervention before a parental death can be beneficial for the child, children learn how to grieve from their caretakers, communication about the reality of their parent's terminal condition is important, increased anxiety is positively correlated with a child lacking information about a parent's terminal health condition, when children have the opportunity to express their emotions that their overall functioning improves, and professional intervention can be beneficial (Beale et al., 2004).

Brown et al. (2008) conducted a study researching the constructs of childhood traumatic grief (CTG); identifying risk factors associated with CTG; and correlating CTG with posttraumatic stress disorder (PTSD), depression, and anger for children (n=132). Researchers found that CTG is highly correlated with PTSD and depression and somewhat correlated with anger (Brown et al., 2008). This led researchers to propose the relevance of including trauma interventions as part of treatment for bereaved children (Brown et al., 2008).

In an ethnographic study of parental bereavement in the United Kingdom, Brewer and Sparkes (2011) found that expressing emotion, physical activity, positive adult relationships, areas of competence, friendships, social supports, having fun, humor, and transcendence were key themes that helped these young people learn to live without a parent. The findings of Brewer and Sparkes, while limited by their small sample size (n=13), are significant contributors because they examine healing factors from the perspective of bereaved children.

Stutey et al. (2016) conducted a narrative inquiry of how children express their grief both symbolically and verbally after the death of a loved one (n=4). This study is significant because it again looks at grief through the eyes of children (Stutey et al., 2016). Researchers conducted

their interviews utilizing photo-elicitation. Authors reported that without the means of photo-elicitation participants appeared to have “lacked the verbal expression skills to reveal the complexity of their emotions” (Stutey et al., 2016, p.161). Similar themes emerged as significant to all participants including reinvestment in life and continuing connection with their dead loved one (Stutey et al., 2016). This study highlights the importance of including non-verbal modes of communication to help children process their grief because it affords them the opportunity to express their feelings in a developmentally appropriate manner (Stutey et al., 2016).

Rosenberg et al. (2015) conducted a cross-sectional survey-based study of bereaved siblings of children with cancer (n=58). Although most of the siblings reported continuing to be affected by the loss, few of them reported their loss impacting their lives negatively (Rosenberg et al., 2015). Interestingly, children who were older at the time of their sibling’s death reported “inferior long-term social support” (Rosenberg et al., 2015, p. 61). It is hypothesized that “younger siblings are more likely to be seen as vulnerable in the early bereavement period, but older siblings are more likely to suffer long-term effects” (Rosenberg et al., 2015, p. 61) very likely due to their feelings of being under-supported. Rosenberg et al. (2015) suggested that parents communicate with children about their sibling’s cancer, and the sibling should be afforded the opportunity to say goodbye. This study shows the importance of psychosocial support before, during, and after a sibling’s death, regardless of age (Rosenberg et al., 2015).

Dalton et al. (2019) conducted a qualitative narrative review on the effect of communication with children who have a parent with a terminal illness about their parent’s death. Not communicating with children about the life-threatening diagnosis of their parent often leads to anxiety, tension, depression, and in some cases even post-traumatic stress disorder (Dalton et al., 2019). Dalton et al. (2019) found the majority of research literature from high

income countries regarding parental bereavement is focused on cancer while the majority of research from low income countries focuses mostly on acquired immunodeficiency syndrome (AIDS; Dalton et al., 2019). Stein et al. (2019) conducted another narrative review regarding communicating with children about their own terminal medical condition. Authors again pointed out how the literature on this population is “disproportionately” (Stein et al., 2019, p. 1152) focused on cancer in high income countries and AIDS in low income countries. This shows a potential problem with the research studies that children who have parents who have died from something other than cancer or AIDS are underrepresented in the research.

The History of Using Drama Therapy for Childhood Grief Due to Bereavement

While drama therapy appears to be an ideal treatment approach for bereaved children, few articles have been written specifically on drama therapy and childhood bereavement. The following section will briefly summarize the literature that this researcher was able to locate on childhood bereavement and drama therapy.

Communicating with Bereaved Children: A Drama Therapy Approach

Curtis (1999) wrote that “life is like the masks of comedy and tragedy we use as a symbol of the theater... a mixture of happy and sad stories” (p. 183). This metaphor is ideal for the bereaved child whose life was once full of happy stories that have been engulfed by grief. Curtis (1999) worked in a group setting to provide children with a “safe, supportive environment that helps normalize the child’s feelings and alleviate any sense of isolation and frustration” (p. 184). Improvisation, mime, puppetry, role-play, and the use of creative dramatics are used to help children in the group internalize their experiences of the death and their grief (Curtis, 1999). Curtis (1999) wrote about the importance of incorporating all expressive modalities into the treatment of children because children have different learning styles, and in order to reconcile

with the death of a loved one, children need to be able to understand it. Specific interventions are explained in this article, and although dated, interventions remain relevant. Curtis pointed out that drama therapy can help children gain a deeper understanding of their grief while keeping them at a place of aesthetic distance. Even when this article was written, over twenty years ago, drama therapy was being underutilized with this population (Curtis, 1999). The lack of information published about this population perhaps demonstrates there is an ongoing dilemma.

Rebuilding Security: Group Therapy with Children Affected by September 11

Haen (2005) wrote about using drama therapy in a group setting with children who all experienced a death of a loved one through terrorism. These drama therapy groups primarily used metaphor, dramatic enactment, and a blending of expressive art therapies (Haen, 2005). Haen (2005) “emphaziz[ed] the importance of metaphor and enactment in trauma treatment” (p. 394). He also showed the importance of group therapy to help children through their traumatic losses by normalizing their grief and traumatic reactions; reducing shame, isolation, and fear; and helping to build an ongoing support network for the children involved in the group (Haen, 2005). Haen took time to address the importance of treating the trauma which is often exceedingly difficult if not impossible through the use of mere words with this population. Haen (2005) wrote that “by externalizing and symbolizing their memories in a therapeutic space, children find they can examine, organize, and reintegrate fragmented and overwhelming affect and experience” (p. 402). Some techniques Haen suggested for playing with distance include enactment in slow-motion, role-reversal, repetition, narration, doubling, storying alternative endings, and exploring inner thoughts of characters. Haen’s article is a treasure trove of ideas to work with children who have experienced trauma and bereavement.

Integrating Sound, Music, Rhythm and Story With Children in Bereavement Camp

Carbone (2013) provided a glimpse of the activities conducted at a bereavement camp for children. The chapter is written from a Transpersonal Drama Therapy orientation. Specific Transpersonal principles that are considered helpful to this population include creating a sacred space, fostering an experience of interconnectedness and unity, embracing love while holding all emotions sacred, and assuming health rather than pathology (Carbone, 2013). Carbone used a group structure that involves rhythm, singing, witnessing, embodiment, expression of emotion, and allowing children to support each other in their grief. He also addressed the significance of having those who have experienced bereavement in their pasts help children who are currently experiencing grief, which reinforces the power of building social supports for those who are currently grieving (Carbone, 2013). Carbone (2013) modeled for campers that continuing connection with their dead loved ones is still possible.

Drama Therapy With Medically Compromised Children

Omens (2014) wrote about using a Developmental Transformations (DvT) practice while working with children in a hospital setting. Important elements of her practice include a flexibility of the playspace and playing with the unplayable (Omens, 2014). Omens (2014) wrote that her work is not about “rescripting, repairing, or reframing” a child’s experience; instead she works with and “in the crisis” by “creating in each moment a dramatic structure to contain it” (p. 274). Omens used case excerpts to demonstrate how she shows others to play with the unplayable instability of life in the face of death and how this play can be contained by a dramatic structure. In one case Omens (2014) helped a young girl express her love to her dying mother by helping the child create a pillowcase, a concrete image, filled with love for her mother, the love she was hesitant to express verbally due to her mother’s rapidly deteriorating condition. A different case looked at DvT in a more traditional sense by allowing a brother to

play with his deceased brother through the means of the therapist taking on the role of the dead brother. Another case told the story of a young girl with cancer and how experiences of mutual play allowed therapist and client to transcend unrelentingly difficult conditions of reality to play with the life this child wishes she could have had (Omens, 2014).

Drama Therapy for Children Who Have Witnessed Severe Domestic Violence

Weber (2005) wrote about children who have witnessed the abuse and death of their mothers at their father's or stepfather's hands. In this chapter Weber wrote about the use of specific tools when working with children who have experienced traumatic grief, for example a doctor's playset, emergency vehicles, stuffed animals, play kitchens, pretend telephones, dolls, a dollhouse, and coloring material. The importance of children having control is emphasized. Also stressed by Weber is the importance of closure and grounding at the end of each session due to the traumatic nature of the work being done. Weber also discussed the importance of consistency in how sessions are run, how they end, and even how the room is set up each time. In the case vignettes at the end, readers see how "drama therapy provides the metaphorical, emotional distance and a creative way to explore painful, haunting events without overwhelming the child" (Weber, 2005, p. 34) because the drama therapist is keeping them at a place of aesthetic distance.

Discussion

When surveying the research and literature, there are certain healing elements of grief therapy for children that have shown to be helpful to the process. This writer noted that themes of (a) psychoeducation (Chen & Panebianco, 2017; Christ et al., 2005; Gao & Slaven, 2017); (b) expression (Beale et al., 2004; Brewer & Sparkes, 2011; Chen & Panebianco, 2017; Gao & Slaven, 2017; Green & Connolly, 2009; Stutey et al., 2016); (c) support (Beale et al., 2004; Brewer & Sparkes, 2011; Christ et al., 2005; Ellis et al., 2013; Gao & Slaven, 2017; Koblenz,

2016; Rosenberg et al., 2015); (d) reinvestment in life (Brewer & Sparkes, 2011; Gao & Slaven, 2017; Koblenz, 2016); (e) continuing connection with the deceased (Brewer & Sparkes, 2011; Koblenz, 2016; Stutey et al., 2016); (f) opportunity to say goodbye (Brown et al., 2008; Rosenberg et al., 2015); and (g) trauma interventions (Brown et al., 2008; Currier et al., 2007; Dyregrov & Dyregrov, 2013) are important aspects of therapy for bereavement that are present in much of the research. The importance of reconnecting or connecting with (h) joy is also believed to be an important aspect of integrating the death of a loved one, despite being less present in the research (Brewer & Sparkes, 2011; Gao & Slaven, 2017). This researcher believes connecting with joy is particularly important. The elements of grief therapy identified above can be treated with drama therapy interventions, which will be discussed in the following sections.

Psychoeducation

Chen and Panebianco (2017) found that most grief interventions for young bereaved children, regardless of theoretical orientation, included psychoeducation as part of the therapy process. It was primarily used to normalize reactions to grief, develop coping skills, and facilitate communication between child and caregivers (Chen & Panebianco, 2017). Christ et al. (2005) used psychoeducation as an indirect intervention for bereaved children by providing services to healthy parents. The parents who participated in this intervention scored significantly higher than the control group when children were rating their parents' abilities as caregivers and as communicators with their children (Christ et al., 2005). Gao and Slaven (2017) wrote about the importance of psychoeducation on death and grief for parents, family systems, school systems, and health care providers because children should not be unnecessarily pathologized for grieving (Brown, 2018). This is another reason why it is pertinent for everyone to be educated about death, bereavement, grief, and how to talk about it.

Sourkes (as cited in Beale et al., 2004) wrote that children's anxieties are not increased by talking about them: discussing a child's fears with them helps show the child that their fear is manageable. When adults do not talk to children about their fears, they are sending an implicit message that the child's fears are too terrible to be spoken about (Beale et al., 2004). If a parent is sick, then information about illness should be shared with children in a timely manner to decrease negative reactions from the child and to "help dispel misconceptions and magical thinking" (Stein et al., 2019, p. 1165). Lack of communication about an ill family member can lead to future difficulties with self-expression and trusting others that stay with the bereaved child throughout adulthood (Ellis et al., 2013). Communication with children about death, dying, and grief should be clear and developmentally appropriate, as this is an important part of psychoeducation (Brown, 2018; Dalton et al., 2019; Gao & Slaven, 2017; Webb, 2003, 2011).

Psychoeducation and Drama Therapy

As Curtis (1999) wrote, "to heal any loss one must feel it and understand it" (p. 186). One of the strengths of drama therapy and psychoeducation when working with bereaved children is that the drama therapist can use a constructivist approach (R. Versaci, personal communication, March 10, 2020). A constructivist approach is acknowledging that reality is understood and constructed by those who are experiencing it (Neimeyer, 1995). This is a developmentally appropriate way to work with children who are naturally going to understand their realities by using concepts that they already understand and can build upon. Many clinicians and academics stress the importance of delivering difficult information to children in terms that are developmentally appropriate (Dalton et al., 2019; Haen, 2005; Omens, 2014; Rosner et al., 2010; Stein et al., 2019; Webb, 2003, 2011).

Drama therapists know the difference between knowing something cognitively and

knowing something in one's bones; like a role in a play, this knowledge is crystalized in the memory and is unconsciously put into action. With this in mind, drama therapists can help teach their clients psychoeducation in an embodied way so that clients hold the information in their bodies and not just their minds. A drama therapist values the mind body connection (Jones, 2007). An example of an embodied way to teach psychoeducation is to put it into an active game show format. The drama therapist could also use a more traditional form of psychoeducation and then have the child enroll as a talk-show expert guest and interview them.

Another benefit of drama therapy is the drama therapist's ability to play with distance (Landy, 1983). The drama therapist hopes to help their clients find a place of aesthetic distance, which is essentially a place where clients are about to experience their conscious thoughts and emotions simultaneously with awareness (Landy, 2008). This means that the drama therapist is going to be able to work with the client to help find a way to learn while staying connected to their emotions. An example of this may be reading or creating stories about death and dying to help children gain a greater understanding of their experience (R. Versaci, personal communication, March 10, 2020). The stories serve as containers which allow clients to express emotions, while still keeping that emotion contained in a story so that it is not overwhelming the client. Grief and death are not easy subjects to learn about, so helping clients find a place of aesthetic distance assures that they are able to learn without feeling emotionally overwhelmed.

Expression

It is not uncommon for children who are bereaved to feel as if they have not been "given sufficient voice" (Stutey et al., 2016, p.156) when they are trying to express their grief (Chen & Panebianco, 2017). Bereaved children need to know that they have the freedom to express themselves without being judged for being too sensitive (Arnold, 2018; Brewer & Sparkes, 2011;

Brown, 2018; Goldman, 2018; Webb 2003, 2011). Researchers reported that children have a natural inclination towards expressing themselves through play and other art forms (Brown, 2001; Chen & Panebianco, 2017; Gao & Slaven, 2017; Green & Connolly, 2009; Jones, 2007; Stutey et al., 2016). This is understandable as the literature suggests that children cannot verbally express their emotions due to developmental limitations (Stutey et al., 2016). Beale et al. (2004) wrote that children do not always express their grief reactions with words, which implies that the way children express their grief is not dependent on words (Chen & Panebianco, 2017; Stutey et al., 2016). These researchers suggested that when children do not feel restricted that they will “spontaneously express thoughts and feelings in a metaphoric manner” (Beale et al., 2004, p. 389) meaning if given the opportunity many children will find a way to express themselves beyond words. Expressing grief is an important part of healing, so it is imperative that those who are working with bereaved children have a multitude of ways to help them express their grief (Arnold, 2018; Beale et al., 2004; Brewer & Sparkes, 2011; Brown, 2018; Chen & Panebianco, 2017; Curtis, 1999; Goldman 2018; Koblenz, 2016).

Expression in Drama Therapy

There are many different ways to express oneself. When working with bereaved children the drama therapist should incorporate as many modalities as possible to reach clients of varied learning styles (Curtis, 1999). Drama is naturally an intermodal practice because it is an intermodal artform incorporating visual art, music, dance, movement, writing, and play. Drama therapy naturally gives clients many avenues with which to express themselves. Drama therapists believe that the act of creating and expressing is inherently healing and provides a path by which clients can find new insights into their present circumstances (Jones, 2007).

A drama therapist is going to be aware of the verbal and non-verbal communication and

expression taking place between client and therapist (Jones, 2007). This suggests that drama therapists have the means to be more deeply involved in communication with their clients. This is particularly important because it is often difficult for the bereaved child to express themselves verbally (Brown, 2018; Stutey et al., 2016).

In drama therapy the form itself serves as a container in the therapeutic process (Jones, 2007). When the structure of the drama is holding the client, really big emotions can be expressed and contained by the structure the drama therapist has put in place. If the form allows the client to feel safe enough to express themselves without feeling overwhelmed by emotions, then the drama therapist has helped them to find a place of aesthetic distance (Landy, 1983, 2008). Helping create dramatic structures that allow for aesthetic distance can create space for bereaved children to begin to transform their stories and heal (Jones, 2007).

Support

Grieving children often feel isolated from their peers (Brewer & Sparkes, 2011; Ellis et al., 2013; Gao & Slaven, 2017; Koblenz, 2016). “Many children do not like to feel different, so they choose not to discuss the losses that they have experienced, but that does not mean that they are not feeling pain, grief, anger, and despair” (Arnold, 2018, p. 192). Some children have a desire to protect their parents, so they are reluctant to grieve in front of them (Beale et al., 2004; Gao & Slaven, 2017; Stutey et al., 2016). Group therapy can decrease a grieving child’s feelings of isolation by showing children that they are not alone (Brewer & Sparkes, 2011; Gao & Slaven, 2017; Koblenz, 2016). Richardson (as cited in Brewer & Sparkes, 2011) wrote that when bereaved children are in a group sharing stories about bereavement, they may begin to develop a group story that has the power to transform group and individual narratives of loss and resilience. Sadly, when children are not supported in their grief, there is an increased risk of long-term

difficulties for the child (Brown, 2018; Ellis et al., 2013). Beale et al. (2004) wrote that children and their families will benefit from seeing a mental health professional to learn how to have supportive conversations about the death of a loved one. This opinion differs from Koblenz (2016) who reported that therapy, although impactful for bereaved children, can be perceived as negative, which suggests children should choose to engage in the therapeutic process.

Support and Drama Therapy

As discussed above, many bereaved children feel isolated, and group therapy is a preferred form of treatment for this population. Drama therapy is easily incorporated into group work (Emunah, 1994; Emunah & Johnson, 2009; Meldrum, 1994). This is evidenced by three out of the five articles on bereavement and drama therapy discussed in this paper using solely a group approach. In fact, nearly every approach to drama therapy uses group work (Emunah & Johnson, 2009). Perhaps this is because theater itself must involve at least two people: an actor and an audience member. However, most plays involve a lot more people and a big audience, and thus the drama therapy group makes many different types of roles available to participants.

Reinvestment in Life

Reinvesting in life can be perceived in many ways such as participating in activities that are not related to grief (Gao & Slaven, 2017), discovering and nurturing personal strengths (Brewer & Sparkes, 2011; Koblenz, 2016), and learning to live in the moment (Koblenz, 2016). Gao and Slaven (2017) reported that it is healthy for children to engage in activities that are not related to grief throughout the process of grieving. Goldman (2018) wrote that healing from grief can focus on “supporting resilient strengths” (p. 180) because the role of a grief therapist “is to enhance children’s ability to cope with and overcome adversity, grief, and trauma during dramatically challenging times” (p. 180). Brewer and Sparkes (2011) found that for many

children feeling competent and confident in any ability, whether it be interpersonal effectiveness or feats of physical strength, was seen as an important aspect of healing from grief.

Koblenz (2016) reported that many people who lost loved ones as a child “have a heightened sense of life, not wasting time, and not having regrets” (p. 212). This perspective is leaning into life. The clinician may work with an individual to help them define what the death of their loved one means to them and through doing this redefine the meaning of loss helping a client examine how the loss gave them strengths instead of deficits (Koblenz, 2016). Helping an individual create a narrative of beauty and strength instead of one of pain will help bereavement survivors live without being consumed with loss and sadness (Koblenz, 2016).

Reinvestment in Life and Drama Therapy

Drama therapy offers bereaved children unique ways to reinvest in life. The drama therapist can model for the child what it is to be present in the here and now, while explaining what that feels like in their body and helping the child to figure out what it feels like to be in the present moment (e.g.—I feel my feet on the floor. I feel my breath moving my chest and stomach up and down.). They can use these physical reminders to let children know that they are still alive, despite having lost a loved one to death. “Death is the most disembodied part of life” (R. Versaci, personal communication, March 10, 2020); thus, our natural inclination when being around death is to disembody and dissociate. Children need help to return to their bodies, which is why it makes sense for bereaved children to be working with a therapist who works with the body and the mind. Many children who have lost a loved one to death need a “permission slip to keep living” (R. Versaci, personal communication, March 10, 2020), and while this slip can take many forms in a drama therapy session, what is important is the message embedded in the slip: Things can feel normal again and continuing to live does not mean you do not miss the person

who died. As discussed in earlier sections, this message can be delivered in many different ways by the drama therapist.

Continuing Connection With the Deceased

Wordon (as cited in Koblenz, 2016) wrote that it is a child's ability to create an internal representation of a dead loved one that will ultimately affect their ability to heal. Once a child is able to create and allocate meaning to their loss, they are then able to relocate the dead loved one in their life and heal (Koblenz, 2016). Stutey et al. (2016) reported that all participants in their study had created a personal narrative that showed evidence of tangible symbols representing their loved ones who had died. This finding suggests that it is important to childhood bereavement survivors to create concrete reminders of their continuing connection with a deceased loved one. Other important reminders of continuing connection with the deceased are using a dead loved one's personal space or possessions as a form of comfort or finding reminders of a dead loved one in those who are still living (e.g.—My sister has the same hair our mom did when she was alive; Brown et al., 2018; Koblenz, 2016; Stutey et al., 2016). Brewer and Sparkes (2011) reported that many children establish a continuing connection with their deceased parent primarily through the senses: sight, taste, touch, smell, and sound. They also posed that clinicians working with bereaved children should try to understand their client's individual "preferred representational system" (Brewer & Sparkes, 2011, p. 289) to provide more helpful interventions (e.g.—An auditory processor will not be as comforted by pictures or making pictures of the deceased as they may be listening to the voice recording or favorite songs of the deceased.). A child's ability to create an enduring connection with a dead loved one plays a major role in their ability to integrate their loss into their lives (Koblenz, 2016).

Continuing Connection With the Deceased and Drama Therapy

Johnson (2013) wrote that “it is the difference between the imaginal and the real that gives rise to the transcendent” (p. 17). Transcendence is needed to foster continuing connection with a dead loved one. The dead loved one’s physical body is gone not long after the moment of death, and this is why a new kind of connection needs to be established: a transcendent link that allows the child to feel a connection to their dead loved one in their own unique way. The drama therapist might create paper lanterns with clients, write messages on them, and allow their messages to float away. Perhaps the drama therapist may ask the client to put a thought or a feeling that they want to communicate to the dead loved one into a bubble and send it to them wherever they are, helping children make concrete reminders of their continuing connection to their dead loved one. In drama therapy whatever can be imagined can be possible in this alternative to reality: Children can go visit dead loved ones in the afterlife, and dead loved ones can be personified and brought into present sessions. As Jones (2007) wrote, “dramatherapy creates a playful relationship with reality” (p. 191). The drama therapist knows how to evoke play in a session and also how to help the client de-role and return to reality after the session.

Opportunity to Say Goodbye

Rosenberg et al. (2015) found that children may benefit from having the opportunity to say goodbye to their dead sibling. Melham et al. (as cited in Brown et al., 2008) reported that involving a child in end of life care and culturally appropriate rituals for a dead loved one is not harmful to a child. Webb (as cited in Brown, 2018) “advocates that children be permitted to have personal contact with the deceased, including at the time of death, viewing the body, attending ceremonies, and visiting the grave or mausoleum” (p. 428). This is because it is important for children to be provided the opportunity to say goodbye to a dead loved one as opposed to trying to protect children from the reality of death and indirectly stopping them from grieving (Brown,

2018; Webb, 2003, 2011). Rosenberg et al. (2015) suggested that not allowing a child to participate in end of life care of a dying sibling may result in impaired grief. These researchers are showing us that not allowing children to say goodbye to dead loved ones is considerably more harmful than allowing them to participate and be part of the bereavement process (Brown, 2018; Webb, 2003, 2011).

Opportunity to Say Goodbye and Drama Therapy

Jones (2007) wrote that, “the drama therapy space enables clients to play with elements of their life – to rework issues, to try out new configurations or possibilities” (p. 191). Maybe the child was not able to be present at the time of death or for rituals surrounding the death. Stanislavski’s “as if” gives permission for life events to be redone within a “dramatic reality” (Sajjani, 2016, p. 163). When one moves from reality into dramatic reality, one automatically has more freedom (Cattanach, 1994; Sajjani, 2016). This leaves room for the child to transform parts of their actual experiences which can create a shift in their experience (Cattanach, 1994). This dramatic reality may make room for what the client wishes would have happened in the end, and this dramatic reality can hold space for the client to say goodbye to their loved one on their own terms in their own way.

Trauma Interventions

Trauma interventions were proposed as an aspect of grief therapy that is often excluded in interventions for bereaved children particularly for children with childhood traumatic grief (Brown et al., 2008). Currier et al. (2007) posed that perhaps grief therapies are not shown to be as effective because they are not addressing the most pressing symptoms of a child’s grief experience (e.g.—Grief therapy for children focuses too much on psychoeducation and too little on other psychological problems such as trauma.). Dyregrov and Dyregrov (2013) reported that

trauma “is dominating present thinking about childhood complicated grief” (p. 292). They also reported that, outside of the duration of the process, it is not easy to differentiate a child’s normal grief response from a pathological grief response (Dyregrov & Dyregrov, 2013). This leads this writer to believe that trauma should be included as part of grief therapy. This also offers an explanation as to why children reported experiencing relief from their grief by engaging in physical activity (Brewer & Sparkes, 2011). Because trauma is held in the body, incorporating the body into the healing process makes sense (van der Kolk, 2014).

Trauma Interventions and Drama Therapy

As discussed previously, trauma is held in the body particularly in the muscles (van der Kolk, 2014). Thus, it makes sense to use an embodied form of therapy, such as drama therapy, that involves movement and often asks participants to move their bodies. As Brewer and Sparkes (2011) wrote, children reported that engaging in physical activity was beneficial to them as they healed from their grief. “All drama therapists believe that live, embodied enactment of new stories and new roles can promote hope and change” (Emunah & Johnson, 2009, p. 26).

The Creative Alternative of New York (CANY) method used play, role rehearsal, and metaphor in a group setting to help clients reconnect with creative potential and thus be able to imagine themselves as they want to be (Sajnani & Johnson, 2014). The use of metaphor creates aesthetic distance. There is a deeply held belief that relationships are what make psychotherapy an effective healing practice (Sajnani & Johnson, 2014). The criteria used for CANY could also be used for bereaved children. Play can be used to help them reconnect to themselves. Metaphor can be used to help them process the death of their loved one. Imagination can be harnessed so they can imagine the future that they want for themselves and then they can rehearse it.

Sajnani and Johnson (2014) wrote that one goal of trauma-informed drama therapy “is to

enable clients to ‘develop the muscles of being in the moment while still being capable of reflecting on it’ rather than fleeing from it as one might in a state of dissociation” (p. 29). This is another goal for bereavement interventions. The drama therapist is working to increase the child’s window of tolerance so that they are capable of making meaning out of their loss.

Ritual is one of the therapeutic core processes that makes drama therapy inherently healing (Jones, 2007). Ritual done consistently is beneficial to traumatized children as it provides a sense of routine and continuity (Gao & Slaven, 2017; Koblenz, 2016; Weber, 2005). Weber (2005) wrote that “the consistency and familiarity found in the ritual ending, used each week from the beginning of the treatment process, provide the child with a sense of security at a challenging moment—that of saying ‘goodbye’” (p. 34). A bereaved child often struggles with goodbyes and this is why ritual is another strength that drama therapy offers bereaved children.

Joy

Although joy was not a predominantly strong theme throughout the literature on childhood bereavement, this researcher feels that it is a very important element of the healing process that should not be overlooked because finding joy and having a sense of humor were key factors in this writer’s own processing of the death of a loved one. Indeed, Brewer and Sparkes (2011) who gathered their information about children’s grief directly from the children reported that their “data indicated the additional importance of fun, humor, and laughter for grieving young people” (p. 289). Gao and Slaven (2017) reported that the literature and experts agree that children should be engaged in non-grief related activities throughout their own grief processes. They wrote that children should find respite while they are grieving by engaging in activities that are meant to be fun, because “experts suggested that having to constantly focus on the loss can be detrimental to the emotional well-being of bereaved children” (Gao & Slaven, 2017, p. 124).

If being constantly engaged in grief can be detrimental to emotional wellbeing, then the importance of joy, fun, and humor are documented above.

Joy and Drama Therapy

Having fun is not usually the primary goal when dealing with grief from the death of a loved one. This does not mean that learning how to connect to joy and humor again are not important factors in the healing process. “All drama therapists believe in the healing powers of play and spontaneity” (Emunah & Johnson, 2009, p. 25). A drama therapist knows that engaging in spontaneous play can spark joy. A drama therapist knows that there is joy in the process of creating and that finding joy in the process of doing drama therapy is enough (R. Versaci, personal communication, March 10, 2020).

Conclusion

Drama therapy is an ideal treatment for bereaved children. Currently, there is no research supporting the efficacy of drama therapy with this population. Qualitative research may help drama therapists gain a greater understanding as to why drama therapy interventions are beneficial to children in grief work. Quantitative research is needed to show the efficacy of drama therapy. Without this research, people will continue to overlook drama therapy for this population, and many children who could have been reached in their grief by this modality will not be. Showing the efficacy of drama therapy as a form of treatment for this population may also inspire more drama therapists to begin working with bereaved children. Drama therapy has the ability to provide clients with a unique approach to psychoeducation, enhanced communication, varied forms of expression, group support, continuing connection with the deceased, reimagined opportunity to say goodbye through dramatic reality, and embodied trauma interventions which are all important aspects of bereavement therapy for children.

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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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