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Using Ritual and Expressive Arts with Parentally Bereaved Children

Thesis Option 2: Critical Review of the Literature

Capstone Thesis

Lesley University

May 2020

Chelsy Bailly

Master of Arts (MA) in Clinical Mental Health Counseling: Expressive Arts Therapy

Thesis Instructor: Ara Parker, DMin, MA, BJ, BFA, CCC, BCATR, RCAT, RP

Abstract

This literature review discusses how Expressive Arts Therapy can be used to create and continue ritual to generate safety with parentally bereaved children. For the purpose of this literature review, children include individuals under the age of 18. Each section, expressive arts, ritual, and grief/bereavement, is broken down to include definitions and important information as it relates to children. Expressive Arts Therapy uses a variety of art forms as therapy and has varied applications with a wide variety of populations. Death is inevitable and with it comes grief. Grief, in this thesis, refers to the feeling felt by those who have experienced the death of someone in their life, more specifically a parent, and the feelings related to that loss. By combining expressive arts and ritual, a mental health professional can better help someone grieving by creating containment, cultivating a safe space to openly grieve, and creating an opportunity to express emotions in a different capacity. Experiences at The Children's Room informed this thesis as the author interned at the site as part of her requirements for this degree. Since this literature review was written at the time of the global pandemic with virus COVID-19, this thesis includes some discussion about the virus in relation to bereaved families since it appeared to have a compounding effect on both the parents and children in grieving families.

Keywords: literature review, ritual, creative therapeutic ritual, Expressive Arts Therapy, parentally bereaved, parent death loss, grief, bereavement, child, teen, COVID-19, coronavirus, global pandemic

Introduction

“Grief never ends... But it changes. It’s a passage, not a place to stay. Grief is not a sign of weakness, nor a lack of faith. It is the price of love.”

Author Unknown (as cited in Flemming et al., 2019)

This thesis discusses grief, expressive arts, and ritual all in relation to children who attend bereavement groups. Although much of this information also applies to those in individual sessions, group settings is the focus of this literature review. It is important to provide a group where participants receive support because “groups provide the opportunity to express and share their pain and loss in a safe and understanding setting” (Rogers, 2007b, p. 10). For people who have experienced a death loss, or loss due to death, peer support groups provide a place for them to be with others who understand some of the thoughts, feelings, and other experiences related to grief and can help participants feel less isolated.

Childhood bereavement is something that may occur more than frequently than one might think, so much so that it is considered a public health issue (Judi’s house, 2019). According to the 2019 Childhood Bereavement Estimation Model report, “1 in 14 children in the U.S. will experience the death of a parent or sibling before they reach the age of 18;” this leaves about 4.9 million children bereaved throughout the United States (Judi’s house, 2019, para. 3). Children may experience the death of a parent as disruptive to their childhood, ultimately affecting them later in life (2019). Mental health professionals working in the bereavement field are able to help children in many different ways through the use of expressive arts and ritual.

Methodology

A literature review format was chosen for this project because it allows for research, investigation, exploration, and discussion regarding the relationship between expressive arts,

ritual, and grief and their everyday use with children. A variety of theories are utilized throughout the literature review to aid in understanding the variety of ways expressive arts may be used with grieving children. This thesis includes what has already been written on these topics combined with the author's personal experience at her internship site, The Children's Room. This site is a bereavement center in Arlington, Massachusetts for children, teens, and adults who have experienced either a sibling/child death loss or a spouse/parent death loss. There is limited research that includes all of the topics discussed in this literature review: expressive arts, ritual, and grief; most of the literature reviewed only included two of the topics but not use of all three. Viewing all three together creates a fuller picture of the importance of each in working with bereaved children. However, including all of these topics together is important when working with these children, which is why this thesis attempts to synthesize research in all three areas of research interest.

While reviewing information relevant to this literature review, there were some challenging aspects. It was slightly challenging finding information based on ritual, especially with children. Ritual, in this thesis, refers to meaningful repetition with purpose or a special reason for occurring (Doka & Georgopoulos, 2020). The use of the term "ritual" in this thesis varies from some of the more colloquial definitions of the term and more commonly relates to the term "routine" throughout literature. The use of ritual in the field of expressive arts is seemingly less common than it was 10 years prior to the writing of this thesis. Finding information on ritual as it pertains to expressive arts and grief was one of the more challenging aspects of writing this thesis.

As briefly mentioned, this author was completing her field placement internship at The Children's Room for this degree while writing this thesis literature review. The Children's Room

is a bereavement center for children, teens, and families where they practice the belief “no child, teen or family should have to grieve alone” (The Children’s Room, 2020, home). The site uses expressive arts with the children during each group. The Children’s Room uses both directive and nondirective approaches which are built into their programming. Directive interventions, projects designed and implemented by trained adults, are about 60 minutes of the time and nondirective time, or free play time, takes up about 30 minutes of the time. The Children’s Room is a place for people of all ages; though, it primarily serves children 43 months to 18 years of age who are still in high school and their parents and/or caregivers. The Children’s Room was used as an example throughout this thesis because this location is where the author had first-hand experience engaging with groups and seeing how the groups were designed and operated. This experience provided an introduction to this work, which led to further investigation and this literature review.

Bereavement/Grief

Death is an experience that happens to everyone, and with death comes grief (Rogers, 2007a). Grief is a normal reaction to a death (Rogers, 2007a). There may be many feelings, physical sensations, and behaviors that come up for individuals when a death occurs. Grief comes in many different forms and is complex. It can describe the deep sorrow that occurs when someone important dies or the loss someone experiences, such as in a crisis. Bereavement is the “state of loss when someone close to an individual has died” (Psychology Today, 2020, para. 1), meaning bereavement is the period where a person experiences grief and mourning. An important note about grief/bereavement is that not all deaths are traumatic and not all people perceive a death as trauma in their own life. Within one family, one person may find the death as traumatic for themselves, while another person does not believe it was traumatic for themselves.

Grieving is very personal with each individual's experience being a unique one.

Grief appears in many different ways, from person to person and death to death. These varied grief reactions are especially true for children who have experienced the loss of a parent or someone close to them. This literature review focuses on the child's grief process, specifically when a parent dies. The grief experience is different for everyone depending on who dies, how old the child is at the time of the death, and where a child is developmentally, socially, and emotionally. For example, a child with autism may not grieve the same way as another child who is the same age.

Grief Theories

There are a wide range of theoretical models relating to grieving individuals that assist mental health professionals in helping them. The grief theories presented apply to individuals, both children and adults. These theories discuss different views on how people grieve or mourn the death loss of someone, usually someone that was important to them. The information regarding the theories listed below include the theorist's thoughts from initially being told of the death onwards. Knowledge of these theories and children's reactions to death may best support mental health professionals in the formulation and establishment of creative rituals.

Kubler-Ross's Stages of grief

Elisabeth Kubler-Ross's (1969) stages of grief are well known around the world. She studied terminally ill patients who experienced many different emotions in preparation for dying, and she found a common thread across the majority of people who are dying or who have experienced the death of someone. These five stages of grief are denial and isolation, anger, bargaining, depression, and acceptance. After the initial stage of denial and isolation, Kubler-Ross noticed a common thread among the other stages: hope. Kubler-Ross did initially lay out a

map of what these stages may look like; however, she also knows that everyone grieves differently and that some of the stages are intertwined with one another. There is no set amount of time that someone stays in one stage; they move on when they are ready (Kubler-Ross, 1969).

Worden's four tasks of mourning

William Worden (2009) created the four tasks of mourning. He used the term mourning meaning the individual must adapt to the loss (Worden, 2009). Through his work with children, he created the four tasks of mourning. Worden (2009) based his ideas off of other theories and child development. He suggests that a child needs to complete all four tasks in order to adapt to the loss. If children do not complete the tasks, they may not be able to handle the emotional impact of the death or may not adjust to the external world. The mourning tasks require effort; the amount of effort used or needed varies with each person and each death loss (Worden, 2009).

The first task is to accept the reality of the loss (Worden, 2009; Rogers, 2007c). At first, it is hard to accept that a death has occurred and may be accompanied by magical thinking, the belief that one's own thoughts, wishes, or desires can influence the external world. The second task is to work through and process the pain of grief (Worden, 2009; Rogers, 2007c). Without acknowledging and working through the grief, it can manifest as physical symptoms or atypical behavior (Worden, 2009). The third task is to adjust to the world without the deceased (Worden, 2009; Rogers, 2007c). This includes an internal, external and spiritual adjustment (Worden, 2009). Internal adjustments may include adjusting their sense of self, self-esteem, and self-definition. External adjustments include adjustment to the physical world; individuals may notice more actions that the deceased did now that they are gone. Spiritual adjustments refer to an individual's sense of the world, their direction in life. The final task in Worden's four tasks of mourning is to find an enduring connection and move on with life (Worden, 2009; Rogers,

2007c). Memorializing, thinking about, or speaking to the deceased are all ways someone may continue their connection with the deceased (Worden, 2009).

Dual-Processing Model of Coping With Bereavement

Stroebe and Schut (2010) developed the Dual-Processing Model which focuses on the ways individuals come to accept someone's death. There are two categories of stressors: loss-orientation and restoration-orientation, both important in the grieving process. "Loss-orientation refers to the bereaved person's concentration on, appraising and processing of" the loss; this includes confronting painful feelings (Stroebe & Schut, 2010, p. 277). Restoration-orientation in the grieving process "refers to the focus on secondary stressors that are also consequences of bereavement" (Stroebe & Schut, 2010, p. 277). An individual may struggle with reestablishing themselves in the world without the person who died and may be forced to rethink their future. Another important focus of this model is the concept of oscillation. Stroebe and Schut believe that people move in and out of grief; grieving is a daunting task and avoiding or taking a break from grief may feel easier than facing grief in some moments. This knowledge of a few grief theories may better assist mental health professionals working with grieving children, and may provide a knowledge base to apply expressive arts and ritual.

Internal & External Reactions

The reactions people have when they have experienced a death loss may appear as internal or external reactions. Bereavement can bring "pain, disfigurement, disorientation, lack of mobility or sense impairment" (Bolton, 2008, p.15). It can also bring with it many different feelings or combinations of feelings including sadness, anger, guilt, anxiety, fatigue, loneliness, helplessness, shock, yearning, relief, and numbness (Worden, 2009). These emotions may come in waves which may be surprising or unexpected to the individual experiencing them. This

experience is true for both children and adults. With all of these feelings, people have to learn how to readjust to their new way of living, “their notion of who they are, what their primary relationships are, where and how they might live... what their hobbies are,” and every other aspect of their life (Bolton, 2008, p. 15). Death brings about many internal and external changes in people’s lives.

An individual, both a child and an adult, may experience physical sensations in relation to grief, which may appear as external reactions. Children, especially young children, express their thoughts and feelings through behaviors and play rather than language (Bugge et al., 2014). Some of the physical sensations or somatic symptoms that may appear are headaches, tightness in parts of the body, lack of energy, too much energy, sensitivity to noise, loss of appetite, and more. These symptoms should be examined by a medical professional as the individual may have an underlying health condition or the medical professional may have recommendations on how to better help the person, and the symptoms may be a grief reaction that needs to be monitored to prevent them from interfering with a person’s health. Grief behaviors may appear in many different ways in children, including troubles sleeping, nightmares, not eating or not eating certain foods, acting more aggressively, increased crying, over achieving, angry outbursts, etc. (Bugge et al., 2014; Worden, 2009).

Disenfranchised grief

Disenfranchised grief is a death loss that is not “socially sanctioned” (Worden, 2009, p. 2). There are many examples of this that may affect a family including the death of an ex-spouse, a death by suicide, a death by drug overdose, a death by homicide, the death of someone you cannot remember, a SIDS death, or a death by miscarriage. Disenfranchised losses may hold a stigma in Western society or may be seen as non-losses by members of society or even by

extended family members (Doka & Georgopoulos, 2020).

Families at The Children's Room experience various forms of disenfranchised grief similar to the ones listed above. Grieving an ex-spouse, is one type of disenfranchised grief that often comes to the bereavement center. Some adults are wary to share that their person who died was an ex-partner; however, children do not seem to be affected in the same way because the relationship with the parent was different. They may discuss going to the other parent's house and missing traditions or rituals they shared which is similar to what other children share about the loss of their parent when the parents are not separated or divorced. Disenfranchised grief may affect children and adults differently because they are not as aware of the social stigmas around death, however, children may still feel the affects of the stigma from other adults in their lives. As children get older, they may notice different judgments from others based on how that person died.

Secondary Losses

A death loss often is not the sole loss someone experiences when someone dies; the other losses someone experiences are known as secondary losses. Within one individual's death, there may be many losses that accompany it. Secondary losses may include a loss of safety or comfort, loss of identity, loss of support system, loss of who makes breakfast, or loss of who drives the child(ren) to school. It may also suggest that the child(ren) loses their role in the family and is expected to take on new roles. One person may experience many different secondary losses after a death loss; these losses can affect people in many different ways, and openly talking about them may provide some comfort to an individual.

Children and grief

Children grieve differently as they grow older and their brains develop. They may miss

different things about the deceased parent as they grow older. For example, a child may miss having their parent at graduation, whether it is elementary graduation or high school graduation, or miss the parent at their wedding. A child's current age and development has to be considered by parents and professionals, and it is helpful to know the age of the child when the death occurred. A child's development may strongly affect how they react to the death and how they grieve, and there are other factors that will also affect the grieving process, including personality, upbringing, relationship with the deceased and other family members (Dyregrov, 2008; Worden, 2009, Rogers, 2007c). This section will look at how children adapt to grief, the impact caregivers have on children, and how to help children grieve.

Children's Adaptation

Children are often known for being resilient and adaptable (Bolton, 2008). However, “a variety of early adverse experiences, such as... parental loss, have been associated with dysregulated cortisol activity during childhood and later in life, representing an important link to long-term psychological and physical health” (Luecken et al., 2010, p. 785). Therapy or peer support may allow a better adaptation in children.

One study evaluated children's adaptation by measuring cortisol activity in parentally bereaved children 6 years after participation in a family bereavement program (Luecken et al., 2010). The study found that lower cortisol levels corresponded with individuals who showed more externalizing behaviors. These results may suggest that individuals, specifically children and young adults, may benefit from participating in a family based preventative intervention program given that it allows participants to externalize thoughts and feelings they have (Luecken et al., 2010).

Children adapt in many different ways. Appendix A depicts a chart created by the author

to demonstrate how a child or teen may develop without a death loss and indicates how a death loss may alter behavior in some ways. The appendix also provides ways an adult, parent or mental health professional, may help a child while the child is grieving. Both professionals and parents/caregivers must note that every child is different, and every grieving process is different. Parents and children may not grieve and most likely will not grieve at the same time, pace, or in the same way.

Parent or Caregiver Impact

With children who are parentally bereaved, their parent or caregivers may have an impact on how the child grieves. The parent or caregiver of these grieving children may also be grieving the loss of their spouse, so they are going through their own grief process while trying to take care of their child(ren). Parents work hard to create new traditions while still sharing the memory of their child's deceased parent or other important person/pet and oftentimes feel the struggle of needing to be two parents. Parenting while grieving is a difficult task made better by the support of mental health clinicians, family support, or other supports in a parents' life (Dyregrov, 2008).

These various grief reactions by guardians and/or caregivers influence children in a variety of ways. Some children mirror their parents' closeness, anger, restlessness, etc.; some children try to fill the shoes of the parent who died (Haine et al., 2008), and some children believe that their caregiver will leave them if they do not behave (Bugge et al., 2014). When a parent is struggling to take care of their family, children oftentimes notice and struggle as well (Dyregrov, 2008). Parents and children benefit from the parent taking care of themselves (Haine et al., 2008). Children cope better over time if the surviving parent is cared for and able to cope in a healthy way (Dyregrov, 2008; Haine et al., 2008).

One way a grieving parent or caregiver can get support is through counseling or peer

support groups. This support may provide tools and resources that may assist adults in taking care of their child(ren) (Dyregrov, 2008). In the sessions, the adults may look at how each of their children are coping with the loss and discuss their behaviors, whether same or different from before the death occurred. This environment may also allow adults to share their own grief. Parents confronting their own grief may aid in the child's grief process (Dyregrov, 2008).

Helping Children Grieve

Knowing children's reactions, how they may adapt, and how parents may impact children may assist adults in helping a child grieve. Some ideas for adults to consider are using open and direct communication, allowing time for cognitive mastery, and encouraging emotional coping (Dyregrov, 2008; Neimeyer, 2012). Dyregrov (2008) states, "children want to and need to learn the truth" (p. 103). That being said, adults need to be mindful of the language used when telling children details of the death. Concrete language, or literal language, is best when discussing death with children given their brain development; it is not until children reach their teenage years that abstract thinking begins to develop more fully. Adults should use open, true, concrete language and answer questions children may have, and the answers should suit where the child is at developmentally (Dyregrov, 2008).

Children need time to allow for cognitive mastery or fully grasping the death of their person. During a time of cognitive mastery, children may ask questions, play out death scenes, or talk about the deceased (Dyregrov, 2008). Part of allowing time for cognitive mastery is making the death real, so children's play or speech is a way they understand. Rituals and ceremonies help people understand and grasp the deceased's death by confronting the reality of the loss (Dyregrov, 2008).

Encouraging emotional coping may look like families openly and honestly discussing the

death and talking about how the family will move forward (Dyregrov, 2008). Depending on the age of the child, the same information may need to be repeated multiple times before they are able to fully comprehend exactly what happened. Open communication, time for cognitive mastery, and activating emotional coping are all ways a parent, caregiver, or professional can help a grieving child (Dyregrov, 2008).

Not comparing.

Another way someone may help a person grieve is by not comparing losses. "Loss is Universal," but every person "moves through it in individual ways" (Strouse & Harrington-LaMorie, 2012, p. 228). Grief changes overtime and is lifelong (Rogers, 2007a). Many people are surprised by this because they think there becomes a point that grief just ends. However, those who have experienced grief know that it does not just end; it just changes, and it changes from one moment to the next. This experience is especially prevalent in children; at one moment, a child may want to share stories about their person who died and the next they may want to play with a friend, refusing to talk about their person who died. The Children's Room discusses this with parents during their Parenting series, and many parents have discussed this behavior in their children with the staff. For a child, this reaction is fairly normal. The most important loss is an individual's own loss, and that loss is the one they can feel and speak to.

Grief comes in many different forms and is not about comparing (Rogers, 2007b). Every grief experience is unique and comparing the severity between losses does not benefit anyone. Those working with families at The Children's Room tell families "the most important death experience is your own." An individual is only able to know about their own experience with death and cannot know exactly how someone feels in their experience. After having discussed some concepts around grief and bereavement, the next section discusses how the use of

Expressive Arts Therapy may benefit grieving children.

Expressive Arts

Expressive Arts Therapy has potential to benefit grieving children. Expressive Arts Therapy uses various forms of art, including dance, music, drama, visual arts, etc., as therapy and to assist in the therapeutic process. Through his reflections on the power of art to be a form of medicine, Shaun McNiff (1982, as cited in Estrella, 2007) believes, “art by its nature includes everything imaginable” (p. 195). Part of his belief is that art is everywhere, in architecture, cooking, poetry, and more; it is a philosophy of life and art. By taking elements of this theory, various modes of Expressive Arts Therapy may be used with people of all populations, ages, socioeconomic classes, races, and abilities. The numerous modalities available provide opportunities to suit those with a variety of needs and personalities.

Within Expressive Arts Therapy, there are many concepts and theories that are important to the work. There are various approaches available in the field and, similar to other occupations, different professionals believe some concepts are more important than others. Despite discourse controversy regarding theoretical approaches, multiple theories are discussed throughout this section. These concepts provide information on how to best practice expressive arts with children and may also be useful with other populations. The various concepts are synthesized together, equally, to promote the best care for the clients.

Expressive Arts Therapy has the ability to benefit group participants in numerous ways. Many people know that “the very process of creating art can be deeply personally illuminative and healing” (Bolton, 2008, p. 13). Art making can allow thoughts and feelings to come out into the art that the creator may be able to see and interpret in their own way. Making art by yourself or with others is a way this may be seen. An individual also has the option of creating with a

professional. Creating art with a professional may allow for insight, increased self-confidence, joy, healing, support, and many other benefits for the participant (Bolton, 2008; Rogers, 2007a). It is not until someone experiences using the expressive arts in therapy or as a therapeutic tool that one can have a sense of the benefits at a personal level.

When making art in a therapy session, participants may discover new things in relation to themselves. Bolton (2008) says, “art can make the unacceptable possible to face” (p. 16). Some feelings or events in one's life may feel very hard to discuss. Art can help a person delve into some harder feelings that may not feel the same as with talk therapy. Strouse and LaMorie (2012) add, “art therapy is helpful to those who have trouble putting feelings into words,” which is also true with feelings related to grief and a range of other losses (p. 226). The use of art within therapy may allow a different range of thoughts, feelings, emotions, and stories to come up internally that may then be shared within a therapy session.

Play Aspects of Expressive Arts

Some mental health professionals also include play into their definition of Expressive Arts Therapy. Boyd Webb (2003), a Registered Play Therapist-Supervisor (RPT-S) believes play is a part of Expressive Arts Therapy and foundationally considers play therapy another expressive art form. In Malchiodi's (2007) book, *Expressive Therapies*, she includes a chapter on play therapy written by Linda Homeyer and Emily DeFrance, supporting the idea that she includes play therapy in her definition of Expressive Arts Therapy.

Play therapy, like art, is important for children because play is another way children communicate (Homeyer & DeFrance, 2007). Play therapy and expressive arts build on the rationalization that “feelings often are released more readily in non-verbal form” (Webb, 2003). If a participant is uncomfortable or not yet ready to talk, the therapist may talk through objects

like stuffed animals or puppets to indirectly make connections to the participant's story. This form of interaction may open up the conversation and allow for that person to reveal their feelings through play by creating a feeling of safety, containment, and familiarity (Webb, 2003). Then, the therapist has the opportunity to name and validate the feelings that the participant reveals. When a grieving child comes to therapy, there are many different emotions involved; play therapy may benefit a child with understanding and coping with their emotions. When a mental health professional is interacting with children, consider the child's developmental level as working with a 4 year old will not be the same as working with a 12 year old. Play is an important aspect of expressive therapy because it allows for a different type of communication, much like what is useful in grief work.

Nonverbal Aspects of Expressive Arts

While verbal communication is important in Expressive Arts Therapy, so is nonverbal communication. Nonverbal communication, or lack of communication (i.e. ignoring), is about 93% of communication, according to Mehrabian (1972). Nonverbal communication includes tone of voice, posture, eye contact, and other body language with 38% of nonverbal communication being tone of voice (Mehrabian, 1972). Within the use of the arts and play, there are many opportunities to use nonverbal expression. Nonverbal communication is useful when verbal language is inaccessible (Estrella, 2007), which may be true for children experiencing grief. Art and nonverbal communication interact with one another; "art can express the otherwise inexpressible" (Bolton, 2008, p. 20). Trying to verbally express thoughts, feelings, and emotions can be hard, especially when there are many thoughts, feelings, and emotions intertwined with one another. Children who are grieving may experience a mix of feelings, which is where expressive arts may benefit them. Art can help in expressing some of these internal things and

make them external.

Nonverbal expression may be useful in trauma work as trauma memories are stored in a variety of ways throughout the body including somatic sensations, behaviors, and flashbacks (Estrella, 2007; van der Kolk & van der Hart, 1991). This knowledge is important in grief work because some individuals experience the death of their parent or guardian as traumatic. Even when the death is not traumatic, there may not be words for the feelings that a child is experiencing, or the death occurred at a young age, at a time when verbal language was not the primary means of expression. Expressive Arts Therapy offers a variety of means nonverbally to access the memories stored throughout the body.

Many mental health clinicians know that children speak in a different way than adults. Children oftentimes tend to be better at sharing their thoughts through play or other expressive means rather than through talking (Homeyer & DeFrance, 2007). Using Expressive Arts Therapy, children are able to share their inner thoughts and feelings when they may not even have the cognitive ability to express what they are feeling.

Relational Aspects of Expressive Arts

The expressive arts therapist has the unique opportunity of using art alongside therapy and as a therapy modality, creating a different experience for participants than traditional talk therapy. Clients may be offered art materials or instructions as a creative way of expressing themselves without materials, such as improv, dancing, focused breathing, or mirroring another person. Bolton (2008) describes the artistic relationship as “being in genuine contact with others, and with the complexities of oneself, is to be fully alive, and to create is to be fully human” (p. 13). A person integrates all parts of themselves, consciously or unconsciously, together authentically when they create their art; they engage their body, activate their mind, and become

aware of their surroundings. Being in genuine relationship with others, one's self, one's art, and the environment are part of the relational aspect of Expressive Arts Therapy.

The physical environment may affect someone in a multitude of ways. The environment may inspire or hinder a participant's process. When thinking about working with children, a professional may consider having child-friendly considerations in place. Depending on the therapy goals, however, toys may be distracting both when working individually and with groups of children. The Children's Room has curtains over the toys so that they will not be a distraction during a directive time, when a project is designed and picked out for the children (Homeyer & DeFrance, 2007). However, when it is free choice time, or nondirective play time (Homeyer & DeFrance, 2007), participants are able to open the curtains and use the toys. Part of using the curtains is setting limits, which is used in play therapy in a variety of ways (Homeyer & DeFrance, 2007). The environment plays a part in how individuals may interact with one another and how individuals may interact with the environment itself, so expressive arts therapists can utilize their environment as a tool to promote the therapy process.

The sound in the environment has unique relational aspects when used by an expressive arts therapist. Greenman et al. (2008) discussed the use of music with people who are feeling down or low because of an illness. Upon entering the room, the musicians noticed the low energy level and sat with the participants in that feeling. Simply sitting with someone, genuinely asking how participants feel, and allowing participants to be sad for a moment may assist in the therapeutic process and leave more room for a lighter group, as in the case with these musicians (Greenman et al., 2008). The musicians in this example were aware of others, themselves, and their environment, which made an inclusive, creative environment.

Another part of being relational is being in relationship with "other." "Other" can be

oneself, the environment, another individual or individuals, or the artwork created. Creating with, or being in relation with the creation, is an important aspect of Expressive Arts Therapy. This is because it allows an individual to have a dialogue with the piece, the therapist and themselves, not feel alone, and/or gain a sense of security in the space. Creating art with another person can allow for a conversation. Additionally, participants are able to “participate because they want to” (Bolton, 2008, p. 19) and not because they have to. In a group setting, participants may be able to “pass,” naming that they do not want to participate, and may have the option to observe or try something else depending on the program. Some expressive arts therapists see nonverbal communication, like nonparticipation, and silence as a therapeutic tool in the session and a way to be in relation with their client(s), the environment, and artwork.

In groups, there are literally “others;” other people participate together. This individual may be a therapist or other participants in a group. Having other people to work or create with may provide a participant comfort, a sense of security, and a feeling of togetherness. Sharing, being heard, and relating to someone else allows for that individual to discover their wants and creative needs; they can then give their thoughts and feelings shape and form (Pereira-Stubbs & Rawlence, 2008). Others assist in the relational aspect of the expressive arts.

A person may have a dialogue, whether internal or external, with their artwork. The artwork a person creates is an extension of the person, a piece of how that person is feeling, what they are thinking, and may be what they need or do not need. Bolton (2008) adds, “art can be a witness” (p.19). When art is a witness, the piece holds what the participant puts into it. Then, the participant is able to look at those thoughts, feelings, and emotions from a distance and as something that is not a part of themselves until they are ready to confront those aspects (2008). Releasing thoughts, feelings, and emotions onto another object or out into the world may feel

important to a participant.

Being in relation with the environment, others, and art may provide some comfort, security, containment, or other benefits for a participant. All three of these aspects interact with and influence one another in many different ways, ultimately affecting each participant in their own way. Participants may interact with their surroundings both verbally and nonverbally, which provide benefits when they engage in a relational way.

Unconscious Aspects of Expressive Arts

Unlike the conscious mind, the unconscious mind contains information that people are unaware of (McLeod, 2015). This information may come out through behaviors, feelings, dreams, and judgements (McLeod, 2015). One way people may access the unconscious mind is through creative art making. Andreasen (2011) studied the brain and how creativity plays a part; she discovered, “the creative process arises from the unconsciousness rather than occurring as a conscious process” (p. 45). The unconscious brain can give people ideas, concepts, and art that may be useful and worked through in grief work.

The expressive arts allow for both verbal and nonverbal expression. Some of the thoughts, feelings, sensations, etc. that come up may not be known consciously, but may be made conscious through the art process. Rogers (2007a) shares his thoughts about the unconscious in relation to grief, “it is through the expression of the inexpressible that art allows us to reach deep into our unconscious and through this mystery” of grief and death (p. 3). The ability to express unconscious grief related sensations is beneficial through the therapy process and art permits that to occur. Creating art allows expression from the unconscious mind that may not get expressed or acknowledged without art.

Artwork Aspects of Expressive Arts

Adults may misinterpret a child's artwork for being something that it is not.

Misinterpreting a grieving child's artwork may hinder or slow the therapeutic process because the child may feel discouraged. To avoid misinterpretation, witnesses, both young and old, need to ask the creator to describe their work through non-judgmental, open ended questions. Natalie Rogers (1993) uses a person-centered approach to Expressive Arts Therapy which practices empathy, openness, honesty, congruence, and unconditional positive regard. Rogers (1993) emphasizes the need to create in an environment free of judgement, fear, and criticism. This safe environment will promote creativity, healing, and self-empowerment, all qualities that may allow a grieving child to express their true emotions (1993). When asking the child what their work means, a witness may get a different response than what they were expecting. For example, a child drew what looked like a soft, furry creature radiating light, but when asked what the picture was, the child explained that it was their depiction of grief and how it grows bigger and can shrink throughout the day. Judgement or interpretation should not be placed on client artwork, rather professionals should ask questions with genuine curiosity.

Ritual

The next section considers how ritual can be integrated with Expressive Arts Therapy and grief relating to children. The use of the term ritual in this thesis relates to meaningful repetition, practice, actions performed on a regular basis, and routinized or regulatory behavior (Doka & Georgopoulos, 2020; Lavie et al., 2018). A ritual can take many different forms and does not have to be a ceremony or something sacred to a religion or larger group of people. Ritual can be simple like ringing a bell or passing a stone. These actions have a special reason for being a part of a person's life and can provide psychological containment, safety, emotional regulation, and structure. Ritual can take many different forms as it is something that is created for the people

who are involved in the process.

Ritual may have a negative connotation with some individuals and may not have the same effect in a therapy session with people whose view on the use of ritual is negative or harmful (Doka, 2012). The term ritual is used in different ways across cultures and has multiple meanings, so a mental health professional may use various terms, like routine or practice, to provide a sense of security. Individuals grieving may already have rituals in place related to their grief, these rituals already in place should be respected and the rituals created by a mental health professional should not go against the rituals children or families already have in place. The rituals created for participants are not intended to harm but rather to create safety for them. Giving participants the option to pass or observe the ritual initially may help ease some discomfort for them and providing an outline may help ease some hesitant feelings. Although ritual may have a negative connotation for some individuals, it may benefit them to participate in their own way.

Meaningful repetition and practice of rituals

Meaningful repetition and practice are one important aspect of ritual in therapy. Danely (2012), studied repetition in Japanese ancestor memorial ritual, found that Japanese rituals include a sense of continuity, flexibility, adaption, and order. These qualities provided some constants, while still allowing for changes within the rituals; these are aspects that are important in grief work, as well as Expressive Arts Therapy. Danely (2012) adds that rituals can also add a sense of security where group members may feel a sense of insecurity, because actions are constant and there are certain activities someone can expect at that time. Death and dying can be unpredictable and anxiety provoking (Danely, 2012), so the structure and repetition of ritual can provide a sense of comfort and security to those involved. All societies have examples of ritual

around death and dying, including funerals and wakes; these rituals may provide an open place to express grief, a place to say goodbye, an acknowledgement that someone has died, or a support system for those grieving. Grief and ritual is connected throughout the world in various ways, all having meaning in their practice.

At The Children's Room, there is the ritual of ringing the bell, a Tibetan singing bowl, to start and end groups. This ritual has meaningful repetition as the witnesses of the bell learn to hear the bell and know that group is beginning. It also gathers attention and provides some regulation as children are coming together to start or finish up a group. This ritual allows for some flexibility along with structure. The bell is always rung at the beginning and end of the group; however, the person who rings the bell may change, the time the bell is rung may change, and other slight variations of the bell ringing ritual. The flexibility of ritual allows for comfort, structure, and routine.

Individualistic Nature of Ritual

Ritual can be individualistic because it allows for variations in its practice which is helpful when working with a bereavement group. When working with an individual person or group of people, the facilitator or clinician should consider the interests and needs of the people taking part in the session. An individual with an aversion to something, like the song "Happy Birthday," may not benefit from a ritual with the song "Happy Birthday." This situation was the case with an individual at The Children's Room in a large group setting where the group would sing "Happy Birthday" to group members on their birthday. Using an individualized, or person-centered, approach, the individual asked to step out of the room while others sang the song and joined the group after the group was done singing. Children who are grieving may have different reactions to a variety of external stimuli; an individual approach will need to be taken. With a

more individualized approach, participants have the opportunity to feel both seen and heard in a group setting while they may not in their daily lives.

A ritual may be altered to cater to the needs of an individual by including the participants in the decision making process. At The Children's Room, they begin with an opening circle activity which involves saying their name and the person in their life who died and asking a “fun question.” Saying their name and the name of the person who died is part of the ritual that does not change. However, the participants and facilitators collectively come up with one new fun question each session, giving the children the opportunity to express themselves at the start of the group. The facilitators monitor the questions to ensure they are appropriate for the group and may alter the question to suit everyone in the group. Questions may range from asking about their favorite color or sport to what they did over vacation. This opening circle ritual has the ability to be altered by a clinician by adding more expressive arts practices. A clinician may decide to have drums included in the circle, inviting the children to start drumming as they walk in the room or engaging the children in a nonverbal drawing exercise after the children sit in the circle. The Children’s Room considers the children’s wants and needs to make their ritual more individualistic.

Routine as Ritual

Routine is similar to ritual in that it is done frequently and has a purpose, but also is something special and usually has a different goal; both routine and ritual are useful in helping a child grieve in a healthy way. Routines provide structure for children and families and may allow them to establish and preserve healthy lives (Koome et al., 2012). When a family is affected by change, such as the death of a family member, the routine may get disrupted. Oftentimes, children do not have choices as to what they do or when they do it; having a ritualized,

regulating behavior allows for some comfort in knowing what is going to happen in a world that is ever-changing and not secure. Having a ritual individually or in a group may help with feelings around other people in their life dying.

Children may fear other people in their life dying; a routinized ritual and reassurance may reduce some of those feelings. Parents should reassure their child(ren) that there is a plan if something happens to a living parent or guardian and what that plan is. This process lets children know that someone will always be there to take care of them. Families may find comfort in performing self care rituals to promote overall well-being such as starting each day with writing what they are grateful for, being physically active in yoga, dance, or another practice to promote wellness, or setting up a daily time to acknowledge their worries. Children who have experienced a death loss may be reassured knowing that a parent is doing what they can to stay healthy in a ritualized way.

A routinized ritual can provide containment, safety, regulation, and structure, which are all important aspects to therapy and grief work. Ritual may be very regulating to children and adults as it is a very structured activity that is repeated throughout time. This structure allows people to know what is coming in the future and what is happening now. After a death, "play group and school may become a firm foundation in an otherwise insecure situation" (Dyregrov, 2008, p. 119). The routinized nature of these activities provide stability and a sense of knowing for children; they know they will attend school or playgroup each weekday. Routinized rituals can lead to a feeling of comfort and safety, especially because a person in the child's life died possibly without knowing that person would die. The child is still trying to find a place that they feel comfortable without their person who died and are trying to find routines that work for them.

Routine and ritual are closely connected in that they have a set of actions performed on a

regular basis. Ritual is process oriented (Lavie et al., 2018), meaning the development and performance of actions is very important. In Expressive Arts Therapy, Knill et al. (2004) discuss a concept called “low skill-high sensitivity” from Knill’s intermodal theory. This approach is based on the belief that participants do not need a high level of art skill in order to create art. Using this approach, the process tends to be more important than the product (Knill et al., 2004). Performing a ritual as part of a persons’ routine is part of what makes a ritual function to its full therapeutic potential.

Special Reasons for the Use of Ritual

Ritual has a special reason for being a part of people's lives, and holds meaning for those participating in an expressive arts or bereavement based ritual. Each ritual created has its own unique and special quality that makes it suitable for the group or participant and has a goal as to why it is in place. There are many potential goals built into rituals that may include, but is not limited to, building a community, creating group cohesion, providing safety, establishing a safe space, or creating a sense of connection to the deceased. Setting goals allows for purpose within the ritual, giving the ritual a meaning.

At The Children's Room, participants pass a stone or a talking stick at the beginning of the group. When the stone or talking stick is passed, each person knows it is his or her turn to talk and others know it is their turn to listen. The talking stick at The Children's Room has a protocol similar to the values described by Joseph (2015) in *First Nation Talking Stick Protocol*. Joseph describes that using the talking stick means the adults speak first, everyone will listen with respect, no phones are allowed, interrupting is not okay; the stick is passed to the next person when someone is done speaking; it is acceptable to “pass,” and the stick goes back to an adult when everyone is done speaking (Joseph, 2015). These characteristics allow for respect,

safety, open communication, patience, and discipline. The children at The Children's Room follow these guidelines to the best of their abilities with facilitator's reminding them of the guidelines if they are not following them. This format allows for free expression of feelings and emotions which is needed in therapy and grief work with children.

Sacred Space Within Ritual

Part of having a ritual may be having a sacred space or ritual space (Mills, 2012). This space is unique and special to the people that are using it in the moment. A sacred space serves its participants by making them feel comfortable and safe, providing a space for interpersonal connection and engagement, and contains everything needed for a session (Moskowitz-Corrois, 2018). The look of the sacred space may vary depending on who is in the space and what the space is used for when the participants are not in the space. For example, it may be an office, broom closet, or a playroom that gets turned into a therapeutic space when there is a scheduled session. The sacred space should be able to provide an environment conducive to Expressive Arts Therapy and grief work.

The sacred room should be "separate from ordinary life" (Mills, 2012). Mills discusses a ritual space in relation to a traditional South Korean death ritual. He focuses on how the space is treated both before, during, and after individuals are in the space. Traditional South Korean death rituals include a cleaning of the space to cleanse the space of unwanted or disruptive presences. Death is often a heavy feeling and subject to think about and discuss, especially if the death was traumatic or individuals have difficult memories with the person who died. Participants may ultimately end up bringing the spirit or essence of deceased individuals into the space, leaving part of the person who died lingering in the room. This sense of spirit or essence is part of why a traditional South Korean death ritual cleanses the ritual space after the ritual (Mills, 2012).

Sacred spaces are not always available to professionals and the provided therapy space may have to turn into a sacred space before a session begins. This cleansing ritual shows that a space may be turned back into a non-ritual space after someone completes the ritual and this may provide a sense of safety and confidentiality to participants.

At The Children's Room, staff and interns are taught about the sacred space as an environment that needs care and respect. Laurie Moskowitz-Corrois (2018; personal communication, April 3, 2020), LMHC, REAT (Registered Expressive Arts Therapist) frequently says, "Everything has a home" (para. 8). This statement holds a lot of meaning and can be interpreted in different ways. One way of looking at this statement is that every object in the house has a home on a shelf, in a drawer, etc., scissors live with scissors and tape lives with tape. Another way of explaining this statement is that each individual who enters The Children's Room has a home in the house; they have a place where they can feel safe and supported (Moskowitz-Corrois, 2018). This concept is important because after a death, home may feel different or may even be taken from a family, leaving The Children's Room as a sacred space that is a safe and supportive environment for families.

Discussion

When creating a ritual that uses expressive arts with bereaved children, there are many different aspects to take into consideration. One consideration for a mental health professional is the composition of the group (i.e. who the participants are, who are the facilitators, etc.). Other considerations include: the expressive art form involved, drama, music, etc.; the space, size, cleanliness, seating available, etc.; and the complexity of the ritual, movement involved, necessary materials, number of participants, etc.

Finding a ritual that works for everyone involved in the bereavement group can be

difficult, integrating expressive arts into the ritual may be helpful in the culmination of the ritual. The creative ritual should be able to provide a container for participants that is simple enough, developmentally appropriate, concrete, and has meaning. The ritual created should be able to accompany any type of child and suit the needs of the specific participants when working with groups of children. In considering a group ritual, the task should be something a larger population would enjoy. However, if a professional is working one on one with a child or with a smaller group, there may be more flexibility in the creation of the ritual. Combining expressive arts and ritual with grieving children, people “can experience and hold both ends of the grief spectrum: pain and joy” (Near, 2012, p. 201). Through nonverbal and unconscious means art allows participants to experience and express their many emotions.

Grief, expressive arts, and ritual as ceremony are tasks that come together in times of loss like attending funerals, burials, or wakes, participating in Dia de los Muertos, or sitting Shiva. Adults may have their own opinions on how children should be involved in these types of rituals. The opinion of the child’s caregiver should be taken into consideration by a clinician when planning how they should take part in these rituals; however, the child’s opinion should also be taken into account. Many professionals who work in the field of bereavement recommend that there is proper preparation before a child participates in these rituals (Dyregrov, 2008). Preparations may include letting them know what will happen and why, having a trusted adult nearby in case they choose to leave, and asking how they would like to take part in the services (Dyregrov, 2008). Grief and ritual as ceremony are important aspects of the grieving process and acknowledging children’s ideas throughout the process may be beneficial for them.

When working with grieving children, it is important to meet them where they are at and ask open-ended questions. The children may feel as though they have little to no control in their

life because a parent or another important person in their life has died (Doka, 2012). Creating a structure, maintaining rituals, and asking the child for input are some ways children may feel more contained and safe in their lives. They also do not have a say in whether they go to school, how they feel in the moment, and more. Research has shown that children do better when they have a structure and routine, which may be created using a creative ritual (Doka & Georgopoulos, 2020).

Limitations and Future Research Recommendations

This literature review shows promise in the combination of grief, expressive arts, and ritual with children; however, future research is recommended to derive more information regarding the practice and implementation of these three ideas, ritual, expressive arts, and grief. There is much more to be said about each of these topics and these topics in relation to one another as this is not a comprehensive review. This review provided general information on these topics which applies to a wide population of grieving children. However, specific cases may need or benefit from a varied approach.

Further research should be done in a few areas relating to grief, expressive arts, and ritual. The literature reviewed included studies published in English, however, further research in other languages and cultures may provide more and varied information related to grief, expressive arts, or ritual. More literature related to art therapy, music therapy, and other creative modality therapies may also be included in further research, which may look at the individual benefits of the various modalities. The author has one year of formal experience working in the field of grief work combined with expressive arts and ritual. Additional field work and exposure to clients of varied populations may benefit the application and documentation of the combined fields. A lengthier discussion on the types of losses, including suicide, cancer, homicide, etc.,

and secondary losses and the effect they may have on children and families is another point of further research recommendations. These recommendations for future research would make for a more comprehensive and lengthy review of expressive arts and ritual with grieving children.

COVID-19

This thesis would not be complete without briefly discussing the global pandemic that was happening in the world during the time the literature review was conducted, the author was gathering information in the bereavement field, and this thesis was written. The official name for the disease that was across all nations is severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), also known as COVID-19 or the coronavirus. This disease has everyone in the world grieving in very different ways and at different times as the virus affects areas at a different rate (Doka & Georgopoulos, 2020). The world has entered a time of social distancing which appears more as physical distancing and an attempt to be socially close. Many people in the world are dying and others fear the thought of death, leaving their loved ones, getting sick themselves, or the thought of a loved one getting sick. The coronavirus has had strong influences on the already grieving community.

This virus has brought many different changes to people all over the world, and it has affected the grieving community strongly. The people at The Children's Room, including staff, volunteers, interns, and families, have all been influenced in various ways with one common thread: the physical space of The Children's Room has been taken from them to practice social distancing and follow stay-at-home orders. The ritual, the expressive arts, the physical spaces, and the routine and structure have been removed from the children's lives. The Children's Room employees are working hard to combat the decreased routine and structure by serving parents and families through different programs virtually and through mail. However, the employees

have noticed that these efforts are not the same contact, comfort, and structure that the children had on a regular basis prior to coronavirus with increased internal and external reactions from the children.

With the social distancing measures in place, parents who attend The Children's Room have reported their children acting out more, having higher levels of anxiety, and missing The Children's Room. Parents are having a harder time juggling work, homeschooling, and taking care of themselves and their children. They have appreciated the virtual support and the expressive arts opportunities The Children's Room provides and have sought out various coping skills and activities to try with their children. With stay-at-home orders in place, children are at home all day instead of being in school and doing their normal routine. Parents have attempted to bring normal routine and rituals into their house, both for themselves and their children. The Children's Room has helped with these attempts by providing a list of projects for families to do together at home. One of the projects is creating a talking stick; the talking stick is used at The Children's Room while sharing and indicates who is speaking, when they are done speaking, and who they are passing the conversation to.

Many people have compared this experience to the time of the original shock they encountered when their spouse or parent first died. Many families at The Children's Room have expressed a variety of feelings and emotions including gratitude, hope, overwhelm, concern, guilt, anger, disappointment and more. With schools, summer camps, vacations, and other events being canceled, there are multiple disappointments people experience as more of their plans and routines are upended. This experience is again a time of a new normal; something those at The Children's Room say often after their family member dies. The pandemic has brought about many different losses and different types of loss. Families are aware of the risks of leaving the

house, with parents being especially concerned for their and their children's safety. In many cases with COVID-19, illness leads to death and uncertainty.

During virtual meetings with parents at The Children's Room, parents have discussed feeling as though they were going back to their grief patterns from when they first experienced the grief of their person who died. For some, this experience means they are not sleeping as well; their eating habits have changed, or they have been more emotional, which may cause some distress or discomfort. Many people have had this grief experience during the pandemic, but it is familiar to these bereaved families in a way it may not be for those who have not had a spouse or parent die. Many parents have reported their children experiencing grief symptoms similar to when they were first grieving as well. One child was asking who will take care of them if something happens to their parent, and another child was acting out with higher levels of anxiety and refusing to do their homework. COVID-19 is bringing many different emotions from all people, especially those already grieving.

Without knowing the long-term effects this virus may have on grieving individuals or families, it is hard to say what will or will not work regarding assisting them in their grief and concern about the virus. However, knowing the effects of trauma-informed work, self-regulation, and reducing anxiety, the bereaved will benefit from the continued use of ritual and expressive arts; some may anticipate the use of ritual and expressive arts in many places around the world. Practicing ritual and expressive arts may be very useful in managing grief during and after this pandemic.

Conclusion

This literature review provided information on how to use expressive arts and ritual with grieving children. There were many aspects related to each of these concepts that the author and

various theorists found important that were also discussed throughout. All of these definitions and aspects allowed for a discussion on how these can all be used together to generate safety, containment, comfort, open expression, regulation, and structure within a therapy session. Examples were provided to provoke ideas from the reader for further implementation of these concepts together.

There is a wide range of ways how expressive arts, ritual, and bereavement/grief work may be used together. Mental health professionals creating a ritual should include expressive arts concepts and the bereaved children's ideas in their decision making. With art being a natural form of expression, incorporating expressive arts is a natural fit for grieving participants. Including the children in the decision-making process may ultimately benefit them and the mental health professional as the children may enjoy the act of doing the ritual more having been included in the decision-making process. The rituals that are created should be brief, concrete, simple, structured, regularly practiced, and have purpose and meaning. The qualities of a ritual align with some of the best practices recommended to use with people who are grieving.

Grief never ends and the use of creative rituals can continue alongside it. Implementing and keeping ritual practices in place after a death may benefit families by keeping a routine through the ritual practice. Families may create their own forms of rituals that suit their family that they can continue throughout their lives. In implementing their own rituals, they are creating their own container for grief, which may allow for feelings of safety, open expression amongst one another, and a feeling of togetherness. The use of ritual and expressive arts with grieving children generates safety, comfort, meaning, and an open environment to share thoughts and feelings.

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Appendix A

Grief looks different for everyone, including children. Here is a guide on some of the behaviors or external reactions people see before and after grief. These qualities may or may not be true for a given child.

Ages 0-2

Typical development:

Not able to talk, cry to get needs met, mimic others, exploring their world, dependent on caregivers.

Grief may look like:

Crying more, inability to settle, changes in how they function i.e. sleeping and eating.

Ages 2-4

Typical development:

Communicating more, playing, asking many questions, more independent, thinking more about themselves, concrete cognition.

Grief may look like:

Not understanding someone is gone forever, asking repeat questions, having tantrums, may act younger, repeating the death story.

Ages 4-8

Typical development:

They are starting school, making friends, playing, learning about and trying to follow rules, using imagination, increased communication, being active, magical thinking, concrete cognition.

Grief may look like:

Magical thinking about the death, guilt/fear/sadness, decreased concentration, worry/anxiety, bed

wetting, bad dreams, behavior changes, somatic complaints.

Ages 8-12

Typical development:

School and friends may be important, extracurricular activities (sports), increased detail,

‘little scientists’ = they stay busy and may not show much emotion.

Grief may look like:





Not showing much emotion, asking complex questions, feelings of guilt/regret/anxiety/worry,

concentration and attention may be affected, somatic complaints, behavior changes,

hypervigilance, concern for others safety.

Ages 12-18

Without grief teens tend to go through big changes. This chart divides the changes into three categories: Physical, Cognitive, and Social-Emotional changes. These things may or may not be true for children.

<p>Physical </p>	<p>Cognitive </p>	<p> Social-Emotional </p>
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<ul style="list-style-type: none"> • Physical changes • Puberty <p>-Biggest changes occur around 11-14, then slow (more for girls than boys)</p>	<ul style="list-style-type: none"> • Abstract thinking starts <p>- The ability to think about things that are not present</p> <ul style="list-style-type: none"> • Expand intellectual interests • Generally more present focused that future oriented • Deeper moral thinking • Increased ability to problem solve • The brain continues to develop into their 20s • Concept of death starts to become more permanent 	<ul style="list-style-type: none"> • Might feel awkward about their body; constantly adjusting to body changes • Worry about being “normal” • Desire independence and privacy • Increased conflict with parents • Desire a <i>sense of control</i> • May look like risky behavior • Peers tend to be increasingly important • Exploring their identity (and may be struggling) • Frequent mood changes (hormone changes) • Intense self involvement • Ambivalence
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Grief may look like:

Increased risky behavior, better or worse grades in school, pressure to be more like an adult or caregiver, intense emotions: outbursts or shutting down, disconnection from/increased time with peers, worry about others, change in behavior

What can you do?

While there are many differences between the ages, there are also many similarities. Much of what you can do is the same across the ages. These are things you can try to help your child:

- Talk with the school
 - Your child may or may not show signs that someone in their life has died and communicating with the school may help your child as they are spending many hours there
- Listen
- Answer questions the best you can; be honest and use concrete language
 - Children may be looking for a simple answer, so give them a simple answer. For example, What does dead mean? Their body stopped working.
- Model showing emotions and self care
 - It is okay to cry or be sad in front of your children sometimes. This may help them show their emotions when they are ready.
- Validate feelings
- Try to say dead or died
 - Using this language helps them understand what has happened to someone.
 - If this goes against your culture, use the language you are comfortable with; however, it may be harder for your child to understand what has happened to the

person who died.

- Share positive memories
- Try to be patient
- Stay consistent, have a routine/schedule- boundaries (this is safe)
 - Keep their normal bedtime, have them do their homework
- Set limits and give choices
 - I.e. You have to wear socks today, do you want to wear blue socks or red socks?
- Let them know they will always be cared for
 - Children may wonder what will happen to them if another caregiver dies and may ask about it. If they do, ensure them they will always have someone to care for them and let them know who would care for them. This may mean updating/changing your will or other legal documents.
- Get somatic complaints checked out by a doctor

Definitions

Concrete: referring to a particular or specific way of thinking about something; not general or abstract; tangible, literal

Magical thinking: the belief that one's own thoughts, wishes, or desires can influence the external world

Somatic: physical body complaints (that were not there before) i.e. stomach hurting, headaches

Hypervigilance: increased awareness, constant attention and concern about illness i.e. you have a headache, you should go to the doctor

This information was obtained from The Children's Room (2020) and The Dougy Center (2020).