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Nondeath Loss & Natural Disasters: What Expressive Arts Therapy Can Offer Survivors, A
Literature Review

Capstone Thesis

Lesley University

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Expressive Arts Therapy

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Abstract

This critical literature review investigates the potential application of Expressive Arts Therapy with adult survivors of natural disasters experiencing nondeath loss by examining the use of ExAT processes with bereaved adults. Explored are the concepts of complicated grief (CG) and nondeath loss, including some of the many tangible (e.g. house, employment) and intangible (e.g. sense of safety, community, time) presentations of nondeath loss in natural disasters, which account for the greatest percentage of loss experienced by survivors. The psychological impact of these losses is insufficiently addressed in current disaster recovery. Evidence is presented that underlines the clinically significant impact of nondeath loss; measures of grief symptoms from nondeath loss largely resemble those in bereavement, but the grief resulting from such loss is disenfranchised and thus less frequently treated. From the many uses of ExAT with bereaved adults, four methods in particular showed promise for application with those experiencing nondeath loss: expressive writing and poetry, musical improvisation, psychodrama and the ‘surplus reality’, and ritual. Additional therapeutic needs of survivors during the recovery process, such as social support, community resources, and the importance of hope and meaning-making are addressed. Finally, the impact of climate change and the context of the current COVID-19 pandemic and its associated nondeath losses are discussed.

Nondeath Loss & Natural Disasters: What Expressive Arts Therapy Can Offer Survivors, A Literature Review

Introduction

The loss and associated grief experienced by natural disaster survivors is complex, encompassing many nuanced factors that are often overlooked or unaddressed in recovery efforts. Key among these is the experience of nondeath loss, whether tangible or intangible, which represents the majority of loss experienced as a result of natural disasters (Shear et al., 2011). Many survivors of natural disasters, whether suffering death- or nondeath-related losses, experience complicated grief (CG), a clinically significant form of grief. This critical literature review investigates the potential application of Expressive Arts Therapy (ExAT) with survivors of natural disasters experiencing nondeath loss by examining the use of ExAT processes with bereaved adults experiencing death-related loss and grieving. Modalities or methods that show promise for application are presented, along with considerations for the therapeutic needs of survivors.

Natural disasters are defined as sudden occurrences, “limited in time and location, that [are] a severe disrupter to individuals’ or a society’s living experience” (Modesto, 2011, p. 37). These disasters create contexts which exacerbate, impede, and convolute both the process of grieving (Kristensen et al., 2010) and the general recovery of individuals and community alike (Raphael & Ma, 2011). For the context of this literature review, those who have experienced and lived through natural disasters will be identified as ‘survivors’, rather than ‘victims’. As Modesto (2011) explained, the use of ‘victim’ carries:

the connotation that disaster- or critical-incident-affected survivors are powerless or helpless in affecting their current and future situation. This perception is also inaccurate since individuals, communities, and societies have the active ability to work toward their

survival and future well-being. ... By using the words affected and survivor there is a more accurate understanding of circumstances and responsibilities in the event discussed and the avoidance of the erroneous worldview of victimization and powerlessness. (p. 38)

The word 'survivor' will be used except in direct quotations where other identifiers are used for this population. Also, for the context of this thesis, the term 'loss' will refer to the causal event which culminates in the permanent absence of some object, place, person, or emotion. 'Grief' is the direct response to loss, as a result of attachment to the source of the loss. 'Bereavement' will refer strictly to those who are experiencing a period of mourning after a death-related loss.

Literature Review

Understanding Complicated Grief

"Loss is always a highly individualized experience" (Gorman, 2011, p. 226)

Definitions and Characterizations

Everyone will experience grief that comes as a direct response to loss at some point in their lives. The average individual is resilient enough to cope with loss, whether acute or drawn out (Chen et al., 2020; Haworth, 2011). For most, the response to loss is uncomplicated grief which, while severe and disruptive for a short duration, usually lessens and becomes more manageable as time passes (Shear et al., 2011). Around six months post-loss, the majority of individuals describe their grief intensity as "fairly low" - not indicating that grief is "completed or resolved but rather that it has become better integrated, and no longer stands in the way of ongoing life" (Shear, Simon, et al., 2011, p. 104). As Shear, Simon, et al. (2011) described: "Acute grief is a normal response to loss with symptoms that should not be pathologized" (p. 104). However, for some, the grieving process is longer and more intense than what is generally accepted as a cultural norm, causing extended and severe dysfunction in multiple aspects of life

(e.g. health, relational, occupational) that requires additional intervention to move through. This is known as complicated grief (CG) (Eisma & Stroebe, ; Howarth, 2011; Malone et al., 2011; Shear et al., 2011; Shear, Simon, et al., 2011).

CG is characterized by lingering acute grief symptoms such as intense yearning, withdrawal, or lack of interest (Shear et al., 2011) as well as symptoms reminiscent of post-traumatic stress disorder (PTSD) such as trauma reminders, intrusive thoughts and memories, or physiological stress responses (Howarth, 2011). These trauma reminders may prompt behavioral changes of avoidance or proximity seeking, even to the point of suicidal desires, ideations, and behaviors (Shear, Simon, et al., 2011). Other common symptoms include “hypersensitivity, hyperarousal, anxiety, depression, idealization, and obsessions about death or loss” (Malone et al, 2011, p. 245) with additional likelihood of development of substance abuse, sleep disturbances, PTSD or other mental or physical disorders, and social impairment, which only further isolate those enduring CG (Malone et al., 2011; Shear, Simon, et al., 2011).

Despite its similarities to other disorders such as Major Depressive Disorder (MDD) or PTSD, CG remains distinct (Shear et al., 2011), though it does appear in greater percentages in populations of adults with mental illnesses, suggesting preexisting mental health conditions might be a risk factor for developing CG in response to loss (Iliya, 2015). Many maladaptive emotional regulation strategies such as experiential avoidance (attempts to avoid certain internal experiences such as specific emotions, memories, sensations) and rumination contribute to the prolonged experience of CG (Eisma & Stroebe, 2021). These maladaptive strategies complicate any efforts made to mourn the losses and are supported by the societal expectation that grief should be private, quickly overcome, and that one should remain strong and return promptly to normal life (Harris, 2011c).

When individuals are not able to mourn, they may become “stuck” in negative emotions, be cut off from parts of their internal world, experience difficulty with new relationships due to the continued perceived presence of the lost, inappropriately project feelings of grief into unrelated circumstances, feel as though parts of their own history has been lost, fear additional abandonment, and struggle to be present in current relationships (Harris, 2011c). They experience impairment in their work functioning and disruption of their daily activities or may even develop or worsen other disorders (Shear, Simon, et al., 2011). Additionally, there is evidence suggesting the presence of neurological indicators of CG through different forms of psychobiological dysfunction (Shear, Simon, et al., 2011). Indeed, there is a universality to the experience of CG; it is seen across many cultures worldwide, though it manifests differently depending on the culture’s grief presentation (Shear, Simon, et al., 2011). As Testoni et al. (2019) explained: “Reactions to loss are significantly influenced by cultural views and religious beliefs, so that they are not all the same all over the world” (p. 517). Special care must be taken, therefore, to determine what the parameters of a normal grief reaction would be for different cultures before pathologizing any individual’s grief response.

Types of Complicated Grief

There are several subsets of CG, including traumatic grief (trauma or PTSD-related symptoms prevent ability to grieve), disenfranchised grief (stigma or a societal lack of understanding associated with the bereavement), absent grief (no outward signs or displays of bereavement), delayed grief (bereavement response is not initially present), and inhibited grief (emotions associated with the loss cannot be expressed) (Malone et al., 2011). Occasionally, these are alternatively described as entirely distinct disorders, separate from CG. For example, Jacobs et al. (2000) described in their proposed diagnostic criteria the distinctions between

traumatic grief, which they saw as a cluster of separation distress symptoms and traumatic distress symptoms, and CG; these included differences in duration, lack of the sleep disturbances frequently seen in CG, with the addition of:

numbness, detachment or absence of emotional responsiveness, difficulty acknowledging the death, feeling that life is empty or meaningless, difficulty imagining a fulfilling life, feeling part of oneself has died, harmful symptoms or behavior related to the deceased and a shattered worldview. (pp. 194-195)

However, there is no singular agreed-upon set of symptoms present in CG, and other sources in the literature list these additions as symptoms of CG itself.

Complicated Grief and Natural Disasters

CG can stem from an individual experience of death-related loss, but is often also seen in the aftermath of natural disasters (Howarth, 2011; Malone et al., 2011; Shear et al., 2011). Bereaved survivors deal not only with the loss, but also the trauma from experiencing the disaster firsthand; this complex interplay can lead to increased psychological distress (Kristensen et al., 2010). As Raphael & Ma (2011) explained:

Survival in the face of threat to life, the deaths of loved ones, the mass and gruesome deaths of others, separation, losses, injuries, destruction, disruption of systems of daily living, sustenance and security, ongoing or recurring threat, dread, uncertainty and terror, all contribute at physiological and psycho-social levels as potential stressors. (p. 249).

This is not to say that every occurrence of grief experienced as a result of a natural disaster is CG - but there is a significant rate of occurrence of CG in survivors. In a similar vein, mental health issues stemming from natural disasters have been demonstrated to be pervasive and persistent, clinically measurable even years after the event (Aker et al., 2012; Hackbarth et al., 2012).

Disoriented Grief

In response to the tremendous losses suffered by survivors of Hurricane Katrina in 2005, Malone et al. (2011) established a new framework for a subset of CG, known as disoriented grief, drawn from their work with survivors. This new framework was intended for use in work with disaster victims in particular as a lens through which to view the experiences of survivors, “characterized by a paralyzing effect, a pervasive feeling of uncertainty and fear, a perceived lack of motivation, and an enduring sense of living in survival mode” (Malone et al., 2011, p. 255).

Nondeath Loss in Natural Disasters

We may suffer existentially as we experience loss of place in our physical and social surroundings, resulting from such things as natural disaster or fire... We may feel helpless in the face of events beyond our control. We may feel profoundly vulnerable without the security and safety that home and work provided. We may doubt our abilities to be ourselves when deprived of familiar surroundings or the wherewithal to provide for our loved ones or ourselves. We may wonder if we have what it takes within ourselves to ever feel at home again in our physical and social surroundings. We may doubt there is a place where we belong in the world.

- Attig, 2011, p. 122

Presentation

There are a number of significant types of nondeath loss from natural disasters beyond the well-detailed loss of life. Some are tangible, such as loss of house and belongings (Alston et al., 2018; Chen et al., 2020; Malone et al., 2011; Shear et al., 2011), employment (Archer & Rhodes, 1993; Gitterman & Knight, 2019; Hackbarth et al., 2012; Harris & Isenor, 2011) or

community resources (Aker et al., 2012; Alston et al., 2018). Others are intangible, such as the loss of the sense of well-being, safety, control, and security (Alston et al., 2018; Benson et al., 2016; Harris, 2011c; Hackbarth et al., 2012; Shear et al., 2011), time and opportunity (Alston et al., 2018; Dayton, 2005; Gitterman & Knight, 2019; Harris & Gorman, 2011), identity (Alston et al., 2018; Raphael & Ma, 2011), community, culture, dignity, and self-determination (Alston et al., 2018), or sense of meaning and justice (Attig, 2011; Raphael & Ma, 2011). Shear et al. (2011) also made particular note of interpersonal losses, such as damaged relationships with loved ones. The framework for disoriented grief Malone et al. (2011) described incorporated many of these nondeath types of loss, with themes of displacement, destruction, and distress. Chen et al., (2020) investigated factors that could contribute to an individual's psychological resilience in the face of natural disasters and determined that, though it is a complex interplay of many elements, risk factors for pathological outcomes from natural disaster exposure include both tangible losses, such as property and economic losses, and intangible losses, such as disruptions to one's sense of place and place-based identities.

Harris & Gorman (2011) explained: "... we tend to think of loss in finite terms, mainly associated with death and dying, and not in terms of adaptation to life-altering change" (pp. 1-2). Many of the nondeath losses that occur in the wake of a natural disaster are not single occurrences of acute loss, but persist over time. One way this can transpire is when disaster recovery and relief efforts are insufficient, inadequate, or inappropriately handled and managed, which can be as traumatic and damaging as the original disaster event, as seen in the community response to the recovery efforts after the Black Saturday bushfires of 2009 in Victoria, Australia (Alston, et al., 2018). Despite the fact that most individuals will, across their lifetime, experience possibly many nondeath losses, whether from natural disasters or everyday life (Dayton, 2005),

there is still disenfranchisement of what are seen as non-traditional concepts or sources of grieving (Gitterman & Knight, 2019; Harris, 2011a). These losses, in addition to being challenging to name or explain, have nothing of the “rituals” associated with death and dying to aid in the grieving process (Harris & Gorman, 2011). The disenfranchisement experienced by those suffering from nondeath loss denies the survivor the opportunity to work through their grief and thus their grief response is heightened. This only serves to underline that grief is a social construct; some types of grief receive validation and support from the community and society as a whole, while others have their magnitude and effect “minimized, ignored, or devalued” (Gitterman & Knight, 2019, p. 147). As Harris (2011a) described:

the lack of recognition of the losses leads to a tendency to deny their potential significance or to not recognize the degree to which these losses can affect an individual. ...there is often a social message of *so what?* that accompanies the experience or a sense of *just get over it and get on with your life* that many individuals feel when these losses are encountered. (p. 248)

This disenfranchisement of grief is not unique to nondeath loss; in some forms of bereavement and death-related loss such as suicide, those close to the deceased have noted feeling societal pressure to “hide the full reality of their pain” and return to ordinary life, feeling the need to mask or censor their grief from friends who “want them to behave as if they have “gotten over” the death” (Stepakoff, 2009, p. 107).

Both tangible and intangible losses have complications beyond disenfranchisement. Intangible nondeath losses are not easily quantifiable, making them difficult or impossible to include on insurance claims and easily overlooked in disaster recovery efforts (Alston et al., 2018). Alternatively, while tangible losses such as infrastructure, which can be quantified and

replaced or rebuilt, are the first to be addressed through recovery efforts so as to reopen supply lines and communication, there is frequently a push to “rebuild things as they were” (Alston et al, 2018). This may initially sound like a reasonable course of action; however, this can mean the reinstatement and continuation, or even amplification of preexisting inequalities and disadvantages (Alston et al, 2018; Hsu et al., 2019; Raphael & Ma, 2011). On the other hand, situations where the intent is to “build back better”, a motto developed for disaster recovery following the 2004 Indian Ocean tsunami, also have the potential to perpetuate or worsen similar inequalities. When the community is not consulted or heavily involved in the recovery process then “what is meant by the term ‘better’ too easily reflects the values, ambitions and prejudices of dominant or colonial cultures, well-intentioned but poorly informed outsiders, or an international expertocracy” (Hsu et al., 2019). The haste with which rebuilding efforts begin can also lead to survivors feeling pressured into making decisions that they later regret, especially when years later, the community as a whole has failed to recover, as with the Black Saturday disaster in which Victoria, Australia was devastated by bushfires (Alston et al., 2018). In that instance, those facing the decision whether or not to rebuild their home could not predict the factors that would lead to the eventual decline of the community and so force survivors to remain in homes they had invested in rebuilding.

Tangible Losses - Employment

Within each tangible loss is a series of associated additional losses. When employment is lost, there are three large areas of additional impact - 1) difficulty in relationships, such as the loss of community with coworkers, strain on relationships with family, and an altering of the relationship and view one has of oneself; 2) loss of income, the ability to pay bills, and ability to determine one’s own choices and 3) health challenges with loss of insurance coverage and

benefits and worsening personal health due to stress (Harris & Isenor, 2011, p. 165). There is also the accompanying sense of loss of the routine and stability employment offered, as well one's sense of optimism (Gitterman & Knight, 2019). When given the Grief Experience Inventory (GEI), individuals who had lost their jobs showed similar measures of grief as bereaved persons, but with higher scores of depersonalization (Harris & Isenor, 2011). There is a societal expectation that the loss of a job is something individuals will 'get over' with no need for mourning, yet Archer & Rhodes (1993) found that even years after the loss of a job, individuals still dealt with high levels of mental distress and maladjustment. Loss of employment is complicated further in the wake of tremendous physical destruction, where many businesses and other places of employment have been destroyed or are unable to retain their own workers, much less hire new ones. In the case of Hurricane Katrina, damage to the Port of New Orleans alone was so extensive that it caused a loss of 3,500 jobs (Kropf & Jones, 2014). Following the Indian ocean tsunami of December 26, 2004, some areas saw as much as 90% job loss (Kroft & Jones, 2014).

Tangible Losses - Place, Home, Infrastructure

Zapf's concept of "people as place" explains that home and community is not only the place where one lives, but also has "meaning and emotional significance" to its residents; therefore, when that home and community is affected by a disaster, the residents must endure both the "physical manifestations of the disaster" and the "erosion of the 'self' and the destabilised connection" to one's "place" (Alston et al, 2018, p. 406). We form bonds or attachments with places of significance, just as we form connections with people (Gitterman & Knight, 2019). This attachment "helps us develop and maintain our self-identity and sense of well-being", so when that significant place that offered a sense of identity and comfort is lost,

one feels the “grief associated with being uprooted and adrift” (Gitterman & Knight, 2019, p. 148). A building is not just a place of personal significance, but also a symbol of the relationships, time, and community that existed there. The loss, then, is multifaceted.

Multiple studies have found that loss of home or the experience of relocation are both associated with a more severe negative impact from a natural disaster (Hackbarth et al., 2012). Many of the survivors of Hurricane Katrina developed Fullilove’s coined term of “root shock” following the physical destruction of infrastructure and community brought about by the hurricane, a response not unlike the body’s response to the shock brought about by injury (Malone et al., 2011). In some situations, where the natural disaster is the unfortunate result of greater chronic climate changes, such as the Australian bushfires and the drought and unusual temperatures that preceded them in the few years prior, the survivors were found to be highly susceptible to mental distress from the progressive impact on the community (Chen et al., 2020). This is often not taken into account following an acute natural disaster; the survivors’ mental health states are frequently blamed on the single event alone (Chen et al., 2020).

Intangible Losses - Safety, Security, Control

There are many contributing factors that all combine to lessen a survivor’s sense of safety after a natural disaster. The sheer enormity of the physically destructive event experienced calls into question all previous imagined sense of balance in the natural world. The scope of death witnessed emphasizes one’s own fragility. Organizational failures, such as a lack of early warning, which then heightens the extent of tangible losses, erodes survivors’ sense of safety and trust in the governmental bodies that are supposed to protect them (Alston et al., 2018). There is a challenging of what Harris (2011b) terms “the assumptive world”, one’s “basic assumptions about the world” by this catastrophic event (p. 240). As Harris (2011b) explained:

The previously held assumption that “this couldn’t happen to me” is now challenged by the reality that this negative event has indeed happened ... What results is that the world that was once believed to be benevolent and meaningful is now seen as unsafe, negative, and threatening. The internal world of the survivor is thrown into a state of upheaval and disintegration, because the very assumptions that offered a sense of stability and coherence are now seen as totally inadequate and inaccurate in describing the world of the survivor. (p. 241)

Their new reality is no longer in line with their previously held beliefs about the way the world works and they find that, in reality, they have no control over the greater workings of the world or its influences on them (Harris, 2011b). It is this fear, this sudden loss of a sense of safety that leads others to victim-blaming. To protect one’s sense of safety, an individual may blame survivors for a disaster that threatens their held beliefs or assumptions about the world (Harris, 2011b). This logic follows the path “this event happened to that person because of something they did that was wrong, and I would not do that, so it will not happen to me” (Harris, 2011b, p. 241). For instance, one might say that they would never have gone to work and left their pet home alone when the forecast said it was going to rain so heavily, so they would never lose their pet in a flood.

In many ways, survivors of natural disasters lose control over their lives. They are suddenly dependent on others for the basic necessities of life and are at the whims of governmental oversight of disaster response for where they will stay, how they will live, what will be recovered. Following the Black Saturday bushfires in Australia, survivors were barred from returning to their properties, which prevented them from being able to comb through the remains or find closure or reflection on the loss (Alston et al., 2018). The survivors later

remarked that denying them participation in the process of rebuilding and recovery denied them, as well, that aspect of the healing process. Comparatively, following the Rena oil spill in New Zealand, the community was encouraged to be part of the process of clean-up in their communities, which both brought the community members closer together and helped maintain their sense of control following the disaster (Alston et al., 2018).

Intangible Losses - Time & Opportunity

Natural disaster recovery can take years, if it happens at all. A recent article in the New York Times details the fate of the small town of Kensen in the ten years following the 2011 tsunami in Japan. Despite the severity of the loss (all but two homes were destroyed), it took nine years for the government to finish converting the land above the village for residential construction, during which a small group of elderly survivors valiantly attempted their own rebuilding efforts (Goldman, 2021). The past decade has been spent trying to rebuild a community that largely moved on after the disaster and, as one remaining resident reflected, the work is likely to need continuing long after they have passed. All the time that passes while one's life is focused on recovery efforts precludes the pursuit of other opportunities, such as jobs, education, building a family, and developing relationships.

Intangible Losses - Identity, Community, Culture

While some communities, just as some individuals, thrive post-disaster (Chen et al., 2020), many communities experience disruption of relationships and possible shifts in the balance of power. There is evidence to suggest that climate change and its associated natural disasters “directly affects components of community well-being, namely social cohesion and relationships” (Chen et al., 2020, p. 11). As each individual has their worldview challenged

following a natural disaster, there is the possibility of these changes then impacting relationships that individual has with others, even to the point of estrangement (Benson et al., 2016).

Over time, connections naturally develop within the fabric of a community, which are then stretched or broken post-disaster. Following the destruction wrought by Hurricane Katrina, over half of evacuees moved more than 100 miles from their original neighborhoods in New Orleans (Kropf & Jones, 2014). The makeup of the community frequently changes as well, causing additional strain. Though not a natural disaster, following the attacks on September 11, 2001, neighborhood demographics were at the whim of rapidly changing property values; community members reported “an erosion of trust between neighbors, difficulty in decision-making at the community level about redevelopment, and anger and hostility about property losses from those who had lived in that area during the attacks” (Kropf & Jones, 2014, p. 286). Similar community shifts have been reported following natural disasters as well, dependent on decisions made regarding rebuilding efforts and changes in community infrastructure. Survivors of the Black Saturday bushfires reported that being shut out of the post-disaster decision-making alienated people, further adding to their sense of loss of their community, place, and autonomy (Alston et al., 2018).

Often hand-in-hand with the loss of community is the loss of culture experienced by survivors. Resettlement or relocation as a whole community is not always possible and, even when it is, there can be the strain of conflicting cultures between the survivors and the hosts. In recovery efforts, “top-down approaches often neglect the impact on local sociality - local people’s everyday lives in and with their communities” (Hsu et al., 2019, p. 163). Minority cultures, in particular, are threatened by the misunderstanding of what is “better” for the

community by those leading the recovery efforts whose culture is different than that of the affected community.

The effect of culture loss is particularly strong for those whose identity is closely tied to the land impacted by the disaster, such as indigenous populations or persons whose “individual and sociocultural identity [is] related to land-based work” (Chen et al., 2020, p. 2). These populations are particularly at risk of what Hsu et al. (2019) describe as “deep colonising” through “well-intentioned but poorly contextualised recovery and relocation processes ... where indigenous groups’ marginalisation is reinforced by dominant culture discourses” (p. 170). This does not have to be an intentional effort but can be simply an effect of “existing inequalities - including uneven distributions of power, wealth and opportunity, class and other prejudices and entrenched patterns of marginalisation and disadvantage” which emerge in greater force or heavily impact recovery and resettlement (Hsu et al., 2019, p. 170). The community’s culture is additionally at risk when its identity and economy are directly dependent on the environment that has suffered from the disaster event.

Psychological Impact

As it is with personal relationships in the case of bereavement, “the closer ... and more central it [the source of the loss] is to the person’s self-definition, the greater the distress” (Archer & Rhodes, 1993) and thus the greater the intensity of the resulting grief (Testoni et al., 2019). The grief symptoms measured in response to nondeath loss bear a large resemblance to those seen in bereavement (Archer & Rhodes, 1993; Shear et al., 2011); however, this is not widely understood in a society that frequently associates grief strictly with death and dying. As discussed above, nondeath losses can also be nonfinite, both in presentation and effect (Harris & Gorman, 2011); while they are precipitated by a singular event, the loss and trauma themselves,

not just their effects, can be ongoing. Again, this is especially likely when disaster recovery efforts are mismanaged, insufficient, or inappropriate (Alston et al., 2018).

Despite the bereaved population demonstrating the highest probability of CG, the incidence rate of nondeath losses in natural disasters is so high that these losses are responsible for the highest proportion of CG in survivors, with tangible and interpersonal losses bearing the largest responsibility (Shear et al., 2011). This is important to note: CG is not exclusive to bereavement and death-related losses but can happen in any type of occurrence of grief. It does not take death for grief to be of heightened intensity and extended duration, necessitating professional intervention and aid to move forward in the process. CG and nondeath loss go hand-in-hand in the response to the trauma of natural disasters.

Expressive Therapies in Traditional Grief Work

There are an untold number of ways in which the different art modalities could be and are used as a part of the bereavement process in traditional grief work. The different art forms naturally lend themselves to use in the journey of mourning when the emotions are too great to otherwise find expression and release. As Stepakoff (2009) described:

In order for healing to occur, it is necessary for the bereaved to move from a state of formless anguish to one in which pain can be symbolized or represented, either in words or in non-verbal media such as drawings, music, and dance. (p. 105)

Some circumstances of death, such as suicide, can be seen as “an act of destruction”; thus, to recover from death-related loss, healing can often be found through the “active, willful countering of destructive tendencies” through creating (Stepakoff, 2009, p. 105). The use of the expressive arts in death-related grief work is expansive; there are effective implementations for

working with the bereaved population within all the modalities. Only a handful of significant modality implementations will be analyzed in further depth here.

Expressive Writing

The use of expressive writing (through poetry, letter-writing, or journaling) with grief and death-related loss is extensive and thoroughly documented. Perhaps this is due to the urge that drives individuals to write following major events that are mentally and emotionally overwhelming and difficult to process (Stepakoff, 2009). When writing, a sort of “desensitization” takes place, where after “spending a certain amount of time focusing on and writing about the pain, the survivor becomes better able to bear it” (Stepakoff, 2009, p. 108). Metaphors also play a pivotal role in the use of expressive writing by helping make sense of the loss by bringing “out into the open hidden meanings” which normal speech cannot reveal (Barak & Leichtentritt, 2017, p. 938). In particular, McClocklin and Lengelle (2018) determined three key types of metaphors when working with CG: nudging (pushing forward little by little from pain towards healing), thread (connect events and memories through past, present, and imagined post-loss future), and crystallizing (transformation of bodily felt pain into reflections and meaning-making). Through writing, one has a sense of privacy compared to speaking and the ability to ‘dialogue’ with the deceased who is retained through the writing (McClocklin & Lengelle, 2018).

When directed towards or written about the deceased, expressive writing serves the following roles: (1) mode of catharsis and release of emotions; (2) communication of deep emotions, increasing the likelihood of feeling understood; (3) sense of community and feeling of aiding others experiencing loss; (4) retention of connection with the deceased; (5) memorial or tribute to the deceased; (6) processing the life and death of the deceased; and (7) method to

express love for the person lost (Stepakoff, 2009). Additionally, expressive writing can be a part of the process of “meaning-reconstruction”, the search for meaning and the “redefining of continued relationships with the deceased” (Barak & Leichtentritt, 2017, p. 938). Dialoguing with the person lost allows for closure and a “change of meaning” to take place (Barak & Leichtentritt, 2017, p. 944).

Expressive Writing - Poetry

Poems can be either created by the client or pre-written material integrated into the therapy process by the client or therapist. Preexisting poems are used in a “receptive method”, whether self-directed (where the client chooses a piece that speaks to them) or facilitated/guided (where the therapist carefully selects one they feel is appropriate) (Stepakoff, 2009). When choosing the “receptive method”, the aim is for the poems:

(a) to describe, in a fresh, creative manner, common aspects of the grieving process ... thereby helping participants feel less isolated; (b) to model exceptionally honest and brave self-expression, thereby freeing participants to express themselves more frankly and fully; (c) to give external form to internal, difficult-to-articulate emotions and perceptions, thereby helping participants contain their psychological pain; and (d) to serve as objects of aesthetic beauty, thereby instilling in participants renewed feelings of vitality and hope (Stepakoff, 2009, p. 107).

When done in a group setting, the group is then able to reflect on the poem, which may open up avenues of speaking about aspects of their grief that before they could not find words for. With the “expressive method”, the individual crafts the poems themselves. Assigning a specific poetic form can “provide a sense of containment for overwhelming emotions” (Stepakoff, 2009, p. 110). Writing poetry also allows for the possibility of exploring an ‘alternate reality’ where new

meanings can be discovered and brought into the “day-to-day reality” of the bereaved; editing of these poems through the grieving process allows for editing and reshaping of meanings (Barak & Leichtentritt, 2017, p. 944).

Musical Improvisation

Similar themes and techniques have emerged in the considerable amount of literature discussing music therapy with bereaved adults, which found that music “can support the bereaved person’s grief expression and powerfully promote their connection with the deceased” (O’Callaghan et al., 2013). In one such study, specific grief-related music therapy, consisting of “instrumental improvisation, vocal improvisation, and verbal dialogue”, was shown to benefit bereaved adults with CG by helping them “process their experiences of grief and loss” when supplementing standard care (Iliya, 2015, p. 181). Participants sang improvised imaginal dialogues with their deceased loved ones, akin to the technique in expressive poetry writing of writing to the deceased. The singing was “consistently identified ... [as] more helpful and beneficial than talking about their feelings” (Iliya, 2015, p. 181). An additional study by O’Callaghan et al. (2013) also found that at times during their grieving process, individuals “carefully selected or wrote music that elicited a feeling that they could communicate with their deceased relative” (p. 113). This ‘talking’ about and with the deceased, much like in expressive writing, offers a way of retaining them, which has been indicated as a valuable component of healing (McClocklin & Lengelle, 2018). As O’Callaghan et al. (2013) explained: “The process of maintaining ‘continuing bonds’ is one of engagement and disengagement as old conceptions of the relationship are left behind and new connection with the deceased person is constructed” (p. 103).

Vocalization and singing allows for the incorporation of additional elements of: “lyricism, harmony, rhythm, movement, tension, release, dynamism, vitality, and temporality”; in other words, “music is the closest ‘dead’ thing to life” (O’Callaghan et al., 2013, p.117). The use of music also allows for incorporation and translation to each individuals’ respective culture, offering some of the same sense of connection with roots and community that rituals offer. Much like the ‘receptive’ method of expressive poetry listed above, “familiar vocal or instrumental music can help individuals to explore new life possibilities and reduce depressive symptoms, stimulate creativity, build independence, enhance self-confidence, [and] provide a sense of accomplishment” (Hyun Yun & Gallant, 2010, p. 363). This preexisting music is then internalized and reflected back by the individual to express their own narrative. This type of intervention was shown to be effective at resolving forgiveness/grief issues and reducing depressive symptoms in women. Hyun Yun & Gallant (2010) noted that such a music intervention “can be effectively used with grieving clients when the practitioner is process-oriented, emotionally sensitive, socially directed, and awareness focused” (p. 363).

Psychodrama and the “Surplus Reality”

Frequently, emotions are held and experienced in the body without there necessarily being any understanding or identification of the emotion or the source. This is particularly true of any sort of disenfranchised grief, as the mind attempts to comply with society’s construction and expectations around emotional expression. The emotions are still present, but they are bottled up. As Dayton (2005) explained, the tough work cannot be ignored or bypassed: “Avoiding painful material can actually undermine the recovering person’s ability to develop a consolidated sense of self” (p. 16). Ignoring the pain is not a successful mechanism of dealing with it, nor a permanent one.

Drama therapy, and psychodrama in particular, “provides a concrete encounter with an object of loss in the here and now” (Dayton, 2005, p. 23). Testoni et al. (2019) described this as the “surplus-reality”, where “persons can enter the unknown, live out their fantasies ... [and] mourners can realize an individualized journey across bereavement, offering to grievors a scene where they can talk “about” and “with” the deceased beloveds” (Testoni et al., 2019, p. 520). The subject of the loss, whether an “object, experience, or part of self”, can be concretely interacted with; a voice is given to both subject and individual, to speak what wasn’t said, to give “reality to emotions that went unfelt”, to provide “catharsis of abreaction to express emotion and engage in the grief process” (Dayton, 2005, p. 28). The individual is able to experience and ‘live out’ what they might have wanted to say or do and thus receive emotional closure from that action, as they “construct a new form of relationship that enables mourners to integrate their reminiscences into their ongoing new lives” (Testoni et al., 2019, p. 520). Frequently, this improvisational dialogue that allows integration of the different parts of the ‘self’ is performed through the “empty chair” exercise (Dayton, 2005; Testoni et al., 2019). It is beneficial to do this type of work in a group setting, as when the individual leaves “the fantastic dimension to enter into concrete reality ... the group is a welcoming manifestation ... the promise of the real world, of the human community of the living” (Testoni et al., 2019, pp. 528-529). It is noted that the individual must have great enough ego strength with a solid supporting environment in order to ensure that the difficult emotions accompanying the work are tolerated without turning to self-medicating or other maladaptive coping strategies (Dayton, 2005). Testoni et al. (2019) also noted that this sort of work is appropriate for both real and ‘symbolic’ (i.e. nondeath) losses.

Rituals

In some ways, there are aspects of the different modalities within rituals themselves, which often include the incorporation of: pieces of music; the reading of poems, sacred texts, or letters; the aesthetic arrangement of items in a symbolic way; or the traditional movement or act. Rituals offer containment and expression for overwhelming emotions, while also offering separation and the ability to ‘move on’ through making meaning of the loss (Cognet & Masson, 2019; O’Callaghan et al., 2013; Sas & Coman, 2016). When the subject of the loss, such as that of an unborn child, is “considered as an internal object, barely personified or existing independently”, there is a higher chance of “psychic distress” (Cognet & Masson, 2019, e74). When the ritual allows the subject of the loss to then become externalized, there is a greater chance of grief becoming uncomplicated.

The resurgence in popularity of rituals over the past few decades has been more based on a “trend toward designing and adopting new rituals emphasizing pragmatism, playfulness, and creativity to ensure meaning making of self relevant events ... which favors authentic, informal, and spontaneous emotional expression and sense-making” than renewed interest in religiosity or tradition (Sas & Coman, 2016, p. 558). Rituals may be impromptu, such as the spontaneous placement of flowers and items at the site of a shooting, or intentional, as with street art made in memoriam, such as that of a ‘ghost bike’ left at the site of an accident (Sas & Coman, 2016). When built as an intentional part of the therapeutic process, these grief rituals often take one of three forms: honoring (to “elicit and externalize positive emotions” with a lost love), letting go (for “processing and releasing the negative feelings associated with the loss ... through death or separation”), and self-transformation (for evaluation, identification, and processing of the past and present so as to look to the future) (Sas & Coman, 2016, p. 562). The incorporation of physical objects that are imbued with history or meaning can help the individual’s projection by

acting as ‘transitional objects’ (Cognet & Masson, 2019; Sas & Coman, 2016). Depending on the needs of the individual, these objects may be transformed, destroyed, or maintained and kept close. These objects also need not be traditional objects at all. As O’Callaghan et al. (2013) described, “Songs could be transitional objects, supporting the bereaved through the hardship of separation ... ‘pulled out’ when one needed to ‘feel close’ to the deceased person and could tolerate and integrate the harsh reality of the loss” (p. 118). Doubtless, there are many ways the expressive arts could be integrated into a personal ritual.

Needs of Survivors Dealing with Nondeath Loss

We can overcome existential suffering when we draw upon what is not broken within us: the breath of life itself, our will to live, and our drives to find meaning in caring and loving connection and in change... We can also draw on what is not broken in family, community, nature, the great web of life, and the grace of the universe that provide life support from birth until death.

- Attig, T., 2011, p. 124

In reviewing the literature, a number of factors stood out for special consideration when preparing to work with survivors of natural disasters dealing with nondeath loss. Some of this material came from work with this specific population, while other concepts and considerations have been taken from different populations dealing with grief, CG, nondeath loss unrelated to natural disasters, or all losses associated with natural disasters, all of which is applicable to the context of natural disaster recovery. As previously discussed here, survivors of natural disasters experiencing nondeath loss go through the different forms of grief; therefore, while not all of this material is nondeath specific in origin, it is my opinion that it has relevance and is worthy of inclusion. There are extensive parallels between traditional grief work and nondeath grief work,

but there are also marked differences (Gitterman & Knight, 2019). While many of these recommendations would be beneficial for any grief population, they are made with the intended population of natural disaster survivors of nondeath loss.

Social Support

Dayton (2005) explained that individuals experiencing CG commonly feel that: their pain is unique among all others and that no one can really understand what they are experiencing... [They] often withdraw, isolate themselves, and mistrust connections with others. Hence, their path toward the connection as part of healing becomes fraught with anxiety. (p. 24)

The connections and interactions between group members can “help them to break through isolation, build trust, and begin to engage in the grieving process” (Dayton, 2005, p. 24).

Regardless of the type of grief or the situation of the loss, individuals need social support. This can be found through individuals’ work with others, peer relationships, and animal companionship (Gorman, 2011). The therapeutic relationship is noted as particularly significant in working towards resolution of grief (Gorman, 2011; Iliya, 2015). Social support is especially important in situations of nondeath loss due to its tendency to be disenfranchised (Gitterman & Knight, 2019). As Raphael & Ma (2011) explained:

Recognizing the importance of human relationships is critical, as exemplified by the powerful nature of affectional bonds in survival, the significance of grief with their loss and the intense affiliative behaviours that enhance response in the emergency, early aftermath and beyond. (p. 248)

Interpersonal losses can be among the most significant to survivors of natural disasters; social support can likewise be among the most powerful of supports during recovery.

Community Recovery and Resources

Each natural disaster “occurs at multiple levels of functioning, including the individual, interpersonal, and communal, and requires a response that addresses the person-in-the-environment configuration” (Kropf & Jones, 2014, p. 283). The recovery of a community and its available resources post-disaster are imperative to minimize the probability of worsening individual disaster responses; when needs are not adequately met, the chances of severe responses and distress increase (Aker et al., 2012; Hackbarth et al., 2012). The response, and interventions, need to be on both the micro and macro level. It is recommended to prioritize community-based interventions, though this should be balanced with individual interventions for persons at high risk (Kristensen, Weisaeth & Heri, 2010).

As the community begins to process, “the magnitude of the event begins to settle into people’s consciousness, and the need for support and assistance to deal with trauma, loss, and grief is significant” (Kropf & Jones, 2014, p. 290). This indicates that the bulk of the work may not take place in the hours immediately following the disaster, but once the new reality has had a chance to be absorbed. The choice of language during this time in the community recovery process is crucial, when emotions push individuals towards blame, as this creates additional tension (Kropf & Jones, 2014). The recovery process in itself can be traumatic and, as such, the community, and individuals within, may need continued professional help. Ultimately, the goal is for the community to reach a point of adaptation, “where the community simultaneously honors the loss while moving adaptively into the new reality” (Kropf & Jones, 2014). Disasters have the possibility of being unique catalysts for positive change for communities, just as for individuals, by reenergizing and galvanizing the community or bringing attention to preexisting problems that can then be addressed. Natural disasters disproportionately impact vulnerable

communities (Chen et al., 2020); the response post-disaster can form a stronger community or cause it to suffer the same, or greater, inequalities. The sheer degree of loss from a natural disaster can “add to the suffering that may already exist through socio-economic disadvantage, development needs and pre-existing conflict, and lead to complex emergencies” (Raphael & Ma, 2011, p. 247). Often when a loss occurs, it is experienced at an individual or group level. Natural disasters create an unusual situation in that the loss is experienced community-wide.

Spiritually Sensitive Work

The incorporation of the religious/spiritual can have great power in the therapeutic space; used appropriately it can lead to increased feelings of connection and a deeper sense of meaning, but used inappropriately can lead to greater harm to the already-suffering individual (Benson et al., 2016). The disaster itself may also drastically alter the individual’s beliefs as “... [their] experience of shock can generate existential challenges to their spiritual perspectives, worldviews, and their sense of identity and purpose in the world” (Benson et al., 2016, p. 1373). This sense of questioning can occur regardless of the individuals’ beliefs or lack thereof. The significance of the crisis may, in fact, cause individuals to gain or lose religiosity/spirituality.

The United States, despite being a secular nation, maintains “higher levels of religious involvement than other industrialized countries”, such that many groups or organizations involved in disaster recovery have religious affiliations (Benson et al., 2016). It is particularly important to ensure the proper application of spiritual or religious strategies, beliefs, or practices, as survivors are particularly vulnerable to the possibility of ‘re-traumatization’ by impositions of beliefs counter to their own (Benson et al., 2016). Potentially helpful strategies, once the appropriateness of such an intervention is determined include: “self-reflective journal keeping ... for constructing a life narrative”; the use of religious or spiritual language and concepts which

“frames the catastrophic experience”; rituals and ceremonies which can “offset ... isolation and restore a sense of belonging”; reflection on their beliefs and possible changes; and consideration of referral or collaboration with local religious/spiritual leaders (Benson et al., 2016, pp. 1384-1385). If done correctly, spiritually-sensitive work can be a uniquely powerful tool for helping survivors develop meaning.

Ritual

Rituals offer the ability to manifest meaning-making, to give validation but also find separation from the tragedy of the loss. Individually, rituals of grief “participate in the testing of reality, and allow the living to expiate their guilt, to ... retain the dead, while pushing them away” (Cognet & Masson, 2019, p. e73). They create a specific moment in time that allows the individual to transition from the ‘before’ to the ‘after’; while this would appear to be an arbitrary notation of time, the concretization allows individuals to move on. On the macro scale, rituals can: help reform the “sense of community solidarity, ... offer an opportunity for meaningful action during a time of disorganization, affirm a sense of community, and provide a public witness to grief and loss” (Kropf & Jones, 2014, p. 292). They unite through shared experience where loss isolates.

It is also likely that new rituals will need to be created by the individual, community, or in collaboration with the therapist, as old ones are unlikely to find the level of personal connection and significance that is needed for the ritual to be meaningful (Harris & Gorman, 2011). This is especially true in the cases where the loss or grief is disenfranchised or “less socially acceptable” (Cognet & Masson, 2019, p. e74). It is important that these ideas are community driven; the therapist can aid in the logistics and provide scaffolding or structure, but the community’s sense of meaning-making is personal, just like that of each individual.

Hope

Fostering and supporting hope is important to recovery (Gorman, 2011; Hackbarth et al., 2012); there is a strong link to post-traumatic growth and resilience. Gorman (2011) explained that the vital aspects of hope include “mutuality, affiliation, a sense of the possible, and avoidance of seeing things in black and white only” (p. 230). Hope and meaning-making go hand-in-hand; through the fostering of hope, one can begin to find meaning in loss. Likewise, discovery or creation of meaning from tragedy nurtures one’s sense of hope. This hope can also be grown through “establishing and achieving goals, promoting psychological health and well-being, seeking purpose and meaning in life, and mental and physical activation” (Gorman, 2011, p. 230). Some suggest that it is the loss of hopes and dreams that is the most difficult to endure (Hackbarth et al., 2012).

Meaning-making

Across all forms of grief and sources of loss, meaning making, or “the conscious and active process of reinterpreting and bringing new meaning to one’s experiences” (Harris, 2011b, p. 243), a concept that originates in constructivist psychology, is critical to recovery (Gitterman & Knight, 2019; Hackbarth et al., 2012; Harris, 2011b; Kropf & Jones, 2014; McClocklin & Lengelle, 2018; Raphael & Ma, 2011; Testoni et al., 2019). It is argued that loss of meaning, the difficulty making sense of the loss, is the primary challenge for those suffering from grief and trauma alike as it reduces the ability to cope with the loss (Barak & Leichtentritt, 2017; Testoni et al., 2019). Also mentioned is the possibility of ‘meaning finding’, where one finds and accepts meaning that emerges following tragedy and crisis (Harris, 2011b). As McClocklin & Lengelle (2018) described, “people adapt more positively if they are able to make sense of their loss” (p. 326). Where they are able to find meaning, they are more likely to recover; when they are unable

to, they are more likely to experience CG (Testoni et al., 2019). This entails fully absorbing and processing what has happened, which allows them to “gain some sense of control over their lives, and view this experience in a meaningful light, to see the traumatic experience as a new challenge” (Hackbarth et al., 2012, p. 348). In nondeath loss in particular, meaning making will require making sense of their emotions that, while typical of grief, present differently and take on alternate meanings and significance (Gitterman & Knight, 2019).

Additional Therapeutic Considerations

Eisma & Stroebe (2021) noted that, as many of CG’s primary symptoms are emotional, it is important to work with these ‘emotional experiences’ in order to recover. Many things cannot be changed about the situation surrounding the loss, but the emotional regulation strategies can be adjusted through specific intervention. There is also a need for better assessment and treatment of CG, as many individuals are misdiagnosed or unable to receive treatment (Shear, Simon, et al., 2011). With nondeath loss, too, there is misdiagnosis, where individuals’ responses are “viewed as indicators of stress or depression rather than manifestations of grief” (Gitterman & Knight, 2019, pp. 147-148).

The most important distinction between the grief processes in traditional grief work and in nondeath loss is the necessity of validation of the existence of the nondeath loss and the reframing of emotions as grief responses (Gitterman & Knight, 2019). Harris & Gorman (2011) explained that this validation has great importance “so the loss is recognized for the significance it has to the persons” (p. 7). Another necessary aspect is the uncovering of feelings that have previously gone unrecognized by identifying and labeling the loss (Harris & Gorman, 2011). Of additional importance is: assistance in mourning and meaning-making (Gitterman & Knight, 2019); placement of “the problem with the situation and not the person” (Harris & Gorman,

2011); and the release of “time-bound assumptions” of how grief should progress (Harris & Gorman, 2011). When dealing with nondeath losses such as the loss of employment, Harris (2011c) recommends to “recognize the toll of being in limbo”, “focus on developing self-trust”, and “take a realistic stance on control” (pp. 167-168). Other recommendations for strategies with nondeath loss include: development of a loss narrative, use of strengths perspective, and mindfulness (Gorman, 2011).

It is also worth noting that not everyone does poorly after crises; there is much literature on “posttraumatic growth and resilience”, “struggling well”, “inner optimism”, “learned resourcefulness”, “enduring transcendence”, “tragic optimism”, “toughness and hardiness”, “rebounding”, “self-righting”, and what is termed “ordinary magic” (Gorman, 2011, p. 225). Some people find their lives transformed by disaster, not just by the loss but also by what it revealed or changed for them in their priorities, choices, or lifestyle. Alternatively, some individuals carry their disaster experiences with them, unprocessed, for many years. Even when therapists do not work directly in disaster recovery, knowledge of how to work with nondeath loss and disaster survivors is relevant because the trauma may resurface in those who have previously experienced natural disasters, either reactivated by an unrelated experience of nondeath loss or even by the extensive news coverage of a new natural disaster (Kropft & Jones, 2014).

Of the papers reviewed, one paper in particular provided an example of using Expressive Arts Therapy in disaster recovery and an excellent reference for doing so in a community-based approach. The study by Goulding, Kelemen, & Kiyomiya (2017), which employed an arts-based methodology in the community of Minami Sanriku after the devastating Tohoku earthquake and tsunami of 2011, used a combination of visual, performative, and sensory arts combined with

story-telling and interviews with groups of survivors and determined that the social-cultural dynamics relevant to community-based interventions could be explained by culture (collectivism and resilience to past disasters), resilience (the ability to ‘bounce forward’ amidst significant changes in the community), and community (the space, sentiment, and social structure). This study demonstrated that arts-based approaches can aid in the integration of concrete, disaster-management disciplines such as Community Based Operations Research (CBOR) with theory-building social science approaches in order to lead to a more grounded understanding of the complex human issues and emotions involved, while also practically addressing some of the problems faced by survivors.

Discussion

Everyone knows that they will lose someone to death at some point, and that they themselves will ultimately die. No one necessarily expects that they will ever lose their home to a fire, their precious possessions to floodwaters, their job to the collapse of local infrastructure, their sense of community to the dispersion of residents post-disaster. We are all uncomfortable but ultimately expecting death, though the manner through which it arrives and the time of its arrival may be a surprise. But no one is ever expecting the storm, the fire, the flood that will steal so much from them. Though a death can still be surprising, at some level we know and have almost always known that death will come for us all. We carry around this memento mori, this awareness of death, throughout our lives. It is the nondeath loss that is the unexpected disaster.

Climate Change

The impact of climate change has seen a steady increase over the past few decades of “once-in-a-generation” storms and other natural disasters. The decade between 2010 and 2019 was the warmest documented to date, contributing to a number of worldwide disasters, including

devastating drought periods in Australia, repeated record-breaking wildfires in the western United States, massive flooding in Asia, and numerous named storms which came in such rapid succession as to prevent recovery for extended periods (Chen, et al., 2020). Through that period alone thousands of people died, tens of millions were forced to leave their homes, and hundreds of billions of dollars of economic loss occurred (Chen, et al., 2020). This means that there is an ever-increasing population of survivors experiencing nondeath loss. The need for this sort of work is already great and will only continue to expand in coming years as the effects of climate change expand and become more severe. Preparation by professionals now will ensure that more and more clinicians are able to offer this increasing population the assistance that they need.

COVID-19 Pandemic

It is worth noting the current global state during the writing of this thesis and therefore the significance and relevance of this topic. January of 2020 saw the first confirmed case of SARS-CoV-2 (more commonly referred to as Coronavirus or COVID-19) in the United States; by mid-March 2020, it had advanced enough for the World Health Organization to declare it a pandemic. While there has been some debate as to whether or not this pandemic could be referred to as a natural disaster, in the legal sense, the U.S. District Court for the Southern District of New York and the Pennsylvania Supreme Court have ruled that “the COVID-19 pandemic is, by all definitions, a natural disaster and a catastrophe of massive proportions” as it has involved “substantial damage to property, hardship, suffering or possible loss of life” as required in Pennsylvania’s Emergency Code (Procaccini, 2021, pp. 4). Regardless of semantics, there can be no doubt of the incredible degree of loss that the worldwide community has experienced. With over half a million people dead from this pandemic in the United States alone, many are experiencing bereavement. However, the universal experience is that of nondeath

losses, whether alone or in addition to the loss of loved ones. There are the tangible losses of employment, housing, the ability to engage within our community, have in-person education, or travel to see family and friends. There is a feeling of loss of our sense of safety in the world, from the macro of disbelief of living through historic times to the micro of fear of exposure when going out to the store or work. There is the loss of opportunity and time: a whole year, thus far, and all that it could have contained. For some, there is a sense of the loss of trust in the government or leadership bodies for what is seen as, whether realistically or not, their failure to respond to the crisis in an appropriate and timely manner. There has been interpersonal loss, as relationships have struggled to be maintained virtually. Many feel a loss of control, that their ability to choose has been taken away in light of the disaster response and the restrictions in place.

We are all mourning, and many of us do not realize it. Weddings have been rescheduled, time and time again. Birthdays and graduations and other celebrations have been missed. There is a sense of community missing, even when we are able to keep meeting virtually. We miss and yearn for the things, the time that we have lost, never realizing that the ache, the despair we feel is grief. We dismiss that notion if we are not among those who have lost loved ones. How can we be grieving? We say to ourselves we have not lost anything significant or vital - there has been no death-related loss for most of us. The reality of nondeath loss is made real to each of us through this pandemic.

Conclusion

There is a long-standing practice of using the arts as part of recovering from the death of a loved one - they are memorialized in song, dance, art, even the ritual of funerary proceedings. For as long as we as humans have carried the grief of losing someone dear to us, we have been

informally turning to the arts to help us cope with their passing. The use of the different art forms offers movement when the process and flow of grieving becomes stuck and complicated. The modern practice of Expressive Arts Therapy is rich in possible implementation with individuals undergoing bereavement and death-related loss. However, there is little literature regarding the use of the same modalities with nondeath losses despite the similarities in severity and impact on the individual and the sheer amount of nondeath loss attributed to natural disasters. The meaning-making and metaphors of expressive writing, the concretization of psychodrama, the dialogue of improvisational music, and the rich combination of modalities present in rituals are all documented to be effective in working with grief, whether complicated or uncomplicated, in death-related losses. As the grief associated with nondeath loss is quite akin to that of death-related loss, the assumption stands that these interventions would be similarly effective with survivors experiencing nondeath loss.

There are many steps that need to be taken to ensure that the growing population of survivors experiencing nondeath loss has the support it needs, though many of these steps are abstract and involve changing societal concepts of grief and understanding about loss. Presently, there is no officially recognized diagnostic criteria for CG, leading to misdiagnosis and insufficient support for those grieving. Physical, tangible needs are often prioritized in disaster recovery, which needs a greater balance with trauma response and other psychological interventions. Control and decision-making is often wrested away from the community, denying the autonomy and closure that involvement in the recovery process can bring, as well as threatening the fiber of the culture of the community. There needs to be a wider professional understanding of the importance of nondeath loss, so as to understand its prevalence and potential for clinical significance. At present, there is little documented use of ExAT as part of

disaster recovery, let alone to address nondeath losses. Based on the delay of processing and comprehension of the new reality that comes after the initial shock has faded, the bulk of the ExAT work may predominantly be done not in the immediate aftermath of the disaster. This is not to say that there is not a place for ExAT in the emergency recovery, but much of the trauma work will not be able to be performed until the processing begins. The fires have to be extinguished before the burns can be treated. The applications of the different art modalities with natural disaster survivors dealing with nondeath losses should be further examined, beyond the conclusions and assumptions of this thesis. As climate change catalyzes greater and more frequent natural disasters, we can expect that this will be a population in need that only increases in size.

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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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