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Joining the Advocacy Conversation: How Dance/Movement Therapy can Influence Shared Decision-Making Policy for Children Seeking Grief Support: A Literature Review

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**Joining the Advocacy Conversation: How Dance/Movement Therapy can Influence Shared
Decision-Making Policy for Children Seeking Grief Support: A Literature Review**

Thesis Capstone

Lesley University

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Mental Health Counseling: Dance/Movement Therapy

Dr. Rebecca Zarate

Abstract

The intention of this capstone thesis is to bring awareness to the current state of children's grief support services and how dance/movement therapy can be used to address the areas where growth is required. The capacity of dance/movement therapy to facilitate the cocreation of improved grief support services lies in its ability to be used as an advocacy tool for children to process and express their experiences with grief. In collaboration with the shared decision-making model, the information gained from dance/movement therapy exploration can help children communicate their experiences with grief to those who have the power to shift how current grief support services are implemented. By analyzing the available research using a literature review format, three major themes surfaced. These themes include understanding children's unique experiences with grief, the need to create grief support services that respond appropriately to presenting needs and advocating for the implementation of those services. When children's voices are considered in the advocacy conversations that affect them, services can be structured to more effectively accommodate their needs. Based on these findings a tailored grief support framework for children was created outlining how to integrate the key takeaways from this research.

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Introduction

Child psychology has been a recognized field since the early twentieth century. Although there has been steady progress within this specialty since its inception, little attention and investment from decision makers has been displayed compared to other pediatric fields (Skokauskus et al., 2019). Approximately one half of all mental disorders emerge before fourteen years of age, and the insufficient amount of attention being paid to children's mental health contributes to the increased prevalence of mental health disorders across all age groups (Skokauskus et al., 2019). An especially underappreciated sector of children's mental health services is grief support. In Western countries four percent of children will experience the death of a parent, and in the United States alone one in twenty children and adolescents experience major loss before the age of eighteen (Melhem et al., 2011). Despite these statistics, this issue is still being overlooked.

Children often display symptoms of grief differently than their adult counterparts. Most grief support services are created in response to adult experiences with grief, which could be a contributing factor to why children's bereavement support services are limited. Depending on their age and development, children may not have the cognitive and verbal skills to describe what they are experiencing (Philpott, 2013). Therefore, exploring nonverbal expression where themes of their grieving process can surface could be one of the most developmentally appropriate and effective methods to understanding what children are going through (Philpott, 2013). As a nonverbal, body-based therapy dance/movement therapy could serve as an effective

means of understanding how to advocate for children's grief support needs, as it provides participants with a more accessible mechanism of communication.

Dance/movement therapy is a holistic approach to healing and meaning making that promotes emotional, social, cognitive, and physical integration of a person through the use of movement and embodied exploration (American Dance Therapy Association, 2020). It is also highlighted by the American Dance Therapy Association that movement is a foundational form of communication (2020) which positions it as an ideal approach to help children contribute as primary sources to advocacy discourse. The therapeutic use of dance and movement has been observed to help children bridge the gap between nonverbal exploration of their experience to being able to articulate their experience out loud. In their 2019 article, Tortora describes that with the use of symbolic movement play children can investigate their trauma reactions and begin creating coherent verbal narratives of their experience. This helps them make sense of the internalized memory and facilitates receptiveness to coping. Providing children with an opportunity, as described by Tortora (2019), to be expressively empowered enough to articulate their stories displays the potential that dance/movement therapy has to help foster a more integrative and collaborative approach to child advocacy.

My intention with this capstone thesis is to explore the current literature pertaining to children's mental health with a focus on children's experiences with grief. Throughout I plan to highlight the importance of improved advocacy efforts within this landscape, while bringing awareness to dance/movement therapy's capacity to aid in these efforts as an accessible mechanism of communication for this age group. Children's experience with grief has overwhelmingly been interpreted through the lens of adults, leading to the question of if adequate supports are being provided to bereaved children. Allowing a way for children to

contribute to advocacy conversations and express how they are experiencing their own grief is poised to effect positive change to the field of child psychiatry. My goal is to connect how dance/movement therapy can be utilized as a way to empower children to communicate their experiences with grief. Including the perspectives of bereaved children could initiate change in the way decision makers approach supporting them and help bring the importance of these issues back to the forefront of pediatric psychology.

Method

Resources for this literature review were obtained by searching online databases for articles that applied to the various topics being explored. Databases such as the Lesley University e-library, Ebsco, Proquest, and Psychinfo, were the primary search engines used in this investigation. While exploring what articles were available, specific keyword string searches were utilized to narrow the search. These string search keywords helped focus in on the three main aspects of this thesis, dance/movement therapy, children's grief, and child advocacy. The keywords "dance/movement therapy", "DMT", and "movement therapy" were used to gather articles that apply to dance/movement therapy. Searching "grief", "bereavement", "loss", "mourning", and "death" narrowed in on grief research. The keywords "child", "children", "adolescent", and "minor" were used to gather articles on the appropriate age group. Lastly, the terms "healthcare", "advocacy", "advocate", "child advocacy", and "child psychiatry" assisted in finding information on child advocacy.

As the necessary resources were gathered for this thesis, all materials were organized in a specific way. Designated folders on a laptop were used to file each of the articles under which of the core concepts of the thesis they covered, either dance/movement therapy, children's grief, or healthcare advocacy. Zotero, the APA citation software, was used to ensure easy and appropriate

citation of all sources. Documenting the research, writing, and editing process of this thesis was done through a combination of journaling and artmaking. Using both words and art to encapsulate how the thesis process was navigated felt the most authentic. Entries in a dedicated journal where status reports on the thesis process were logged was contributed to weekly. Written processing and artistic processing were done in the same journal, as each entry consisted of both written and artistic components. That space was used as a means of checking in, providing structure, and maintaining accountability for the mindful completion of this thesis.

Literature Review

Grief

Grief is the sense of longing or sadness one may encounter following a loss. It is most commonly experienced after the death of a loved one. How grief can manifest is unique to each individual, however clinician's modern understanding of grief has provided three main categories of what grief may look like. The first type is uncomplicated grief. Uncomplicated grief is composed of emotions, cognitions, physical sensations, and behavioral reactions that are considered common when someone experiences a loss (Worden, 2018). These emotions may include sadness, anger, or anxiety. Cognitions may include disbelief, confusion, or preoccupation. Physical sensations may include tightness, lack of energy, or depersonalization. Behaviors may include social withdrawal, restlessness, or crying (Worden, 2018). The next type is complicated grief. The distinction between uncomplicated and complicated grief is when someone's grief symptoms have overwhelmed them, led them to resort to maladaptive behaviors, or caused them to remain interminably in their state of grief with no movement towards resolution (Worden, 2018). The experience of complicated grief is the most common reason why individuals seek therapeutic support. The final grief category is disenfranchised grief.

Disenfranchised grief has been a concept for some time, however it has only recently been welcomed into grief discourse. It is defined as grieving the loss of something that is not acceptable to mourn by society's standards (Worden, 2018). Examples of this could be grieving the loss of an ex-partner, a miscarriage, or even a pet. Any instance where someone's grief process is invalidated, and therefore prevented from resolving due to social stigma, falls into the category of disenfranchised grief.

Current Support Practices

How clinicians understand and treat the process of grief differs depending on what models they subscribe to. Kubler Ross' five stages of grief is one of the most widely recognized models. It is comprised of denial, anger, bargaining, depression, and acceptance being what someone who is mourning will go through (Worden, 2018). However, this model has received critiques on its linear structure not being representative of the often nonlinear process of grief. Additional models include Parke's four phases of grief, and Worden's four tasks of grief. Parke's phases include numbness, yearning, disorganization and reorganization while Worden's tasks include accepting reality, processing pain, adjusting to a new world, and finding ways to remember (Worden, 2018). Although each of these three models approach understanding the grief process in a different way, the overall consensus is that there are a slew of emotions and reactions to the loss of a loved one that should be acknowledged and experienced. For many that can be done independent from a therapeutic setting, but for others seeking therapy can help support the unfolding of that process.

There are multiple different techniques that clinicians commonly use when supporting clients through grief regardless of what model they adhere to. Cognitive restructuring may be utilized to unpack a client's thoughts of hopelessness and doubt about their capacity to move on.

Helping clients identify their current thought process invites the implementation of reality testing to assess the accuracy or overgeneralization of these thoughts (Worden, 2018). Writing and drawing exercises are also widely used techniques in grief therapy. Having a client explore their mourning by either writing about it or drawing about it can offer a deeply personal, cathartic outlet for them to investigate what they are experiencing. It provides an opportunity for the client to communicate feelings that can be challenging to verbally articulate (Worden, 2018). A final technique that clinicians commonly employ is using evocative language with their client. Using words that ground the client in the reality of their situation is understood to help stimulate feelings that are necessary to be felt and begin to invite acceptance (Worden, 2018). An example of this would be saying their loved one is dead and not that they lost them. One word addresses the finality of the situation and the other could provide a false sense of ambiguity.

Children's Grief

When studying children's grief, it must be acknowledged that there is no "right" way to grieve. Just like their adult counterparts, every child will have a unique reaction to the death of someone close to them. Factors that affect children's reactions to death include their developmental stage, life experiences, parental influences, environmental influences, individual temperament, and connection to the deceased (Chachar et al., 2021). Current research has attempted to generalize what children's grief looks like, but given the variation in experiences, a handful of anticipated grief responses have been compiled. At large, grief can be an unusual and disturbing experience for children, especially when they have yet to develop an understanding of what death is. One of the most commonly observed grief patterns in children is sudden bursts of grief reactions over an extended period of time (Chachar et al., 2021). This could present as mood swings, behavioral outbursts, or emotional withdrawal. More intense grief responses could

be displayed as increased clinging and dependent behaviors, phobic reactions, sleep or appetite disturbances, hyperactivity, or tantrums (Chachar et al., 2021). Wherever a child falls on the grief response spectrum, their manifestations are rarely verbal. In the event that a child has the capacity to articulate their experience out loud, they report experiencing somatic symptoms without being able to identify why (Chachar et al., 2021). This understanding of the dynamics of children's grief is why exploring the use of dance/movement therapy in grief work is necessary. Current research highlights the embodied aspect of children's manifestations of grief which dance/movement therapy is able to make meaning out of.

Children's Grief and Mental Health

There is an overarching need for more research on children's grief if the mental health field is going to cultivate better support services. Loss is an inevitable part of life that young people are not exempt from experiencing. It appears that the task of supporting children through their bereavement experiences has commonly fallen on the parent or caregiver. Parents in this situation have reported not always recognizing what their children's grief responses are and how to help (Ener & Ray, 2018). In a study done on parents and children's experiences with bereavement support services it was revealed that the education parents received about how to support their grieving child helped them better connect with their child's needs. It was also reported that going through bereavement support helped both parent and child better understand their internal and external worlds (Rolls & Payne, 2007). As an extension of that notion, the study specifically emphasized that the children involved were empowered to make sense of their grief experience within the context of their social and emotional development which helped their personal process be acknowledged as valid. Although understanding children's grief is still a

work in progress, the embodied nature of it has been widely recognized. This has led researchers to investigate what embodied grief entails.

Trauma and the Body

In their 2015 novel *The Body Keeps the Score*, van der Kolk brought forth a more refined understanding of how trauma interacts with the body. The author backs this claim by referencing their own experience as a clinician and by evaluating the current research on this topic. Trauma is defined by the American Psychological Association as an emotional response to a terrible event that can manifest as unpredictable emotions, flashbacks, strained relationships, and physical symptoms (2022). Van der Kolk strives to convey what these physical symptoms are and how recognizing them can provide a deeper understanding of the way trauma is held in the body and how to begin accessing and healing it. When someone experiences a traumatic event the memory of that event can be imprinted in the body. These trauma memories often disconnect from the brain's speech center and limits an individual's ability to verbally articulate their experience (van der Kolk, 2015). This can lead to difficulty with recall, brain fog, confusion and unexplained physical sensation. The body can be seriously affected when emotions associated with trauma are bound internally. Muscle tension, immobility, or physical outbursts are not uncommon consequences (van der Kolk, 2015). For these reasons more theorists are looking to somatic or body-based practices to support traumatized individuals. When physical tension is released emotion can be released. Incorporating movement and breathwork into therapy settings invites that release by bringing attention to felt sensations and exploring their boundaries (van der Kolk, 2015). Working in this way also helps create a sense of safety in the body as movements or gestures that feel grounding are identified and continually revisited. Sense of self is associated with one's connection with their own body, and learning how to navigate physical

sensation safely, especially when it doesn't always feel accessible, can help build an understanding of what supports are needed.

Embodied Grief

Grief can be expressed through various emotions and body responses. When someone connects with another person and builds a relationship there is a bodily attunement that occurs. The emotions, sensations, and experiences that are created between people are embedded into an individual's way of being and influences how they interact with the world. When someone meaningful dies, those connected to them may feel a jarring break of attunement as that person with whom they have been in meaningful relationship with no longer exists (Brinkmann, 2019). Children who experience the death of someone close to them will carry this with them as they continue to develop. Impactful events like experiencing the death of a loved one during childhood are often registered and organized somatically, sensually, or kinesthetically (Chaiklin & Wengrower, 2009). Nonverbal sense memories such as these can be felt throughout one's life and alter how their sense of self develops (Chaiklin & Wengrower, 2009). Loss can be traumatic, and because of that memories of trauma can disconnect from the brain's speech center and limit an individual's ability to express their trauma verbally (van der Kolk, 2015). Due to understanding how grief affects the body, researchers have begun investigating ways to help heal that incorporate both the mind and the body as equal contributors to the grief experience.

Dance/Movement Therapy

Although the field of dance/movement therapy is considered a modern therapeutic technique, healing through movement can be traced back over 40,000 years. Numerous indigenous cultures implemented dance as a healing art, establishing the roots of dance/movement therapy to predate verbal therapy as we know it (Lauffenburger, 2020). Present

day dance/movement therapy embraces the ongoingness of experience, and the recognition that feeling and sensation provide dynamic information to help understand one's self. When the interconnectedness of the body and the mind is acknowledged, meaning can be grounded in the sensorimotor experience. Dance/movement therapy facilitates meaning to then be extended through embodiment (Lauffenburger, 2020). This therapeutic practice is able to access the complex nature of human experience by looking to movement, our first means of processing and communicating. By doing this, clinicians are able to embrace the mind-body connection, providing a holistic perspective on someone's experience. Like any form of therapy, dance/movement therapy may not come easily to everyone. However, children seem to be especially receptive to it.

Dance/Movement Therapy as Grief Support

In alignment with where children may be developmentally, nonverbal communication tends to come naturally to children. Children may not have the cognitive capacities to fully articulate what they are thinking or feeling yet, so expressing it in movement can be a more accessible option. Through dance communication blockages can be overcome. Movement and gestures, expressive and symbolic can communicate emotions, feelings, and attitudes giving access to the inner world of the mover (Arsith & Popa Tănase, 2018). In their 2021 research on play therapy at a children's bereavement camp, Salinas was able to investigate how effective the use of expressive arts was with supporting the participant's grieving process. They were able to interview five children about their experience and determined that utilizing expressive outlets such as dance helped them feel connected to both the other campers and their deceased loved one. This allowed them to feel comfortable opening up about their loved one that passed away.

Offering a fun and joyful way to approach a topic that is often shrouded in sadness and discomfort appears to be an effective way to initiate coping with loss.

A publication by Philpott (2013) provides a clear perspective on the ways in which dance/movement therapists are currently utilizing their modality with grieving children. Studies have shown that children need to be given opportunities to play, where themes of their grieving process can emerge organically with nonverbal expression and the use of metaphor (Philpott, 2013). Dance/movement therapy is a field well equipped to provide the space for nonverbal exploration. The researcher underwent three semi-structured interviews with dance/movement therapists who have worked with grieving children. Questioning led to participants recalling significant experiences from their work with bereaved children, the interventions implemented, and why they chose them (Philpott, 2013). There were four major themes that surfaced once the interviews were coded. The therapist's emotional and somatic response and how they handled countertransference, the grieving child's feelings and expressions as well as their ability to relate to the person who died, the therapeutic relationship and the containment of space, safety, and support, and lastly, interventions used and the importance of dance/movement therapy with this population (Philpott, 2013). In regard to the final theme, the clinicians who were interviewed all underscored that the way dance/movement therapists work with the body helps children embrace their full expression of grief. This allowed for them to feel validated in their experience and feel equipped with the tools to communicate about it (Philpott, 2013). This article demonstrates the potential dance/movement therapy has not only as a supportive option for grieving children, but a means of crossing the threshold of being able to communicate about it. Using dance/movement therapy as a bridge for children to communicate how well their support services meet their needs could provide an opportunity to improve child mental healthcare and advocacy practices.

Child Advocacy

Convention on the Rights of the Child

Current child advocacy principles find their foundation in the United Nation's Convention on the Rights of the Child (1989). This international treaty outlines the fundamental human rights that children possess and how governments and advocates are responsible for ensuring that these rights are upheld. Article 24.1 describes "children's right to the highest attainable standard of health and access to illness treatment and rehabilitation" (Convention on the Rights of the Child, 1989, p. 7). Since mental health falls under the umbrella of healthcare, it can be reasonably assumed that this statement includes providing children with the necessary psychological support. However, as previously stated, much of children's mental health support has been established based on adult's perceptions of what mental health should look like. This does not always accurately discern what a child may need. Article 3.1 of the Convention on the Rights of the Child concludes with "the best interests of the child shall be the primary consideration" (1989, p. 2) which leads to the question of why more children have not been utilized as primary sources in advocacy discourse. Interestingly enough, the Convention on the Rights of the Child does appear to welcome this.

In article 13.1 it outlines that "a child who is capable of forming their own views has the right to express those views in all matters affecting the child, and those views are to be taken into consideration" (Convention on the Rights of the Child, 1989, p. 4). This is followed by article 13.2 which states that as a result "a child should be provided with the opportunity to be heard in any judicial or administrative proceedings that affect the child, this could be done directly or through a representative" (Convention on the Rights of the Child, 1989, p. 4). The Convention on the Rights of the Child has laid the framework to empower children join the advocacy

conversation, which is necessary especially in the mental health field where child psychiatry is not getting prioritized. Not only does the Convention on the Rights of the Child invite children's voices to be heard, they also invite artistic expression of their thoughts and ideas to be shared. Article 13.1 champions the child's right to freedom of expression, which includes their right to "seek, receive, and impart information of all kinds regardless of frontiers either orally, in writing or in print, in the form of art, or through any other media of the child's choice" (Convention on the Rights of the Child, 1989, p. 4). Together these articles provide credence to my assertion that an expressive outlet like dance/movement therapy could help children communicate their experiences with mental health, including their experience with grief.

Dance and movement can access a person's embodied, nonverbal experience and allows for deep processing to occur by means sensing and feeling. This can provide a profound source of meaning making especially in regard to topics that are challenging to articulate out loud. Children's tendency to experience grief in nonverbal ways makes it challenging for an outside perspective to know if they need support. Allowing them the chance to communicate their experience and what they need in a more accessible way will only improve the future of child psychiatry and how we understand children's mental health. Using artistic avenues of expression has already been established as a valid form of communication in the eyes of the United Nation's Convention on the Rights of the Child, now it is a matter of reaping the benefits of this opportunity.

Shared Decision-Making

Lately an approach called shared decision-making has been gaining traction in the field of child and adolescent mental health. It revolves around getting this population involved in conversations about their support services to better cater to the unique needs of each individual.

Research on shared decision-making has suggested that it contributes to improved self-efficacy, self-esteem, treatment engagement, and outcomes (Bjønness, 2020) making it a promising new development in favor of allowing young people to help advocate for themselves. Some of the most compelling evidence discussing shared decision-making was revealed in two 2020 publications by Bjønness and their colleagues. The first article sought to understand the perspective of healthcare professionals on the value of shared decision-making with minors in an inpatient mental health facility, and how this change could fit in with current practices. The second article explores the patient's perspective on participating in shared decision-making. This research will be investigated in the order it was just described.

In their qualitative study on healthcare professional's perspectives, Bjønness and colleagues set out to determine how advantageous mental health professionals have found incorporating shared decision-making with clients is (2020). They also investigated how this approach coheres or conflicts with the already established culture of mental healthcare protocol. Fifteen healthcare professionals who have experience with shared decision-making in children and adolescent inpatient settings were recruited to participate in three focus group interviews about their experiences. It was determined that implementing shared decision-making when making treatment plans led to improved client adherence to treatment, and satisfaction with treatment results. There were five themes revealed by the focus groups that displayed how to most effectively utilize this approach. These themes were involvement before admission, sufficient time to feel safe, individualized therapy, access to meetings where decisions were made, and changing professional's attitudes and practices. Being consistently involved in the trajectory of their treatment was observed to be advantageous for the patient. However, a challenge was uncovered in the fifth theme derived from the focus groups, changing

professional's attitudes and practices. The long-established standard of making executive decisions for patients who are minors is one that will take time to shift. It is not only altering healthcare protocol but transforming healthcare professional's personal perspectives on involving young patients in treatment decisions. This would require systematic change and additional training, but the benefits of incorporating shared decision-making in mental healthcare settings appear to be worth the effort based on the study's participant responses. Now that the perspectives of the mental healthcare professionals have been established, the perspectives of the patients will be noted.

In a subsequent article, Bjønness and their colleagues explored the perspectives of the adolescents participating in shared decision-making by interviewing them about their experiences while in inpatient mental health facilities (2020). Five themes surfaced from the interviews, gaining trust, helping them understand, to be diagnosed and labelled, resistance to being pushed, working together to make a plan that fits. It seemed to be the consensus of all individuals interviewed that they wanted to be involved in decisions about their care in some way, and when they were, their experiences in their inpatient facility was improved. The stigma surrounding mental health and seeking help even within a facility meant to provide that very help appeared to be a major barrier for most interviewees. This ties into the first four themes as it was reported that staff would draw their own conclusions about the patients before getting to know who they are and subsequently making decisions about treatment that the patients disagreed with. This would cause resistance and prevent effective treatment from occurring. Often these patients would not understand how they were being treated and for what reason. However, when the patients were able to build rapport with the clinicians and be involved in treatment planning, they shared feeling increased satisfaction and willingness to participate. Patients reported needing

assurance that their thoughts and values are being thoughtfully considered, and that communication between themselves and their support team is prioritized. Based on this research, it can be determined that shared decision-making serves to only improve outcomes of mental healthcare. This article and the previous article evaluate the efficacy of this approach from different angles, from the healthcare professional's perspective and the adolescent's perspective, and arrived at the same conclusion. While more research can be done to continue to substantiate these findings, the future of children and adolescent mental healthcare appears to be moving towards shared decision-making becoming standard practice.

Results

The literature has exposed three key areas for growth within the current landscape of pediatric grief support services. These areas include understanding children's unique experiences with grief, creating grief support services that respond appropriately to presenting needs, and advocating for the implementation of these services. Children struggling with the mourning process frequently go unnoticed because they present differently than their adult counterparts. Their stage in development, cognitive capacity and individual contexts all contribute to the differences than can be observed in the way children process death. Since grief has traditionally been perceived through the lens of adults, a holistic understanding of what children's experiences with bereavement are has yet to be established. Grieving looks different for each person, therefore opportunities to seek support services that embrace the developmental and cognitive capacities of the client should be accessible. How I propose this to be done is by utilizing dance/movement therapy as a medium for children to communicate their experiences with grief and subsequently what additional supports they require. Since children may not have the cognitive capacity to describe their experience with something as complex as their grief process,

dance/movement therapy offers the opportunity to explore it using a more a more developmentally accessible medium. As dance and movement has been observed to access the body's sensory memories and invite exploration of those subconscious features, it can promote the transition for solely internal embodied concepts to be articulated externally. This way children can more effectively conceptualize what they are going through and identify the areas where they need to advocate for more support. Combining the principles of dance/movement therapy with the shared decision-making model a framework has been crafted that clinicians and child advocates can use to gather this data.

Tailoring Children's Grief Support: A Framework

The model below (see figure 1) depicts an emerging framework for receiving first-hand accounts of children's grief through the medium of dance and movement. By using dance/movement therapy techniques to engage with children's embodied experience of grief the capacity for verbal articulation of their experience is being built. With the support of a clinician, children can be empowered to share what bereavement is like for them and in turn identify what assistance they may need from others. This information can then be collected and disseminated to decision makers in the broader field of pediatrics to help initiate change in the way children's grief services are constructed to better meet this population's needs. Incorporating the voices of children in advocacy conversations about their mental health services is a way to ensure their needs are being adequately met. By beginning to validate the lived experiences of children, society at large could take a step towards accepting children's mental health as an important field that deserves to be taken more seriously.

Figure 1

Shows a recommendation for a dance/movement therapy informed process for shared decision-making among grieving children, clinicians, and decision makers.

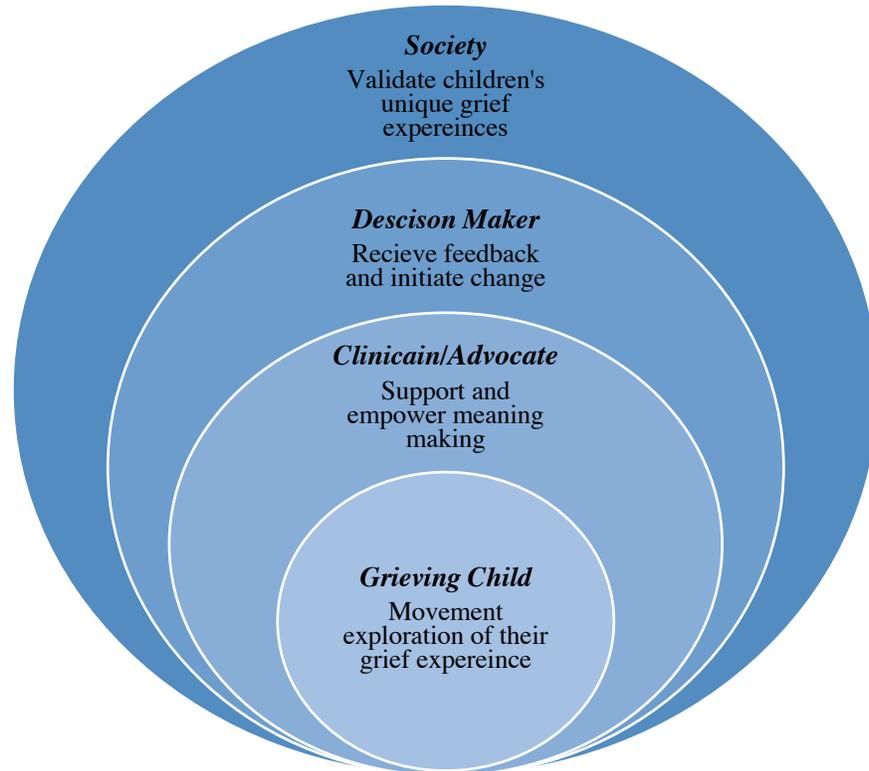


Figure 1 displays a coalescence of the research findings and how they present a pathway for growth in the field of children's grief support. Intentionally central to all areas of this model is the child. Their experiences and processes are what inform the construction of grief support services and influence how children's mental health is understood. Each layer of the model highlights the objective that will initiate transition into the next phase. Within the holding space cultivated by the clinician, a grieving child can explore their experience using expressive movement. The clinician may then support and empower the grieving child throughout their process, allowing verbal articulation to manifest authentically as the child navigates their experience. The child's personal accounts may then be communicated by themselves,

collaboratively with the clinician, or solely by an advocate as permitted by The Convention on the Rights of the Child (1989) with relevant decision makers to facilitate any necessary change in the way they are receiving bereavement support. By allowing this communication cycle to occur, validation of children's unique grief experiences is promoted and normalized within society.

Discussion

The literature revealed three key aspects for consideration when observing the current landscape of children's grief support. These include the need for a better understanding of children's experiences with grief, the potential of dance/movement therapy to help communicate those experiences, and the need for improved advocacy on behalf of or in collaboration with grieving children. Addressing this combination of concerns is what initiated the creation of the tailored grief support framework.

Children's grief and mental health experiences have traditionally been perceived and communicated through the lens of adults, leaving room for misinterpretation of children's grief patterns. Current support practices rely on the client's ability to verbally process the elements of their grief that are affecting them (Worden, 2018), however verbal processing may not be the most developmentally appropriate option for children. Although a child's reaction to the death of a loved one can vary due to contextual factors, these reactions are rarely manifested through verbal means (Chachar et al., 2021). If the child is able to articulate anything about their experience, they regularly report somatic complaints without being able to identify a reason why (Chachar et al., 2021). Death can be a traumatic experience for children, and traumatic memories often disconnect from the brain's speech center and limits an individual's ability to verbally articulate their experience (van der Kolk, 2015). This signifies a major difference between adult

and children's grief patterns, and how standard practice within grief support services do not adequately cater to the needs of children.

The only person that can truly convey what the experience of a grieving child is like is the grieving child themselves (Ener & Ray, 2018). Providing them with the opportunity to do so can help quell this cycle of misinformation. Children have voices that they can be empowered to exercise, and if articulating what they have gone through proves to be challenging, dance/movement therapy techniques can help (Arsith & Popa Tănase, 2018). Dance/movement therapy has been observed to facilitate the exploration and processing of traumatic experiences that the body has relocated to a child's subconscious memory (Tortora, 2019). Impactful events like experiencing the death of a loved one during childhood are often registered and organized somatically, sensually, or kinesthetically (Chaiklin & Wengrower, 2009). Nonverbal sense memories such as these can be felt throughout one's life and alter how their sense of self develops (Chaiklin & Wengrower, 2009). Using a nonverbal means of exploring these embodied experiences builds a foundation of understanding that can allow verbal communication to come forth (Tortora, 2019). Being encouraged to use the embodied methods of exploration offered in dance/movement therapy has been observed to support children in feeling more validated in their experience and better equipped with the tools to communicate verbally about it (Philpott, 2013). Dance/movement therapy facilitates meaning to be extended through embodiment (Lauffenburger, 2020) which helps aid in capturing the essence of a child's experience. This leads to a more holistic understanding of their grief. However, it is not just listening to children's wisdom that will create forward progress in improving grief support services, it is actually hearing them and using that information to collaborate and advocate for change.

As is welcomed by the Convention on the Rights of the Child (1989) children can be invited to contribute to the conversations on topics that affect them, including obtaining mental health services. This can be done through an advocate, in collaboration with an advocate, or independently themselves (Convention on the Rights of the Child, 1989). It is also noted that children maintain freedom of expression when imparting information, which encourages the use of any communication or artistic medium they prefer. There is no legislative precedent that prohibits the use of dance or movement to assist children with communicating their grief experiences to those who have the power to shift current grief support practices. Although this option has been made available, it doesn't seem to be widely utilized. This demonstrates a need for change in the culture of grief support and mental health support services to a more collaborative model. The shared decision-making model provides a glimpse into the benefit of working more collaboratively with clients.

The shared decision-making model emphasizes the importance of seeking client input and keeping them informed on all aspects of their treatment. By demystifying the treatment planning process, explaining rationale behind particular interventions, and asking for feedback on how they have been receiving the supports that are being offered, clients are able to embrace treatment more readily (Bjønness et al., 2020). The rapport and trust cultivated between clinician and client helps the client become an equal collaborator in their healing process. This has led to more positive outcomes from services overall (Bjønness et al., 2020). There is potential for shared decision-making to make a difference in children's grief support services. With dance/movement therapy techniques assisting with possible communication barriers for children (Philpott, 2013), reasons preventing this model from working with this population diminish. Grieving children have a means and the right to advocate for better tailored grief supports.

Recommendations for Future Research

Areas for further research associated with this topic includes continuing to explore how dance/movement therapy can support grieving children, continuing to investigate the efficacy of shared decision-making in the children's mental health field, assessing the accessibility of advocacy opportunities for children and their advocates, and exploring how arts-based advocacy is received by decision makers. Current research in these areas demonstrate quality findings to consider, however the quantity of studies to reference is still limited.

In conclusion, the tailored grief support framework is presented as a recommendation for how dance/movement therapy could be used as an advocacy tool for children seeking grief support. Participating in a movement-based exploration of their grief invites a more developmentally appropriate means of processing their experience. As a result, the child will be better equipped to articulately communicate their experience with grief (Tortora, 2019). A dance/movement therapist's role would be to support the child in this process and empower them to communicate authentically about their grief. From there the information gathered can be conveyed to the individuals who have the power to initiate change in the children's mental health field. This promotes shared decision-making within the children's mental health field in order to create better informed support services for grieving children.

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THESIS APPROVAL FORM**Lesley University****Graduate School of Arts & Social Sciences****Expressive Therapies Division****Master of Arts in Clinical Mental Health Counseling: Dance/Movement Therapy, MA****Student's Name:** Taylor Storlie**Type of Project:** Thesis**Title:** **Joining the Advocacy Conversation: Dance/Movement Therapy and Shared Decision-Making Policy for Children Seeking Grief Support: A Literature Review****Date of Graduation:** *May 21st 2022*

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

Thesis Advisor: *Dr. Rebecca Zarate*