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**Development of a Method - All in the “Letters”: Exploring the Relationship Between
Expressive Arts Therapy and the Grieving Process with Adolescents**

Capstone Thesis

Lesley University

May 5, 2022

Robby Auld

Expressive Arts Therapy

Dr. Jena Leake, REAT

Abstract

There are more than 5.3 million bereaved youth in the United States (Judi's House/JAG Institute & The New York Life Foundation, 2022), a number that is only growing. Finding effective therapeutic interventions for bereaved youth is an ethical imperative. This capstone thesis considers the relationship between expressive therapies and bereavement work with adolescents, specifically the use of expressive arts therapy. Grief theories are explored in a literature review, along with a survey of existing empirical research conducted using expressive therapies with bereaved populations. Few empirical studies have focused on expressive arts therapy and bereavement work with adolescents, an observation which sparked the method developed as part of this capstone thesis. Offered to seven parentally bereaved adolescents attending virtual peer support groups, the method was a multimodal experiential consisting of two complementary "letter-writing" prompts: the first was to "write a letter" to the person in their life who died, and the second was to "write a letter" to themselves at the time of or before the death. Responses shared by group members influenced how the method developed, and informed the artistic reflections included in this capstone thesis. Experimenting with this method strengthened the writer's belief that the relationship between expressive arts therapy and bereavement work with adolescents merits further exploration.

Keywords: expressive arts therapy, expressive therapies, bereavement, grief, adolescence

Author Identity Statement: The writer identifies as white, queer, and non-binary.

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Arts Therapy and the Grieving Process with Adolescents

Introduction

THESIS POEM

creative academic
personal professional

research
literature
witness
observation

collaboration
internalization

reflection
artmaking

transformative process

embrace emergence

hold space

choice

contain

expand

thesis my letter
my art
my growth

through grief
and story

It is estimated 1 out of every 14 children experience the death of a family member before the age of 18, leading to more than 5.3 million bereaved youth in the United States (Judi's House/JAG Institute & The New York Life Foundation, 2022). For those 5.3 million youth, their development and identity formation become intertwined with their grief. As an expressive arts therapist in training interning at a bereavement center, I continually asked myself: how can expressive arts therapy create meaningful and healing experiences for adolescents grieving the death of a caregiver? That question was the spark for this capstone thesis.

Grief is a process, but what that process consists of depends on whom you ask. While the grieving process was first theorized, by writers like Freud (1917) and Kübler-Ross (1969) among others, to consist of a set of steps or stages with the final goal being accepting the loss and letting go, contemporary bereavement theorists have developed models attempting to account for the varied ways people grieve. Two of those models are the dual process model and the meaning reconstruction model. The dual process model describes two processes, orienting to the loss and to resuming a changed daily life (Stroebe & Schut, 2001). A grieving person oscillates between these two processes to both honor the past and move forward into an altered future. The meaning reconstruction model defines grieving as a process of remaking a world of meaning destabilized by a loss (Neimeyer, 2001). Each individual's grieving process is influenced by their relationship to the person who died, how disruptive the death is, and what resources and social supports are available; for children and adolescents, this process is also affected by their developmental stage (Glazer, 1998).

Artmaking is a way to make meaning of experiences including bereavement (Finn, 2003; Glazer, 1998). Imaginal and creative processes, within and outside of an expressive arts therapy

context, are potential tools for processing grief (Weiskittle & Gramling, 2008). Expressive arts therapy utilizes multiple art forms including (but not limited to) visual art, music, movement, drama, and writing to facilitate growth and healing in a supportive environment (Rogers, 1993). Both the grieving process and expressive arts therapy are nonlinear, individualized processes. The way that one experiences grief will be informed by their identities and past experiences. Those same influences will inform how one engages with artmaking and expressive arts therapy.

Empirical research on the use of expressive therapy with bereaved populations is limited in regard to both quantitative and qualitative research, with much of the research that does exist focusing on music therapy interventions (Torres, Neimeyer, & Neff, 2014). One notable exception is an eight-week study by Hilliard (2007) which found that participants in a music therapy group improved on both problem behaviors and grief symptoms, while those in an expressive arts group improved on problem behaviors only. With that result in mind, as well as the lack of research on the use of expressive arts therapy with bereaved populations, the method for this capstone thesis was developed.

Both the dual process model (Stroebe & Schut, 2001) and the meaning reconstruction model (Neimeyer, 2001) also influenced the method developed for this capstone thesis. A two-part “letter-writing” artmaking experiential was offered to two peer support groups at a bereavement center. The two support groups offered this experiential were for parent loss, one with middle schoolers and one with middle and high schoolers. The experiential was multimodal and provided structure and autonomy to group members, attempting to honor both the nonlinearity of each group member’s grieving process and a person-centered expressive arts therapy process (Rogers, 1993).

The method was designed to explore the question that sparked this capstone thesis: how can expressive arts therapy create meaningful and healing moments for adolescents grieving the death of a caregiver? To further investigate that question in this capstone thesis, I will first review the literature on bereavement theories, expressive arts therapy, and the use of artistic modalities in grief work with adolescents. Next I will introduce and detail the method offered to group members, with results, observations, and reflections delivered using both prose and poetry. Finally I will conclude with an exploration of how this work contributes to past research and make recommendations for future research.

Literature Review

Defining “Grief”

Regardless of age, grief is a natural response to loss (Glazer, 1998). While the loss may be related to a particular event, for example a death, grief is best understood as a process (Finn, 2003). Those grieving a death loss are considered “bereaved.” Though there are often commonalities in people’s experiences of grief, for example a sense of despair and fragmentation (Brinkmann et al., 2019), grief is ultimately an idiosyncratic experience informed by who we are (Lister, Pushkar, & Connolly, 2008). Grief “is something we do, not something that is done to us” (Lister, Pushkar, & Connolly, 2008, p. 247). Another commonality in some people’s experiences of grief is a sense of isolation and loneliness, despite loss and subsequently grief being universal experiences. Grieving in community and sharing one’s experience of loss with others will not resolve grief but can make it more bearable (Brinkmann et al., 2019). That potential, to help make the grieving process more bearable for bereaved adolescents, was a reason I pursued this capstone thesis.

Grief Theories

Early grief theorists (Bowlby, 1973; Freud, 1917; Kübler-Ross, 1969) conceptualized grief as a predictable sequence of steps, tasks or stages, focusing on what some still believe are universalities in people's grieving processes rather than each individual's unique experience (Weiskittle & Gramling, 2018). However, as an ever-increasing body of empirical evidence indicated that there are multiple trajectories for grief rather a single standardized process, contemporary grief theorists began focusing on the variability in bereaved individuals' reactions to loss (Weiskittle & Gramling, 2018). Instead of understanding grief as a series of steps leading toward resolution and acceptance, the theorists who developed the dual process (Stroebe & Schut, 2001) and meaning reconstruction (Neimeyer, 2001) models depicted grief as a lifelong process of creating and recreating meaning in life after loss, and continually maintaining and evolving one's bond to the deceased (Weiskittle & Gramling, 2018). The process of finding and creating meaning is related to increased levels of subjective well-being and immune system functioning in bereaved individuals (Weiskittle & Gramling, 2018).

Freud's (1917) essay "Mourning and Melancholia" is credited as what brought the study of grief and loss into mainstream psychology (Lister, Pushkar, & Connolly, 2008). Freud theorized that, through the grieving process, one's libido is withdrawn from the love object and all attachments to that object. Following a 3-12 week phase of acute grief, in which the bereaved individual begins to understand, accept and cope with their loss, they enter a 1-2 year mourning period during which their attachment is gradually withdrawn from the deceased (Lister, Pushkar, & Connolly, 2008). According to Freud's model, grief is an intrapsychic process, loss must be confronted, and the purpose of grieving is to release all attachment to the deceased and return to

normal functioning. The absence of emotional expression was pathologized. Not until later in life did Freud concede the irreconcilability of some losses (Lister, Pushkar, & Connolly, 2008).

Critics of Freud's theory argued that bereavement cannot be conceptualized as a stage model. Freud, despite being the first, was far from the last to develop such a model. Another criticism was that grief is both intrapsychic and interpersonal, individual and communal. Yet another criticism was that the return to normal is far from a return to previous functioning, but something new entirely (Lister, Pushkar, & Connolly, 2008).

Other bereavement theorists include Bowlby (1973), who defined four stages of grief: shock-numbness, yearning-protest, despair, and recovery. Despite having four stages in comparison to Freud's two (acute grief and mourning period), Bowlby was also criticized for oversimplifying the grieving process (Sveen et al., 2014). Another theorist, Worden (1991, 1996), developed a four-task model of the grief process. The first task is beginning to accept the loss, and the second is experiencing the emotional reactions that come with such an acknowledgment. The third task is readjusting to a new environment without the person lost, and the fourth is withdrawing energy from that relationship in order to form new relationships with others (Finn, 2003). Some elements of Worden's model align with Freud's theory while also expanding it. However, similar to Freud's and Bowlby's theories, Worden's is too reductive to represent both the universality and uniqueness of each person's grieving process.

Kübler-Ross (1969) also conceptualized the grief process as a sequence of stages through which one passes: denial, anger, bargaining, depression, and acceptance (Finn, 2003). Though Kübler-Ross (1969) originally developed this model for people with terminal illnesses coming to terms with their own deaths, the model was expanded with Kessler (2014) to encompass all

forms of personal loss. Kessler (2019) later clarified that Kübler-Ross' five stages were never meant to be prescriptive but rather descriptive, describing a general process. "Each person grieves in his or her own unique way" (Kessler, 2019, p. 2). Unlike Freud's (1917) theory, which leads to a return to normal, Kübler-Ross never intended for the stage of "acceptance" to signify that one's grieving has concluded. With that in mind, Kessler (2019) proposed a sixth stage to the Kübler-Ross model: meaning. With this sixth stage comes the acknowledgment that, while grief may become less intense over time, it is never over. The process of finding meaning allows grief to be transformed into something else, something new entirely, something more than pain (Kessler, 2019). "Ultimately, meaning comes through finding a way to sustain your love for the person after their death while you're moving forward with your life" (p. 7). Letting go is not a requirement for moving forward. Instead, one can find healthy ways to hold on.

Stroebe and Schut's (2001) dual process model is not a phasal model but rather one that conceptualizes bereavement as an oscillation between two stressors or processes: loss-orientation and restoration-orientation. Loss-orientation describes the bereaved's concentration on dealing with the loss itself, which takes many forms including ruminating, yearning, crying, and replaying the circumstances of the death (Lister, Pushkar, & Connolly, 2008). While it is expected that the early portion of one's grieving process will be the most intense, similar to Freud's (1917) acute grief stage, because the dual process model is not a phasal model, the emotional experiences encapsulated by the loss-orientation process are seen as waxing and waning over time (Lister, Pushkar, & Connolly, 2008). When not immersed in the loss-orientation process, the bereaved individual oscillates to the restoration-orientation process, which Stroebe and Schut (2001) defined as the consequences of bereavement, particularly

secondary losses, caused by the primary loss (the death). Restoration-orientation is not about the outcome, because there is no specified outcome, but rather the process engaged by the bereaved in order to accept and adjust to the changes caused by the death. These changes may include performing tasks usually performed by the deceased, redefining one's identity to include the loss, and continuing daily life despite that life being permanently altered (Lister, Pushkar, & Connolly, 2008). Restoration-orientation is about that process of alteration, and what happens next, again how one moves forward while finding ways to hold on.

Neimeyer's (2001) meaning reconstruction model is another notable contemporary bereavement theory. Central to this model is the notion that the bereaved's "relationship to the deceased is actively explored and re-defined over time; thus, it is never complete...these constructions are created through narrative and are affected by the bereaved person's personal, familial, and cultural ongoing experience" (Lister, Pushkar, & Connolly, 2008, p. 247). Rather than emphasizing the universal, Neimeyer's (2001) model emphasizes the contextual, what makes the individual's grieving process unique, while also providing a framework. Meaning reconstruction is not just about the outcome of moving forward with one's life, but the process of finding meaning that allows moving forward to happen at all (Lister, Pushkar, & Connolly, 2008). As part of that process of finding meaning, the bereaved individual may experiment with new identities, and ways of behaving, until discovering a new way of being that feels right to them. As they experiment, the narrative of one's relationship to the deceased will change across time and contexts, ever-shifting, which is why Neimeyer's (2001) model has no defined end but is instead a lifelong process (Lister, Pushkar, & Connolly, 2008).

Expressive Arts Therapy

Expressive arts therapy, like grief, is an individualized process unique to each person. Expressive arts therapy utilizes multiple art forms including (but not limited to) visual art, music, movement, drama, and writing to facilitate growth and healing in a supportive environment (Rogers, 1993). Which art forms one engages with will depend on their identities, experiences, and needs in the moment. Rogers' (1993) person-centered expressive arts therapy model is one that informs not only this capstone thesis but all of my work as an expressive arts therapist in training:

The *client-centered* or *person-centered approach* developed by my father, Carl Rogers, emphasizes the therapist's role as being empathic, open, honest, congruent, and caring as she listens in depth and facilitates the growth of an individual or a group. This philosophy incorporates the belief that each individual has worth, dignity, and the capacity for self-direction...I base my approach to expressive arts therapy on this very deep faith in the innate capacity of each person to reach toward full potential. (p. 3)

Rogers incorporates artmaking into her father's theory, the creative process becoming a way for people, clients, artists to reach toward their full potential. Engaging in expressive arts therapy can be an empowering process as it prioritizes client choice and autonomy in choosing art media that best fit the needs, preferences, and cultural contexts of each client (Wymer et al., 2020).

The creative process can also be a way for bereaved individuals to process their grief (Finn, 2003). Art therapy can help bereaved individuals discover parts of themselves which they are unable to access verbally, and can help clients identify the variety and depth of emotions they feel in response to their loss (Finn, 2003). Artmaking is a way to memorialize one's relationship with the deceased, and to continue bonds (Weiskittle & Gramling, 2018). "Echoing the dual

process model's oscillating conceptualization of grief, theoretical models of art therapy posit that creativity is both a restorative and assertive act" (Weiskittle & Gramling, 2018, p. 11). Artmaking merges the past, present, and future, allowing bereaved individuals the opportunity to immerse themselves in spontaneously imagining and creating, with the possibility of processing after, which could take the form of conversation, further artmaking, or both. Expressive arts therapy can "help clients bridge word, image, movement, music, and performance to find more holistic ways of 'voicing' their grief" (Thompson & Neimeyer, 2014, p. xx), and their process toward resolution, letting go and holding on.

For children and adolescents, art is a way to cope with daily living (Finn, 2003), particularly when daily life is affected by a death loss and a young bereaved person may feel a dramatic loss of control over their circumstance and environment. When working with an expressive arts therapist and/or focusing on artmaking, bereaved adolescents are in control of their creative process and thus the present moment. Art can make tangible what the bereaved adolescent might struggle to express verbally, whether because they lack the particular language or the safety to articulate how they feel. This potential to make difficult feelings and experiences tangible can facilitate grief work (Glazer, 1998) and function as a way for bereaved adolescents to externalize traumatic memories (Wymer et al., 2020). The expressive arts therapist can then support the bereaved adolescent in processing their artmaking following Rogers' (1993) person-centered approach while also considering the dual process (Stroebe & Schut, 2001) and meaning reconstruction (Neimeyer, 2001) models. Before exploring empirical research on the use of expressive therapies with bereaved adolescents, it is important to detail how bereavement affects adolescents specifically (while keeping in mind the idiosyncrasy of grieving).

Adolescent Grief

Baker, Sedney, and Gross (1992) developed a task model specifically for bereaved children. In their model, the early phase entails understanding that a death loss has occurred and establishing senses of safety and security (Finn, 2003). The middle phase involves the bereaved child beginning to accept the permanence of the death loss. The final phase entails establishing a new identity in relation to the loss, building new relationships, and resuming age-appropriate developmental tasks (Finn, 2003). The way a child or adolescent understands death and grieves is directly related to their developmental level (Kalantari et al., 2012). Other factors influencing their grieving process include their relationship to the person who died, how disruptive that death is, social supports available, and their individual coping style (Glazer, 1998). A bereaved adolescent's attempts to adapt to the loss, and the changes brought about by the loss, become intertwined with the developmental work of their cognitive, emotional, and social development.

There are tensions between the tasks of grief and the tasks of adolescent development including a sense of unpredictability and/or mortality brought about by the death, and a change in self-image in response to the loss of a relationship and any number of secondary losses (McFerran, Roberts, & O'Grady, 2010). Another tension acknowledged by Servaty and Hayslip (2001) is the way that parental death affects a bereaved adolescent's perception of their interpersonal relationships, which may lead to social isolation and lack of support during a time where relationships with others are critical for their adjustment to the loss, continued well-being, and identity development. While a bereaved adolescent's relationships with the adults in their life are important, parentally bereaved adolescents most commonly list a peer as the person they turn to for support (Servaty & Hayslip, 2001; Hilliard, 2007). I was grateful to come across this

research, as a large part of the internship placement informing this capstone thesis is the co-facilitation of peer support groups for parentally bereaved adolescents.

Research supports bereaved adolescents' struggle to maintain connections with their social network, along with the challenge of maintaining one's self-esteem while experiencing heightened feelings of fear and dysphoria, somatic complaints, and difficulties concentrating and learning in school (Currier, Holland, & Neimeyer, 2007). While the aforementioned symptoms are primarily linked to the beginning of the grieving process, "prolonged grief reactions are linked to depressive symptoms, increased suicidal ideation, and substance abuse" (Hartwig & Marlow, 2021, p. 1). As bereaved adolescents develop, their perception and reaction to the death, and their own grief, will develop, too (Salinas, 2021). These developments may be challenging and difficult to manage alone, so bereaved adolescents and/or their caregivers may seek out therapeutic care. A literature review of existing studies conducted by Currier, Holland, and Neimeyer (2007) yielded the conclusion that grief interventions with children do not appear to generate the positive outcomes of other therapeutic interventions. Interventions that were time-sensitive, in other words that offered care closer to the time of the death loss, and used specific selection criteria, yielded more positive outcomes than others without these factors. Overall, however, the literature review failed to support the usefulness of grief-specific interventions for children.

Finn's (2003) research provides a different perspective, particularly that therapeutic groups for adolescents have the positive effects of providing peer support and normalizing feelings of grief. Creating an environment in which bereaved adolescent peers can support one another is significant because of the impact on interpersonal relationships caused by a death loss.

Bereaved adolescents may simultaneously desire and reject support (McFerran, Roberts, & O'Grady, 2010). A group work model could be beneficial for youth in the midst of this push and pull because they are all experiencing that duality. They may need support but worry about how that need will be perceived. If group members are able to share their stories with others who have similar experiences, research suggests that participants feel less different from others and feel more validated in their grieving process (Salinas, 2001). As an expressive arts therapist in training co-facilitating peer support groups with bereaved adolescents, I began to wonder what research existed on the use of expressive therapies with bereaved adolescents. The following section will detail what I found.

Expressive Therapies and Bereavement

Before proceeding any further, it is important to differentiate between “expressive arts therapy” and “expressive therapies.” Expressive arts therapy, as defined previously, is the use of multiple art forms including (but not limited to) visual art, music, movement, drama, and writing to facilitate growth and healing in a supportive environment (Rogers, 1993). “Expressive therapies” is an umbrella term that encompasses multiple separate modalities including art therapy, music therapy, dance/movement therapy, drama therapy, expressive arts therapy, and others (Estrella, 2019). Expressive arts therapy interventions help bereaved youth in externalizing their emotions and making sense of a world altered by loss (Hartwig & Marlow, 2022). However, there are few studies investigating the use of expressive therapies in bereavement work (Torres, Neimeyer, & Neff, 2014). “It is noteworthy that little rigorous qualitative research has investigated the role of visual arts, performance, dance, or creative

writing as therapeutic modalities” (Torres, Neimeyer, & Neff, p. 283). This section will explore some of the existing research.

In a systematic review, Weiskittle and Gramling (2018) found that the therapeutic use of visual art therapy interventions was associated with meaning making and a sense of continuing bonds with the deceased. While Weiskittle and Gramling’s (2018) findings suggest that the use of visual art therapy interventions with bereaved populations might help with adaptation to bereavement, there is less evidence supporting their effectiveness in lessening the painful emotions often associated with the grieving process. Glazer (1998) echoed this finding, that artmaking can be a powerful tool for children and adolescents to use in expressing their individualized grief processes. Exploring the use of guided imagery with parentally bereaved children and adolescents participating in grief-informed group therapy, Glazer (1998) found that creative expression is intrinsically therapeutic. Participants completed two drawings, one before and one after their time in the group. Both drawings contained grief-related elements and expressed a continued relationship to each participant’s deceased parent, but the second drawing often showed an increased feeling of safety in the world. This supports both the positive impacts of grief-informed group therapy and the potential for healing and expression within artistic engagement.

Dalton and Kraut (2005) developed the Grief Process Scale (GPS) based on their analysis of song lyrics written by bereaved adolescents receiving grief-informed music therapy in a previous study the authors conducted. Based on their analysis of the lyrics’ themes, Dalton and Kraut (2005) identified “five grief process areas described as understanding, feeling, remembering, integrating, and growing” (p. 132). They then used these five grief process areas to

create the GPS, which consists of six self-statements for each of the five areas, 30 in total, representing core behaviors, current feelings about the person in their life who died, and how they are coping with and since the death (Dalton & Kraut, 2005). Each self-statement is rated on a continuous line connecting two polar opposites labeled “easy” (0) and “hard” (100). Across 20 bereaved adolescents receiving grief-informed music therapy treatment, there was an average decrease of 25 (on the scale from 0-100) for each self-statement between the pre- and post-treatment completions of the GPS (Dalton & Kraut, 2005). This finding suggests that the use of music therapy, particularly songwriting, leads to significant shifts in multiple grief process areas for bereaved adolescents.

Music is a mirror and a window for adolescents, representing their public and private selves (McFerran, Roberts, & O’Grady, 2010). Particularly for bereaved adolescents, music can help to access the authentic but often hidden emotions of each individual’s grieving process, and serve as a tool for reflecting on the past and considering the future. In McFerran, Roberts, and O’Grady’s (2010) study with 16 bereaved adolescents participating in a music therapy group, time since bereavement was not an inclusion factor “given the tendency of adolescents to suspend grieving and to oscillate between active grieving and distraction over long periods of time” (p. 548), echoing the dual process model (Stroebe & Schut, 2001). The central emergent theme in McFerran, Roberts, and O’Grady’s (2010) study was being offered the permission to grieve, and responses from participants suggested that the combination of opportunities for fun, the creative expression of grief, and peer support offered that permission.

Hilliard (2007) conducted one of the few available studies using expressive arts activities with bereaved youth. Participants were separated into music therapy, expressive arts therapy, and

control groups. The music and expressive arts therapy groups met weekly over an eight-week period, and statistical analyses following treatment indicated that those who were part of the music therapy group improved significantly in both behavioral and grief symptoms, while those in the expressive arts therapy group improved only in behavioral symptoms (Hilliard, 2007).

Barak and Leichtentritt (2017) wrote that a “general consensus exists about the therapeutic merits of writing in the bereavement process” (p. 937), particularly in relation to meaning reconstruction theory (Neimeyer, 2001), as writing and the expressive arts are hands-on ways to process and create meaning. Barak and Leichtentritt (2017) worked with bereaved parents who have used writing as a coping tool in their grieving processes. Through analyzing their writing, Barak and Leichtentritt (2017) identified three writing exercises that might help bereaved parents find meaning from their loss: “writing a dialogue with the deceased; writing an alternate reality; and editing poems and reshaping meanings” (p. 936). The idea of reshaping meaning aligns with both the dual process (Stroebe & Schut, 2001) and meaning reconstruction (Neimeyer, 2001) models of bereavement, as part of the grieving process is redefining one’s relationship to the person who died. These writing exercises can allow a continuous conversation between the bereaved and the deceased, creating space for new kinds of mourning to occur, offering permission and helping the bereaved to continue moving through their grief and the world without the deceased (Barak and Leichtentritt, 2017). The processes of finding the right words and finding meaning in one’s stories and memories are intertwined.

Writing about one’s death loss allows the bereaved to connect their stories into a narrative and can be useful in adjusting to a daily life permanently altered by death (Kalantari et al., 2012; O’Connor et al., 2003). “Translating experiences into language and constructing a coherent

narrative of the event enables thoughts and feelings to be integrated, leading to a sense of resolution and less negative feelings associated with the experience” (O’Connor et al., 2003, p. 195). Through creative writing, and potentially any form of artistic expression, one can be liberated, not from their grief entirely but from its crushing weight. O’Connor et al. (2003) explored whether writing therapy interventions lessen grief, affect health and well-being, and increase self-care. Results indicated that both the experimental group and the control group in their study improved in all areas whether they received the writing therapy intervention or not. While a greater increase in self-care was shown for the experimental group, it was not statistically significant (O’Connor et al., 2003).

The articles surveyed in this section were included to both lay a foundation for the use of expressive therapies with bereaved populations, particularly adolescents, and with the method I developed for this capstone thesis in mind. After reading the articles included in this section, with their often contradictory conclusions, it is clear that the effectiveness of expressive therapy interventions with bereaved populations merits further exploration. While research considering the use of expressive arts therapy with bereaved adolescents is limited, that work (Hilliard, 2007; Thompson & Neimeyer, 2014; Wymer et al., 2020) is slowly emerging. My intention is for this capstone thesis to be part of that emergence.

Methods

While working on this capstone thesis, I was a clinical intern at a bereavement center in Massachusetts working with grieving children, adolescents, young adults, and families. As part of my internship, I co-facilitated age-specific bereavement support groups for children and adolescents. Groups met twice a month for one hour per session, with the intention of providing

a space for bereaved youth to connect with one another and share their stories. The clinical staff at this organization were all expressive therapists. Creativity, imagination, and artmaking were integrated through all offerings, which felt like the ideal environment in which to develop a method I could offer to the clients I was working with. Due to the Omicron surge of the coronavirus (COVID-19) pandemic (World Health Organization, 2022), groups were virtual for the months of January and February 2022. This shift in how groups would meet led me to reimagine the experiential I had originally intended to offer, largely because I could no longer be certain that all group members had access to the same materials. The method I developed shifted from being intermodal to multimodal, meaning that instead of leading group members through a structured sequence using particular artistic materials, I invited them to experiment with whichever materials they had access to throughout their own creative processes.

The literature reviewed for this capstone thesis directly influenced the method I developed, particularly the writing exercises developed by Barak and Leichtentritt (2017). “[The] inclination for storytelling is one way in which we construct and make sense of our lives” (Lister, Pushkar, & Connolly, 2008, p. 247). The process of telling stories about the people who died in their lives can be a way for bereaved individuals to not only make sense but make meaning of their losses. Storytelling can be done using any artistic materials, an idea that inspired the openness and choice within the method I developed. In addition to making sense and meaning, continuing bonds theory (Klass, Silverman, & Nickman, 1996) suggests that bereaved adolescents also tell stories to stay with the person in their life who died (McFerran, Roberts, & O’Grady, 2010). Storytelling can help bereaved adolescents to make sense and meaning in their grieving processes, and to maintain a feeling of connection to the person they lost. Storytelling in

a group environment can also create a sense of connection between participants, lessening feelings of isolation. My goal in offering this method was to seek a balance between time for individual work and time for potential group connection.

The method I developed consisted of two complementary “letter-writing” prompts. “Letter-writing” is in quotations because I did not want group members to feel constricted to creative writing as the only option. While I could no longer directly offer an array of artistic materials, I could name them and encourage group members to experiment with whatever they were drawn to: creative writing, visual art, dance/movement, music, drama, anything. The first prompt was to “write a letter” to the person in their life who died, the person they attended this bereavement support group in honor of. The guiding questions for this prompt were:

- If you could say anything, what would you say to your person?
- Are there any questions you wish they could answer?
- Is there anything that has happened since their death that you want to share with them and/or that you wish they had been here for?
- Are there any memories with your person that you think of often?
- Is there anything you are angry about?
- What are you hopeful for?
- What has surprised you about your life since their death?
- How have they continued to influence you?

The second prompt, offered during the next group session, was to “write a letter” to yourself at the time of this person’s death. The guiding questions for this prompt were:

- If you could say anything, what would you say to yourself the moment you found out your parent died?
- What advice would you give yourself? To phrase this another way, what do you know now that you wish you knew then?
- Is there anything that has happened since the death that you want this version of yourself to know?

In both cases the questions were only offerings, places to begin, part of my plan to provide structure while offering autonomy and choice. I intended to encourage group members to take what they wanted and leave the rest, or let something completely different emerge, because there was no wrong way to respond to these prompts. I incorporated music by creating a group playlist I could play during the activities, including both songs that reminded them of their person and their own favorite songs. There was structure and autonomy even within the playing of this playlist, because group members could mute the sound on their computers, an option that would have not been possible, or as easy, had I offered this method in person.

I kept a record of my observations and reflections by taking process notes and journaling during virtual group sessions. My reasoning was that if they were working on something so could I, though I intended to note things quickly and focus more on witnessing their processes and being present while holding therapeutic space. I also kept a record through artistic responses. As I encouraged group members to use multiple kinds of artistic materials in their “letters,” I engaged in a multimodal process in my reflections.

Results

I offered the method to two groups I co-facilitated at my internship, one with middle schoolers and one with middle and high schoolers. I originally intended to offer it only to the group with primarily high schoolers, but once groups shifted to virtual due to the Omicron surge (World Health Organization, 2022), I decided to offer it to two groups in case attendance was low. As I expected, many group members chose to take a break from attending group during our virtual months, January and February 2022, with multiple group members expressing that they were tired of Zoom (our virtual telehealth platform) and would return when groups were in-person. With all of the shifts happening (how we would be meeting, how many people would attend), I committed to remaining flexible and adjusting the method based on who was present in each group.

In the middle school group, three group members attended the first of the two sessions during which I offered this method. One group member was absent. During their “letter-writing” time, I noted that two group members were engaged in their processes for the duration of the activity, which was about 15 minutes. The third group member was resistant to engage and said “I’m done” a few minutes into the activity, so I offered them ideas for other activities until we found something they wanted to do. Toward the end of the group session, one of the members who had been engrossed in their “letter-writing” left the Zoom. I was unsure if it was their internet connection, or if they chose to leave, but they did not return. Of the two group members who remained, no one wanted to share. Before ending the session, I encouraged group members to do something to nourish themselves once they left the Zoom, and I let them know that we would be doing a similar activity in our next session two weeks later. When I realized that one of the group members was no longer present in the session by the time I encouraged them to do

something for their self-care, I decided I would incorporate that recommendation earlier in the activity as well.

In the middle and high school group, three group members attended the first session and three were absent. After my realization at the end of the first session with the other group, I encouraged group members before beginning the activity to do whatever they needed in the moment. If that meant stepping away from their computers and taking a break at any time during the activity, I wanted them to feel empowered to do so. I invited group members to: get up and stretch, get a snack or a glass of water, pace around their room, take a deep breath. I told group members they could turn their cameras away from their faces if they wanted privacy during the activity. Having cameras on was a requirement for virtual groups at my internship placement. All three group members chose to stay on camera and remain connected in that way for the duration of the activity, which reminded me of our in-person sessions and the way in which that space was both communal and private. My co-facilitator and I sensed a change in group members' affects over the course of the activity, the group members much quieter at the end, seeming more internalized based on that quiet and their body language. Again no one chose to share. As I reflected after these first sessions, I wondered if I was too broad when asking group members if they wanted to share. With this in mind, my consultant and I developed a number of questions I could pose to group members during this time for sharing:

- Was this easy or hard? If you didn't do the prompt, why not?
- Has anyone done anything like this before ("written" to their person/themselves)?
- Could you start right away or did you need to think about it?
- What was the hardest part?

- Were you surprised by anything that came up during your process?
- Did you feel angry/sad/confused during this process? What made you feel that? Where did you feel it in your body?
- Choose one sentence to share or write one sentence about what you created.

In the middle school group, two group members were present for the second session, both of whom had been present for the first. The group member who was absent was the same one who had left or been forced out of the previous virtual group session. I offered fewer guiding questions for the second prompt because I wondered if the number of questions for the first prompt, despite my saying that group members could take what they wanted and leave the rest, was overwhelming. As we began, the group member who had said “I’m done” a few minutes into the first session’s activity asked if they could say something before we moved forward with this one. They shared that they did not feel a need to write a letter to the person in their life who died because, due to their cultural and spiritual identities, they were already in touch with that person. This group member shared that they could see and hear their person, and that they communicated often. I thanked them for sharing this and responded that it seemed they had already been doing the prompt in their daily life. I asked if they were interested in doing the prompt for this session and they said yes, so we began the activity.

During the activity time, as with all other sessions offered as part of this method, I played the playlist we made together of songs that reminded them of their person and/or their own favorite songs, but I invited group members to mute their computers if they would rather work in silence or with other sounds. When we concluded the activity, the other group member who was present, before I could ask a few of the questions my consultant and I had developed, said, “I’ll

just share what I have.” They shared that, instead of writing a letter to themselves at the time of their person’s death, they wrote to themselves before the death happened, drawing connections between where they were then and where they are now, including ways in which they are staying connected to their parent who died. This group member’s interpretation of the prompt inspired me to rephrase it when offering it to the other group (from “If you could say anything, what would you say to yourself the moment you found out your parent died?” to “If you could say anything, what would you say to yourself the moment or before you found out your parent died?”), offering further autonomy to group members in their creative processes and grief work.

In the middle and high school group, four group members were present, the three who attended the first session and one additional group member. For the group member who had missed the first session, I offered them both prompts. When I invited group members to decide for themselves what they needed from this space in this moment to do the activity, two chose to turn their cameras away from themselves and two remained on camera. After time for the activity, I chose a few of the reflection questions to pose to group members. I asked, “Was this easy or hard? If you didn’t do the prompt, why not?” Group members responded nonverbally with most of their thumbs down meaning “hard.” I asked if anyone could say what was hard about it to no response, and in hindsight I wish I had offered options. I asked, “Has anyone done anything like this before (‘written’ to their person/themselves)?” A few group members nodded but again no one verbally elaborated. I asked, “Were you surprised by anything that came up during your process?” Group members shook their heads meaning “no.” I asked, “Did you feel angry/sad/confused during this process?” One group member said “nostalgic.” Finally, I asked them to choose one sentence to share or write one sentence about what they created. I offered

them the options of speaking it aloud or typing it into the chat. Two group members responded, both using the chatbox on Zoom. One wrote, “I would say to myself that some days will be better than others.” I repeated their sentence aloud and asked if anyone else felt that some days were better than others, and all of the group members nodded their heads. Another wrote, “It’s okay to still feel happy and it’s okay to randomly feel sad.” I repeated their sentence aloud and asked if anyone else felt this way, too. Again everyone nodded. I thanked them for their presences in this space and encouraged them to do something nourishing for themselves before ending the Zoom meeting.

During the time I was offering this method to these two groups, I was also responding artistically, working with multiple modalities as I had encouraged group members to do. Fish (2019) defines “*response art* as ‘art that is made by art therapists to contain, explore, and express clinical work’” (p. 122). Throughout the process of completing this capstone thesis, I engaged in movement as I listened to their playlists, hearing the songs they listened to with their parent before they died, and the songs that brought them joy or helped them process their emotions at the time I offered the method. As I moved and listened, I thought of each group member’s presence during the activities. I thought of what they shared, and all they chose not to share, all that was between them and the person who died. I picked up my guitar for the first time in months and improvised music and lyrics, processing my experience of offering this method aloud.

This playing brought me to my primary form of artmaking: creative writing. I included two poems from that process here in the text, one at the beginning of this capstone thesis and one at the end of this capstone thesis. “Thesis Poem” is an exploration of what I imagined this

capstone thesis could look like, what it could consist of. The second poem is an exploration of the process of offering the method, considering what had occurred, processing through artmaking. Processing through artmaking is what group members did when engaging with the prompts, so it felt fitting to do the same as I detailed the prompts and what followed in this text. Engaging with multiple modalities of materials (music, movement, writing) in my artistic responses helped me go deeper into the experience, and into the emergent, underscoring my belief in the therapeutic potential of artmaking.

Discussion

The purpose of this capstone thesis was to consider ways in which expressive arts therapy can create meaningful and healing experiences for adolescents grieving the death of a caregiver, and to explore the relationship between expressive arts therapy and adolescent bereavement. The relationship was explored through a literature review that considered grief theories as they have evolved over time as well as empirical research focusing on expressive therapies and adolescent bereavement. The relationship was also explored through the development and offering of a method, which was directly influenced by the literature review process. The method consisted of two complementary multimodal “letter-writing” prompts offered to adolescent participants in peer support groups at a bereavement center. The first prompt was to “write a letter” to the person in your life who died. The second prompt was to “write a letter” to yourself at the time of the death. “Write a letter” is in quotes within this text because I encouraged participants to use the art materials they felt drawn to when responding to these prompts. Since the group sessions during which I offered this method were held on Zoom (our virtual telehealth platform), I could not ensure group members had access to a particular variety of materials. Instead, I invited them

to use whatever they had nearby. And the second prompt evolved, based on feedback from a group member, to include not just when the death occurred but also what happened before the death. The results of this exploration, both in the research and in the offering of a method, underscore the potential of using expressive arts therapy with bereaved adolescents, particularly in a group setting with other people who have also had a parent die.

Based on what group members chose to share of their responses to the prompts, as well as their feedback about the experience, it was clear the prompts were impactful. However, there were a number of limitations. When I learned that the group sessions during which I was scheduled to offer the method would be virtual, I considered that a limitation. But when the groups happened, the method shifted to fit the virtual space and the group members who were present. By the end of offering the method, I no longer considered the virtual space a limitation, but I would be curious if/how the results would differ if the prompts were offered in person and if a multimodal variety of materials was made easily accessible to group members. How would their responses shift if they were not at home but instead in the group room together? Another limitation was the way in which the method was offered, and the ways in which data could be collected. While this method was not empirical research, it is my hope that this work echoes the need for more research on the relationship between expressive arts therapy and adolescent bereavement.

Despite these limitations, the prompts that comprise this method could be adjusted and offered to other populations. The prompts, like expressive arts therapy, are flexible. This research has led me only to more questions. What if I could ask them in six months, a year, six years, to respond to these prompts again? What would change about their responses, based on what has

changed about themselves and their relationship to the person who died? Might they have more of these conversations, engaging with the person on paper, off paper, whenever and however they need? The artistic materials are just some of the tools each person is using to build a life without their parent. Even if the conversation is not a two-way street, even if you do not want to know what the person would say, what would you say if you could, if you could say anything?

LIVING THE LETTERS

We meet in the virtual space
All of us in our separate windows
Looking at our separate screens
From our separate rooms
Reaching out

I imagine us together in person
The energies of our bodies
Present in the virtual space

Technology a boundary

One of the group members says
They don't feel like doing the prompt
"Writing" to their father
Because they already talk to him, see him, hear him
Write him a letter every day

Another group member says
They changed the prompt to be
Not what they would say to themselves
When their mother died
But what they would say to themselves
Before

The prompt is what you need it to be
Only a suggestion
A place to start

I cannot see their art from my room
From my screen
But I can feel it

Something happening despite
The boundaries of our screens
Because of the boundaries

Each of them connecting to
Themselves, their parent, each other

All of us living the letters

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