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## Using Art Therapy With Grieving Adolescents Through Telehealth: A Critical Review of the Literature

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**Using Art Therapy With Grieving Adolescents Through Telehealth: A Critical Review of  
the Literature**

Capstone Thesis

Lesley University

May 21, 2022

Brenna Cole

Art Therapy

Donna C. Owens, PhD

### **Abstract**

Grief is an inevitable part of the human experience. In the wake of the Covid-19 pandemic, art therapists across the world were abruptly forced to adapt their services to an online model, most with little to no training on how to do so. Adolescents experienced death of loved ones and trauma at colossal rates. Legal and ethical issues arose as art therapists blindly began navigating this new terrain all while maintaining client caseloads. This literature review examines the strengths and limitations of the rising use of art therapy through telehealth with grieving adolescents. A search for literature on using art therapy with grieving adolescents through telehealth was conducted using online databases from Lesley University, Google Scholar, and University of Massachusetts Lowell. In my limited findings, it was suggested that grief is not linear and, if left unprocessed, can lead to a multitude of mental health concerns. Art therapy is often used with grieving adolescents due to its nonverbal processes, stimulation of creative processes, active shaping abilities, and sensory experiences. Studies have shown art therapists successfully created online art therapy directives in group as well as individual settings. While online art therapy poses its own set of frameworks, ethical standards, and practices different from traditional in-person art therapy, the future of online art therapy remains bright.

*Keywords:* grief, art therapy, telehealth, adolescents, online

## **Using Art Therapy With Grieving Adolescents Through Telehealth, A Critical Review of the Literature**

By the age of 15, 1 out of every 20 children will suffer the loss of one or both parents (Caring Foundation, 2022, p.1). While this statistic is alarming, it does not take into consideration all kinds of loss such as sibling, guardian, grandparent, or friend. Grief is defined as “the anguish experienced after significant loss usually the death of a beloved person” (American Psychological Association, n.d., Grief) and can be experienced through many different forms of loss. There is also socially unaccepted grief or “disenfranchised grief” (American Psychological Association, n.d., Disenfranchised grief). This includes losses that society does not deem appropriate for a person to express, such as the death of a coworker, pet, someone who died from an overdose, moving to a new home, or loss of a job. Art therapy is often used when serving grieving populations due to its nonverbal processes, stimulation of creative processes, active shaping abilities, and sensory experiences (Bat-Or & Garti, 2019). With technology’s ever-changing advancements, art therapy is now being delivered online through telehealth. While it is still a new adaptation, art therapy is now able to reach more populations including those who are grieving. Through this inquiry I hope to learn more about how art therapy can effectively be utilized through an online platform with grieving adolescents.

Visual arts have been combined into therapeutic interventions with grieving adolescents to create and find solace (Weiskittle & Gramling, 2020). Since the beginning of the Covid-19 pandemic in March 2020 with mental health services being delivered online, art therapy has also made its way to be delivered through telehealth. Throughout the Covid-19 pandemic, the United States seemingly came to a pause. Stores, restaurants, and companies closed their doors without knowing when they would reopen, but the mental health field did not have this pause and

clinicians were forced to quickly come up with a solution in order to serve their clients. Online therapy, or telehealth, was promptly adapted into the counseling service agency I was interning at and at the internship sites of my peers. I have heard many troubling stories and frustrations of clinicians not receiving training on how to adapt to an online platform. Without space to adapt to virtual services, some mental health professionals were left unaware of online therapy ethics, navigating an online platform, or even how to assure privacy (Kotera et al., 2021). This has left me with the thought of whether online therapy services are beneficial and if they are safe for the client. As an art therapist in training currently working at a peer-support organization for children and adolescents who have suffered the loss of a parent or sibling, I am interested in learning more about how art therapy can be utilized through telehealth with grieving adolescents.

In this thesis I provide an overview of grief, adolescents, and art therapy. I further discuss grief presentation in adolescents, prolonged grief disorder, and disenfranchised grief. I investigate who is affected in this population, bereavement of a parent or sibling, and group and individual grief. I explore art therapy interventions online, online therapy, and art therapy in virtual reality. This project contributes more information on telehealth, the future direction of art therapy, and how grief affects adolescents.

### **Method**

I sought to understand, through a critical review of the literature, how art therapy is used with grieving adolescents through telehealth or online therapy. Since March 2020, clinicians have adapted mental health services to an online model and my inquiry focuses not only on that, but how art therapy is delivered through a virtual platform.

My review of the literature began with a review of grief and how it is presented within adolescents. My search terms included (a) terms to define grief, bereavement, loss, parent loss,

and sibling loss; (b) terms to define online art therapy, telehealth, virtual art therapy, virtual expressive therapy, online therapy, online art therapy, Covid and therapy, and virtual learning; and (c) terms to define adolescents, adolescences, teenagers, high schoolers, children, kids, and middle schoolers.

I began my search using online databases from Lesley University, University of Massachusetts Lowell, and Google Scholar. I would search terms on Google scholar and have it set to search at University of Massachusetts Lowell and Lesley University. If an article was available through either of those databases, I would log into that account and search for the article within the library. I kept a list charting which combinations of terms I had searched and what combinations had yielded the most results. Weekly, I would add more terms to my list and cross off any that did not yield any results, circle which yielded high results, and add an asterisk next to terms that had some results. Once I had skimmed through an article and decided whether it fit into my topic, I would look through the article's references and see if I could access any prevalent articles. I would repeat the process with these articles and either keep them or discard them.

I used a Microsoft Word document to keep track of all of my articles. Once I decided to keep an article, I would copy and fix the citation to reflect APA 7 (APA, 2020) standards. I would then read through the abstract and add any major identifying keywords below the citation. Lastly, I would briefly summarize where I would use this article based on my literature review outline. My document was labeled "Thesis Sources" and if I came across any new articles, I would add them into that document to keep all my sources in one place.

I created an outline to have an idea how I would organize my literature review. Once I completed the outline, I organized my resources by adding a citation to the complimenting

source. Many sources were used more than once for different topic throughout the outline and I aimed to have at least two sources per topic. I began overviewing grief and adolescence, to group and individual therapy with children bereaved of a sibling or parent, to online art therapy, and virtual reality art therapy.

I narrowed my search to peer-reviewed journals published within the past 10 years. Within that search, I incorporated qualitative, quantitative, and arts-based research pertaining to my topic. I was able to find studies, methods, and reviews that synthesized with each other.

### **Literature Review**

Freud and Kubler-Ross were early grief theorists who theorized that people grieve through predictable and linear stages (Weiskittle & Gramblin, 2020). However, current research suggests that people grieve through many trajectories of these stages: denial, anger, bargaining, depression, and acceptance (Harvard Medical School, 2019). Existing without a universal timeline or process of completion, grief is uniquely individualized (Arellano et al., 2018). Researchers at Harvard Medical School (2019) found that while some people can grieve in this linear process, evidence suggests that most people do not, and rather, they can move backwards through the stages, the stages can overlap, they can bounce through the stages without any specific pattern, or even oscillate between two stages. While some people can present as resilient when faced with loss showing little to no symptoms, others can experience significant impairment and find themselves stuck in a constant state of overwhelming sadness (Weiskittle & Gramblin 2020). Within this stage, people may experience symptoms of depression, anxiety, posttraumatic stress disorder, or even persistent complex bereavement disorder (PCBD). Weiskittle and Gramblin (2020) stated “this constant state can affect not only emotional well-being, but academic performance, job productivity, and overall quality of life” (p. 9). Ridley et

al. (2021) explained that death is typically understood between the ages of 9 and 11 with five comprehensible aspects: permanence, personal mortality or understanding they will also die, universality, non-functionality or death will cause all aspects of life to stop, and causality or the comprehension of the cause of death. As children and adults age and reach new milestones, the understanding of death is revisited and revised throughout the lifespan.

### **Grief and Adolescence**

While grief is an inevitable aspect of human life, properly grieving and addressing it is vital to healing. Weinstock and Dunda (2021) explained adolescence as a time of “sensitive, rapid development and a high-risk stage for mental health issues” (p. 2). Although grief is a worldwide experience, adolescent bereavement can affect both short and long-term biological, psychological, and social aspects of a child’s life (Ridley et al., 2021). Ridley et al. (2021) named some common responses to grief are sleep related issues, behavior disorders, anxiety and depression, social withdrawal, decreased grades, substance use, self-injurious behaviors, and suicidal ideation and attempts.

Grief can be detrimental for adolescents and if misdiagnosed can lead to PCBD (Dutil, 2019; Ridley et al., 2021; Weinstock & Dunda, 2021; Xiu et al., 2020). PCBD is the persistent yearning or longing for the deceased that is considered to be out of proportion and lasting for at least 12 months in adults and 6 months in children (American Psychiatric Association, 2013, p. 789). A lack of social support and communication about the death alone can also lead to PCBD (Ridley et al., 2021). Disruptions of attachment relationship and trauma outside of the loss can also lead to PCBD (Dutil, 2019; Fernández-Alcántara et al., 2021). PCBD can increase symptoms of posttraumatic stress disorder, anxiety, and depression (Xiu et al., 2020). Hill et al. (2019) and Weinstock and Dunda (2021) identified serious factors that can be experienced by

grieving adolescents, such as perceived burdensomeness, skewed belongingness, and suicidal ideation, this being due to the development of identity formation, increased risk taking, and complex emotional regulation. Not only is adolescence an already complicated and confusing stage in life, battling grief adds even more challenges and Hill et al. (2019) discovered a link that connects childhood parental bereavement to adolescent suicide attempts. Ridley et al. (2021) shared signs and risk factors of PCBD:

Being particularly attentive to risk factors for complicated grief preceding the death (close relation to the deceased, history of difficult family relationships, prior personal mental health history), circumstances surrounding (violent and/or unexpected circumstances, absent or forced participation in funeral rites) and/or following the death itself (changes in daily life patterns, adverse reactions of family and peers) is important for correct onward referral to professional care where needed. (p. 2)

Hill et al. (2019) shared the interpersonal-psychological theory of suicide consists of two factors: perceived burdensomeness and thwarted belongingness. Perceived burdensomeness is the belief that one has become inadequate and simply existing is a burden on others (e.g., “Everyone would be better off if I were dead.”). Thwarted belongingness is a sense of loneliness where the need to belong, is unmet. This can manifest through “social isolation, poor social support, and low connectedness” (p. 782). In a study conducted in France, researchers combatted thwarted belongingness by incorporating creative therapies alongside discussions of grief. Group members found the group helped to “reduce social isolation, facilitated grief expression, and supported the sense of community among bereaved families” (Ridley et al., 2021, p. 1). Spanning four sessions through 4 months, each session focused on a different directive and topic. The researchers noted that there were reoccurring themes, such as ways to discuss grief in a

social situation, school and family related issues surrounding grief, battling isolation, survivor's guilt, anticipatory fear of losing another loved one, and questions about life and death.

### ***Disenfranchised Grief***

Disenfranchised grief is best defined as “the experience of a mourner’s grief response being socially invalidated, unacknowledged, or discouraged” (Dutil, 2019, p. 180). Dutil (2019) found a positive correlation between traumatic grief and mental illness in Black and Latinx adolescents. The nature of some losses experienced by Black and Latinx adolescents are considered to be disenfranchised due to the way the death occurred. Dutil (2019) stated that “many adolescent deaths are related to substance use, vehicle accidents, or suicide and these events are perceived as self-induced” (p. 180). Society does not acknowledge these forms of death to be valid, therefore creating a lack of empathy from others. Grief and bereavement encompass many forms of loss, but society has difficulty understanding that grief can occur for many different reasons and not solely from death. Fernández-Alcántara et al. (2021) identified many forms of grief that can be considered disenfranchised, such as death of a newborn baby, miscarriage or stillborn, diagnosis of a chronic illness, diagnosis of a mental illness, loss of a job, loss of a pet, and even grief relating to changes in routine or environment. All of which can be considered by some to be invalid to feeling sad about and unacceptable to mourn the loss or change. The media has a large effect on how a person is viewed and negative portrayals of a victim can easily be spread. There are already social stigmas associated with incarceration and police shootings or violence even without media outlets painting a negative narrative. Dutil (2019) found that it is more common for Black and Latinx adolescents to experience the loss of a parent due to incarceration compared to White adolescents, and the severing of the parental

relationship with the child can host a slew of negative psychological, social, emotional, behavioral effects outside of the grief of separation from a parent.

### **Art Therapy and Grief**

Art therapy is often used when serving grieving populations due to its nonverbal processes, stimulation of creative processes, active shaping abilities, and sensory experiences (Bat-Or & Garti, 2019). The human brain stores non-traumatic memories vastly different than traumatic memories (DiSunno et al., 2011). “Traumatic memories become fragmented and encoded as sensory feelings and emotions rather than as narratives. Creating art uses both sensory and emotional stimuli, thus making the artistic process a beneficial vehicle to access and integrate traumatic memories” (DiSunno et al., 2011, p. 48).

Art therapy and other expressive modalities have been widely documented and incorporated when working with grieving individuals and groups (Weiskittle & Gramling, 2020). Arellano et al. (2018) found offering grief work within a group setting provided meaningful and lasting social connections while allowing members to provide support to their peers. Arellano et al. also discussed how individual counseling is beneficial in some cases for people who have experienced grief, but it does not provide the chance to build healthy relationships with those with similar experiences.

Collective trauma refers to a traumatic experience shared by a group of people (DiSunno et al., 2011) and September 11, 2001 was not only traumatic for the people who witnessed the attacks firsthand, but for those who witnessed through live television broadcasting. In the wake of the September 11, 2001 terrorist attack in New York City, two art therapist interns from New York University shared their experiences treating families and children during the aftermath of that unpredicted day. In the days after the attacks, art began emerging throughout public spaces

in New York City. The art shared emotions and feelings that words were incapable of expressing and expressed “powerful expressions of pain, anger, fear, and loneliness” (DiSunno et al., 2011, p. 41). When working with grieving populations, counselors are encouraged to validate and emphasize the physical, cognitive, social, cultural, and emotional avenues of human existence (Arellano et al., 2018). Through the framework of choice theory (Glasser, 1998), this validation and emphasis is made possible through creating support and positive connections with oneself and others. “Peer support groups that aim to process grief supply people of all ages the opportunity to feel less alone and isolated in their grief” (DiSunno et al., 2011, p. 48). Arellano et al. (2018) spoke to the safe environments grief groups create and how they allow members to explore the many issues that arise to bereavement, mourning, loss, separation, coping, and adaptation.

Counselors must take clients backgrounds into consideration especially when navigating their grief. The intersectionality of choice theory alongside creative therapies is an ideal combination when working with grieving populations of varying backgrounds (Arellano et al., 2018). DiSunno et al. (2011) shared their experiences after the September 11<sup>th</sup> attacks while working at Camp Good Grief, a New York based weeklong summer camp for children and adolescents who have lost a family member. They found the most beneficial techniques used for bereaved adolescents were those that were supportive and nondirective, similar to choice theory (DiSunno et al., 2011).

A study conducted by Gantt and Tinnin (2007) showed that symptoms of posttraumatic stress and anxiety were reduced in children when using art therapy in intensive treatment. The researchers explained that as anxiety is reduced in a safe environment, children are able to regain access to repressed traumatic memories. When expressing traumatic experiences safely through

artwork, the client is able to incorporate new resurfaced memories into existing memories without the re-traumatization that can occur through verbal processing (Gantt & Tinnin, 2007).

At Camp Good Grief, DiSunno et al. (2011) shared their own experience witnessing a child work through this process: On the first day of camp, the children were given clay and asked to create a memory to represent the person they lost. One boy, whose father died during the attacks on September 11<sup>th</sup> 2001, began taking his aggressions out on the clay by pounding, twisting, and manipulating it. He began constructing a flag that continued to fall over due to an unstable and weak base. As he began to grow agitated, an art therapist suggested adding more clay to the base to strengthen it. The boy continued to pull and stretch the flag pole until the whole structure lost support. The art therapist who intervened connected his artistic process to his lived experience: “life without his father left him ungrounded, with difficulty standing on his own” (p. 49). More clay was added to reinforce the base and once dried, he painted his sculpture with red and white stripes which he noted symbolized strength and life. The art therapists were reminded by his sculpture of the flag that was flying at ground zero which they saw daily in newspapers and television. DiSunno et al. (2011) were able to work with the boy and discovered the meaning behind his sculpture represented his struggle coming to terms with the loss of his Dad. In the same study, another child shared his sculpture which represented the twin towers. He spoke of his loss which did not occur during the September 11<sup>th</sup> attacks. Although his loss was separate, the emotion his sculpture evoked represented the grief he experienced. DiSunno et al. (2011) shared, “the cause of death does not have to meet the criteria for the classification of trauma for a child to experience traumatic grief” (p. 49).

### ***Art Therapy and Telehealth***

While technology has made advancements in the past years, nothing could have prepared art therapists for the rapid transition to telehealth services. There are scarce articles in circulation that focus on online art therapy due to the “newness” of the Covid-19 pandemic. In the 2 years since the first official lockdown in the United States, only a few research studies have been conducted focusing on the efficacy of online art therapy. One of those studies was conducted by Suárez et al. (2021) in which they used photovoice with grieving LGBTQ+ students following the Pulse Nightclub shooting.

With gun violence increasingly causing more deaths in the United States, adolescents are affected more than any other age group (Suárez et al., 2021). In 2016, Omar Mateen killed 49 people at the Pulse Nightclub in Orlando, Florida. At the time this was the deadliest shooting in US history and members of the LGBTQ+ community grieved this loss worldwide. Some members of the community were able to retrieve items from the club days after the shooting and held the items in a museum to memorialize the people who lost their lives that evening (Schwartz et al., 2018). Photovoice incorporates this memorialization through photographs and narration to relate to a community or social justice prompt (Wolfe et al., 2021). Schwartz et al. (2018) explained the importance of memorialization

to remedy the unbalanced accounts of human experience: by combating feelings of isolation with community unity, the absence of victims with the presence of a material offering, the darkness of loss with a lit candle, or destruction with artistic creation. (p. 111)

Focusing on three contexts: selection, context, and codify, photovoice is used with grieving populations due to the nature of control and engagement the participant has (Suárez et al., 2021). In their research, Suárez et al. (2021) adapted photovoice to an online platform where

participants uploaded their photographs online with either written or verbal narratives of their work. Through their findings, all participants of the group expressed the grief and trauma they experienced after hearing, watching, and learning through news outlets what had happened to the members of their community (Suárez et al., 2021). While this art therapy directive is typically utilized for in-person groups, the researchers adapted it in a way where photovoice still had a profound engagement and effect on the members of the group.

Studies have revealed the benefits and limitations of traditional talk therapy being delivered online. Zubala et al. (2021) suggested

that art therapy is particularly well suited to distance delivery, partially due to increasing ease of sharing images via online channels and non-reliance on verbal communication, and also due to dealing with symbols, metaphors and projections, which can manifest irrespective of medium used. (p. 2)

Similar to other therapies and mental health resources, art therapy has only recently began making its way online. Researchers and art therapists in the Arabian Gulf of the United Arab Emirates and Qatar explored the dichotomy of telehealth and in-person care (Carlier et al., 2020). Researchers adapted to Western culture and provided mental health services online during the Covid-19 lockdown. While delivering services, they quickly came to the realization that they had to work around the art materials that the client had access to in their own homes, and they had to have similar materials available (Carlier et al., 2020). Zubala et al. (2021) argued that art therapy would be able to reach more individuals when offered online, and that as “expanding the range of therapeutic tools to include digital arts media might extend [the] art therapy toolbox to widen access for those clients who might not otherwise engage in traditional art materials for a variety of reasons” (p. 2).

While it may not only be the consideration of the client's safety and wellbeing that art therapists have taken into account when regarding online art therapy, but also their own hesitancy and biases. Some art therapists have taken a stand to remain loyal to the fields roots and dismiss the possibility of a virtual practice (Zubala et al., 2021). Chilton and Scotti (2014) acknowledged these biases upfront, stating "as arts-based researchers, we are always right in it, front and center, with our biases, subjectivities, our embodied selves" (p. 166). As an art therapist, researching the next best way to serve clients where they are emotionally, is part of the work. Utilizing this unique strength is one way to assess biases, reduce resistance, and to become the next new version of the field (Chilton & Scotti, 2014).

### **Telehealth Since the Covid-19 Pandemic**

Telehealth is therapy provided online through videoconference with a registered mental health professional. Formally known as telepsychology, this practice was introduced by the American Psychological Association in 2013 (Kotera et al., 2021). Researchers published an article titled "Guidelines for the Practice of Telepsychology" in which the guidelines covered competence of the psychologist, standards of care in the delivery of telepsychology services, informed consent, confidentiality of data and information, security and transmission of data and information, disposal of data and information and technologies, testing and assessment, and interjurisdictional practices. From that publication the term came to be interchangeable with tele-mental health, online therapy, and telehealth.

Through the Covid-19 pandemic, the prevalence and accessibility of telehealth therapy has been increasing (Kotera et al., 2021). Since then, other countries have begun practicing and researching online therapy (Carlier et al., 2020). Despite this growth, there is little evidence that suggests if this form of therapy is effective and beneficial to the client. Kotera et al. (2021)

aimed to “appraise the perception towards online therapy from the therapist perspective and offer suggestions for future therapeutic practice through qualitative investigation, then discuss how working clients can benefit from online therapy” (p. 3). Uscher-Pines et al. (2020) noticed the lack of research in this telehealth and sought to understand how health centers use telehealth in collaboration with in-person care.

Kotera et al. (2021) interviewed nine psychotherapists in California through semi-structured interviews by purposive and snowball sampling. The interviews were recorded visually online and the responses were transcribed verbatim. The three themes they focused on were “positive experiences of online therapy, challenges experienced by therapists and clients in online therapy, and preparation and training for online therapy” (p. 1). Uscher-Pines et al. (2020) interviewed mental health center leaders who were given an incentive of a \$50 gift card. From February 2019 through April 2019, they completed 20 semi-structured telephone interviews. The interview topics included

history of the tele-mental health program, current tele-mental health services, relationships between originating and distant sites, tele-mental health program goals, the role of tele-mental health in the context of in-person care, and how providers decide whether to offer tele-mental health to specific patients. (p. 420)

### ***Strengths***

Kotera et al. (2021) found that at face value, online therapy was just as effective as in-person therapy. As they dug a bit deeper, they discovered that online therapy has its own sets of ethical standards and guidelines that in-person therapy does not necessarily have, leading to the discovery of multifaceted pros and cons. Kotera et al. (2021) and Uscher-Pines et al. (2020) both found that telehealth services greatly expanded the number of people that were previously unable

to access mental health services due to a number of reasons. This allowed mental health professionals to reach disenfranchised and minority populations who were struggling to find psychological support due to location, accessibility, or economic status. Kotera et al. (2021) found a connection between telehealth services and clinicians witnessing deeper emotional expression of their clients compared to when they would meet for in-person therapy.

One of the main benefits Uscher-Pines et al. (2020) discovered was that although the therapists did not have proper training in conducting online therapy, it was still a beneficial way to provide therapeutic services in the midst of a global pandemic. Kotera et al. (2021) and Uscher-Pines et al. (2020) also found that there was more flexibility, childcare and transportation issues decreased, and therapists provided services to people who they otherwise were not able to reach. Uscher-Pines et al.'s (2020) findings suggested multiple benefits of using telehealth including psychiatric diagnosis, medication management, and the ability for providers to continue working with their clients even while out of state.

### ***Limitations***

Uscher-Pines et al. (2020) shared the reasons they found to not use telehealth with specific clients included the quality of online therapy was lower than in-person, the possibility of poor internet connection, high possibility of cancellations or no-shows, the therapeutic environment becoming interrupted by people entering the space or loud noises on either end of the screen, and the issue of clients being in a space without complete safety, privacy, or confidentiality. Multiple interviewees from Uscher-Pines et al.'s (2020) study disclosed information based on their own experiences from delivering teletherapy that the quality was much poorer compared to in-person therapy. Kotera et al. (2021) provided multiple benefits of

the use of online therapy especially in a time where human contact is limited. One major limitation of this study is its small sample size and that it only focused on California.

### **Virtual Reality Art Therapy**

Art making, speech, and tool making could define the human species. Art making has been an innate human propensity since prehistoric times (Hacmun et al., 2018). Art advancements have developed astronomically since then, and researchers are now exploring a new form of artistic expression. Recent advancements in technology have lent to new immersive visual and sensory environments called “virtual reality” (Hacmun et al., 2021). Virtual reality (VR) simulators have become increasingly popular modes of entertainment, gaming, contact, art, and education among adolescents. Participant movements are monitored through a head mounted display while holding two remote controls, one in each hand. The software is able to track movements and display them in a digital environment through the head mounted display. While some software is fundamentally similar to traditional two-dimensional art mediums, such as painting, drawing, and sketching, other software has installed three-dimensional sculpture.

Virtual reality art therapy (VRAT) has been implemented with younger populations who have grown up with and are comfortable with technology, and with other individuals who have been more reluctant to engage in classic art making (Hacmun et al., 2021). Hacmun et al. (2018) presented a theoretical framework of the fundamentals of art creation in VR—immersion and presence, artistic customization of environments, subjective experience, perspective shifts and the virtual space—all of which are capable of enhancing art therapy as we know it.

Researchers in the mental health field saw this as an opportunity and have been able to incorporate art therapy in VR (Hacmun et al., 2021; Zeevi, 2021). Zeevi (2021) explained that VR was first incorporated with therapy as a form of virtual reality exposure therapy (VRE). In

this situation, the client is allowed to have full control of the environment causing this to be a safe way to explore adverse stimuli (Hacmun et al., 2021). Some areas that have been explored are phobias, trauma, body image, eating disorders, and other anxiety disorders (Zeevi, 2021). Exposure therapy has often been discredited and has the potential of re-traumatization; however, researchers were able to safely use VRE to treat clients. VRAT, while very different from traditional art therapy, was found to aid in self-expression and foster therapeutic change, qualifying it as an effective form of expressive therapy (Hacmun et al., 2018, 2021; Zeevi, 2021).

### **The Future Direction of Art Therapy through Telehealth**

Telehealth is the future direction of many psychotherapy practices around the world (Zubala et al., 2021). Since the beginning of the economic shut down in March 2020, most organizations, private practices, and companies have transitioned to either fully remote or a hybrid model. Discussing this transition, Snyder (2021) states, “this quick pivot to a largely unfamiliar way of working required adaptive finesse and adept problem-solving” (p. 105). That being said, there is still much research to conduct before an absolute online art therapy model can be constructed and utilized universally.

Art therapy has long been in the works to be adapted online. Since the 1960’s, health professionals have been conversing with computer scientists about merging the two fields into one conglomeration (Snyder, 2021). In the 1980’s came the creation of “bulletin boards” which were used to connect art therapists to each other in hopes of expanding the field (Snyder, 2021, p. 106). In 2012, art therapy made its way onto a platform called Talkspace, known for being a mobile, online therapy company (Snyder, 2021). Unfortunately, 10 years later from this adaptation, there still has yet to be a particular platform, software, or application to administer art

therapy online. This has led to multiple concerns regarding materials, media, and overarching guidelines.

Zubala et al. (2021) researched the limited number of research articles addressing online art therapy. Through their search, they discovered two separate studies from Canada conducted by the same team of researchers. They investigated the protocol adaptations clinicians would have to take in order to maintain a legal and ethical practice including “suitable social protocols, refining of communication procedures, and development of new therapeutic models” (Zubla et al., 2021, p. 7). Along with these protocols, clinicians would need to maintain state legal and ethical guidelines relating to art therapy and the future protocols for conducting online art therapy.

Most of the research that has been explored has focused on the clinician and therapist’s experiences with moving art therapy online. Zubala et al. (2021) predicts there will be an increase in future research pertaining to the client’s experiences. Snyder (2021) recommended therapists address their own hesitations or biases so as to not be held back by the option and the semi-unknown side of virtual art therapy. Weber (2012) described similar barriers as previously stated to online art therapy and how different cultures often have different views of mental health, creating even more barriers. Weber (2012) also described a possible approach for future researchers:

Another approach to encourage wider dissemination of expressive arts therapy would be to bring to the attention of Arabian Gulf health practitioners through seminars, workshops, and publications in regional bulletins the evidence-based western medical studies that validate expressive arts therapies, thus aligning them with modern allopathic medicine and healthcare ‘best practices.’ (p. 62-63)

## Discussion

The results of this research provide supporting evidence that art therapy is beneficial for grieving adolescents through telehealth. One out of 20 adolescents will experience the loss of a parent and others will experience grief in other variations (Caring Foundation, 2022, p. 1). If their grief is not properly addressed, it can lead to a multitude of negative experiences. While pathologizing grief is a controversial subject, research suggests that people who find themselves in a constant state of overwhelming sadness are at risk for developing PCBD (Weiskittle & Gramblin 2020). The development of this disorder can lead to the development of many other mental illnesses such as anxiety, depression, and posttraumatic stress disorder (Xiu et al., 2020). At a time where there are already so many changes occurring through an adolescent's brain, body, and identity formation, grieving can add even more complexity to these changes. While there are studies that show signs and risk factors for PCBD, the highest risk is suicide (Ridley et al., 2021).

A limitation of this study is that due to the newness of organizations adapting to online platforms, there is currently limited research on this topic. Another limitation of this study was the finding that there are not general or universal tools or directives specific for online art therapy. One further limitation to this study was throughout the articles that included the stages of grief, not one mentioned that the grief theory, founded by Elisabeth Kubler-Ross, was intended to reflect on the person who is dying and not the person who is grieving the death (Valliani & Mughal, 2022).

Art therapy has been shown to aid in the expression of emotions through nonverbal processes (Bat-Or & Garti, 2019). Art therapy has been widely used with grieving individuals and groups for clients to gain better insight into their thoughts, feelings, behaviors, and emotions

(Weiskittle & Gramling, 2020). Taken together, the findings from Suárez et al. (2021), Wolfe et al. (2021), Schwartz et al. (2018), Zubala et al. (2021), and Carlier et al. (2020) indicate positive findings from art therapy being delivered online. While online models differ from the traditional in-person delivery, the benefits of art therapy retain their strength. It is important to note that ethical standards differ from in-person art therapy to online, and that safety and privacy should also be established for both client and therapist. Online art therapy undeniably requires different frameworks, ethical standards, and practices from traditional in-person art therapy. Concerns of materials has been a dispute from the forefront while more accessibility has been the counter argument (Weber, 2012). While the tangible aspects of digital art therapy are removed, nonetheless it still aids in the foundational benefits of traditional art therapy. Researchers were able to find strong connections between using art therapy with grieving populations and telehealth with grieving adolescents. Adolescents have been found to be the most receptive age group to online art therapy and VRAT. More and more research has also been focusing on the fact that children, adolescents, and teenagers can grieve like adults. Although most clinicians experienced this universal experience of a rather abrupt transition to online art therapy services, the future of art therapy will likely become more accessible and readily available through the development of an online art therapy model.

## References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*. (DSM 5, 5th Ed.)
- American Psychological Association. (n.d.). *APA dictionary of psychology*.  
<https://dictionary.apa.org/>
- American Psychological Association. (2013). Guidelines for the practice of telepsychology. *Professional Practice Guidelines*.  
<https://www.apa.org/practice/guidelines/telepsychology>
- American Psychological Association (APA). (2020). *Publication manual of the American Psychological Association* (7<sup>th</sup> ed.). <https://doi.org/10.1037/0000165-000>
- Arellano, Y., Graham, M. A., & Sauerheber, J. D. (2018). Grieving through art expression and choice theory: A group approach for young adults. *International Journal of Choice Theory & Reality Therapy*, 38(1), 47–57. [https://www.wglasserinternational.org/wp-content/uploads/bsk-pdf-manager/IJCTRT\\_XXXVIII\\_no1\\_250.pdf](https://www.wglasserinternational.org/wp-content/uploads/bsk-pdf-manager/IJCTRT_XXXVIII_no1_250.pdf)
- Bat-Or, M., & Garti, D. (2019). Art therapist's perceptions of the role of the art medium in the treatment of bereaved clients in art therapy. *Death Studies*, 43(3), 193–203.  
<https://doi.org/10.1080/07481187.2018.1445138>
- Caring Foundation. (2022). Did you know children and grief statistics? [Handout]. Retrieved January 31, 2022, from <https://www.childrensgriefawarenessday.org/cgad2/index.shtml>
- Carlier, N. G., Powell, S., El-Halawani, M., Dixon, M., & Weber, A. (2020). COVID-19 transforms art therapy services in the Arabian Gulf. *International Journal of Art Therapy*, 25(4), 202-210. <https://doi.org/10.1080/17454832.2020.1845759>

- Chilton, G., & Scotti, V. (2014). Snipping, gluing, writing: The properties of collage as an arts-based research practice in art therapy. *Art Therapy: Journal of the American Art Therapy Association*, 31(4), 163–171. <https://doi.org/10.1080/07421656.2015.963484>
- DiSunno, R., Linton, K., & Bowes, E. (2011). World Trade Center tragedy: Concomitant healing in traumatic grief through art therapy with children. *Traumatology*, 17(3), 47–52. <https://doi.org/10.1177/1534765611421964>
- Dutil, S. (2019). Adolescent traumatic and disenfranchised grief: Adapting an evidence-based intervention for Black and Latinx youths in schools. *Children & Schools*, 41(3), 179–187. <https://doi.org/10.1093/cs/cdz009>
- Fernández-Alcántara, M., Kokou-Kpolou, G.K., Cruz-Quintana, F., & Pérez-Marfil, M.N. (2021). Editorial: New perspectives in bereavement and loss: Complicated and disenfranchised grief along the life cycle. *Frontiers in Psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.691464>
- Gantt, L., & Tinnin, L. (2007). Intensive trauma therapy of PTSD and dissociation: An outcome study. *The Arts in Psychotherapy*, 34(5), 438-442. <https://doi.org/10.1016/j.aip.2006.09.007>
- Glasser, W. (1998). *Choice theory: A new psychology of personal freedom*. Harper Collins.
- Hacmun, I., Regev, D., & Salomon, R. (2018). The principles of art therapy in virtual reality. *Frontiers in Psychology*, 9. <https://doi.org/10.3389/fpsyg.2018.02082>
- Hacmun, I., Regev, D., & Salomon, R. (2021). Artistic creation in virtual reality for art therapy: A qualitative study with expert art therapists. *The Arts in Psychotherapy*, 72. <https://doi.org/10.1016/j.aip.2020.101745>

- Harvard Medical School. (2019). Grief and loss. In *Grief and Loss: A guide to preparing for and mourning the death of a loved one. Harvard Medical School special health reports.*
- Harvard Health Publications. <https://www.health.harvard.edu/mind-and-mood/grief-and-loss-a-guide-to-preparing-for-and-mourning-the-death-of-a-loved-one>
- Hill, R. M., Kaplow, J. B., Oosterhoff, B., & Layne, C. M. (2019). Understanding grief reactions, thwarted belongingness, and suicide ideation in bereaved adolescents: Toward a unifying theory. *Journal of Clinical Psychology, 75*(4), 780–793.  
<https://doi.org/10.1002/jclp.22731>
- Kotera, Y., Kaluzeviciute, G., Lloyd, C., Edwards, A., & Ozaki, A. (2021). Qualitative investigation into therapists' experiences of online therapy: Implications for working clients. *International Journal of Environmental Research and Public Health, 18*(10295), 10295. <https://doi.org/10.3390/ijerph181910295>
- Ridley, A., Revet, A., Raynaud, J.-P., Bui, E., & Suc, A. (2021). Description and evaluation of a French grief workshop for children and adolescents bereaved of a sibling or parent. *BMC Palliative Care, 20*(1). <https://doi.org/10.1186/s12904-021-00861-9>
- Schwartz, P., Broadaway, W., Arnold, E. S., Ware, A. M., & Domingo, J. (2018). Rapid-response collecting after the Pulse Nightclub massacre. *The Public Historian, 40*(1), 105-114. <https://doi.org/10.1525/tph.2018.40.1.105>
- Snyder, K. (2021). The digital art therapy frame: creating a “magic circle” in teletherapy. *International Journal of Art Therapy: Inscape, 26*(3), 104-110.  
<https://doi.org/10.1080/17454832.2020.1871389>
- Suárez, M. I., Asadi, L., Scaramuzzo, P., Slattery, P., & Mandala, C. R. (2021). Using photovoice as an arts-based method for grieving: LGBTQ + students and the Pulse

- Nightclub shooting. *International Journal of Qualitative Studies in Education (QSE)*, 34(5), 412–428. <https://doi.org/10.1080/09518398.2020.1762255>
- Uscher-Pines, L., Raja, P., Qureshi, N., Huskamp, H. A., Busch, A. B., & Mehrotra, A. (2020). Use of tele-mental health in conjunction with in-person care: A qualitative exploration of implementation models. *Psychiatric Services*, 71(5), 419–426. <https://doi.org/10.1176/appi.ps.201900386>
- Valliani K., & Mughal F.B. (2022). Human emotions during COVID-19: A lens through Kubler-Ross grief theory. *Psychological Trauma: Theory, Research, Practice, and Policy*, 14(2):247-249. <https://doi.org/10.1037/tra0001064>
- Weber, A. S. (2012). Expressive arts therapy in the Arabian Gulf: History and future. *International Journal of the Arts in Society*, 6(5), 55–66. <https://doi.org/10.18848/1833-1866/CGP/v06i05/36092>
- Weinstock, L., & Dunda, D. (2021). It's complicated-adolescent grief in the time of Covid-19. *Frontiers in Psychiatry*. <https://doi.org/10.3389/fpsy.2021.638940>
- Weiskittle, R. E., & Gramling, S. E. (2020). The therapeutic effectiveness of using visual art modalities with the bereaved: A systematic review. *Psychology Research and Behavior Management*, 9b. <https://doi.org/10.2147/PRBM.S131993>
- Wolfe, P., Brannan, A., Hunter, Q., & Endres, C. (2021). Learning evaluation concepts using photovoice in a master of social work class. *Michigan Academician*, 48(1), 28. <https://doi.org/10.7245/0026-2005-48.1.1>
- Xiu, D., He, L., Killikelly, C., & Maercker, A. (2020). Prolonged grief disorder and positive affect improved by Chinese brush painting group in bereaved parents: A pilot

study. *Journal of Social Work in End-of-Life & Palliative Care*, 16(2), 116–132.

<https://doi.org/10.1080/15524256.2020.1749923>

Zeevi, L. S. (2021). Making art therapy virtual: Integrating virtual reality into art therapy with adolescents. *Frontiers in Psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.584943>

Zubala, A., Kennell, N., & Hackett., S. (2021). Art therapy in the digital world: An integrative review of current practice and future directions. *Frontiers in Psychology*, 12.

<https://doi.org/10.3389/fpsyg.2021.600070>

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

**Thesis Advisor: Donna C. Owens, PhD**