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Healing Stories: Bibliotherapy and Art Therapy as Tools to Support Bereaved Children, A Literature Review

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Healing Stories: Bibliotherapy and Art Therapy as Tools to Support Bereaved

Children, A Literature Review

Capstone Thesis

Lesley University

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Art Therapy

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Abstract

When I was interning at a bereavement center for children as a second-year graduate student, I witnessed the use of children's books by an art therapist. This made me curious as to whether the joint use of art therapy and bibliotherapy is an effective support for this population. This critical review of the literature explored this idea by first defining art therapy and bibliotherapy, placing them within a historical context, and noting similarities between the two modalities. Recent sources regarding theories and therapeutic approaches for grief and bereavement were gathered and explored to deepen the understanding of how art therapy and bibliotherapy can be applied to bereaved children. Though there was a lack of literature on how art therapy and bibliotherapy can be used jointly, this literature review contends that this topic merits further research and would be beneficial to therapeutically supporting bereaved children.

Keywords: grief, bereavement, children, art therapy, bibliotherapy

Healing Stories: Bibliotherapy and Art Therapy as Tools to Support Bereaved Children, A Literature Review

Introduction

Nine-year-old Eliza¹ sits quietly, listening as the expressive therapist running her bereavement group reads “The Heart and the Bottle” aloud. Oliver Jeffers’ (2010) “The Heart and the Bottle” is a children’s book that follows a little girl who sees a world full of wonder, until one day someone she loves “goes away,” suggesting that her loved one died. It’s then that she decides to put her heart in a bottle to keep it safe. Years pass, and eventually she decides that she wants to re-open the bottle, but she no longer knows how. The grown girl now needs the help of a younger child to see the world as full of wonder again and re-learn how to release her heart from the bottle. As the protagonist gains access to her heart once more and the book ends, the group transitions to making art. The group of children are asked to draw a container for their heart, and Eliza grabs her colored pencils and gets to work. When asked to show what she drew, Eliza held up a picture of a brown paper bag, stapled shut. “What made you put your heart in a paper bag?” the expressive therapist asked. “I wanted it to be easy to carry around. But I stapled it shut so that it wouldn’t fall out by accident, I don’t want to lose it.”

When I began to learn more about childhood bereavement, I learned that Eliza is one of nearly 5 million children in the U.S. who have suffered a significant death loss before the age of 18 (Burns et al., 2020, p. 391). In other words, 6.99% of children in the U.S. will lose someone close to them before they become a legal adult and be forced to navigate bereavement, which can be a harrowing challenge even for fully developed adults (Burns et al., 2020, p. 391). Eliza’s father died several years ago, which is when she came to be a participant at a bereavement center

¹ A pseudonym was used to protect client identity.

in Massachusetts. During Eliza's time at this bereavement center, she's been part of children's grief support groups run by art and expressive arts therapists, who often incorporate children's books into their groups and then connect their art therapy interventions with the books they've read. I was a clinical intern at this bereavement center, and during that time I became fascinated with the idea that books can be used as a means to facilitate an art therapy intervention with bereaved children.

The difficult topic of death and dying has been explored in children's literature, with a resurgence in the early 2000s (Malcom, 2011, p. 52). During this time there was a mounting interest in addressing grief in children, as well as a growing pool of evidence to suggest that children who experience a significant death loss are more likely to struggle emotionally and behaviorally several years after the death (Currier et al., 2007, p. 253). As children navigate their grief, several important themes have emerged that are crucial to helping children make meaning from their death loss, including "sense making, benefit finding, continuing bonds, shifting identity, and addressing unfinished business" (Rolbiecki et al., 2021, p. 3). There are several ways of creating continuing bonds with a loved one. One way is through stories, either by sharing memories of a loved one or writing a story about a time they shared together or an experience the child wishes they could have shared with the deceased person (Jonas-Simpson et al., 2015, p. 249). Children's books containing themes of death and dying could be a way to not only allow children to resonate with a story but also inspire stories of their own. Art is another way that children can create continuing bonds with their deceased loved one, such as through drawing memories they have with the deceased or what they think their loved one is doing now that they have died (Jonas-Simpson et al., 2015, p. 249).

I critically reviewed the literature pertaining to childhood bereavement, art therapy, and bibliotherapy, both as individual topics and as they relate to one another. Through this review of the literature, I gained a greater understanding of the struggles that bereaved children face, as well as what interventions are clinically accepted as appropriate and effective for this population. I researched art therapy and bibliotherapy as individual fields within the context of bereaved children, as well as their conjunctive use in therapeutic settings. Following the review of the literature there is a discussion of the implications for the fields of art therapy and bibliotherapy, and for the treatment and support of bereaved children. I hope to learn whether there is sufficient evidence to support the standardized use of art therapy with bibliotherapy as an intervention with children who have experienced a significant death loss, and if so to make recommendations for expressive therapists on how this approach can be integrated within their work as they serve this population.

Method

I intended to review the literature about the experience of bereaved children across various social locations and their clinical needs. My hope was to gather and critically review information about using art therapy and bibliotherapy with bereaved children in the hopes of understanding how this combination of modalities might be beneficial for children who have suffered a death loss.

My review of the literature involved gathering and reviewing research regarding grief and bereavement, particularly as it presents in children. This included the presentation of bereavement in children and how a significant death loss can affect a child, specifically through a developmental lens. After this information was gathered, I went on to gather information regarding the historical context of art therapy and bibliotherapy, as well as how they have been

used as interventions with bereaved children, both individually and together. Search terms included combinations of (a) terms to define death loss - grief, loss, bereavement; (b) terms to specify the population - children or kids or youth or child or childhood bereavement or bereaved children; and, (c) terms to identify relevant modalities - art therapy or art psychotherapy or creative arts therapies, bibliotherapy or book therapy or reading therapy or story therapy.

To begin my search, I accessed the Lesley University Library online. Through searching the above terms, I was able to generate a collection of research relevant to my topic. I attempted to keep my research current by limiting the majority of my sources to works published between 2011 and 2022. When I noticed there were gaps in the research, I used Google Scholar to find additional sources. I also used the references section of publications I found to find other publications that might be relevant. If I had trouble finding the source, I would use the resources tab on the Lesley University Library homepage to find the journals that Lesley has access to, thereby finding articles available through other sites via Lesley University access.

As I found publications that were relevant to my research, I downloaded them as PDFs to my computer and categorized them in folders by subject: “Unread,” “Read,” and “Cited.” As I read each publication and determined whether they were useful to my research, I moved them from the “Unread” to “Read” folder, and then to the “Cited” folder if I used it within my thesis. I cited each article in a “References” Google document as I used it so as to keep track of all my sources. In another document, I created a working outline of the literature review. Within the outline, I created subsections to organize the information. Within each subsection I created a bulleted list with quotes and ideas gathered from applicable publications from which I drew my information. I also sought assistance from my thesis seminar professor, as well as my thesis

consultant who both aided me in organizing information and getting past sticking points in the writing process.

Literature Review

Art Therapy and Bibliotherapy: Definition and Historical Contexts

As a foundation for this exploration of literature, art therapy and bibliotherapy must first be described. As defined by the American Art Therapy Association (AATA; 2022), “art therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship” (About art therapy section, para. 1). Though art has been used as a means of expression and healing throughout history, the term “art therapy” was first used in England in the 1930s. It wasn’t until the 1940s that American art therapist Margaret Naumburg first referred to her work as “dynamically oriented art therapy,” thus beginning the formal history of art therapy in the United States (Borowsky Junge, 2016, p. 7). The profession was born from influences ranging from European psychiatrists who took an interest in their patients’ artwork, to British artist Adrian Hill credited with being the first to use the term “art therapy,” to European psychoanalysts Sigmund Freud and Carl Jung (Borowsky Junge, 2016, pp. 8-9).

In an expanded definition of art therapy, AATA (2022) goes on to describe how art therapy works.

Through integrative methods, art therapy engages the mind, body, and spirit in ways that are distinct from verbal articulation alone. Kinesthetic, sensory, perceptual, and symbolic opportunities invite alternative modes of receptive and expressive communication, which can circumvent the limitations of language. Visual and symbolic expression gives voice

to experience, and empowers individual, communal, and societal transformation.

(Broader definition of art therapy section, para. 4).

As with art, stories have been used throughout history as a means of healing, but it wasn't until the last 100 years that the use of books as therapy started to gather momentum as a practice. This could be seen in World War I, when librarians and physicians worked together to use books therapeutically with patients (Ginns-Gruenberg & Bridgman, 2021, p. 76). Following this war, more and more hospitals began to incorporate libraries into their buildings, and in 1950 Carolyn Shrodes "developed the first theoretical model for bibliotherapy" (Ginns-Gruenberg & Bridgman, 2021, p. 77). Shrodes' basis for her model was on the idea of "identification," "catharsis," and "insight" gained by readers from their connection with the characters, processing the story, and integrating this understanding into their own lives (Ginns-Gruenberg & Bridgman, 2021, p. 77). In the 1970s, librarian Rhea Rubin first delineated the categories of developmental and clinical bibliotherapy that are still used today. The former is primarily used in schools, while the latter is used in clinical settings, and therefore is the type of bibliotherapy referenced throughout the remainder of this thesis. The main goal of clinical bibliotherapy is to address "emotional and resulting behavioral issues and is usually administered by a psychologist, counselor, or therapist" (Ginns-Gruenberg & Bridgman, 2021, p. 77). A therapist can consider various aspects of the books chosen, ranging from the character and their arcs, the settings of stories, and illustrations in order to tailor the book choice to their client in the hopes that they will resonate with the book in some way. This connection can allow clients to develop skills that will aid them in addressing the issues they are facing (Ginns-Gruenberg & Bridgman, 2021, p. 77).

One of the core similarities of art therapy and bibliotherapy is the use of aesthetic distance. This refers to the presence of a work of art (whether visual or written) that can help a client to distance themselves from the painful events in their life while still processing the experiences in a safe manner (Hunt, 2006, p. 41). Hunt (2006) says that through aesthetic distance, a client “may paradoxically deal with very painful material and draw closer to [their] real issues through play using the distance provided by the metaphor” (p. 41). Hunt goes on to add that aesthetic distance allows for a client to remain safe by giving them control over how long or how deeply they engage in the material, which allows the client to explore these feelings in a manner that feels manageable and safe (p. 41). One of the topics that can be explored through art therapy and bibliotherapy is grief. Before understanding how these disciplines may be applied to grief work, we must explore the nature of grief and how approaches to addressing grief have changed over time.

Understanding Grief: Theory and Experience

In 1969, Elisabeth Kübler-Ross published a study entitled *On Death and Dying*, in which she outlined “the five stages of grief,” a highly influential model that has dominated the conversation about grief since its inception. According to Kübler-Ross, grief presents itself in five stages: denial, anger, bargaining, depression, and acceptance. The implication of this model is that the experience of grieving is both sequential and linear (Stroebe et al., 2017, p. 457). Though Kübler-Ross’ theory is still used by some in the fields of academia and health care, there has been criticism of this model since the 1980s, stating that there is a lack of sufficient evidence to support the idea of there being stages of grief (Stroebe et al., 2017, p. 458). One opposing argument cited by Stroebe et al. (2017) states, “Grief is not a linear process with concrete boundaries but, rather, a composite of overlapping, fluid phases that vary from person to

person” (Shuchter & Zisook, 1993, as cited in Stroebe et al., 2017, p. 459). Other works cited by the authors warn against the dangers of accepting grief as being a staged process. This includes a quote from Osterweis and Green, who stated that the staged model of grief could “lead people to expect the bereaved to proceed from one clearly identifiable reaction to another” and may “result in inappropriate behavior toward the bereaved, including hasty assessments of where individuals are or ought to be in the grieving process” (Osterweis & Green, 1984, as cited in Stroebe et al., 2017, p. 458).

According to Weiskittle and Gramling (2018), an “improved understanding reformulates bereavement as a complex system of experiences that can include positive changes, such as the aforementioned reconstruction of identity, meaning, and purpose” (p. 12). More recent understandings of grief include multidimensional grief theory (MGT). Developed in the 2010s, MGT divides the responses of individuals to a significant death loss into three categories: separation distress, identity/existential distress, and circumstance-related distress (Kaplow et al., 2013, p. 1). Separation distress is rooted in the feeling of sadness that the living person will never be with the deceased again, and can result in the living person longing to be reunited with the one they lost. Existential/identity distress relates to feelings of one’s sense of self being affected by the loss, including feelings of longing or the feeling that one’s future is ruined by the death. Lastly, circumstance-related distress refers to feelings specifically surrounding the circumstances of the death. This response is more likely to be heightened in response to deaths that could be considered tragic or traumatic (Kaplow et al., 2013, pp. 6-7).

Grief is a natural process, yet there are cases in which grief becomes pathologized based on symptoms that exceed the expected grief response. The ICD-11 includes “prolonged grief disorder” (PGD) as a diagnosis, which identifies some of the behaviors and reactions that go

beyond the natural progression of grief (World Health Organization, 2018, as cited in Alvis et al., 2022, para. 2). This last sentiment is highlighted by the inclusion that the “expression and manifestations of grief must clearly violate ‘expected social, cultural, or religious norms for the individuals’ culture and context’” (World Health Organization, 2018, as cited in Alvis et al., 2022, “Current Diagnostic Criteria” subsection, para. 1). This last point is crucial, as it reminds clinicians to not overpathologize grief, but rather analyze the grief reactions for symptoms that go beyond the natural grieving process. The DSM-5-TR also includes the diagnosis of PGD, and it describes a cluster of symptoms that is associated with PGD, including “intense yearning, difficulties in accepting the loss, anger, and a sense that life is meaningless” as well as significant functional impairment (Alvis et al., 2022, “Current Diagnostic Criteria” subsection, para. 2). According to a meta analysis, one in 10 bereaved people will experience prolonged grief disorder following a non-violent death (Comtesse et al., 2020, p. 2). Factors that put the bereaved at risk for experiencing prolonged grief include “female gender, lower education, a close relationship with the deceased, violent, unexpected, and multiple loss, and comorbid psychopathology” (Comtesse et al., 2020, p. 2).

Recent literature suggests that the focus of grief therapy should shift away from reducing negative grief symptoms, meaning symptoms that cause “distress and impairment” (Weiskittle & Gramling, 2018, p. 12). Instead, the intent should be to “facilitate the strength-based approaches to grief, focusing on positive outcomes and cognitive understanding of the impacts of the loss” (Weiskittle & Gramling, 2018, p. 18). Since there is often a natural decline in grief symptoms over time, it is suggested that grief therapy is more about taking preventative measures to reduce the chances of “impaired functioning” (Weiskittle & Gramling, 2018, p. 18). As grief and bereavement in children looks differently than it does in adults, it is important to consider the

ways that grief manifests in children in order to understand how grief therapy with children should be approached (Berns, 2004, p. 322).

Grief and Bereavement in Children

The DSM-5-TR's diagnosis of PGD can be diagnosed in children 6 months after the child has suffered a death loss. "Maladaptive grief," or grief that results in an impairment of functioning, affects roughly 10% of youth who have lost a loved one and 18% in bereaved youth referred for therapeutic treatment (Alvis et al., 2022, "Grief in Childhood" section, para. 1). Even though there has been progress in developing an understanding of PGD, there is a lack of research that covers the differences in how grief presents differently between children and adults (Alvis et al., 2022, "Current Diagnostic Criteria" section, para. 4). Relational developmental systems (RDS) metatheory offers the perspective that the way a child grieves both affects and is affected "by cognitive, socioemotional, and identity developmental processes," and that their grief reactions will likely change over time as they continue to develop (Alvis et al., 2022, "Conceptualizing Children's Grief" section, para. 1). In looking at the aforementioned multidimensional grief theory (MGT) categories through RDS, Alvis et al. delineated the ways that children specifically may react to a death loss, depending on the type of distress they are experiencing as well as the developmental stage they are in.

Alvis et al. (2022) explains that children suffering from separation distress can regress in their behavior or fail to meet developmental milestones as the child attempts to keep themselves and their circumstances the same as before their loved one died, and also in an attempt to not move on without their loved one. Very young children are likely to struggle with comprehending the permanence of death, and may continue to wait for their deceased loved one to return. The yearning to be reunited with their loved one may manifest through play, such as climbing up

towards “heaven,” or in older children through a wish to die so that they can be with their loved one again (Separation Distress section, paras. 1-2). Existential/identity distress may manifest in younger children behaviorally, including symptoms such as “lethargy, anhedonia, or social withdrawal” (Alvis et al., 2022, Existential or Identity Distress section, para. 1). Children are likely to feel shame or embarrassment surrounding the death, as it sets them apart from their peers during a developmental period in which the child’s task is to relate to and connect with their peers. In older children, there can be isolating thoughts, such as “I don’t want to feel the pain of losing someone ever again” that can prevent them from forming new relationships with others, as well as thoughts of not wanting to bother trying anything new because “nothing really matters anymore” (Existential or Identity Distress section, para. 2). Lastly, children undergoing circumstance-related distress may not have all the details about how their loved one died, as children are often shielded from the knowledge of the death. Though this is often done with the best of intentions, not giving children a clear understanding of how the person died may lead the child to think that the death is their fault, or that they could have somehow prevented the death. This might be seen in children’s drawings or play when they reenact the death as they imagine it happening, and also potentially changing the outcome so they were able to save their loved one (Separation Distress section, para. 2).

RDS contends that all children have the potential for adapting in a positive way following the death of a loved one (Alvis et al., 2022, “Conceptualizing Children’s Grief” section, para. 1). However, there are factors that can make it more difficult for a child to manage their feelings of grief, including the amount of time that has elapsed since the death, the child’s relationship to the person who died, the child’s relationship with their caretakers, and the culture, race, and ethnicity

of the child (Alvis et al., 2022). The latter point brings into discussion the prevalence of bereavement in children across various social locations.

The effects of childhood bereavement can be devastating to a child's life and development if they don't receive the proper support. Various issues that arise as a result of childhood bereavement include a drop in academic performance, difficulties with developmental tasks, depression, substance use, trauma responses, and suicide-related behaviors (Alvis et al., 2022, para. 1). A factor that can contribute to the experience of childhood bereavement is one's social location. Most of the research the author found on bereaved children focused primarily on White children, and therefore it is important to consider the ways in which people of color are disproportionately affected by childhood bereavement. Douglas et al. (2020) describe the difference in prevalence of bereavement among Black, Latinx, and White children:

In the United States, race and ethnicity have been documented as correlates of trauma exposure, with findings from previous studies suggesting Black and Latinx youth are at increased risk of experiencing higher rates of traumatic event exposure as well as the death of multiple loved ones compared with their White counterparts. This increased exposure puts these youth at risk for developing mental health problems, such as posttraumatic stress symptoms (PTSS) and maladaptive grief reactions. (pp. 1-2)

According to Douglas et al.'s (2020) study, being Black puts children at a higher risk of maladaptive grief responses due to the greater exposure to violence and traumatic experiences (p. 10). It is important to note that the reason for this heightened risk is not because of the child's race itself, but rather because of the systemic racism that perpetuates the trauma experienced by the Black community (p. 2). Though the prevalence of bereavement among Latinx children was similar to that of White children, Douglas et al. notes that there is a lack of research regarding

bereavement in Latinx children. There is some evidence to suggest that Latinx communities are more prone to expressing negative symptoms somatically rather than psychologically, and therefore the way that the data is being measured in research regarding bereavement in Latinx communities may not accurately depict the experience of maladaptive grief among bereaved Latinx people (p. 10). Douglas et al. encourage clinicians to consider socioeconomic risk factors, as well as the “racial and ethnic context of trauma and loss experiences” when they are beginning work with a bereaved client in order for the clinician to have a more holistic view of the client and their life experiences which can inform their work with the client (p. 11).

Grief Interventions with Bereaved Children

Douglas et al.’s (2020) suggestions for clinicians bring us into the discussion of what interventions best serve bereaved children, and an important starting place in these considerations is identifying common themes among the bereaved. The feeling as though one has lost their identity is typical, and is particularly prominent if the bereaved mainly based their identity on their relationship with the deceased (Captari et al., 2021, pp. 95-96). Identity is closely tied with meaning making, another common theme that arises when working with the bereaved. Weiskittle and Gramling (2018) defines meaning making as the “ability to develop new goals and purpose, or to construct a sense of self that incorporates the significance of experience” (pp. 11-12). Continuing bonds is also a major theme that is reiterated throughout the literature concerning grief therapy. This concept can be defined as the “ongoing attachment to the deceased,” both through emotional and behavioral connections (p. 11). One example of how individuals establish continuing bonds is through the acceptance of the death of their loved one, while sharing the stories of the loved one’s life, such as through a funeral or celebration of life (p. 11).

Themes that are unique to childhood bereavement include “grief puddles,” “grieving at each developmental stage,” and “the parentified child” (Gao & Slaven, 2017, p. 122). Grief puddles refer to the way that children can “jump” in and out of grief reactions, expressing intense emotion for a short burst and then quickly shifting to normal behavior (Gao & Slaven, 2017, p. 122). This tendency is due to young children’s “limited capacity to endure intense emotions for prolonged periods of time, and their inability to adequately verbalize these experiences” (Ridley & Frache, 2020, p. 1341). In considering this pattern of grief expression, the majority of the bereavement interventions maintain a balance between direct grief work and play or leisure (Ridley & Frache, 2020, p. 1346). The unique characteristic of grief returning at each developmental milestone can manifest as experiencing a new kind of loss with each stage. For example, when children are too young to understand the permanency of death, they may feel a renewed sense of loss once they are old enough to comprehend that their loved one is not coming back. This can also manifest in feelings of grief that their loved one is not there to see their achievements as they age (Gao & Slaven, 2017, p. 122). The final characteristic of children’s grief revolves around the parentification of the child. This often happens if a child is constantly comforting their caretaker(s), meanwhile leaving the child no space to “fall apart themselves” (Gao & Slaven, 2017, pp. 122-123). Ridley and Frache (2020) underline the importance of addressing these characteristics by emphasizing the need for developmentally appropriate interventions (p. 1341).

In a pilot open trial designed to test the efficacy of MGT with bereaved children, Hill et al. (2019) completed a two-phase trial with children between the ages of 6-17 years old in which the children underwent psychotherapy techniques centered in MGT (p. 3062). The first phase, called “Learning about Grief,” consisted of “psychoeducation, skill building, and identification

of loss and trauma reminders” (p. 3067). Within this phase, children were provided psychoeducation in order to understand and normalize grief while also learning how to identify and regulate their emotions. In the second phase, called “Telling My Story,” participants were encouraged to explore “their own loss narrative” with the guidance of a therapist (p. 3067). The structure of this study echoes that of many studies reviewed by Ridley and Frache (2020). Their literature review collected data regarding the bereavement interventions completed with children between the ages of 6-18 who had lost a sibling to cancer. Major structures of the reviewed interventions included components of “grief education and instruction in coping techniques, and peer support and sharing,” with an emphasis on “creating a safe environment, comfort and healing, and moving forward” (p. 1346). Notable theoretical underpinnings of the reviewed interventions included cognitive behaviour therapy, developmental theory, trauma-focused therapy, expressive therapies, and the family bereavement programme” (p. 1346).

The most common interventions for these bereaved children were group therapy and bereavement camps. One such camp in Long Island, NY, Camp Good Grief, is a weeklong day camp program for children between the ages of 4 and 15 who have lost a family member or loved one (DiSunno et al., 2011, p. 48). Camp Good Grief utilizes theories from fields such as “psychiatry, social work, art therapy, nursing, child development, and psychology” in order to provide children with a space to process grief in a peer group setting, which can help children to feel less isolated (DiSunno et al., 2011, p. 48). This group model of intervention is further discussed in the following sections on art therapy and bibliotherapy with bereaved children.

Art Therapy with Bereaved Children

Creativity in and of itself can be considered a healing process (Ornstein, 2006, p. 386). In a study engaging fifty-four children aged 6 to 13-years-old, Hill and Lineweaver (2016) analyzed

the reactions of bereaved children to art making, both individually and collaboratively, to assess whether engaging in art making and other visuospatial tasks decreased negative affect (p. 93).

The study found that children who made art individually had a significantly lower negative affect following the activity, whereas the other groups in the study who either made art collaboratively or completed puzzles were not nearly as affected (Hill & Lineweaver, 2016, p. 95). Though the artmaking was not guided by an art therapist, Hill and Lineweaver (2016) suggest that an art therapist guiding the art making would only further improve the experience of bereaved children, as previous literature suggests that art therapy is more effective than crafting in reducing posttraumatic stress symptoms in youth (p. 96).

The use of art therapy with the bereaved has roots in theory behind how trauma is stored within the brain. DiSunno et al. (2011) cite Bessel van der Kolk, whose book, *In Terror's Grip: Healing the Ravages of Trauma*, delineates how traumatic memories get stored within the brain:

When trauma occurs it is thought that the brain stores it differently than it stores non traumatic memories. Van Der Kolk (2002) suggests that 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. Through the constructive process of creating art, clients shift from a helpless position to one of mastery and empowerment over their experiences. (p. 48)

One of the ideas that springs from this theory is that creating artwork about traumatic experiences can help to process the memories without retraumatizing the individual, unlike when folks are asked to verbally retell their story (DiSunno et al., 2011, p. 48). To aid in keeping the creative experience from being retraumatizing, art therapists can act as supports and guides to

children who are processing the death of a loved one. In particular, art therapists can help to assess a child's development in cognitive and emotional arenas in order to choose art materials that will best serve those children to express their grief (DiSunno et al., 2011, p. 48). At Camp Good Grief, art therapists helped children to engage with their grief in a self-directed process with the intention of children forming their own metaphors and symbolism within their artwork. Creating this artwork often "stimulates discussion and allows difficult feelings to then be talked about" (DiSunno et al., 2011, p. 49).

In a qualitative study with art therapists who specialize in grief and loss, Bat-Or and Garti (2019) found that art plays several main roles when the bereaved engage in art therapy: art as "a space for the client's grief work... and a shared space where client and therapist create a new narrative" (p. 193). As for art as a space for a client's grief work, the art therapists described how engaging with art mediums helped the bereaved to process difficult emotions nonverbally, as well as helped the clients to remember their loved ones (p. 199). Art can act as a bridge between themselves and adults to communicate feelings that may be difficult to verbalize, with major themes such as "feelings of anger and helplessness, fears [surrounding caretakers], the need to memorialize the deceased parent, and the need for personal time and space" (Ong et al., 2016, p. e69).

Green et al. (2020) studied the way art therapy can be helpful to bereaved children through the Dual-Process Model (DPM; p. 211). The DPM discusses two kinds of stressors that a grieving person may experience: loss orientation and restoration orientation (p. 211). Loss orientation is about processing the primary loss (the death of a loved one) whereas restoration orientation refers to processing secondary losses (i.e., changing schools, shifting identity, etc.; p. 211). According to DPM, grieving individuals who are processing grief in a healthy way

oscillate between positive and negative effects (p. 211). Art therapy session topics within Green et al.'s study echoed this oscillation by allowing for the children to explore difficult topics surrounding their grief, but also providing pleasure and pride in the making of their artwork (p. 214). Apart from allowing space for children to oscillate between positive and negative feelings, the creative aspect of art therapy can help children to reduce their stress levels, which in turn can reduce feelings of anger or sadness. Since creativity engages both hemispheres of the brain, it can also help children to “[integrate] feelings, thoughts, and sensations around the loss of a loved one” (p. 212).

Bibliotherapy with Bereaved Children

The healing nature inherent in creativity extends to not only visual art, but also the written word. Berns (2004) explains that the stories contained within books help clients to gain distance from their own feelings by allowing them to explore the feelings and experiences of characters while also processing their own emotions. While stories can create a distance between oneself and difficult emotions, they can also provide a sense of closeness with others and a reduction in feelings of isolation due to found similarities between the client and the characters. Relating to characters also provides validation of thoughts and feelings that arise both within the client and within the characters as they go through similar experiences (p. 325). This theoretical framework, when applied to bereaved children, suggests that exploring the experiences of a bereaved character, a bereaved child may “gain insight into their own life situation, and develop creative critical thinking” when it comes to processing their own grief (p. 325). The three major ways that bibliotherapy helps bereaved children are: identification, catharsis, and insight (p. 326). Through identification, bereaved children can identify with characters and their experiences. Catharsis happens when the child becomes “emotionally involved in the story” and

is able to process and release difficult emotions in a safe space contained by a therapist (p. 326). Finally, insight results from this therapeutic process when the child gains an awareness that their own experiences might not be interminable, and that the particular issues they are facing may change or be resolved. This insight is gained through relation to the characters and an exploration of how these characters overcome similar experiences and concerns (p. 326).

In choosing stories for bibliotherapy with bereaved children, one important consideration is the way death is described within a book. The words used to describe death should be “accurate and honest,” and not be suggestive of equating death with something temporary like sleep (Berns, 2004, p. 328). Other important considerations center around the circumstances of the client. Questions to be asked include, “How old is the child? Who died? How did that person die? How was the child told about the death? Does the child have a support system? Siblings? Special interests or talents?” (Berns, 2004, p. 328). Finding books that have characters with similar traits and experiences to the client may help the client to relate more strongly to the story.

Bringing Modalities Together: Art Therapy and Bibliotherapy with Grieving Children

There is a lack of research on the conjunctive use of art therapy with bibliotherapy. The closest model of an intertwined discipline I could find was illustrated in bibliotherapy sessions where art was used as a response tool following a story relating to the clients’ experiences. One such example of this is outlined in an article by Thompson and Trice-Black (2012) in which the authors discuss the use of school-based group interventions with children who have been exposed to domestic violence (p. 233). In the first phase of intervention, the authors recommend that mental health professionals in schools choose books that relate to the child’s experience and then read the story in a group setting. Next, the facilitator(s) and the group of children have a discussion about the events of the story as well as thoughts and feelings that arose either in the

characters or in the readers. Finally, the last step is to have the children draw a picture of the story or of a similar event in their own lives. The facilitator(s) should ask questions of the children as they go, helping children to identify emotions and encouraging children to either directly or indirectly share and process their thoughts and feelings (p. 236).

Thompson and Trice-Black's (2012) model could be translated to working with grieving children by shifting the focus from domestic violence to bereavement. There is a myriad of children's books that discuss or display death. One example is *The Dead Bird* by Margaret Wise Brown (2016), in which children discover a dead bird and the author explains physical symptoms of death, such as the body going cold and the heart no longer beating. This could prompt conversation around what death is and how children have seen or experienced the death of a loved one. Another example is from The New York Life Foundation, *The Fishless Lake* by Edward Miller & Katy Moseley (2020). This book tells the story of Kai, a young boy whose father has died. When Kai is trying to draw his father, he can't remember the color of his father's eyes and feels distressed that he can't remember. Kai's mother takes Kai fishing, the way that Kai's father used to, in order to help Kai to remember his father and do something he and his dad loved to do together. This story could also be used to spark discussion about grief, such as asking children about if they've ever felt similarly to Kai, and what the children do to remember or honor their loved ones. These are suggestions that require further research in order to substantiate whether art therapy and bibliotherapy can be used effectively as a treatment for bereaved children.

Discussion

The purpose of this literature review was to gather and analyze the research relevant to the use of art therapy and bibliotherapy with bereaved children in the hopes of understanding

whether a combination of art therapy and bibliotherapy would be beneficial for this population. Literature was gathered via academic search engines and organized into three main categories of information: definitions and use of art therapy and bibliotherapy, grief and bereavement in children, and the use of therapeutic interventions with bereaved children, with a specific focus on art therapy and bibliotherapy interventions. An important finding of this literature review is that children grieve in ways that are unique to their levels of development, with one of the most relevant characteristics being the oscillating fashion in which children express their grief (Gao & Slaven, 2017). The cycle of short bursts of emotion followed by periods of seemingly normal behavior is consistent with children's limited developmental capacity for expressing difficult emotions (Ridley & Frache, 2020). Multidimensional Grief Theory and Relational Developmental Systems Metatheory suggest that children may experience various types of distress in response to a loss, and that those distress reactions will be closely intertwined with their stage of development (Alvis et al., 2022). From this research we can see that any interventions done with bereaved children need to be centered in an understanding of grief through a developmental lens.

Another important theme that emerged from this literature review included the need for bereaved children to feel less isolated and alone, while also allowing for individual expression (DiSunno et al., 2011; Hill & Lineweaver, 2016). This suggests that group settings that allow children to also work/play/create independently are ideal therapeutic settings for bereaved children. In terms of modalities that can help bereaved children, art therapy and bibliotherapy utilize aesthetic distance to help clients identify feelings and emotions they resonate with by seeing them outside of themselves, whether through a piece of art they've made or through a character in a story they've read (Hunt, 2006). There was a plethora of information about the use

of art therapy and bibliotherapy with bereaved children as independent modes of therapy. However, the research regarding the use of bibliotherapy and art therapy together was lacking, and no research was found regarding the joint use of these therapies together with bereaved children.

The lack of previous research regarding the use of bibliotherapy and art therapy together is a limitation of this literature review that presents an opportunity for further research. In particular, studies conducted on the use of art therapy and bibliotherapy with bereaved children may provide some insight as to the efficacy of these combined interventions. Though there were some resources that discussed the intersection of race, childhood, and bereavement, there was substantially less research available on the effects of childhood bereavement with Black, Indigenous, and people of color (BIPOC) children, which results in research skewed towards the White experience. This subject and its related therapeutic fields would benefit from further study of how BIPOC children are affected by bereavement as well as what interventions would best suit this population. It is also important to note that I am a graduate student in the field of art therapy, with previous experience working with bereaved children and utilizing children's literature within a therapeutic setting. Therefore, I have a bias towards the efficacy of this proposed intervention, and further research completed by a neutral party may yield different results.

Conclusion

This critical review of the literature gathered research regarding the experience and treatment of bereaved children, with a focus on art therapy and bibliotherapy. Based on the available research regarding current therapeutic approaches for bereaved children and the independent uses of art therapy and bibliotherapy with this population, I contend that there is

potential compatibility between art therapy and bibliotherapy to suggest that the combination may be an effective therapeutic tool. Given the findings of this literature review, a group setting may be the ideal structure for a group for bereaved children based in art therapy and bibliotherapy. Further research will be required to learn if these conjectures are true, but in the meantime I am hopeful that this literature review has set some groundwork for further curiosity and investigation.

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