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Evaluating the benefits of art therapy interventions with grieving children

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Evaluating the Benefits of Art Therapy Interventions with Grieving Children

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A research project submitted to the Graduate Faculty of

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Abstract

Art therapy has numerous benefits when working with a variety of populations and many studies support the efficacy of art and art therapy interventions. This research paper aims to specifically assess the impact of a formal, semi-structured, individual art therapy intervention with grieving children. The researcher reviewed the records of thirteen clients who worked with three art therapists at a small palliative care agency in Central Virginia. Clients were between the ages of 5-18 years old and were assessed to gauge their positive and negative affect before the art therapy intervention and after the sixth session. Each therapist worked with the children to address six major themes: memories, coping skills, changes, regrets, feelings, and telling your story. Results suggest that the art intervention had an impact on the negative affect scores, showing a decrease from pre- to post-intervention. Due to the size of the population, the results of this study are notable but should be interpreted with caution.

Keywords: art therapy, children, grief, bereavement

Literature Review

The cognitive and emotional development of children and adolescents makes art therapy an attractive intervention because art enables youth to express feelings outside of their awareness or verbal abilities. Children and adolescents experiencing the loss of a loved one may have additional age-appropriate developmental challenges, including not understanding that death is a permanent state or feeling guilty for the death of the loved one, that may further impact the way they express their grief (Samide & Stockton, 2002). Art therapy has a substantial body of research that is still growing, supporting its benefits when working with varied populations. As research in the field continues to develop, the impact of formal art interventions with specific populations perhaps will further show the efficacy of art therapy. A recent study by Hill and Lineweaver (2016) added support to working with specific populations, particularly grieving children, and shows evidence that a one-time art-making intervention positively impacted negative affect in grieving children. This research with general art-making lends itself to the question: What impact will a formal art therapy intervention, applied individually over a short span of time, have on grieving children?

To explore this question further, the author will begin with a review of the literature and consider the many benefits of art therapy. Next, a review of the literature specific to grieving youth will highlight considerations when working with this population, including common emotions and behaviors that are seen in grieving children, and the needs of this population. Finally, the research that is directly related to grieving children and art therapy will be explored.

Details regarding the assessment and interventions used in this records review will be presented, along with non-identifying information of those clients included in the records review. This records review will consist of a comparison of an assessment given to grieving youth before and after a six-session art therapy intervention. The results of this comparison will be presented, including descriptive statistics.

The results suggest a formal art therapy intervention may impact the affect of grieving youth. The author will explore the implications of this finding for future research including considering a larger sample size and a possible control group.

Why Art Therapy?

Art has been part of the human experience, expression, and daily life for thousands of years (Aubert et al., 2014). Some of the first cave paintings found in Sulawesi, Indonesia date back close to 40,000 years and depict animal figures and stencils of hands (Aubert et al., 2014). Scholars and scientists continue to debate the meaning of ancient art depictions, with some believing the work has spiritual or mystical significance and others wondering if the art is more practical and a representation of the animal life that surrounded these early peoples (Kapitan, 2012). The meaning may never be known, but these paintings hint at something many people understand inherently; creative expression is a deeply-rooted part of the human experience.

Art therapy pioneer, Edith Kramer (1971) believed that art was an intrinsic part of the human experience and when individuals are unable to access the creative experience, there are enormous consequences. She suggested that perhaps the rise of industrialization and specifically, at that time, the advent of the television impacted children's creativity

and identity formation. The result of this constant stimulation, from Kramer's (1971) point of view, was that children were unable to access their problem-solving abilities and experienced a sense of emptiness. Perhaps in our current climate of computers, cell phones, and video games, we can see some parallels to Kramer's suggestion in that children's engagement with technology may be limiting their opportunities to learn creativity, problem-solving and identity development. Returning to the inherent human desire to create, through the use of art therapy might be one way to support creative growth and expression in children and youth.

Many advocates for art therapy would agree that art therapy promotes positive results in those, both adults and children, who participate in the creative therapeutic process, though the specifics of why remain somewhat unclear. Empirical studies exploring the potential benefits of art therapy aim to provide reliable evidence of art therapy's benefits with some mixed reviews. A Reynolds, Nabors, and Quinlan (2000) review of 17 studies of art therapy, ten of which included children and adolescents, spanning from 1971-1998 found that overall art therapy does seem to be effective, but does not always have more of an impact than standard treatment. In another review, Penelope Orr (2007) looked at the effect of art therapy on children who had experienced a trauma, including loss of a loved one, or disaster by reviewing a range of publications from informal media like television interviews and news stories to scholarly information such as articles and books. Her findings suggest that art therapy has multiple benefits including: helping to facilitate resiliency, allowing children to express feelings, providing the child a safe space, promoting a positive self-image, helping children focus on positive behaviors, increasing self-awareness, and providing a way for children to make

meaning. A third survey of the literature by Slayton, D'Archer, and Kaplan (2010) looked at the findings of 35 art therapy studies from 1999-2007 and found that art therapy interventions had an impact on a broad range of populations with benefits including: increasing coping skills, reducing stress, and decreases in symptoms of anxiety and post-traumatic stress disorder. More recently, Maujean, Pepping, and Kendall (2014) reviewed eight randomized control trials from 2008-2013 that involved adults who participated in art therapy interventions, and they found that all but one produced some beneficial result. Benefits ranged from reductions in negative affect, reductions in depression and hostility, and increases in self-esteem (Maujean, Pepping, & Kendall, 2014). The results of these reviews leave the reader with a sense that art therapy has a wide-range of benefits with a broad range of populations. To further distill the benefits this review will focus on children and adolescents.

One benefit of art therapy when working with youth is that it may be a non-threatening way to explore and express themselves. Many children naturally gravitate toward creative expression and play. Through years of observation and qualitative studies of young clients, art therapist Judith Rubin noted that creative art was a way for children to become more aware of themselves and it served as a tool for "self-communication rather than only a communication with others" (Rubin, 2005, p.12). Rubin (2005) also observed, in her work as part of a treatment team, that the art of the children would convey an idea or an emotion first. Then sometime later, the client would discuss that feeling or thought with the psychiatrist on staff. Perhaps the art allowed the unconscious to emerge into consciousness and then be spoken. Kramer (1971) too, believed that

creating art provided space for children to try out thoughts and feelings in a safe environment before expressing them or incorporating them into daily life.

The medium itself allows children a sense of control that helps them express themselves. Creating art can bring calm to chaos and organization to what is disorganized (Kramer, 1971; Orr, 2007; Rubin, 2005; Ulman, 2001). Rubin (2005) posited that what makes art therapy and art interventions successful is the freedom of expression, be it with materials or the art itself, combined with containment, perhaps through the size of the page or the stable presence of the therapist. The ability to select and control materials may be an essential aspect when working with youth who are overwhelmed with the emotions (Edgar-Bailey & Kress, 2010; Rubin, 2005). The art therapists themselves provide a safe place for the children or adolescents to express their innermost feelings (Lask, Behr, & Waller, 2006; Malchiodi, 1998; Rubin, 2005).

A study from 2002 further supports the idea that allowing children and youth a sense of control helps them express themselves more clearly. Art therapist and researcher Barbara Ball wanted to understand the elements that made art therapy effective and created a study in which she observed an art therapist working with a six-year-old child over a period of six months. Using a system of coding to decipher interactions and interviews with the art therapist, Ball (2002) found that the art therapy process and the role of the art therapist helped clients to organize their feelings. The researcher also noted that once the child was able to organize emotions, she then moved to making meaning and self-reflecting with the counselor through art (Ball, 2002). Art therapy allowed the child to bring order to and express an inner experience that felt overwhelming (Ball, 2002; Rubin, 2005; Ulman, 2001).

Another benefit throughout the literature relating to work with children and adolescents is that art therapy increases self-efficacy by allowing youth to master the material or master a technique building a sense of mastery that translates to other areas of the client's life (Kramer, 1971; Rubin, 2005). Parisian (2015) supported this idea in her qualitative study of art therapy with a sixteen-year-old second-generation Filipino boy living in the United States who was exploring his identity. The client and his family had sessions with the art therapist. As the treatment continued, the researcher observed that creating art provided the adolescent with another activity that he could do instead of some of the negative behaviors he exhibited before intervention (restrictive eating, volatile outbursts with family, and isolating), therefore leading to a decrease in some of those behaviors. As he began to master his creative work, he also started to fully participate in the work, selecting photography as his preferred medium and taking nature photographs during his sessions with the art therapist.

Art can create a feeling of empowerment not only because it supports the development of autonomy and self-efficacy in youth but also because it can provide distance from overwhelming emotions by creating a tangible expression of the child's interior world. In her article *Art Therapy with Adolescents*, Shirley Riley (2001) touched on the idea that because of the symbolic and metaphorical nature of art, using it as an intervention with adolescents can help create a distance from their problem that allows both the youth and the therapist a new way to understand the problem. In his work with survivors, both children and adults, after the Oklahoma City Bombings, John Goff Jones (1997), selected an art therapy intervention because the survivors reported talking and crying without any relief. Active engagement with the creative process and the ability to

externalize difficult emotions could supply distance from overwhelming feelings for the survivors. A similar benefit was also noted in the case of a young child Kramer (1971) was working with who was frightened by a powerful thunderstorm. While the storm raged, Kramer invited the child to draw a picture of the storm. Instead of becoming overwhelmed by her fear, she drew; "she could be moved by the drama and grandeur of the storm outside without being flooded from within by unmanageable excitement." (Kramer, 1971, p. 83).

The ability to express themselves in a safe and natural way, a sense of control, and a sense of self-efficacy contribute to the success of art therapy interventions and may provide a way for children and clinicians to address symptoms and concerns in a more comprehensive way than other types of therapy. Researchers Monnier, Syssau, Blanc, and Brechet (2018) assessed 597 French children ages 6-8 years old who took part in a study related to positive and neutral memory recall to find out what the impact of a drawing intervention would be when recalling a positive and a neutral memory. Groups participated in either a drawing intervention or a verbal intervention and the results were compared. Monnier et al. found that both the drawing and verbal recall of a positive memory had positive effects. There were further benefits found in the two groups that used the drawing intervention: children reported feeling calmer than the those in the verbal groups.

Art interventions may not only create a sense of calm but also have a direct impact on stress, anxiety and stress behaviors. Stinley, Norris, and Hinds (2015) compared the differences in physiological stress behaviors and anxiety in a group of twenty children who created a mandala before getting an injection with a needle versus

twenty children who watched television beforehand. They found the group that made art had decreases in both factors. The group of children who created the mandalas had a significant reduction in physiological stress behaviors ($p=.03$) and physiological anxiety ($p=.04$).

Countless studies support the use of art interventions with youth and adults. While art interventions can have a direct impact on affect, the benefits of the intervention itself, such as providing a developmentally appropriate way to communicate thoughts and feelings and helping youth to gain a sense of control and self-efficacy, make it an attractive choice when working with children who are in distress.

Children in Grief

Grief has been looked at in a variety of different lights: through the lenses of stages, phases, cycles, and tasks. When considering how a child grieves the loss of a loved one, it is essential to understand that a child's grief may look different than an adult's grieving process. Therefore, the theories laid out for adult grieving may not fit when conceptualizing a child or adolescent in grief. Suij, Prinzie, and Boelen (2017) found that unlike grieving adults, grieving children's negative cognitions generalize, rather than grouping into themes like negative thoughts about self or future. While there are theories related to children in grief and they can be a helpful way to conceptualize a client, there is limited empirical evidence to support the efficacy of specific theories and grief interventions with children.

To better understand the grieving process in children, J. William Worden (1996) co-created the Harvard Child Bereavement Study with Dr. Phyllis Silverman, and followed 70 families with a total of 125 children ages 6-17 years old who lost a parent

and 70 families with children who did not lose a parent serving as a control group. Of the 125 children who lost a parent, 70 children were selected at random and matched with 70 children of the control group by age, gender, grade level, family religion and community (Worden, 1996). The study relied on semi-structured interviews with children and parents and a variety of formal assessments given to the children and parents in both groups at four months after the death and the first and second anniversary (Worden, 1996). Due to the length of the study, the number of participants, and the inclusion of a control group, this study remains significant in its findings related to children's experience of grief. Results inform practitioners about common grief reactions, mitigating factors, and the needs of children and adolescents in grief.

An essential aspect of conceptualizing children's grief includes consideration concerning their cognitive, emotional and social development (Worden, 1996; Webb, 2010). For instance, a child who does not understand irreversibility may not be at the developmental stage to accept the reality of the loss and caregivers or therapists may need to repeatedly address the death using clear and simple language (Worden, 1996). Very young children have not fully developed the capacity to put thoughts into words, which may also inhibit their ability to move through their grief (Zambelli, Clark, & De Jong Hodgson, 1994). Young children may also be more apt to externalize behavior or express anger than their adolescent counterparts (McCown & Davies, 2007; Ener & Ray, 2017).

Other considerations when looking at children and adolescents' grief may be a variety of influences on them. According to Nancy Webb's (2010) tripartite assessment, children's grief reactions are influenced by individual factors, family, social and cultural factors, and specific factors related to the death. Social, family and cultural factors may

influence how the child relates to the deceased, does or does not participate in the funeral proceedings, or how much emotion the child expresses outwardly following the loss. Specific factors related to the death that may impact the grieving child could include if the death was due to suicide, was expected or unexpected, or was violent or related to homicide. Individual factors like coping tools, temperament, and supportive family may play into how capable the child feels they can deal with the loss. One important individual factor related to how a child will react to a loss is the developmental stage that the child or adolescent is in, rather than their age specifically. Not only can a child's developmental stage impact grief, but the death itself can influence the normal developmental tasks of the child or adolescent (Orr, 2007).

Symptoms of Grief in Children

Common emotions expressed by children after the loss of a loved one include anxiety, anger, guilt, and sadness (Worden, 1996; Orr, 2007). Anxiety is often related to a fear that the remaining caregiver might die or thoughts of death happening to themselves (Worden, 1996). Ener and Ray (2017) studied observed behaviors of grieving children ages 3-11, as reported by parents and found that the younger children were less likely to show withdrawn/depressed, anxious/depressed, and attention-related symptoms. Worden (1996) found that children who had an ambivalent relationship with the deceased were more likely to express anger, while other children who expressed anger or aggression reported feeling angry at God or at the parent for leaving them. McCown and Davies (2007) found in children ages 4-16 who lost a sibling that some of the most common behaviors were arguing a lot and being stubborn, sullen, and irritable. Worden (1996) reported guilt was the most common emotion reported by grieving participants. In the

Harvard Child Bereavement Study, somatization in the form of increased headaches was reported by 13% of the grieving youth and only 4% of the control group (Worden, 1996). However, later studies have shown mixed evidence on the frequency of somatic symptoms in grieving children (McCowan & Davies, 2007). In addition, learning difficulties and attention difficulties can be found more often in grieving youth (Worden, 1996; Ener & Ray, 21017). Orr (2007) found that after a disaster or trauma, survivors reported an increase in symptoms of post-traumatic stress disorder, withdrawal, dissociation, apathy toward primary caregiver, regressed developmental skills, aggressive episodes, irritability, and sleep disturbances.

According to Michele Wood and Mandy Pratt in their 1998 (p. 157) book *Art Therapy in Palliative Care: The Creative Response*, if not given the opportunity to work through their grief, youth “may become stuck in their grieving, locked into damaging ways of behaving that can hamper development” (as cited by Bardot, 2008, p. 183). The long-term impact of losing a loved one, as noted in Worden's (1996) study, included a decrease in self-esteem and lower rates of perceived self-efficacy at a two-year follow-up. At a one-year follow-up 19% of the bereaved youth, assessed using the Childcare Behavioral Checklist (CBCL), fell into a category of at-risk for emotional or behavioral disturbances, as compared to 10% of the control group. At a two-year follow-up, 21% of the grieving group were in the at-risk category, as opposed to 6% of the control group (Worden, 1996). A similar study by Brent, Melhem, Donohoe, and Walker (2009) followed 176 grieving youth ages 7-25, who lost a parent and a control group of 168 participants. Researchers assessed the youth at nine months and 21 months after the death and findings suggest that those in the bereaved group had higher rates of major

depression and substance use. Children who lost a parent to suicide or an accident had higher rates of major depression (Brent, Melhem, Donohoe, & Walker, 2009).

Needs of Children in Grief

When adults and children share the loss of an important other, children can sometimes be overlooked in the grieving process because the remaining adults are attempting to go through the grief process themselves (Bugge, Darbyshire, Rkholt, Haugstvedt, & Helseth, 2014; Samide & Stockton, 2002). Bugge et al. (2014) found when looking at families with pre-school age children that lost a primary caregiver, in addition to the grief process, surviving caregivers faced many other tasks, such as creating a new identity, forming new traditions and family life without their former partner, and trying to fill the shoes of the deceased, while attempting to attend to their child's grief.

In the case of children grieving the loss of a parent, Worden (1996) noted that some of the grieving children reported they were so concerned with their parent's feelings that they suppressed their own emotions. Forty-two percent of the children reported feeling like they "needed to act in a certain way for the parent's benefit" (Worden, 1996, p. 20). Children whose parents experience few external stressors may be able to move through their grief without externalizing or internalizing their symptoms (Worden, 1996; Ener & Ray, 2017)

Additionally, in crisis situations, adults may limit the amount of information a child knows with the intention of protecting the child, but this inadvertently leaves young children out of the grieving process (Davis, 1989). Parents or remaining caregivers are in the role of the child's most significant other and while caregivers may be not connecting

with a child because of their own struggle with the loss or because they are trying to protect their child from pain, these significant others play a large role in the child's ability to grieve.

When the child loses another family member or friend and the parent has not also lost someone, the parent may be more able to help the child through the grieving process. Caregivers can help support their grieving child by letting the child know it is okay to talk about the loss and memories of the deceased, and normalize all emotions the youth is feeling (CaringInfo, 2017; Worden, 1996; Webb, 2010). In the case of the loss of a sibling, the child may be left with no support system if both the remaining caregivers are grieving the loss (Worden, 1996).

Bereaved children may be prone to bullying or feel uncomfortable talking to other peers, particularly those peers they think cannot relate to their loss (Worden, 1996). Peers may have difficulty reaching out to bereaved children for some of the same reasons parents may have trouble, in that peers may want to protect their bereaved friend and avoid the subject (Worden, 1996). The bereaved child may struggle with fear of showing too much emotion in front of peers, fear of bringing the issue up, reacting to the perceived discomfort of their friend, and feeling different than their non-bereaved counterparts (Worden, 1996). Bereaved children may also feel more self-conscious or experience embarrassment easily (McCowan & Davies, 2007)

Children who connect with peers or teachers show better coping skills than those who do not (Worden, 1996). One of the most critical factors in supporting bereaved children and adolescents is a stable, emotionally available, adult in their lives who can model appropriate grieving (Worden, 1996; Ener & Ray, 2017). Adults who can provide

clear answers to children's questions and validate the child's experience can aide the child as they move through the grief process (CaringInfo, 2017).

Grief Intervention

Currier, Holland, and Neimeyer (2007) reviewed thirteen studies related to grief interventions with children, finding no significant differences between a treatment group and a non-treatment group of bereaved children. A second meta-analysis by Rosner, Kruse, and Hagl (2010) of both controlled and uncontrolled studies looking at grief interventions with children and adolescents found a small to moderate effect size. Recently, a review of the literature by De López, Knudsen, and Hansen (2017) relating to grief interventions and children pointed out that grief is often not measured as a separate entity but rather measured by looking at particular symptoms, making it difficult to assess the overall efficacy of interventions specifically for grief.

The referenced reviews did not look specifically at an art therapy intervention with grieving children. An art intervention may offer children the tools to express themselves in a new way and actively grieve. Harriet Wadeson, in her book *Art Psychotherapy* (1980), stated with regard to children using art to express themselves: “Children often feel quite comfortable with the media and find a way of making themselves ‘heard’ within the family that may not be possible for them in their regular family interactions (20).” (as cited by Davis, 1989, p. 273). Providing bereaved children with a tool that feels more accessible and comfortable is an important piece of art therapy. Davis (1989) also pointed out that art therapy can be used to support “awareness, expression of energy and feelings, spontaneity, and joy” (p. 272).

Kramer (1971) believed interventions should be more informal and non-directive to allow the work to be more personal to the client. Somewhat contrary to this idea, Orr's (2007) review found that a trained art therapist is an essential component in working with children after a disaster, as well as semi-structured interventions that do not overwhelm the client with instructions. One of Worden's (1996) recommendations for intervention with grieving youth includes individual therapy that incorporates "play or art-making" (p. 155). Other recommendations when working with children in crisis include focusing on the child or adolescent's strengths and resilience (Echterling & Stewart, 2015).

Recently, some studies have addressed art-making specifically with grieving children with positive results. According to a recent study by Hill and Lineweaver (2016) that compared four different interventions with grieving children, children who participated in individual art-making experienced a decrease in negative affect. Fifty-four children ages 6-13 who lost a parent or sibling and attended a center for children processing grief participated in the study. There were two art-making groups and two groups taking part in a non-creative task putting together a jigsaw puzzle (Hill & Lineweaver, 2016). Those in the art-making groups either participated in a group where each person worked on an art piece individually or a group where participants created a collaborative art piece and those in the other two groups worked on a puzzle individually or worked on a puzzle collaboratively. Participants were assessed using the modified Positive and Negative Affect Schedule for Children (PANAS-C) before the intervention and post-intervention. Hill and Lineweaver (2016) found a decrease in negative affect and no change in positive affect in the group of children who participated in the individual art-making group as compared to the other three groups. The art intervention

in this study was focused on art-making rather than a formal art therapy intervention. Research into the impact of a structured art therapy intervention could further support the work of art therapists and the efficacy of an art intervention. At the conclusion of their study, Hill and Lineweaver (2016) presented a new question to follow up on the work they did looking at an art-making intervention with a group of grieving children. Since their findings suggested that a one-time art-making intervention could impact affect, what impact would a semi-structured formal art therapy intervention have on a grieving child's affect?

Study Rationale

Although for many counselors and therapists, artistic and creative interventions seem to allow a client to express the unconscious, there is a need for continued formal research to document art therapy as a preferred intervention. While there is a large body of research about art therapy and grief, there are few empirical studies to support the information. The studies of children and adolescents in a review of art therapy's efficacy by Slayton, D'Archer, and Kaplan (2010) included children with attachment disorders, post-traumatic stress disorder, sexual abuse, health concerns, and other factors. None of the studies in this review looked at art therapy intervention specifically for grieving children. Continued research is needed with this population.

Method

Three art therapists provided records for this author's review. Records that were included in the review were those from children and adolescents who sought art therapy services at a small palliative care organization in central Virginia from January 2017-October 2017. The reviewer had access to de-identified Positive and Negative Affect

Schedule for Children (PANAS-C) that clients had completed before and after a six-session art therapy intervention and the proposed research was approved by the James Madison University Institutional Review Board. Records totaled 14 and represented children ages 5-18 who lost a loved one. Those children who were experiencing anticipatory grief did not take part in this specific intervention.

The art therapists followed a semi-structured intervention they developed using a best practices document previously generated at their site outlining Bereavement Goals and Interventions. Of the fourteen goals listed in the document, the therapists selected six: memories, coping skills, changes, regrets, feelings, and telling your story. These themes echo recommendations when working with grieving children including: talking about the deceased, discussing emotions such as guilt and anger, providing children with accurate and clear information, incorporating the deceased loved one into new life, and creating rituals or ways to honor the dead (CaringInfo, 2017; Slyter, 2012; Worden, 1996). In order to develop a semi-structured intervention that all the therapists could use, the clinicians agreed upon 3- 4 specific interventions from their Bereavement Goals and Interventions compilation for each session theme. Session themes could be addressed in any order; the client only needed to complete all six themes before taking the post-assessment. This flexibility with timing and intervention allowed the therapists the possibility to choose options that were appropriate to the child's developmental stage, presenting concern that day or general interests.

A brief overview of available interventions for each session can be seen in Figure 1. (See Appendix.)

Instrument

Children filled out an assessment for Positive and Negative Affect Schedule (PANAS-C) before starting the six-session semi-structured interview and at the close. Originally the PANAS was developed as a brief, self-report survey for adult populations evaluating positive and negative affect using two scales with ten feeling words that described positive or negative moods (Watson, Clark, & Tellegen, 1988). Adults who filled out the scale were asked to report on a scale of 1-5 how much they felt the listed emotion from 1: slightly to not at all, to 5: extremely. Alpha reliabilities for the positive affect scale were between .86-.90 for positive affect and .84-.87 for the negative affect scale (Watson, Clark & Tellegen, 1988). A child's scale was later developed (Laurent et al., 1999) that included 15 items on the negative affect scale and 15 items on the positive affect scale and was both valid and reliable, with $\alpha=.87$ for the negative affect scale and $\alpha=.92$ for the positive affect scale.

The clinicians who participated in this records review used a modified version of the PANAS-C schedule (See Figure 2) developed by Hill and Lineweaver (2016), for their study "Improving the Short-Term Affect of Grieving Children Through Art." The modified scale was reduced from 30 emotion/feeling words to 14 emotion/feeling words with seven items assessing for positive affect and seven items evaluating for negative affect. The seven words evaluating for negative affect were: sad, upset, worried, guilty, scared, mad and lonely and the words assessing for positive affect included: excited, happy, energetic, calm, cheerful, joyful, and proud. According to the authors, the modified version was highly reliable with a Cronbach's alpha coefficient of .833 for the

positive subscale and $\alpha=.902$ for the negative affect subscale) (Hill & Lineweaver, 2016).

Data Analysis

Data were collected via paper assessment in the form of de-identified copies. Of the pre- and post-assessments collected, one record had incomplete data and was excluded from the review. The remaining thirteen individual pre and post scores were collected, cleaned, and entered into Excel for data analysis procedures.

When scoring the assessments, each item had five choices that corresponded to a value; very slightly or not at all-1, a little-2, moderately-3, quite a bit-4, and extremely-5. The positive affect scales and negative affect scales were tallied separately with the pre-intervention positive scale total being compared with the post-intervention positive scale and the pre-intervention negative scale total compared to the post-intervention negative scale total. When looking at the pre- and post-assessment an increase in the total score indicates an increase in total positive affect from before the art therapy intervention to after the art therapy intervention. A negative affect score total that decreased from pre- and post-intervention indicates that those items assessing for negative emotions decreased showing an improvement in affect from pre- to post-intervention.

When looking at the scores of the thirteen clients included in this review, over half of the participants reported an increase in positive affect and over half of the participants indicated a decrease in negative affect (Figure 3, Figure 4).

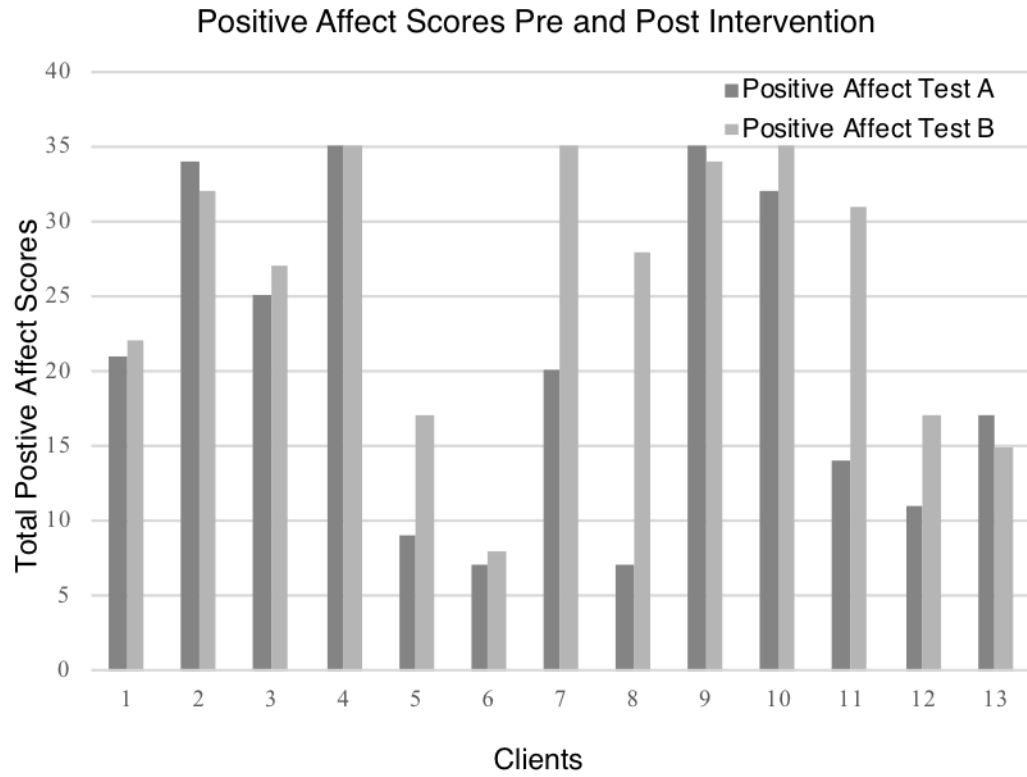


Figure 1. Positive Affect Scores Pre- and Post-Assessment

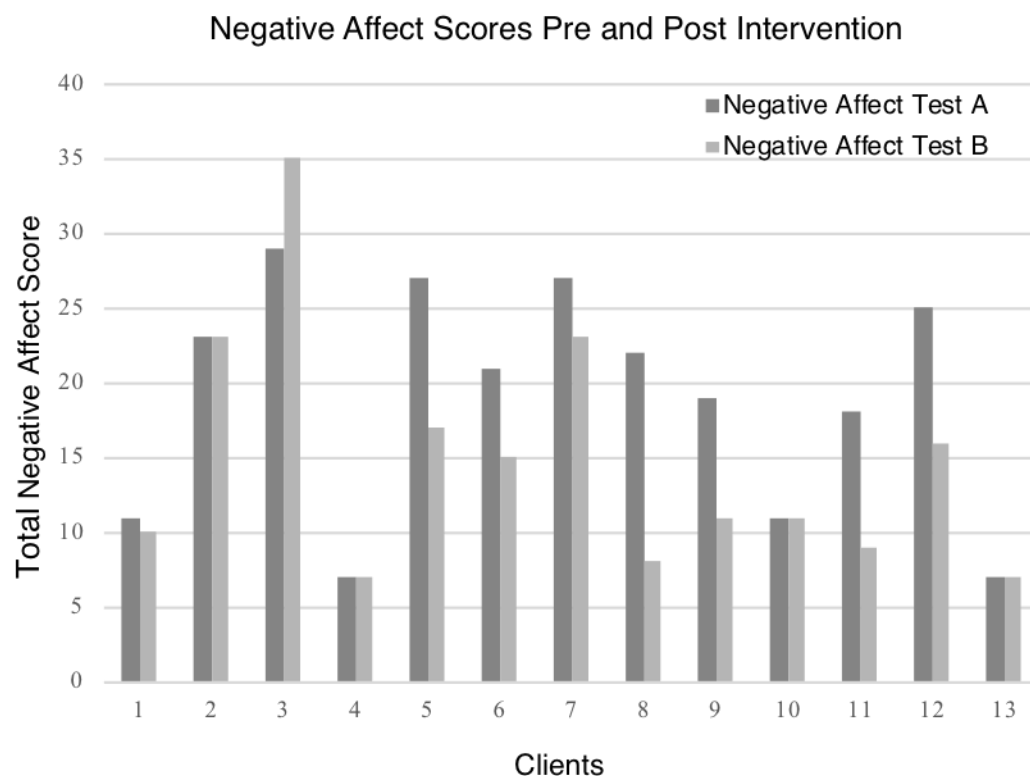


Figure 2. Negative Affect Scores Pre- and Post-Assessment

To reduce the possibility of a type-one error, the researcher adjusted the critical p-value using Bonferroni's correction ($p=.05/2=.025$) to reflect the fact that two tests were conducted on the same data set. Results of a paired sample t-test suggest that the difference between the pre-intervention positive affect scores ($M = 20.54$, $SD = 10.79$) and the post-intervention positive affect scores ($M = 25.85$, $SD = 9.11$) did not show significance $t(12) = -2.48$, $p = .29$, $d = .53$. The pre-interventions negative affect scale ($M = 19$, $SD = 7.69$) and post-intervention negative affect scale ($M = 14.77$, $SD = 8.18$) comparison resulted in a significant reduction $t(12) = 2.02$, $p = .02$, $d = .53$. Due to the small sample size, these results should be interpreted with caution.

Discussion

The results of this records review were similar to those that were reported in the Hill and Lineweaver study, with an art intervention impacting negative affect more than positive affect. The small number of records attained for this study and the lack of a control group, make it difficult to assess if this effect was unique and would generalize to a larger population. Continued studies with larger sample sizes looking at the impact of an individual art therapy intervention with grieving children will build on the information in this records review to clarify the impact.

It is impossible to parse out the impact of the relationship on the interventions. As Kramer (1971) stated, the "relationship with the client is the main tool of the therapeutic process" (p. 32). This essential foundation was illustrated in an initial session Cathy Malchiodi detailed in her book *Understanding Children's Drawings* (1998), of her work with a five-year-old girl who began to open up in an hour-long session while doing art. Malchiodi (1998) had the child draw a house, tree, person three times through the initial session. As the session progressed and the child became more comfortable, her drawings changed, as did her visible affect; she began rather silent and nervous with her drawings starting with a small house and tree and a crying person, and by the end, the child was talkative and her drawing included many flowers, a sun, and a large smiling person. We cannot be sure which variable impacted the child the most. Lask, Behr, and Waller noted in their 2006 article, "Art Therapy with Children: How it Leads to Change," the process allows the therapist to build and deepen the relationship with the client and as the relationship grows, the child can express more through the art. To take into account the

impact of the relationship, further studies might include a control group that receives a talk therapy intervention as treatment.

A well-timed intervention with a grieving child may also prevent the child from later experiencing more difficult symptoms, like those of complicated grief. In their study looking at the impact of bereavement on depression in youth who lost a parent, Brent, Melhem, Donohoe, and Walker (2009) found that incidences of depression in the nine months after the death were more likely to result in continued depression at a 21 month follow-up, leading the authors to suggest that an intervention provided close to the death of a loved one may be the most impactful for decreasing the likelihood of long-term depression and complicated grief.

Currier, Holland and Neimeyer's (2007) review supports the results of Brent et al., finding no significant differences between a treatment group and a non-treatment group of bereaved children, but highlighting that those children who received treatment closer to the death of their loved one had better outcomes than those whose losses were further off (Currier, Holland & Neimeyer, 2017). Although the focus of the research was not solely on art therapy interventions, these findings suggest that the timing of an intervention may impact treatment. The information in this records review did not provide the time that the child lost a loved one and how far they were into the grieving process. This information could impact the results.

Future studies assessing an individual art therapy intervention should focus on larger sample sizes, intervention timing, and the inclusion of a control group which would enhance the findings of this study.

Implications for Counseling

Because art interventions are developmentally appropriate for most children and adolescents, therapists who do not have a formal art therapy background might consider using creative interventions as a tool when working with youth. Mastering materials, gaining a sense of control and autonomy, and being able to express themselves in a new way, make art-making interventions an attractive choice when working with young people, especially those who are overwhelmed with emotions. Art may be a medium that children are familiar with and some may gravitate toward art naturally. Having resources available to young clients may send a signal that they are in a safe and welcoming place. Art can be a way for counselors to open up conversations with young clients, by providing a tool that the child may feel comfortable using. Without a formal art therapy education, counselors working with creative interventions should avoid interpretation of their client's work. However, the counselor can use the techniques, colors and symbols represented as a way to engage the young person in a client-centered discussion.

Counselors who work with youth in distress might consider discussing art-making outside the sessions with caregivers. Recommendations could include setting up an area of the home with a variety of art materials that is available for children to use when they choose. The child could help the caregiver to create and decorate the space giving the child a sense of ownership and autonomy. The space could serve as a safe place to express emotions through art or simply as a place children know they can access to work on something they enjoy. Art, then can begin to emerge as a coping skill that young people the young person has control over and can participate in when they need time alone, to express or explore emotions through materials, or to have fun. Therapists might

also recommend that families engage in informal art-making together. As with the client and counselor relationship, art may provide a safe place for discussions to emerge. In either case, the counselor should emphasize with caregivers that children should not feel pressure to participate or specifically feel like they need to address emotions when working on art. Caregivers should avoid interpreting the work and let the work be child-led without structured activities to increase the child's sense of self-efficacy. However, counselors and caregivers may focus on ways to model healthy emotional management when the family is engaged in the art-process.

Implications for Training

The accrediting body for counseling programs, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) does not require that counselor education programs provide expressive or creative arts as part of the curriculum. However, many accredited counseling programs include creative arts classes or weave expressive arts into the curriculum by incorporating them in required courses. As the research supporting creative arts continues to grow, advocates for creative interventions may consider petitioning CACREP to include creativity in some way in the next revision of the standards. For those interested in Art Therapy or Expressive Arts, some schools that offer degrees in the creative arts also follow CACREP standards, allowing graduates to earn a degree in Art Therapy or Expressive Arts while also having the ability to pursue licensure as a clinical mental health counselor.

Tables

Table 1

Descriptive Statistics Positive Affect

	Pre-Assessment	Post-Assessment
Mean	20.54	25.85
Variance	116.44	82.97
Observations	13.00	13.00
Pearson Correlation	0.71	
Hypothesized Mean Difference	0.00	
df	12.00	
t Stat	-2.48	
P(T<=t) one-tail	0.01	
t Critical one-tail	2.30	
P(T<=t) two-tail	0.03	
t Critical two-tail	2.68	

Note: $p < .025$

Tables

Table 2

Descriptive Statistics for Negative Affect

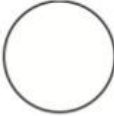




	Pre-Assessment	Post-Assessment
Mean	19.00	14.77
Variance	59.17	66.86
Observations	13.00	13.00
Pearson Correlation	0.75	
Hypothesized Mean Difference	0.00	
df	12.00	
t Stat	2.72	
P(T<=t) one-tail	0.01	
t Critical one-tail	2.30	
P(T<=t) two-tail	0.02	
t Critical two-tail	2.68	

Note: $p < .025$

Figures

Mood Scale
PANAS-C

This scale consists of a number of words that describe different feelings and emotions. Read each item and then circle the appropriate answer next to that word. Indicate to what extent you feel this way.

Feeling or emotion	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
Sad	1	2	3	4	5
Excited	1	2	3	4	5
Upset	1	2	3	4	5
Happy	1	2	3	4	5
Worried	1	2	3	4	5
Guilty	1	2	3	4	5
Energetic	1	2	3	4	5
Scared	1	2	3	4	5
Calm	1	2	3	4	5
Cheerful	1	2	3	4	5
Proud	1	2	3	4	5
Joyful	1	2	3	4	5
Lonely	1	2	3	4	5
Mad	1	2	3	4	5

Figure 3. Modified Positive and Negative Affect Schedule (used with permission from Hill and Lineweaver, 2016)

Figures

<i>Theme</i>	<i>Interventions</i>
Memories	<p>Create a fabric folded doll containing a message that is a memory</p> <p>Draw a portrait of their loved one and another of themselves that describes qualities and characteristics of each person</p> <p>Collage a large heart shape with magazine clippings/drawings/words that remind them of their loved one and what they want to hold in their heart</p> <p>Decorate a box to later place items that remind them of their loved one</p>
Telling Your Story	<p>Write and illustrate a four-page book about the death and a happy memory</p> <p>Create a collage about one of the following: the funeral, the death, how they found out, the memorial service</p> <p>Create a Soulcollage® card about their grief story</p>
Feelings	<p>Create a feeling chart and draw 4-6 feelings which they are experiencing</p> <p>Have client select six feelings they have experienced in past week, assign a color to each and color in a heart shape with appropriate amounts of color for each of the chosen feelings</p> <p>Paint feelings as if they were the weather</p> <p>Soulcollage® cards on feelings-each feeling gets a card</p>
Changes	<p>Draw a family mandala with changes that have occurred since the death outside the mandala and the family inside</p> <p>Create a collage with magazines representing changes that have occurred since the death</p> <p>Draw what life was like before the loss and after the loss</p> <p>Use precut teardrops to write different changes and then create a composition with them</p>
Coping Skills	<p>Draw memories of the loved one on a pre-made flannel blanket to use as a comfort blanket later on</p> <p>Make a chart of feelings experienced, how the client expressed those feelings, and ideas to cope</p> <p>Precut paper tools and toolbox use tools to write names of coping skills</p> <p>The client is given a checklist of self-care activities and checks all that they currently do, circle the ones they would be willing to try and draw a picture of themselves doing one of the circled activities</p>
Regrets	<p>Draw regrets, use watercolor or oil pastels to color over the drawing and cover this area with a stencil, wiping away the color in the open area and transforming the regret</p> <p>Create a letter to loved one and include regrets</p> <p>Trace hands and write a memory on each finger of one hand and what the client might say if they had the chance on the other</p> <p>Soulcollage® card about feelings of guilt or regret</p>

Figure 4. Session themes and interventions

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