ART THERAPY AS A TREATMENT FOR A CHILD WITH
ANTICIPATORY GRIEF: A CASE STUDY

by

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of the Requirements for the Degree
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ABSTRACT

The purpose of this study was to describe how art therapy helped a child cope with anticipatory grief. Literature was reviewed which related to death, dying, and grief, and the utilization of art therapy. The researcher began by reviewing death and the process of dying, followed by a discussion of problems that can occur when people do not grieve. Grief and loss of adults is examined, leading into literature surveying grief and children. Information is compiled about anticipatory grief of adults, along with children and anticipatory grief. The review concludes with an examination of art therapy in helping cope with grief. This study utilized a case study approach. The source of the data was a nine year old hispanic female residing in a low socioeconomic urban area. The client was referred by the school's social worker and her teacher to the Art Therapist Intern on campus, because of her terminally ill grandfather. Art therapy was to be effective in helping to reduce behavioral concerns associated with the pending death of her grandfather, to face his death and prepare herself for it.
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CHAPTER 1
THE PROBLEM

Introduction

A person experiences grief after many different types of losses. The death of a family member may be the most significant loss an individual experiences (Cook & Oltjenbruns, 1989). When grief is not resolved after the loss of a loved one, problems can occur (Backer, Hannon, & Russell, 1994). These problems may include depression, alcoholism, anxiety and social tendencies (Jewett, 1982). Anticipatory grief is experienced by the terminally ill person and all family members (Rando, 1986).

Development of the Problem

Adults and children grieve differently. Grief is a continuous process for adults and can be completed in a shorter amount of time than children, because children grieve sporadically (Fitzgerald, 1992).

After a life threatening illness is diagnosed, the dying individual, along with family members and friends, often begin the grieving process. This process is known as anticipatory grief (Cook & Oltjenbruns, 1989). They will grieve in anticipation of the emotional pain, the changes
the death will bring, and the many losses that are part of the dying process (Levy, 1991).

Children often have difficulty with the grief process in general. Their responses fluctuate according to their concept of death which is derived from their developmental level, relationship to the deceased, the circumstances surrounding the death, and their caregivers' ability to communicate with and emotionally support them (Grollman, 1995). This is also true with children who are experiencing anticipatory grief. Children develop behavior problems that can last into adulthood when they are not given the opportunity to grieve (Wolfelt, 1991).

Need for the Study

Children need interventions to help them with anticipatory grief. Art therapy has proven to be beneficial in helping children with grief in general. Simon (1981) states that the conscious and unconscious expression is stimulated by art therapy while providing a safe setting for children to work through bereavement. However, there is a lack of literature utilizing art therapy with anticipatory grief. Therefore, it would be useful to determine the value of art therapy with children who are experiencing anticipatory grief.
Purpose of the Study

The purpose of this study was to describe how art therapy helped a child cope with anticipatory grief.

Research Question

How successful was art therapy in helping a child cope with anticipatory grief?
CHAPTER 2
LITERATURE REVIEW

Introduction

The purpose of this chapter was to review literature relating to death, dying, and grief, and the utilization of art therapy. Death and the process of dying are reviewed, followed by a discussion of problems that can occur when people do not grieve. Grief and loss for adults is examined, leading into literature surveying grief and children. Information is compiled about anticipatory grief of adults along with children and anticipatory grief. The review concludes with an examination of art therapy in helping cope with grief.

Death and the Process of Dying

Death is a natural part of the lifespan and cannot be avoided, even though life expectancies have been significantly extended during the last century. According to Backer et al. (1994) most people have fear and anxiety about death and dying. This is caused by the uncertainty of how, when, and where death will come; of what will happen to survivors; and what it means to be nonexistent.
There are many other factors that facilitate an understanding of death and dying in an individual’s life. Culture, religion, social, and developmental factors can influence an individual’s perception about death and dying. A culture’s rites, customs, and beliefs surrounding death can provide an individual with effective and functional routines for management of the death and dying process (Cook & Oltjenbruns, 1989). Religions offer a perception of continuity in perceiving death as a chance for rebirth, or transition between one life form to another, such as the belief of reincarnation (Backer et al., 1994). Social influences may be reflected by the dying individual’s needing to feel that someone still cares (Cook & Oltjenbruns, 1989). They may also be seen as a leveler by some people that despite money, power, or fame, everyone eventually dies (Backer et al., 1994). Developmental influences relate to age and cognitive ability to understand death (Wolfelt, 1991). Dying trajectories, along with culture, religion, social, and developmental factors, affect the dying process.

Dying trajectories describe the patient’s perceived course of dying. Each dying trajectory has two outstanding properties. First, it takes place over time, and second, it has shape or can be graphed (Backer et al., 1994). Four death trajectories developed by Glasser and Strauss are
described by Cook and Oltjenbruns (1989):

Certain death at a known time. Time frame for resolving dying issues is quite clear, for example, liver cancer or accidents.

Certain death at an unknown time. This is typical of a chronic fatal illness like cystic fibrosis.

Uncertain death, but at a known time of resolution. A person may need to go through a crisis before knowing prognosis. Advanced heart disease that requires surgery would fall into this category.

Uncertain death and unknown time of resolution. People must deal with the ambiguity associated with an illness like HIV, multiple sclerosis or genetic diseases.

The dying trajectories describe the process of death, but not an individual’s experience of dying. The process of dying as described by Kubler-Ross (1969) can be delineated into five phases:

Denial and isolation: This is the first response of a patient when informed he/she was dying. It helps to buffer the unexpected news while giving the patient time to collect him/herself and mobilize other defenses.

Anger: Denial gives way to feelings of resentment, rage, and envy. It is often displaced and projected at people around the patient.

Bargaining: It is an attempt to postpone death. A person may focus on events or projects and use these to
bargain with in hopes to gain more time.

**Depression**: When a seriously ill patient can no longer deny the signs or symptoms of the disease he/she replaces anger and rage with feelings of depression and great loss. This is a phase of anticipatory grief.

**Acceptance**: This occurs after an individual has had enough time to experience the above phases. He/she no longer battle powerful feelings of anger, depression, and loss and may turn inward with their thoughts and feelings.

An individual’s perspective of life and death will affect how he/she copes with the dying process (Backer et al., 1994). After understanding the patient’s way of experiencing life and death, people can begin assisting him/her and caregivers in coping with dying.

**Problems**

A grieving individual often does not receive helpful support after a family member dies because a large part of society does not understand the grief process. This leads to the development of other problems, where in extreme cases, a person may become violent toward others, be unable to remember or talk about the deceased, exhibit self-destructive behaviors, lose contact with reality, or over react when an insignificant loss occurs (Cook & Oltjenbruns, 1989). A child who is deprived of grieving develops acting out behaviors that are usually opposite of
their pre-grief behaviors. These may include angry outbursts, defying authority, a drop in grades, or associating with a different peer group. Without resolution, these behaviors often increase in severity as the child ages (Wolfelt, 1991). According to Jewett (1982) adolescent and adult emotional distress, which include depression, alcoholism, anxiety, and social tendencies, is often linked with bereavement suffered in childhood.

Grief and Loss

Grief, bereavement, and mourning are often used interchangeably although there are differences in their definitions (Cook & Oltjenbruns, 1989). Bereavement is defined as the actual state of deprivation caused by the loss (Wolfelt, 1991). Grief is the psychological state characterized by mental anguish and is the response of emotional pain to the loss (Backer et al., 1994). The social prescription for the way in which one is expected to display grief connotes mourning (Cook & Oltjenbruns, 1989). The grief process is complex and has multifaceted responses.

The grief process consists of a number of phases. According to Backer et al. (1994), phases are used to describe the grief process instead of stages because grief can be viewed as a succession of clinical pictures that blend into and replace one another. The first response is
one of shock and disbelief. The second phase includes intense emotional responses, despair, and disorganization. Reorganization and recovery is the last phase (Dalley, Case, Schaverien, Weir, Halliday, Hall, & Waller, 1987). The transition between and through these phases is referred to as grief work.

Grief work is an absorbing process. Wolfelt (1991), defines it as "activities associated with thinking through the loss, facing its reality, expressing the feelings and emotions experienced, and becoming reinvolved with life" (p. 27). Although there is no absolute agreement as to the duration of the normal bereavement period, the acute feelings begin to diminish within six months to one or two years. However, many people continue to experience grief-related feelings for a much longer time (Cook & Oltjenbruns, 1989). During grief work the bereaved individual may also suffer physical symptoms.

The symptomatology of grief and bereavement may be evident in the grieving individual’s affect, behavior, attitudes, cognitive impairment, and physiological changes. Stroebe and Stroebe (1989) concur that the affective symptoms may be exhibited in depression, anxiety, guilt, anger and hostility, anhedonia or loss of enjoyment, and loneliness. Behavioral symptoms will manifest in an individual as agitation, fatigue, and crying. The symptomatic attitudes toward self, the deceased, and
environment will be evident in the grieving individual’s self-reproach; low self-esteem; helplessness and hopelessness; sense of unreality; suspiciousness; interpersonal problems; or a yearning for imitation of, idealization of, ambivalence towards, images of, and preoccupation with the memory of the deceased. Likewise cognitive impairment will be revealed through slow thinking and poor memory. Physiological changes and bodily complaints may be seen in loss of appetite, sleep disturbances, and energy loss. Bodily complaints such as headaches, back pain, or nausea, or physical symptoms may been seen related to the illness of the deceased. A grieving individual may increase or decrease the use of medications or drugs and become more susceptible to illness or disease (Backer et al., 1994).

Grief and Children

Grief is an expression of love. Mourning the death of someone is an appropriate emotion for people of all ages. Children’s responses to grief fluctuate according to their concept of death, which is attributed to their developmental level, relationship to the person who died, the circumstances surrounding the death, and the caregivers’ ability to communicate with and emotionally support them (Grollman, 1995). Children’s concepts about
death develop from life experiences and a natural maturational sequence.

Children perceive death differently at each developmental stage. According to Fitzgerald (1992), preschool children will need to hear the same information over and over again, because they cannot comprehend the finality of death. Young school-age children are beginning to learn death is real, but believe it can only happen to old people. Older school-age children understand death happens to all ages, but believe it happens only to other people. This is also the age of telling ghost stories and imagined adventures, which help children to see death as a tangible being (Backer et al., 1994). Around the age of ten years children begin to have fears that a parent may die, and may even have nightmares about them dying.

Teenagers are fascinated with death and often spend time fantasizing about their own death and funeral. They are still not really in touch with the finality of death or the impossibility of their really enjoying their own funerals (Grollman, 1995). Children of all ages often focus on something pleasant, because the emotions of grief are so hard to handle. For example, a child asked for a kitten when she heard that her father had died, because she didn’t want to think about her dad being gone. Another child drew a picture to depict his last birthday while
other children talked about the girl in the neighborhood who had been murdered (Fitzgerald, 1992).

A child’s grief response will vary depending upon their relationship with the deceased. Worden (1996) states that the bereavement experience will be worse if children lose a parent. In general, the loss of a mother is more difficult than a father. It creates more daily life changes and in most families is also the loss of the emotional caretaker. The loss of a sibling causes a child to realize the fragility of life, and is often beset with more guilt than other grieving children (Grollman, 1995). When a grandparent dies a child may display little grief (Fitzgerald, 1992). However, the more the grandparent touched the child’s life, the deeper the sorrow the child will experience. Children’s first introduction to grieving is usually because a pet died (Grollman, 1995).

There are a variety of circumstances surrounding the deceased that may affect the child’s response. These may include "the nature of the death--when, how, and where the person died" (Wolfelt, 1991, p. 21); knowing about the death before it happens; and the amount of information the child is given about the seriousness of the individual’s illness (O’Connor, 1984).

The family unit plays a significant role in the child’s ability to understand death and grieve. Worden (1996) says that children like adults must believe the
deceased is indeed dead and will not return to life before they can deal with the emotional impact of the loss. Therefore, children are at a disadvantage when they are protected from the truth, told nothing for a long time, given part of the information, or told euphemisms or nothing at all. At times children are not allowed access to rituals surrounding death which provide both a framework to hold the very basic fears and a socially accepted expression for grief (Case, 1987). Parents or caregivers who can understand, experience, and cope with their own emotions of grief; share themselves with the child while also helping the child understand his/her reactions; and help the child cope with his/her own experience with death will build emotion stability in the child and themselves (Wolfelt, 1991).

Children's grief or mourning varies depending upon their cognitive development. According to Zambelli, Clark & Hodgson (1994), protest and denial, despair and disorganization, and reorganization are the three stages of mourning during infancy. Infants will adjust most easily to a surrogate parent. Children who are 2-5 years old are more likely to feel anxious and express reactions to grief behaviorally. This age is more affected by grief-related behaviors for many years after the loss; especially if the deceased is a parent. Whereas denial is the chief form of defense of 5 to 8 year olds, and they often cry in private.
This age is also the age of magical thinking. Children may feel they caused the death because of bad thoughts they had before an individual died. Moreover, children between the ages of 8 and 12 use denial as a defense. They may avoid mourning, and may immediately develop maladaptive responses. Furthermore, adolescents' mourning is similar to adults, but they are less likely to express their feelings for fear of looking abnormal to peers.

Grief work for children consists of four tasks. Worden (1996) identifies these as:

1. A child needs to accept the reality of the loss. He/she must believe the deceased is indeed dead. This requires that the child comprehend the nature of abstractions, such as finality and irreversibility, an understanding that emerges when the child is capable of operational thinking.

2. A child needs to experience the pain or emotional aspects of the loss. If he/she does not acknowledge and work through the variety of emotions associated with the loss, somatic symptoms or aberrant behavior patterns will develop.

3. A child needs to adjust to an environment in which the deceased is missing. The nature of this adjustment is determined by the roles and relationships the deceased played in the child's life.
This adjustment is done over time and may be revived at many points in his/her life, especially when life events reactivate the loss. For example, first communion, high school graduation, or marriage.

4. A child needs to relocate the dead person within one’s life and find ways to memorialize the person. The bereaved needs to find a new and appropriate place for the dead in his/her emotional life. One that enables the child to go on living effectively in the world.

Grief work also entails meeting the needs of grieving children. It is important that adults tell children the truth about a death by making open and honest statements appropriate for each child’s level of understanding and development. This helps to keep children’s fears and anxieties to a minimum (Fitzgerald, 1992). Adults need to reassure children they are not to blame; involve and include children before and after the death (Worden, 1996). Also children need adults who are careful listeners, validate their feelings, and will help them with their overwhelming feelings (Rando, 1986). Lastly, children need to be with adults who can model appropriate grieving, because children learn how to mourn by observing behavior in adults (Worden, 1996).

Adults need to beware of the various symptoms that are indicative of a child who is grieving. Since a child’s
verbal skills are limited, Rando (1986) believes the symptoms are usually exhibited in the child’s behavior. They include, among others, (1) changes from previous behaviors; (2) dropping grades; (3) a supposed lack of caring; (4) acting out, either by aggressive behavior or by being quiet and withdrawn; (5) lack of appetite; (6) depression; and (7) suicidal ideation. These symptoms are intense during a child’s early grieving, yet may be seen at other times throughout his/her life (Grollman, 1995). This happens because a child grieves sporadically and becomes in touch with grief whenever big events occur that the deceased would have participated in or attended (Fitzgerald, 1992).

Anticipatory Grief

Anticipatory grief is the process of normal mourning that occurs in anticipation of death and its consequences. According to Cook & Oltjenbruns (1989), after a life threatening illness is diagnosed, the dying individual, together with family members and friends, often begin to grieve. They will grieve in anticipation of the emotional pain, the changes the death will bring, and the many losses that are a part of the dying process (Levy, 1991).

When an individual is diagnosed with a terminal illness, a child and his or her family are confronted with a crisis from knowing about the impending death. Rando
(1986) states that adaptational tasks need to be addressed with family members that will occur as a result of living with a chronically ill person. These include the remissions and relapses; the lengthened periods of anticipatory grief; increased financial, social, physical, and emotional pressures; long-term family disruption; progressive decline of the patient with consequential myriad emotional responses by family members; longer periods of uncertainty; intensive treatment regimens and their side effects; and dilemmas about decision making and treatment choices. Through understanding these factors, family members will find it less difficult to comfort the dying patient when they are struggling with ways to live with them as fully as possible until their death (Cook & Oltjenbruns, 1989).

Children and Anticipatory Grief

A child’s ability to deal with anticipatory grief is influenced by many variables which correlate with other types of grief and loss. Some of these are related to age development, time of loss, previous losses, support, ethnic background, self-esteem, self-work, personality differences, family coping abilities, religion, circumstances, how child is told, family’s allowance for grieving, and the child’s ability to mourn and deal effectively with loss (Rando, 1984). Often a child’s
anticipatory grief process is inhibited. This inhibition may be due to the adult's inability to mourn, lack of a caring environment, confusion regarding illness, ambivalence toward the dying person, the child's inability to put feelings into words, instability within the family unit (Rando, 1986).

It is believed that individuals who have the opportunity to engage in anticipatory grief have less intense reactions and often complete their grief work earlier. Pettle and Britten (1995) feel that children need to be respected as individuals during bereavement. This can be done by providing ways for children to begin grieving when a family member is terminally ill. Treatment interventions in anticipatory grief for children according to Rando (1986) consists of the following:

1. Recognize that children grieve and give them permission to mourn.
2. Children experience sorrow and loss. Anger, panic, denial, numbness, and physical illness are normal experiences in varying degrees.
3. Help children by having them verbally or nonverbally express their emotions through talk, drawing, making something in clay, choreograph to music, write a story or poem, read bibliography concerning loss, and go for a brisk run or quiet walk.
4. Talk with children about the guilt they may be feeling.
5. Encourage children to recognize their anger and develop ways to constructively discharge it.
6. Help children become aware of those feelings and events that are ever-changing due to anticipatory grief.
7. Help children break down the mourning process into parts so they can deal with it and assimilate it a little at a time.
8. Explain to children that everyone experiences highs and lows during the mourning process.
9. Be cognizant of each child’s developmental stage.
10. Try to answer children’s questions regarding such matters as the medical situation, funeral services, and the different feelings they may be experiencing.
11. Provide as much reassurance and tender loving care as possible for children.
12. Try to model appropriate grieving behavior.
13. Do not lecture or make decisions for the children. Instead explain in age appropriate terms alternatives available.
14. Do not measure children’s loss. Each child’s pain over the loss varies along with the time needed for healing to occur.
15. Help children develop some patience with themselves and others around them through learning relaxation skills, or vent anxiety by running, exercising, or talking.

16. Encourage children to take care of themselves by eating properly, getting enough sleep, and exercise.

17. Give the children permission to take a break from grief and spend some time with their peers.

18. Help children put things into their life that are symbolic of life; for example, plants, music, or pets.

19. Use bibliotherapy, which is the use of books related to death, dying, and grief. Suggest readings, but do not mandate.

20. Give hope and encouragement. Help children to remember happy moments and to cherish them. Reminding them no one can take these memories away from them.

Art Therapy

Art therapy was originally used in conjunction with Freud's and Jung's therapeutic approaches. Freud saw evidence of pathology in art (cited in Liebmann, 1990). Art therapists who use Freud’s psychoanalytic approach encourage the pictorial expression of inner experience. The art is recognized as a process of spontaneous imagery
released from the unconscious, which is similar to the process of free association (Dalley et al., 1987). Jung was intrigued by the creative life in his patient's pictures (cited in Liebmann, 1990). He viewed art as being equivalent to dreams and as a key to the unconscious life of his patients if the images could be properly interpreted (cited in Dalley et al., 1987). Today, art therapy is often used in conjunction with other therapies and styles of counseling, utilizing the similar qualities it has with each one (Liebmann, 1990).

In the past most art therapists worked in psychiatric hospitals with acutely mentally ill patients. However, Liebmann (1990) says that with hospitals closing, many art therapists have taken their work into various community places. These include day hospitals, day centers, halfway houses, and group homes. AATA (1985) says that over the last twenty years art therapy has been introduced and continues to develop a place within the school system. It is a psychoeducational therapeutic intervention which offers children a way to work through obstacles that may impede educational success.

Therapy is often defined as a process of engendering favorable change which out lasts the session itself. Therefore, art therapy may be defined "as the use of art in the service of change on the part of the person who created the artwork" (Liebmann, 1990, p. 13). Art therapists
believe art therapy can be used by many people and that no special ability or disability is needed; just the willingness to use art materials in an exploratory manner.

Art therapy has been known to benefit many populations, including children who are grieving. It is a primary modality in children's groups, because it seems to "promote new levels of perceptual organization that involve shifts in the way children organize their object relations" (Zambelli et al., 1994, p. 19). The conscious and unconscious expression is stimulated by art therapy while providing a safe setting for children to work through bereavement (Simon, 1981).

Artwork produced by grieving children will be different from other children. According to Zambelli et al. (1988), children have strong, unexpressed emotions that they are fearful of verbalizing, and the art approach aims to make over these covert feelings through the use of symbolic communication. Therefore their work generally contains symbols that are reflective of grief, death, and funerals and are produced spontaneously (Zambelli et al. 1994).

Various techniques are used to help children process their grief which include drawing, clay, music, puppets, writing, storytelling, and games. An art therapist may ask the children to draw specific pictures related to their bereavement, such as drawing something they worry about,
that makes them mad, a memory about the deceased, a recent
dream, or something that scares them (Worden, 1996). Clay
provides a physical and artistic outlet for children’s
emotions. Music helps to create a conduit for adolescents
to discuss feelings and issues. Children like to create
songs which often mirror their grief (Grollman, 1995).
Puppets allow children to project onto the puppet thoughts
and feelings that are too difficult for them to own.
Writing activities, such as journaling, letters, lists, and
memory books help to enhance art activities (Fitzgerald,
1992). Storytelling incorporates the use of books on grief
and children creating their own stories, followed by
discussions. Children love games and because it is only a
game it is easier for bereaved children to express taboo
feelings and beliefs (Worden, 1996).

Summary

A review of literature was compiled about death,
dying, and grief, and utilization of art therapy. A
summary of the major findings follow.

Death is a natural part of the lifespan and cannot be
avoided. An individual’s perception about death and dying
is influenced by culture, religion, social, and
developmental factors. Dying trajectories describe the
patient’s perceived course of dying, while the individual’s
experience of dying is divided into five phases.
Problems develop when grieving individuals do not receive helpful support and may increase in severity without resolution after a family member dies. Emotional distress in adolescence and adulthood is often linked with bereavement suffered in childhood.

Grief, bereavement and mourning are often used interchangeably, although there are differences in their definitions. The grief process consists of a number of phases which blend into and replace one another. Grief work is an absorbing process and may cause individuals to suffer physical symptoms. These symptoms are evident in the grieving individual's affect, behavior, attitudes, cognitive impairment, and physiological changes.

Children's concepts about death develop from life experiences and a natural maturational sequence. They perceive death differently at each developmental stage. Their grief response will vary depending upon their relationship with the deceased. The family unit plays a significant role in a child's ability to understand death and to grieve. Children's grief or mourning varies depending upon their cognitive development. Grief work for children consists of four tasks and entails adults meeting the needs of grieving children.

Anticipatory grief is the process of normal mourning that occurs in the anticipation of death and its consequences when an individual is diagnosed with a
terminal illness. Family members who can understand factors that result from living with a chronically ill person are able to comfort the dying patient and live with them as fully as possible until their death. Individuals who have the opportunity to engage in anticipatory grief have less intense reactions and often complete their grief work earlier. A child's ability to deal with anticipatory grief is influenced by many variables which correlate with other types of grief. Often a child's anticipatory grief process is inhibited and needs to be provided treatment interventions to encourage grieving.

Art therapy has been known to benefit many populations, including children who are grieving. It is a primary modality in children's groups. Art work produced by grieving children will be different from other children. Drawing, clay, music, puppets, writing, storytelling, and games are techniques used to help children process their grief.
CHAPTER 3

METHODOLOGY

Purpose

The purpose of this study was to describe how art therapy helped a child cope with anticipatory grief. The research question was, "How successful was art therapy in helping a child cope with anticipatory grief?"

Research Design

This study utilized a case study approach. A case study is defined as "an intensive description and analysis of a particular social unit that seeks to uncover the interplay of significant factors that is characteristic of that unit" (Merriam and Simpson, 1995, p. 221). This design was applied to a child who used art therapy to work on anticipatory grief that resulted from her maternal grandfather being diagnosed with terminal cancer. An intense description and analysis of the data collected was the end product of this research. It was chosen because the population available for research data collection consisted of one.
Source of the Data

The source of the data was a hispanic female, alias name of Chris, residing in a low socioeconomic urban area. During the eighth session, her mother and her aunt moved in with her grandparents so that the grandmother would have help in caring for the grandfather. Chris attended a nearby elementary school. She was referred by the school's Social Worker and her teacher to the Art Therapist Intern (this researcher) on campus.

The school's social worker suggested that the Art Therapist Intern (this researcher) meet with this student, because of concerns the teacher expressed about the student. The Art Therapist Intern gave the student's teacher a referral form (Appendix A) to complete and return in order for the student to be seen. The teacher did not cite any behavior or attention problems. In the comment section she stated "Grandfather is dying of cancer. This seems to be on her mind often. Talks a lot about his pain and her sadness." An initial meeting between Art Therapist Intern and student was then scheduled.

The Social History Profile (Appendix B) provided the following information.

Chris was a nine year old hispanic female. Her primary language was English with some Spanish.

Initially Chris lived in an apartment with her mother and her aunt (maternal). She shared a bedroom with her
mother. Her mother has been divorced since she was a baby. Chris rarely had contact with her father. She stayed with maternal grandparents after school until her mother got off work.

Chris stated that she had one best friend, but got along with all of her classmates. However, she didn’t like it when her friends fought.

Chris was in the fourth grade and averaged A’s and B’s on her report card. English was her worst subject. Her teacher referred her to the Ace Program. This program was for students who excelled academically and met one hour each Thursday morning for her grade level.

Chris said that she was basically healthy. She had problems with allergies at times. When she was six years old she spent several days in the hospital with a bad flu. Chris stated that she liked life and her grades were good. Pizza was her favorite food. Chris cared about friends and family and that she didn’t like to see them hurt.

The therapist observed that the Chris was very polite, dependable, friendly, and sensitive of other people. She was clean and dressed neatly. She had a sociable personality which was evident in the way she told stories about her family with ease and used physical expression as she spoke. Chris appeared sad when she talked about her grandfather being sick.
Procedures

The data were collected from the child’s teacher, her mother, and the school social worker during individual sessions, and documentation in casenotes over a three and one-half month period. The student and Art Therapist Intern usually met one hour per week.

An inner-city agency had received funding to provide a Gang Intervention/Prevention Program at the elementary school where the research for this case study was done. The program was a cooperative effort between the elementary school, the school’s Social Worker, the agency Supervisor, and an Art Therapy Teacher at a local university which provided two Art Therapy students as interns. The interns fulfilled the agency’s contract with the school by providing art therapy as an intervention/prevention program on Tuesdays and Thursdays during the 1996-97 school year. Students were referred by the principal, social worker, and teachers.

Therapy sessions were conducted at one of the following four locations, depending upon availability:

1. Mini Store Coordinator’s Office – This was a very small office located within the ESP (Exceptional Student Program) office, across from the administration offices. The office contained two desks and two chairs, and a bookshelf that covered most of one wall. The smallest desk held a computer, keyboard, and two stacking
file trays. The other held a computer, keyboard, and a printer. The keyboard on the smallest desk was placed on top of the file trays which created a small work area for doing art during sessions.

2. Mini store - This room was located next to an eighth grade classroom. It contained miscellaneous grocery items for students to purchase through points they earned. There was a 3’x 5’ table with four chairs, two on a side. The sale items were moved to one end which left about three-quarters of the table as a work area.

3. Room 31 - This was a classroom that was used mainly for individual testing and on Thursdays for the Ace program. It contained three desks with chairs, two round tables with four chairs each, a 6’x8’ table with six to eight chairs, and a couch. One of the round tables or the end of the rectangle table was used for therapy sessions.

4. Room 10 - This was the Home Economics classroom. This room was divided into two classrooms which were separated by a wall with double swinging doors. Art therapy was conducted in the back room. It was set up for sewing. The room contained a teacher’s desk with a chair, ten sewing machines, four 3’x5’ rectangle tables that seated four students each. On three walls were built-in storage units -- one and one-half walls had floor to ceiling storage units while the other one and one-half walls had waist high units for storing students’ work in
progress and the top could be used for cutting fabric. Sessions were done at one rectangle table with four chairs, located close to the double doors.

5. Art Therapy Room - This was a storage room located inside of the Home Economics sewing room in the rear. The shelving units were along all four walls. One 4'x8' unit was used to store markers, crayons, scissors, modeling clay, glue, construction paper, and white bond paper. Half of one wall unit was divided into small square units which contained miscellaneous art supplies. The other half was used to hold students' projects in process. The rest of the shelving units contained old text books. In the middle of the room was one round table that held four to six chairs. There were also five preschool size chairs to one side and a box of puppets. This room was shared with another Art Therapist Intern, which made it available to this researcher mainly on Thursdays.

When working in locations other than the art therapy room a tote bag was used to carry art supplies. It usually contained makers, crayons, modeling clay, chalk pastels or craypas, two kinds of paper, scissors, glue, and a pen. Other supplies were added when students were working on special projects.

Assumptions and Limitations

This study may be developmentally representative of
other children at this age who have grief issues. However, it may be difficult to generalize this study to the population at large, because the data were based on detailed information relating to one nine year old hispanic female.

**Method of Analysis**

This researcher reviewed case notes and information acquired from other school staff, which was then compiled into a descriptive summary. Conclusions were drawn by comparing the summarized findings with the research question to determine if there was a positive change in the client's anxiety level, classroom behavior, and academic progress after she participated in art therapy.
CHAPTER 4

PRESENTATION AND ANALYSIS OF THE DATA

Findings and Results

Chapter four presents summaries of the content and results of twelve, one hour therapy sessions conducted between the Art Therapist Intern and Chris. The information was compiled from individual sessions and documentation in casenotes over a three and one-half month period during the 1996-97 school year. Chris is an alias name used to respect client confidentiality.

Session 1

Location: Room 31

Session Content: The focus of this session was to obtain Social History information, introduce client to art therapy, and begin developing a therapist/client relationship. Art Therapist Intern went to student’s classroom to get her. (School policy was students had to have a pass or be with school staff during school hours.) This therapist introduced herself to the student. The student then reported that the school Social Worker had told her about the therapist and how participating in art therapy might be helpful in dealing with her grandfather’s
illness. In the room the therapist explained that art therapy helps individuals show what they feel when it is difficult to verbally express something. Chris stated that she liked to draw, color, and make things. She said, "It was fun." The therapist asked Chris to draw a picture of her family while she asked her some questions. The therapist explained to Chris that she was not required to answer if she didn’t feel comfortable in doing so. Confidentiality was also explained at this time. Chris agreed to inform the art therapist when she didn’t want to say something. After collecting the social history information, the therapist asked the Chris to talk about her family drawing (Appendix C). She stated that her mom, her aunt, and her had lots of fun together and that their house was a happy place. Chris was asked to give two words to describe each family member. She stated "Mom is loving and caring, Aunt is nice and loving, and I’m nice and caring." The therapist stated that their time together was almost up and asked Chris how she would feel about meeting together again. Chris smiled and stated that she would like that very much. It was agreed to meet at the same time and day every week. This therapist gave Chris a consent form (Appendix D) for her mother to fill out and was asked to bring it back by the following Tuesday.

Therapist’s Observations: The goals were attained when the client answered social history questions, drew a family
picture, and told stories about her family. Chris spoke freely and used appropriate expression throughout the session. She appeared to be a happy and well-adjusted nine year old with a supportive family unit. Stories were told by Chris about various family members with enthusiasm and physical expression. Her drawing was developmentally appropriate. Chris became teary eyed when she talked about her grandfather's illness. The session indicated that the Chris was dealing with anticipatory grief issues resulting from her grandfather being diagnosed with terminal cancer. Chris exhibited a need for a safe environment with someone outside of her family to help her explore and resolve the various emotions she is encountering surrounding her grandfather. This Art Therapist Intern indicated that "The Program Goal Plan" (appendix E) treatment would focus on: "2. Raise self-esteem level with activities that: d. Give students opportunities to discuss how to deal with personal problems. k. Help students learn appropriate coping skills. 4. Increase level of self-management by using activities that: d. Help student set goals for the future."

Session 2
Location: Room 10
Session Content: Therapist planned to further develop a therapeutic relationship by allowing client to chose art
medium and topic at beginning of session. Chris chose clay to work with as she told this therapist about her Thanksgiving Day. She rolled yellow clay as she said, "my mother and I went to my other aunt's house for Thanksgiving dinner." Chris talked about playing tag outside with her cousins while waiting for lunch. She then stated that she was going to make her grandfather out of clay and began rolling some green clay into a ball. As she worked, she talked about feeling very sad when the family sat down to eat, because her grandfather had been too sick to come. Chris stated, "Now I'll work on the body." Then she began talking about the ways her grandfather would make the family laugh. She finished making him and asked if she had time to make herself. The therapist told her that she probably would, but that she could finish next week if needed. Chris began to work again while talking about a time when her grandfather played with her cousins and her. She stated that he was a lot of fun to play with and that he had played with her since she was a tiny baby. Therapist and client talked about her having many good memories and that she might like to make a memory scrapbook or something to tell about these times. Chris smiled and said that might be fun. This therapist and Chris talked about what a book like that might contain as they put the clay away. This therapist told the Chris she would store her work in a safe place until the next week. As Chris and
the therapist walked back to her classroom, the therapist asked her to think about a story she would like to tell next week using her clay figures. Chris smiled and said that she would have a story about her grandfather and her.

**Therapist's Observations:** Chris chose an art medium quickly and began talking with little direction from Art Therapist. She exhibited good coordination and normal development of fine motor skills. Chris talked freely throughout the session, but became quiet for a moment when making a decision about her work. It was apparent through Chris' storytelling that she had many positive memories to draw upon as she experienced anticipatory grief.

**Session 3**

**Location:** Room 31

**Session Content:** Therapist's goals for this session were to have client tell a story relating to clay figures that were made by the client the previous session. Also encourage client to begin identifying feelings in relationship to situations. Chris brought in a swing set (Appendix F, 1) that she had drawn on construction paper and then cut out. Chris showed the therapist of several places that had been cut through. Chris said that she cut them accidentally and wanted to know if the therapist had tape to repair the swing set. Chris told about the swing set being like the one she used to swing on at the park.
She stated, "I want to put my clay figures on this." The therapist and the client got out her clay figures from the week before. Chris tried to put the clay figures on the swing set, but they were too heavy. The therapist and Chris discussed the problem she was facing and possible solutions. The therapist suggested that Chris make a three dimensional (3-D) swing set, since her figures were 3-D. Chris liked the idea and asked how to do that. The therapist told Chris that chenille stems, look like pipe cleaners, but they are available in various colors and are fuzzier. Chris was informed that the supplies would be available at the next session, because they were stored in the art therapy room where another session was being conducted. Chris was then asked if she had remembered to bring a story to tell about her and her grandfather. Chris said that she wanted to tell one about her and her grandfather going to the park. She talked about swinging while her grandfather pushed her or sat on a nearby rock. Chris talked about feeling happy then and how she feels sad now. The therapist asked Chris to pick a color that represented the feeling she felt when she was at the park with her grandfather and to let the piece of paper represent her and that feeling. Chris chose a pink chalk pastel to represent how happy she was. She colored the entire sheet of paper (Appendix F, 3). The therapist then asked the Chris to choose a color to represent the feeling
she had now that her grandfather could not go to the park with her. Chris chose the color gray. The therapist asked her to color how much she felt gray on a different sheet of paper (Appendix F, 4). Chris stated "gray is for my sadness." She colored about three-quarters of the page gray. The therapist then asked her what feeling or feelings were on the space that was not colored. Chris stated that she felt happy, so she colored that part with the pink. The therapist asked, "If the color gray could speak, what would it say." Chris said that it was sad because her grandfather could not get out of bed much; he didn’t like to eat; he slept a lot; and he didn’t feel like playing with her anymore. The therapist told Chris these were reasons for feeling sad and that the therapist also felt sad like this when her grandmother was sick and dying. The therapist asked Chris to tell about the happy part. Chris stated that she was happy that her grandfather was still alive, because she could talk with him after school. The therapist asked Chris if there was anything else she wanted to say about feeling happy or sad. Chris said that she couldn’t think of anything. The therapist told Chris that their time was almost up and reminded her about making the swing set the next session.

**Therapist’s Observations:** Chris appeared to be proud of the construction paper swing set she had made. This was apparent in her smiling and giving details of how she had
created it. However, when it did not hold the clay figures she appeared disappointed and talked about it being a mistake. Her attitude changed to a more of positive one once the therapist helped her look at it like a blueprint and the idea that some things have to be done in several steps. This attitude was shown in her response that her swing set was even blue like the word blueprint. Chris continued to show appropriate expressions when talking about how situations made her feel. Associating colors with feelings kept Chris from becoming teary eyed and possibly feeling overwhelmed, yet allowed her to connect the feelings with specific situations.

Session 4
Location: Room 10
Session Content: The session goals were to continue helping the client identify feelings associated with her grandfather and determine the client's perspective on death and dying. The Art Therapist offered Chris the choice of making a swing set as they talked about the previous week or making an Hershey kiss Angel ornament for her tree. Chris stated, "I'd liked to make an Angel for my tree." Chris worked on her ornament while making a few comments about her upcoming Christmas break. She stated, "I will stay with my grandmother and grandfather while my mother works." Chris then inquired as to how should she make a
face for the angel. The therapist answered the client's question. Chris talked about activities she was involved in at school, because of the Christmas season, as she continued creating her ornament. Upon completion of the project, Chris smiled while stating that she enjoyed making it. She then asked if she could make another one. The therapist told Chris she had enough time to make one more. After finishing the second Angel, Chris said that she was glad to have something special for her tree and her grandparents' tree. The therapist wished Chris a Merry Christmas, and told her that they would meet again after the holidays.

Therapist's Observations: Chris appeared happy, but reserved at the beginning of the session. Treatment goals were ignored, after Chris answered questions asked her with very short answers. It appeared to the therapist that Chris needed to be in charge of the session. This may be the result of several different scenarios: 1. Chris was still sorting out last week's session. 2. Most children at this school have a difficult time at holidays. 3. Chris may be struggling with the holidays and her grandfather's illness. Apparently this is what Chris needed, because by the end of the session she was smiling and talked with ease about her school activities. Chris appeared relaxed and was more like her usual self as the therapist walked her back to class.
Session 5

Location: Room 10

Session Content: Therapist intended to give the client a chance to talk about the holidays and help her acknowledge changes that might have occurred due to her grandfather’s illness. Chris said, "I had a nice Christmas, but we didn’t do anything special." "My grandfather is feeling good." The therapist asked Chris if she could remember what they were going to do today. Chris smiled, while responding, "we are going to make a swing set." The therapist brought out Chris’ previous swing set while reminding Chris it was to be used as a guide, like a blueprint. Next Chris was shown the chenille stems and informed that red was the only color found in the art therapy room. Chris said that the color red was OK with her. Chris and the therapist discussed how to make the swing set. Chris decided to use one stem for the top and would fold one in half to make each section. Since wire was the base of the chenille stem Chris said, "I can twist the pieces together." After getting the three side sections attached, she cut two stems in half, making four pieces. She used one piece in each section to create a cross bar. Chris then used a chenille stem to make one swing and one and one half stems to make the other swing. Chris showed the therapist the completed swing set (Appendix F, 2). She stated, "It only has two swings, not
three like the swing set at the park, but that's OK." Therapist informed Chris that their time was up and that the next session Chris could use her clay figures and the swing set to tell a story. Chris expressed with excitement that it would be hard to wait a week, but that she would. **Therapist's Observations:** It was apparent to the therapist that Chris did not want to discuss the holidays by her brief statements. Therefore, the therapist shifted to reminding Chris about the previously discussed project. Excitement within Chris grew as she built the swing set. She smiled more and her face seemed to become radiant. Chris exhibited good organizational skills by planning and talking about what she was going to do before starting. Chris's statements revealed that her mother and grandfather are the two most influential people in her life. They also indicated that Chris is having a difficult time watching her grandfather's physical deterioration.

**Session 6**

**Location:** Room 10

**Session Content:** Session goal was to encourage Chris to reminisce while focusing on changes that were occurring because of the grandfather's illness. The therapist asked Chris to set up the swing set with her clay figures. Chris asked, "Can I use extra clay to make a rock for my grandfather to sit on." The therapist answered, "yes",,
and suggested that Chris may also want to use small pieces of clay to secure the swing set to the paper so it wouldn’t fall over. The therapist observed while Chris worked on setting the stage. Chris quietly talked to herself about what she needed to do. Chris smiled and laughed when she put the clay figure of herself on the swing and its arms fell off. Chris informed the therapist that her swing set (Appendix F, 2) was ready. She said, "My grandfather took me to the park when I was three years old and I swung in the baby swing so I wouldn’t fall and get hurt." Chris talked about various ways her grandfather and she pretended together. When Chris finished telling her story, the therapist acknowledged the special relationship the grandfather and Chris had. The therapist and Chris discussed how her grandfather and her were alike and different, also how the relationship had changed since his illness. The therapist then asked Chris, "If you could give your grandfather one gift that couldn’t be bought, what would it be?" Chris was thoughtful for a moment. Then she smiled as she talked about giving her grandfather a box of her love that could never be opened, just held. The therapist responded by asking Chris what she would think about giving a box of love to her grandfather that could be opened. One that could sit in his lap and held items, like the swing set, to remind him of their special times together. Chris said with excitement, "I want to
make him a box of love and put my swing set in it." As the session came to a close, the therapist suggested Chris bring whatever she would like to the next session. On the way back to Chris’s classroom she talked about all the things she could put in "my box of love." The therapist promised to bring boxes and wrapping paper to the next session for Chris.

**Therapist’s Observations:** Chris’ grandfather was the main male role model for her and had become her surrogate father. Chris had difficulty acknowledging her grandfather was terminally ill. She portrayed magical thinking by saying several different times that if she thinks good thoughts and prays for him that he will not die. The therapist addressed this with broad statements and planned to look for other opportunities to help Chris increase her awareness. Making a box of love filled with memories seemed like it would fill the need for Chris to remember special times with her grandfather. It would also present situations in which Chris could process some of her feelings associated with the grieving process.

**Session 7**

**Location:** Mini Store Coordinator’s Office

**Session Content:** Session was to continue offering the client a place to talk about personal situations, and encourage her to think about the future. Chris reported
that she forgot to bring things for the session today. She asked for a piece of paper so that she could make a list to help her not forget again. Chris carefully folded the list and put it in her pocket. The therapist showed the boxes and wrapping paper available for Chris's choosing. Chris chose an empty 500 count envelope box and angel wrapping paper. Chris said, "My mother says that I'm an angel." The therapist and Chris sat on the floor to wrap the box. Chris laid the wrapping paper on the floor and sat the box on top. She moved the box in different directions before deciding what direction she wanted the angels on the paper to be on the box. Chris talked about knowing how to wrap packages and showed the therapist each step she had to do. Chris wrapped the lid in the same manner. When both were wrapped Chris put the lid on the box and exclaimed how pretty it was. The therapist and Chris discussed what love meant to Chris, after returning from taking polaroid pictures outside of client to put in her box. Chris talked about feeling excited over the idea of making something to share with her grandfather. Therapist suggested that Chris and her grandfather could take turns telling of things they did together. Then the therapist and Chris talked about how this would make their relationship similar and different from the park.

**Therapist's Observations:** Chris exhibited self-confidence by easily admitting to her forgetting and asking to make a
list. Chris smiled and laughed as she wrapped the box. Therapist needed to continue to assess mother/daughter relationship because of home situation. Chris was possibly becoming a surrogate spouse at times from her description of how she cared for her mother when she is crying about her father (Chris’ grandfather). Chris was open to change. This attitude was evident in her excitement about creating a different way to spend time with her grandfather.

Session 8
Location: Room 10
Session Content: Session was to focus on client’s coping skills and future events while making a Valentine’s Day Card. Chris reported that her grandfather had been sick again, but he was doing better. She stated that she had been praying and thinking good thoughts. While Chris chose supplies and began making a Valentine’s Day Card, the therapist talked about how praying and thinking good thoughts doesn’t keep things from happening. The therapist gave illustrations of events like earthquakes, volcanoes, car accidents, and then talked about getting sick with colds. Therapist also told Chris that sometimes what a person wants is not always what God wants. Chris said that she knows God has his own plan for each person and that she didn’t always get what she asked for in her prayers. Chris then wrote a note at the bottom of her card saying, "She
hoped her family had a good life so far." After finishing the card, Chris noticed a booklet and colored papers and asked if she could make some for her box of love. Therapist said, "yes", and explained that origami was a Japanese paper art. Chris chose four inch square sheets of yellow, orange, and pink paper. She made an octopus and a fish (Appendix F, 5). Chris talked about her grandfather going fishing, but never caught an octopus. The therapist and Chris talked about how her grandfather's abilities have changed a lot in the last year, also how Chris' abilities changed as she learned new things. Chris then talked about how she helped her grandmother after school. The therapist told Chris it was time to clean up. Chris asked to take the Valentine card home, but put the origami items in her box.

**Therapist's Observations:** The therapist used Chris' religious beliefs to help broaden her perspective and reality. The note in the Valentine card seemed to be a way Chris could admit that life doesn't last forever and that she may not have control over the outcome of her grandfather. This was a step forward for her. Chris was also able to verbalize that her grandfather was going to die, but not that it may happen soon.

**Session 9**

**Location:** Mini Store
Session Content: Therapist planned to educate client about the grieving process through the use of a children’s book about dying. Chris’ teacher told this therapist that Chris had been asking to speak with the therapist all morning, because her grandfather wasn’t doing well. When Chris walked out the door and saw the therapist, she began crying. Chris stated that her grandfather had an IV put in him last night. Therapist validated Chris’s sadness and asked her to walk to the mini store where they could talk. After Chris and therapist sat down, Chris began sobbing. She said, "My grandfather has an IV and the doctors said they are not coming anymore." Also, she said, "my mother, aunt, and I moved in with my grandma to help care for my grandfather." The therapist talked with Chris about this being a sign that her grandfather was not going to live much longer. She continued to explain to Chris how this had been true with other people who had died from cancer. Therapist reminded her what a terminally ill diagnosis meant. Therapist also validated Chris’ feelings of being scared and sad. After Chris had stopped crying, the therapist asked Chris to stand up and walk to the other side of the table and sit down. As Chris moved, the therapist told her that when Chris sat down she would be her grandfather. The therapist handed Chris a piece of paper and a pen, while calling her by the name Chris used to refer to her grandfather. The therapist asked that he
write a letter to his granddaughter. The therapist walked Chris step by step through the letter. First she asked Chris to address it. Then to write a sentence about what he wants his granddaughter to know at this time. Next the therapist asked, "what else would you like to tell her?", and "Is there anything else you want to say to your granddaughter?" Finally the therapist asked that the grandfather sign his letter. The therapist asked Chris to move back to her original chair and stated that she would be herself when she sat down again. After Chris had returned to her seat, the therapist told her that her grandfather had written a letter to her. The therapist passed the letter across the table to Chris and asked her to read it out loud. The therapist commented on the wonderful gift Chris' grandfather had given to her. Quoting the last line in the letter which stated, "I will always be with you and so will God." The therapist further commented about how many people are never offered a gift like this from a family member who is dying or has died. Next the therapist asked Chris to take a piece of paper and write the words "gifts from my Tata" at the top of the page. Then requested that Chris write something she had gotten from her grandfather. The therapist helped Chris get started by stating that in the past Chris had talked about having her grandfather's intelligence and compassion for others. When Chris had added as many words as she
could think of, the therapist had her read the list out loud. The therapist told Chris to continue adding to the list over the next week and to read the letter whenever she felt sad or scared. The therapist told her that this would help to remind her of the wonderful gifts her grandfather had given her that could not be taken from her. Chris and the therapist walked to the cafeteria so that the client could eat lunch. Chris got in line while the therapist informed the Vice Principal about Chris’ family situation. Chris came back to therapist with tears in her eyes and said, "I’m not hungry and no one is here from my class."
The therapist reminded Chris it was important she take care of herself, which included eating. Then she had Chris get back in line while telling her that the therapist would not leave her alone. After lunch, the therapist helped Chris find friends to stay with until it was time to go back to class. The therapist told Chris she would see her again on Thursday and that if she needed anything before then, that the school social worker knew how to contact the Art Therapist.

**Therapist's Observations:** Chris was in denial, scared, and overwhelmed by her grandfather’s situation. The session helped Chris overcome some of her magical thinking and realize that her grandfather was going to die. Chris’ religious beliefs, which were revealed in the letter writing exercise, along with the gift list, gave Chris hope.
and something tangible to hold onto. The idea that Chris' grandfather would always be with her seemed to comfort her. The episode in the cafeteria may be a scenario that is being played out at home, because of how upset Chris talks about her mother, aunt, and grandmother being. This therapist felt it was important to model a healthier behavior for Chris.

Session 10
Location: Art Therapy Room
Session Content: Therapist planned to meet with client to follow up on crisis situation at home. Chris reported that her grandfather was doing a little better and that he was able to drink water by himself. The therapist then talked with Chris about poems and how to write a simple five line poem. Chris expressed an interest in writing one. It was suggested that she write one about her grandfather. Chris was very thoughtful and quiet during the process. Afterwards, she stated that it was hard to think at times. The therapist acknowledged that Chris had a lot of things to be concerned about, along with many changes she had encountered recently. Therapist and Chris talked about how change could feel overwhelming. The therapist validated each situation Chris talked about that had changed for her this past week. Chris then read her poem (Appendix F, 6) to the therapist, after drawing pictures to go with what
she had written. Chris said, "I like this poem", "my Tata's really special" and then she put the poem in her box. Chris smiled and talked freely as therapist walked her back to her classroom.

**Therapist's Observations:** Since the grandfather was doing better, Chris was more her usual self. It appeared from her statements that her mother, aunt, and grandmother had also calmed down some. However, Chris is apparently not getting enough sleep, because she yawned throughout the session and talked about various family members getting up often during the night to care for her grandfather. Chris' poem was further validation the she was feeling the crisis situation had passed. The session also revealed that Chris' school work was being affected a little by the situation. However, the teacher was allowing extra time for her to complete some assignments.

**Session 11**

**Location:** Room 31

**Session Content:** Goals were to continue helping client face the fact that her grandfather would die within a short time and how this would affect her. Chris talked about her grandfather having a good weekend. That he was able to go outside in the front yard for a little while and that she kept him company during that time. The therapist allowed Chris to chose an art medium. Chris said, "I want to make
some flowers for my Tata." She chose construction paper, scissors, glue, markers, and crayons. The therapist discussed dying while Chris created a flower garden. The therapist encouraged Chris to talk about "what happens when someone dies; how might people who are left feel; and what might be the biggest fear someone would have about having a family member die." After Chris finished writing a note under her flowers, she held her picture (Appendix F, 7) up for the therapist to admire. Chris told a story about her grandfather's green thumb.

**Therapist's Observations:** This therapist felt Chris would be better able to talk about death and dying if it were introduced in a general manner and did not focus on her specific situation. This would help Chris think about various perspectives and her own beliefs without causing her to feel overwhelmed. Chris brought out many different ideas and seemed more accepting of her situation by the comments she made towards the end of the session.

**Session 12**

**Location:** Room 10

**Session Content:** The therapist planned to have client complete her box of love while focusing on her coping skills. Chris reported that her grandfather continued to be doing OK, but that her family was still staying at his house to help out. Chris decided that she wanted to make a
bow for the top of her box. The therapist and Chris talked about what she had learned about dealing with a crisis situation while she made her bow. Chris talked about what she would do differently and what she would do the same. Also, Chris talked about what she would do to help other people who are in a similar situation. After the client finished putting the bow on her box (Appendix F,8), the therapist and Chris reviewed the contents. The therapist suggested to Chris that she might like to have her mother, aunt, and grandmother add something before giving it to her grandfather. Chris expressed excitement about including them in the project.

Therapist's Observations: Chris was able to acknowledge her abilities and the various skills she acquired from the recent situation with her grandfather. Chris has a great deal of compassion and concern for others. This was evident in what she said about helping other people in the same situation and the story she told about helping a classmate that the other students made fun of. The therapist suggested Chris include other family members because of the important part they play in her life. Along with hoping that this would open the door for the other family members to reminisce about their memories which is an important aspect in working through anticipatory grief.
Summary

The purpose of this study was to describe how art therapy helped a child cope with anticipatory grief. Literature was reviewed which related to death, dying, and grief, and the utilization of art therapy. The researcher began by reviewing death and the process of dying, followed by a discussion of problems that can occur when people do not grieve. Grief and loss of adults is examined leading into literature surveying grief and children. Information is compiled about anticipatory grief of adults along with children and anticipatory grief. The review concludes with an examination of art therapy in helping cope with grief. This study utilized a case study approach. The source of the data was a nine year old hispanic female residing in a low socioeconomic urban area. The client was referred by the school's social worker and her teacher to the Art Therapist Intern on campus, because of her behavior changes related to the terminal illness of her grandfather. Art therapy was to be effective in helping to reduce behavioral concerns associated with the pending death of her grandfather, to face his death and prepare herself for it.
Conclusions:

This case study showed that art therapy can be beneficial in helping a child work through anticipatory grief. Art therapy helped to decrease Chris’ anxiety level, develop positive classroom behavior, and enhanced her academic progress as she experienced issues related to anticipatory grief. This progress was evident in the teacher’s reports to the therapist. These results included Chris’ frequent statements about her grandfather gradually being replaced with a variety of topics; her grades remained consistent except for the crisis week; and she appeared more alert in class instead of day dreaming or crying easily. Furthermore, the therapist saw a decrease in Chris’ anxiety level when she began acknowledging that her grandfather was going to die and embraced gifts he gave her or their similarities. Chris then started relaying other situations and how she had resolved them, mingled with discussions about her grandfather.

It was apparent that Chris had resolved issues relating to anticipatory grief when comparing the first and last session. In the beginning of therapy Chris expressed fear about her grandfather dying and her sadness, whereas, following the grandfather’s funeral Chris informed this therapist that her grandfather was only physically gone from her.
The referral form stated that Chris talked about her grandfather’s illness and sadness frequently. Chris expanded on the teacher’s concerns by also talking about fearing her grandfather’s death. It was evident by the third session that Chris’ mother, aunt, and grandmother were all struggling with their own anticipatory grief. This information was an indication that Chris’ grief process was being inhibited due to the lack of an appropriate role model for processing anticipatory grief, therefore, necessitating Chris’ creating a safe environment outside the family system to process her anticipatory grief.

The therapeutic relationship developed quickly. This progress was evident when Chris began offering information, with little prompting from the therapist, by the beginning of the third session. Several factors led to this occurrence. First, she needed someone to listen to her pain and sadness in order to relieve the constant thoughts about her grandfather. This need was met in the first two sessions where Chris told stories about her family. Second, Chris had been exposed to art activities in the school environment since the age of four, therefore, art therapy techniques created a natural and safe setting for Chris. Last, the social history questions revealed that Chris was an only child, had a sociable personality, and had spent
more time with adults than with peers. The individual attention from the therapist created another natural and safe scenario for Chris.

Chris exhibited magical thinking by consistently stating, "If I pray and think good thoughts, my grandfather won't die." This thought process was sanctioned by her grandfather’s physical condition fluctuating, which is a common occurrence in people who are diagnosed as terminally ill. The Valentine card reflected that Chris’ awareness had increased a little when she wrote that she hoped her family had had a good life so far. At this time writing an awareness was safer than verbalizing it. This thought process was further challenged during the grandfather’s crisis week by Chris writing a letter and making a list. The letter was written by Chris, but as if it was coming from the grandfather. In the first three lines, beliefs relating to magical thinking were written and the last line reflected the reality that the grandfather was dying, by stating that he would always be with Chris. The gift list created a way for Chris to further acknowledge ways in which her grandfather would be with her.

Developmentally Chris believed that death was real, but only happened to other people, which is normal for a nine year old. Art activities, like building the swing set, poem writing, origami, or making flowers, made the stories tangible. They also helped to increase Chris’
awareness by having her compare past and present situations. This led to her discovering a different way to continue the relationship with her grandfather by creating a box of love.

Chris reaped several rewards for completing her box of love. First, this researcher observed the classmates expressions of praise over the box and their curiosity of what it contained. This interest created the opportunity for Chris to share memories about her grandfather and inform them about his illness. Second, Chris was seen carrying her box to the cafeteria. Chris later informed this therapist that she showed it to the cafeteria workers who were her friends and knew her grandfather. Last, Chris reported back to the therapist that her mother, aunt, and grandmother had written notes to include in her box. Chris’ family joined her when she gave the box to her grandfather.

After she explained the contents to her grandfather, other family members began talking about their memories, therefore, creating a situation where Chris’s family could express themselves that may not have occurred otherwise.

In attending the funeral, it was evident that Chris had processed through most of her grief. She expressed her sadness through tears and talking with this therapist about the loss of her grandfather and that it occurred the day before her first communion. Then this researcher observed Chris as she comforted her mother who was sobbing.
Furthermore, on the Thursday following her grandfather’s funeral Chris stopped by the art therapy room. At that time she informed this therapist that her grandfather was only physically gone from her.

The therapy was done by this researcher at a slower pace, because Chris needed to be able to function in the classroom immediately after the sessions. The fact that there was not a consistent meeting room did not seem to hinder therapy sessions, as it did with other students seen by this therapist on the school campus. However, the size of the work area at times made the completion of art work, such as wrapping a box, a challenge. Chris was creative and used the floor, whereas, other students would have become frustrated when attempting a project on a tiny desk space.

This case study revealed that art therapy helped Chris to cope with her anticipatory grief by decreasing her anxiety, helping her develop positive classroom behaviors and enhancing her academic progress. Art therapy may also help other children who are experiencing anticipatory grief by giving them permission to mourn; offering opportunity for verbal and nonverbal expression of emotions; addressing cognitive and developmental issues related to anticipatory grief; providing reassurance; allowing for open/honest discussions about the situation; modeling of appropriate grieving; encouraging children to take care of themselves,
like eating; giving children a chance to take a break from their grief; and offering children hope and encouragement.

Recommendations

This researcher suggests that it may be helpful to determine if this art therapy treatment process could be done in a shorter time frame when used in a traditional therapeutic setting. Moreover, it may be helpful to research this treatment process with a population of children who are experiencing anticipatory grief, because of a terminally ill parent. Finally, it may prove useful to use this treatment process with children who reside in group homes and who, for various reasons, would not be returning to live with their parents, therefore, raising issues related to anticipatory grief.
REFERENCE LIST


Please indicate, through a brief commentary, the areas of concern regarding this student.

Aggressive Behaviors

Attention/Concentration Problems

Disruptive Behaviors

Hyperactive Behavior

Inappropriate Social Behaviors

Manipulative Behaviors

Uncooperative Behaviors

Withdrawn Behaviors

Comments: __________________________

__________________________

__________________________
APPENDIX B

SOCIAL HISTORY PROFILE
Name__________________School/Teacher________________
Primary Language________DOB__________#People/Family_________
Parent's/Guardian's Name________________

1. Environmental Data
   A. Living Situation (Family Situation)

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   B. Peer Relationships______________________________

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   C. School Situation___________________________

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. Health (Diet, Exercise, Illness, Injuries, Substance Abuse)

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
3. Feelings, Attitudes (about self, others, world)

4. Counselor's Observations
APPENDIX C

FAMILY PORTRAIT
APPENDIX D

CONSENT FORM
CONSENT FORM

I, _______________________, give permission for my child ____________________, to participate in the Early Intervention Program.

________________________________________
Signature of Parent or Guardian

____________________________
Child's birthdate

____________________________
Date

____________________________
Address

____________________________
Telephone

________________________________________
Signature of Counselor

____________________________
Date
APPENDIX E

PROGRAM GOAL PLAN
EARLY INTERVENTION PROGRAM GOAL PLAN

The goal of the Early Intervention Program is to prevent drug abuse. According to student's needs, activities to accomplish this goal could include:

1. Giving students information about the dangers of drug usage/abuse using
   a. Videos
   b. Handouts
   c. Guest speakers
   d. Group/individual discussions

2. Raise Self-Esteem level with activities that:
   a. Give students successes
   b. Help students learn to make good choices
   c. Help students learn about personal safety
   d. Give students opportunities to discuss how to deal with personal problems
   e. Help students learn appropriate social skills
   f. Help students increase self-confidence
   g. Help students understand their emotions better
   h. Help students learn about personal hygiene
   i. Help students learn appropriate interpersonal relationships
   j. Help students learn good communication skills
   k. Help students learn appropriate coping skills

3. Prevent Gang participation by alerting students to dangers of gangs through activities such as:
   a. Videos
   b. Guest speakers
   c. Group/individual discussions

4. Increase level of Self Management by using activities that:
   a. Teach appropriate interpersonal relationships
   b. Teach appropriate classroom behavior
   c. Increase concentration skills
   d. Help students set goals for future

5. Other

Name ____________________________

<table>
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<tr>
<th>Date Noted</th>
<th>Goals to be Worked On</th>
<th>Date Started</th>
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_________________________     __________________     ____________
Counselor                     Supervisor                   Review Date
APPENDIX F

PICTURES OF ARTWORK
1. Construction Paper Swing Set referred to as a blueprint

2. Swing set made with chenille stems holding clay figures.
3. Client’s happy feeling before Grandfather became ill.

4. Client’s happy and sad feelings after Grandfather became ill.
5. Origami Octopus and Fish.

6. My Tata

Intelligent
Smart, Brave
Strong, Happy, Proud
My Tata is a very nice and good man.
Educated
7. My Tata’s Green Thumb

I think my Tata is the best gardener in the whole world.
He can plant almost anything.
I love my Tata very much,
Love

8. Completed box of love for client’s Grandfather