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## brief report

# Art Therapy With Grieving Children: Effect on Affect in the Dual-Process Model

Darlene Green, Kacie Karafa, and Stephanie Wilson

### Abstract

*The Dual-Process Model of grieving suggests that oscillation between negative and positive emotions occurs throughout the grieving process. If either negative or positive emotions are overly emphasized the grieving process could be stymied. To determine how art therapy can support this model, this study evaluated changes in positive and negative affect of 13 grieving children after six sessions of individual art therapy. The findings showed an increase in positive affect and significant decrease in negative affect. The implication of this study is that art therapy can assist the bereaved because of its ability to promote exploration and expression of feelings that occurs in the grieving process.*

**Keywords:** Grief; children; art therapy; Dual-Process Model of grief

It is estimated that 7% of children in the United States will experience the death of a parent or sibling before the age of 18 (Childhood Bereavement Estimation Model, 2020). Significant losses such as parental death are extremely stressful for children and can sometimes lead to depression and anxiety (Christ, 2010). Child development can be adversely affected by a significant death and may require professional support. The Dual-Process Model (Stroebe & Schut, 1999) describes that people who are grieving work on two different stressors, loss orientation and restoration orientation. The grieving person will alternate between spending various portions of time in these two orientations, which helps the person find meaning after the death. As art therapy can facilitate exploration and expression of feelings about a loss (Rozum, 2012), this brief report describes how art

therapy can support the Dual-Process Model by attending to associated negative and positive emotions.

*Loss orientation* refers to processing the loss itself. Grief work may include thinking about the circumstances of the death, yearning for the person who died, and a range of emotional responses, “from pleasurable reminiscing to painful longing, from happiness that the deceased is no longer suffering to despair that one is left alone” (Stroebe & Schut, 1999, p. 213). The *restoration orientation* focuses on coping with the stressors of secondary loss. After a death, the bereaved may face many changes requiring adjustment. For children, secondary losses could be moving to a new location, changing schools, developing a new identity (may no longer be a sister or a brother), and taking on new responsibilities.

Within these two orientations, there is an oscillation that occurs between positive and negative affect appraisal (Stroebe & Schut, 1999). This fluctuation is normal and necessary but it is difficult to predict. Negative affect would be expected to dominate in the early period after death, gradually allowing more positive affect to surface. “Grief is heightened when negative affect such as sadness dominates. However, working through this sadness which includes rumination, can be helpful in coming to terms with the loss” (McIntyre, 1990, p. 18). Lister et al. (2008) reiterated the importance of alternating between positive and negative affect, suggesting that if only reappraisals of positive affect occur, grieving may be suppressed or postponed.

Art therapy can assist children in recognizing changes that result from grief and learning coping strategies. Furthermore, art therapy has the potential to facilitate both positive and negative emotions. First, creating images can bring pleasure to the creator (Wadeson, 2010). Art therapy can reduce stress (Davis, 1989), which is a factor that can influence mood, increasing negative feelings such as anger and depression (Mayo Clinic Staff, 2016). According to Hass-Cohen (2016), when clients find pleasure in creating art, the reward system in the brain influences the left hemisphere which is biased toward positive emotion. Pleasant emotion also might be increased by tactile and sensory stimulation, and increasing proficiency with art materials. Further, feeling pride in an art project can generate positive

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responses. The experience of positive emotions contributes to physiological and psychological well-being (Lyubormirsky et al., 2005).

Second, Haag (2018) found that art therapy can promote thoughts and feelings (both positive and negative) as well as soothe overwhelming feelings that may occur in grief. Because creative work accesses both hemispheres of the brain it can assist in integrating feelings, thoughts, and sensations around the loss of a loved one that can bring about new understanding (McIntyre, 1990; Wood & Near, 2010). Davis (1989) reported that art allowed feelings to be invested in the art product. The creative process allows clients to “practice tolerance of simultaneous arousal of joy and pleasure as well as judgment and pain” (Hass-Cohen, 2016, p. 116). This assists the client to be able to use both negative and positive emotions in decision-making. Art therapy can provide an opportunity for curiosity and playfulness which are two behaviors that support happiness and pleasure. Creative curiosity can help a client shift from negative to positive responses. Thus, in art therapy, the intense negative emotions experienced in grief will coexist with positive emotions and both can be dealt with concurrently.

Weiskittle and Gramling (2018) completed a systematic review of the use of visual arts with grief. They found that art interventions facilitated clients to feel a continued bond with the deceased and to make meaning of the death; however, the evidence did not appear to support that visual arts significantly improved negative grief symptoms. To address this gap, the present study investigated how art therapy can facilitate movement between negative and positive emotions suggested by the Dual-Process Model of grieving. Because negative affect would be expected to dominate early on in the grieving process, with increased positive affect occurring later, we hypothesized that six art therapy sessions allowing exploration and expression of feelings dealing with the loss itself along with interventions to promote restoration would lead to improved affect as the bereaved moved through the grieving process.

## Method

### Research Design

A one-group pretest posttest pre-experimental research design was used. The study followed program evaluation tenets. This study was approved by the Institutional Review Board of James Madison University.

### Participants

Participants were selected from a convenience sample of clients who participated in a community grief art therapy program for children in a nonprofit hospice. The program serves child family members of hospice

patients who have died, as well as children in the community who have experienced a death. Fourteen children, ranging from 5 to 18 years of age, were recruited. Data for one child were incomplete, so was not included in the final analysis. The study group contained eight females and five males (5–7 years,  $n=7$ , 8–10,  $n=2$ , 11–13,  $n=2$ , 4–18,  $n=2$ ).

### Measures

Due to its multi-layered makeup, there is no single way to assess grief (Loumeau-May, 2012). One could measure resilience factors, relationship skills, perception of safety, recognition of support, or use of coping skills. To mirror the Dual-Process Model, we focused on affect by using Hill and Lineweaver’s (2016) modified Positive and Negative Affect Schedule for Children (PANAS-C). The original PANAS-C was a 30-item scale containing positive and negative feeling words using a Likert scale to measure how much of each feeling the child had experienced in the past few weeks (Laurent et al., 1999). Hill and Lineweaver (2016) reduced the measure to 14 items; seven items on the positive affect and seven items on the negative affect subscales. Each item is rated on a 5-point Likert scale from: 1 = *very slightly or not at all* to 5 = *extremely*.

### Procedures

Each participant completed a series of six individual art therapy sessions (30–45 min) with a registered art therapist. Each session addressed a specific grief topic by introducing psychoeducational information on the topic and engaging the participant in art interventions. The art therapists developed a guide for treatment that included goals and associated interventions (Table 1). In relation to the Dual-Process Model, “Telling Your Story,” “Feelings,” “Memories,” and “Regrets” focus on loss orientation. The topics of “Changes” and “Coping” focus on the restoration orientation. Art therapists selected from the directives for each topic based on what they felt was most appropriate for their clients.

The modified PANAS-C was administered at the beginning of the first art therapy session and again at the end of the sixth art therapy session. Children were asked how much of each feeling they had experienced in the last week. For younger children needing assistance filling out the modified PANAS-C, the art therapists read the feelings to the child, whereas older children completed the assessment on their own. The measures were collected via paper assessment and de-identified.

### Validity

The PANAS-C was demonstrated to have good discriminant validity compared with self-report measures that differentiate between child anxiety and depression

Table 1. Grief Topics and Interventions

Topic	Intervention	
Telling your story	Story book	Four page book with pages: how I found out, what happened next, the funeral or service, a happy memory
	Collage	Create collage about one of the following: the funeral, about the death, how they found out, the memorial service
Feelings	Soul collage	Create a soul collage card about their grief story
	Feeling chart	Fold paper into quarters and draw 4–6 feelings which they are experiencing
	Feelings heart	Client selects six feelings they have experienced in the past week and assigns a color to each. Client colors in the heart shaped image with corresponding amounts of color for each feeling
Changes	Feelings as the weather	Paint feelings as if they were the weather
	Soul collage	Create a soul collage card on feelings
	Changes mandala	Inside the circle, client draws their family now; around the outside client draws changes that have occurred since the death
	Collage of changes	Create collage using magazine images to represent changes that have occurred since the death
	Before and after drawing	Client draws what their life was like before the loss and after the loss
Memories	Tear drop collage	Use precut tear drop shapes of colored or patterned paper and write on a few of them the changes. Create a composition using as many tear drops as desired by gluing onto paper
	Heart pal	Fabric folded doll containing message placed inside of a memory
	Portraits	Client will draw portrait of their loved one, and another of themselves describing qualities and characteristics
Coping skills	Heart collage	Fill large heart shape with magazine clippings/drawings/words that remind client of their loved one and what they want to “keep in their heart”
	Memory box	Decorate a box to place items that remind them of their loved one
	Comfort blanket	Using a pre-made flannel blanket, child will draw memories, name of loved one, their own handprints, characteristics of their loved one, etc. on plain side with Sharpies
	Feeling chart	Make chart of feelings client has experienced, how they express those feelings, what they can do to help cope
Regrets	Tool box	Child decorates paper tools and toolbox (cutouts provided from cardstock). Tools contain ideas of coping skills they can use when experiencing difficult feelings
	Checklist and drawing	Client is given checklist of self-care activities and they are asked to check all that they currently do and circle the ones they would be willing to try. Next they draw a picture of themselves doing one of the circled activities
	Stencil magic	On card stock, draw a smaller rectangle to work in (creating a border). Inside write or draw a quick sketch of one of their regrets with pencil. Using watercolor oil pastels, rub over the entire framed area once with lighter colors. Repeat this with darker colors. Next place a stencil on top and rub away some of the color with a baby wipe, this will reveal first layer of colors and the stencil pattern will create a new image (letting go of regrets so that it can be transformed)
	Letter to loved one	Include “I’m sorry”
Wave goodbye	Trace both hands and on each finger of the first hand, write a memory or what client liked best about the person who died, on the other hand, what client would say to him/her if they had been able to say goodbye	
	Soul collage	Create soul collage card about feelings of guilt or regret

(Laurent, et al., 1999). The modified version used in the current study was found by Hill and Lineweaver (2016) to have high reliability as demonstrated by a high degree of internal consistency. To increase the validity of the modified PANAS-C in the present study, the same art therapists administered both pretest and posttest assessments.

## Data Analysis

Participant's pretest and posttest scores were collected and entered into Excel for data analysis to determine what changes occurred in positive and negative affect. A paired *t*-test was used to measure the results before and after the six art therapy treatments. An increase in total positive affect score from pretest to posttest would indicate that an increase in positive affect occurred. A decrease in total negative affect score from pretest to posttest would indicate that negative affect decreased after the six art therapy interventions.

## Results

Results indicated that although positive affect scores decreased from pretest to posttest, the result was not significant ( $t(12) = -2.48, p = .29, d = 0.53$ , two-tailed). However, the comparison of pretest negative affect scale ( $M = 19, SD = 7.69$ ) and posttest negative affect scale ( $M = 14.77, SD = 8.18$ ) was statistically significant,  $t(12) = 2.02, p = .02, d = 0.53$ . Thus, results suggested that negative affect was significantly reduced after participating in the art therapy intervention.

## Discussion

Our main hypothesis that participation in art therapy sessions would improve affect was partially supported. Specifically, there was a statistically significant decrease in negative affect, but not a significant increase in positive affect. Through the sessions, children learned concepts of grief, how to express it, and coping strategies to deal with difficult feelings. The overall improvement in affect demonstrated by decreased negative affect may have resulted from exploring and expressing both positive and negative emotions through art therapy. The expression of both positive and negative emotions may have assisted with the natural and necessary oscillation explained in the Dual-Process Model. The session topics explored various difficult grief concepts but pleasure and pride resulting from creating artwork may have helped reduce negative affect.

The following case example illustrates how using these interventions assisted the alternation between the two orientations. In the first art therapy session, a 10-year-old boy grieving the death of his grandfather created a grief storybook. Drawing and writing about his grief allowed him to express negative feelings concerning the

loss. The last page provided for the expression of positive feelings by drawing a happy memory. The child drew a picture of riding on his grandfather's lap in his wheelchair.

The second session again focused on loss; a feelings heart was created to demonstrate proportions of positive and negative feelings. A toolbox intervention used in the next visit had the client write down coping strategies on cardstock tools and then decorate them. This task provided an opportunity to focus on the restoration side of the Dual-Process Model. The fourth intervention was a changes mandala with the goal of having the client recognize the changes that have occurred since the death, focusing again on the restoration side of the Dual-Process Model. While exploring changes, the child expressed that he was sad not to be able to help his grandfather anymore.

The activity for the fifth visit was magic stencil regrets, where the client expressed remorse of not having more time to spend riding with his grandfather on his tractor. This allowed expression of negative feelings involved with the loss side of the Dual-Process Model. The final intervention was the creation of a fabric heart pal with a happy memory drawing tucked inside. This promoted the expression of positive feelings once again. The posttest administered to this client after the intervention, showed a large decrease in negative affect compared to pretest.

## Practical Implications

This research can help art therapists, grief counselors, and parents of children who have experienced a death to understand the benefits of art therapy in the grief process. Specifically, it shows that art therapy can promote fluctuation between positive and negative affect that occurs in the grief process and lead to a reduction in negative affect.

## Limitations

The study has limitations. The sample size was small which limits generalizability and ability to detect meaningful changes. Repeating this study with a larger sample size is recommended. Participant recruitment came from children who had been referred to the hospice program and not from the general population. Finally, there was a lack of standardization of interventions as the art therapists could select from different directives; however, replicating real world clinical work perhaps heightened this study's clinical utility.

## Conclusion

In summary, participation in six individual art therapy sessions that addressed grief resulted in increased positive affect and statistically significant reduction in

negative affect. Our findings support the use of art therapy grief sessions to reduce negative affect in children and therefore aid children in processing grief. Future research evaluating other symptoms occurring with grief, such as anxiety, low self-esteem, and reduced concentration could be conducted to determine the effects of the same art therapy protocol. Future studies could examine differences in outcomes of individual and group art therapy.

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