

NOT JUST A DOLL: AN INTERVENTION FOR ELEMENTARY SCHOOL-AGED
CHILDREN AFFECTED BY GRIEF

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ABSTRACT

NOT JUST A DOLL: AN INTERVENTION FOR ELEMENTARY SCHOOL-AGED CHILDREN AFFECTED BY GRIEF

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Everyone experiences grief at some point in their life; sometimes it is an unconscious sentiment that could be brought to the surface via art-making, allowing for self-expression of these emotions. Childhood grief may be of particular difficulty for a child to experience and understand. The difficulty can be amplified when the loss is that of a caregiver who they rely on and are strongly attached to. Children may be faced with the lack of self-expressive language or life experience to engage with the emotions that are connected to their grief. An art therapy intervention for school-aged children affected by grief following the loss of a primary caretaker is proposed which integrates attachment theory, Winnicott's concept of transitional objects, and grief and bereavement research. The intervention uses doll making in a group setting to serve as a positive reminder of the departed attachment figure that can provide a way to honor the relationship.

Keywords: grief therapy, loss, children, doll making, transitional objects, play therapy, coping strategies, Winnicott Theory, resiliency, attachment theory, group therapy, trauma, rituals, solution focused treatment, prolonged grief, art therapy

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“We are all just little dolls of ourselves. Who occasionally pull back the curtains to reveal the real us” - Bruce Eric Kaplan

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Table of Contents

Chapter 1. Introduction.....	1
Chapter 2. Methodology.....	2
Fraser and Galinsky’s method.....	2
Intervention Research.....	2
Data Collection and Analysis.....	3
Validity and Reliability.....	4
Ethical Considerations.....	4
Assumptions and Biases.....	5
Chapter 3. Literature Review.....	6
Grief.....	6
Models and stages of grief.....	6
Coping mechanisms.....	10
Complications of grief.....	11
Complicated grief.....	12
The grieving process.....	13
Child Emotional Development.....	13
Grief in Childhood.....	15
Grief and lack of oral communication.....	16
Therapeutic considerations for children.....	16
Child Development in Context of Grief.....	17
Attachment.....	18
Transitional Objects.....	21
Child development and the transitional object.....	22
Transitional objects and loss.....	24
Presence of Dolls in Childhood.....	25
Dolls in Art Therapy.....	26
Play as Expression.....	26
Guiding play therapy.....	27
Gender and Play.....	29

Grief Group Intervention for Children.....	31
Mindfulness.....	32
Rituals.....	32
Doll Making.....	33
Puppets.....	34
Doll making and attachment.....	34
Chapter 4. Creating a Memory Place.....	35
Referral and Intake.....	35
Phase 1: Welcoming Children (Week 1-2).....	36
Goal: To understand one’s grief and loss.....	36
Phase 2: Doll Making Intervention (Week 3-7).....	39
Goal: Adjusting/adapting to the world without the deceased.....	39
Phase 3: Closing of Therapy Process (Week 8-9).....	42
Goal: To restore and support resiliency.....	42
Chapter 5. Discussion.....	44
Program Design Restrictions.....	46
Emotional, cognitive, and developmental levels.....	46
Sewing skills.....	46
Accessibility to vital materials.....	46
Beliefs.....	47
Research Limitations and Considerations.....	47
Conclusion.....	48
References.....	50
Appendix A.....	59

Chapter 1: Introduction

Grief is an inevitable part of life, one that can be difficult to explain and express verbally. As described by J. Earl Rogers (2007), grief is “in the unconscious, in the mystery of life, [where the] expression of the deep wounds and tragedy of loss is found” (p. 3). Working in the realm of art therapy and integrating the process of art making, one may be able to bring forth unconscious concepts, which could further lead to self-expression of one’s experiences (Rogers, 2007). The experience of death is inevitable, and is chiefly perceived negatively (Rogers, 2007). As something that Western society fears, death is part of the cycle of life, and we experience it not only when we lose a loved one, but also in the death of other living creatures, including crops, flowers, animals, etc. (Rogers, 2007). An understanding that death is a part of the life cycle is vital for anyone to understand, especially children, whereby happiness could potentially be found within this cycle (Beckmann, 2000).

As a young girl, I lost my grandparent and was given very little support at school. The intense feeling of loss persisted for many years, which is the basis of my desire to develop a 9-week program for elementary school children who experienced the loss of a caregiver. The program aims to strategically introduce these children to the concept of death as it is an inevitable part of the cycle of life. Throughout this research paper, the exploration of the grief and bereavement literature, attachment theory, and Winnicott’s concept of transitional objects will be covered to further develop an intervention program that could be integrated into various settings that provide services for children who are grieving.

The proposed intervention program will focus on a doll making intervention. The process of doll making with grieving elementary school-aged children may enable personal emotional expression and self-soothing processes to come through the process of sewing their own doll. As described by Winnicott (1980), a transitional object is seen as a child’s first “not-me” (p. 2) possession. It can endure moments of both hatred and love by the child, therefore surviving a range of emotional experiences. The creation of one’s doll can be a special source of comfort for the child to experience during their transitions of understanding loss and their own inner emotions concerning death. The possibility of representing the memory of the departed individual will be explored through the creation of a doll.

Chapter 2: Methodology

The methodology of intervention research as proposed by Fraser and Galinsky (2010) will be used to develop the suggested intervention program. I will limit my study to the first two steps of intervention research design (2010).

Fraser and Galinsky's Method

The first step of Fraser and Galinsky's (2010) intervention is described as "defining the problem and developing a program theory" (p. 462). To achieve this, I will review literature focused on elementary school-aged children experiencing the grief of losing a parent or guardian. This will include considering their needs and risk factors of being in a group setting, as well as their coping mechanisms. I will also explore the possible benefits of doll making as an intervention within the realm of art therapy and play therapy. My research will define attachment theory and transitional objects and review ways that these ideas relate to childhood grief.

The second step of Fraser and Galinsky's intervention is to "specify program structures and process" (2010, p. 463). This was achieved by developing the research question and theoretical intervention program through my literature review. By gathering and integrating the reviewed literature, I will propose an intervention design that will involve a 9-week intervention period which uses a step-by-step doll making process. Through this process, the representation of the child's memory of the departed individual and their grief will be explored.

Intervention Research

An intervention research method will be used throughout this paper's investigation with the goal of answering the following question: "How can doll making be used as an art therapy intervention to help with the grieving process of children who have experienced the death of a primary caregiver?" While this qualitative approach is used to initially develop an art therapy intervention, it could later be used in a pilot study that implements and tests the effectiveness of the intervention.

By using an intervention approach, it will allow for a link to be made in the literature between art therapy, specifically doll making, and grief experienced by children who have lost a caregiver. While there are many interventions for grief therapy in clinical settings, there are no documented interventions that use doll making as a therapeutic intervention for grieving

children. Although the intervention of doll making has been used in different therapeutic circumstances, it appears that it has yet to be used as a way to guide children through their grieving process.

As stated by the National Ethics Advisory Committee (2012), an intervention study may be designed for the purpose of prevention, diagnosis, or therapeutic benefit. The aim of proposing a new intervention process for children who are experiencing grief will support the prospective development of clinical care practices (National Ethics Advisory Committee, 2012). Intervention studies have been characterized as “the best ways of evaluating the worth of a treatment or a preventative intervention such as health promotion, screening or immunization” (National Ethics Advisory Committee, 2012, p. 14). Therefore, my aim is to review the literature to support the idea of creating an intervention, which can be added to the therapeutic toolbox of art therapists working with grief. Given that this intervention will be developed for children, there is the possibility of adapting it to the appropriate age group that one is working with.

Data Collection and Analysis

I collected data through different literature sources to build a theoretical foundation for the doll making intervention to be used in groups of children who are grieving. Practical applications were also explored, such as doll making, attachment theory, dolls in art therapy, transitional objects as a means of emotional expression, play as expression, the presence of dolls in childhood, child development, as well as grief in childhood, models of grief, and group interventions. As proposed by Creswell (2014), part of my pursuit to find pertinent information to support my research was to search different keywords. For my research, I looked up keywords such as *grief therapy, loss, children, doll making, transitional objects, play therapy, coping strategies, Winnicott Theory, resiliency, attachment theory, group therapy, trauma, rituals, solution focused treatment, prolonged grief and art therapy*. Diverse search engines, including Google Books, Google Scholar, ProQuest, PsycARTICLES, PsycInfo, and Taylor and Francis were used to collect relevant data. Primary sources for Bowlby's attachment theory and Winnicott's object relations are presented in addition to the most current and relevant research on all related topics.

The literature review will be the basis of a cohesive step-by-step intervention plan. Main themes that emerge will be highlighted and divided into appropriate categories to make links,

connections, and patterns in the accumulated literature. Once the literature review is complete, I will be able to develop my own synthesized proposal to devise an intervention for art therapists working with grieving children.

Validity and Reliability

This intervention cannot be proven effective given it is only in the theoretical development phase, thus it would need to be followed by a pilot study and subsequent research on its practical application. In order to provide a valid literature review, it has to be developed through a critical lens with the incorporation of appropriate sources that were found through major databases, as well as reference lists found from pertinent studies (Thompson, Tiwari, et al., 2012).

Ethical Considerations

The implementation of the intervention would require several ethical considerations. Primarily, researchers would need to consider the vulnerability of the population whereby vulnerable people may include a wide range of populations, including children and young people (National Ethics Advisory Committee, 2012). Further, working with a vulnerable population through the use of intervention should only be conducted if the risk “is at an acceptable minimum” (National Ethics Advisory Committee, 2012, p. 15).

Secondly, researchers should consider the cultural relevance of the intervention program (Fraser and Galinsky, 2010). Cultural differences include gender socialization and religious considerations. Taking into account that dolls are represented differently in diverse cultures, adaptations may need to be explored. Grieving the loss of a loved one can also take many forms as different cultures and religions follow varied observances. For example, certain cultures set aside a particular amount of time to grieve the loss of an individual to help with the transition that they are experiencing in their life. Discomfort can be experienced by those who do not share similar beliefs; “following one’s own path and understanding that believing in a faith does not prevent one to grieve, [thus] working through mourning is experienced by many in different forms” (Rogers, 2007, p. 16).

Lastly, the developmental stage of the children would need to be noted. The role of the caregiver plays an important part in the development of the child, therefore researchers would need to be mindful of developmental considerations of elementary school-aged children. It is

important to recognize the system of individuals encompassing the child, especially when looking at grief. With the death of a caregiver, it is important to consider that the responsibility of this caregiver has been shifted to a remaining caregiver or other caregivers. Hopefully, the child's needs are able to be met by existing or new caregivers, who themselves may also be grieving. The child's grief and the grief in his or her support network may need attention in overall grief therapy.

Assumptions and Biases

As I further developed my research, it was imperative that I became aware of my own assumptions and biases based on the topic of grief as well as the interaction with transitional objects. Based on my upbringing and rituals, I assume the doll making intervention will work for many children, although I have kept in mind that this may not be suitable for all. Seeing that dolls have been and still are very stereotypically associated with females in western culture (Todd, Barry, & Thommessen, 2017), gender may play a large role in the desire to create and interact with a doll. Having this stereotype linked to girl's play, we need to keep in mind that boys may play with dolls, action figures, or stuffed animals, and that not all girls play with dolls. Being aware of my own cultural and religious beliefs, my personal experience with grieving and my current state of grief will be important as certain personal biases may arise. As well, although my research includes the terms "he or she," and mother, guardian, and primary caregiver are used interchangeably, gender neutral terminologies can be applied as well.

Based on my personal experience, I believe that having cues around the house may cause pain while grieving, but those cues also help preserve the memory of the person being grieved. I believe we cannot get over grief, but rather it is a cycle we go through in order to get through the understanding of loss. Thinking about the future rather than holding onto the past is important for an individual to make peace, but do we ever forget about the past? From my perspective, sometimes grief cannot be expressed through words, and it is for this reason that I assume that the use of a tactile, present transitional object can allow children to express and feel solace during their time of grief. Through the awareness that certain individuals may not share my perspective and that our beliefs may not align, I believe it is imperative to welcome and respect other perspectives and adapt as needed.

Chapter 3: Literature Review

Theories of grief, attachment theory, transitional objects, play therapy, the use of dolls, child development, gender, group intervention, and doll making have been researched to deepen the understanding of these important foundations of my paper.

Grief

Grief, a natural process of life, is a fragment of our human experience (Rogers, 2007). A process that is unique to all does not entail a “normal” timeframe to conclude their grief (Rogers, 2007). Grief can take many different forms and this can be affected by one’s relationship with the deceased, their personal makeup, and how death has influenced the meaning of their life (Rogers, 2007). A relationship does not end with death; the survivor is left with memories that allow him or her to continue loving the deceased person through remembering them (Beckmann, 2000). It is acceptable to grieve in different ways, as each individual may not grieve the same way as another (Beckmann, 2000). In addition to the child’s loss of a parent due to death, the child’s social, economic, and health status can be also affected (Williams & Lent, 2008). Grief is not seen to be an isolated phase, but rather it affects daily interactions (Rogers, 2007; Williams & Lent, 2008). Within this section, models and stages of grief, coping mechanisms, complications of grief, as well as complicated grief, and the grieving process will be further developed.

Models and stages of grief. Bereavement is not a linear process. It is a personal process which will be influenced by the type of death, the person’s past and/or previous experiences with loss, the relationship with the deceased, the degree or lack of positive support from others, ability to self-reflect, religious influences, etc. (Lister et al., 2008). Therefore, it limits an individual’s self-judgement that could stem from not completing a specified stepwise process according to certain grief models (Lister, Puskhar, & Connolly, 2008). In comparison to recent models of grief that encourage the bereaved individual to include the deceased person into their life, previous models have promoted the withdrawal of any connection to the deceased (Lister et al., 2008). By allowing the integration of the deceased individual within the grieving person’s life, they may see some positive change, meaning or growth within themselves (Lister et al., 2008). The process of bereavement does not magically end after a specified amount of time, but rather, “it is a lifetime of reworking the death, the relationship, one’s identity, and future

relationships” (Lister et al., 2008, p. 249). In time, the loss becomes integrated in aspects of the self and of life, which differs from person to person (Lister et al., 2008).

In 1969, Kübler-Ross had initially delineated five stages of grief, which were further explored in Kübler-Ross and Kessler’s (2005) book, where they presented a sequence or well-rounded packaging of emotions one needs to go through in order to properly respond to their grief. They proposed that the five stages of grief are denial, anger, bargaining, depression and acceptance (Kübler-Ross & Kessler, 2005). However, since there is no standard response to grief, the five stages may not occur sequentially, or at all. Kübler-Ross’ (2005) motive for providing individuals with these stages is merely to offer them a framework of coping strategies through their loss, therefore allowing them not to forget the deceased (Kübler-Ross & Kessler, 2005). The bereaved individuals’ emotions dictate the different stages that they are experiencing, ranging in lengths of time as well as the stage that they are in (Kübler-Ross & Kessler, 2005).

Stroebe and Schut’s (1999) The Dual-Process Model and Neimeyer’s (1998) Meaning-Reconstruction Model, allow the grieving individual to disregard the confinements of phases of grief, and instead “focus on [their] unique understanding and construction of the loss” (Lister et al., 2008, p. 250).

Stroebe and Schut’s (1999) developed their model in response to shortcomings they found in traditional grief models, stating that they wanted to consider the variance in stressful situations on the bereaved individual. Their model encompasses two types of stressors, that of loss-orientation and restoration-orientation (Stroebe & Schut, 1999). Loss-orientation refers to reacting to the different elements of loss (Stroebe & Schut, 1999). Ruminating over the circumstances surrounding the death, a sense of yearning, and emotional responses are concepts from traditional theories that are also incorporated into this model (Stroebe & Schut, 1999). Specific stressors may promote the concept of bereavement; it can be hypothesized from attachment theory, that the loss of a primary attachment figure is deemed to be a major stressor (Stroebe & Schut, 1999). Grief, a sentiment that may be felt with this type of loss, is considered to be the stressor, therefore if one is not able to accept emotions presented, difficulties may arise in the self and others (Stroebe & Schut, 1999).

Restoration-orientation refers to the method of coping, rather than solely focusing on the concept of change (Stroebe & Schut, 1999). By coping, they may return to routine function, but this does not guarantee return to their previous functioning (Lister et al., 2008). The process of grieving, as understood by Stroebe and Schut (1999), is one that encompasses everyday life experiences through an ongoing, flexible process where one's loss may sometimes be confronted, while at other times, these memories can be avoided through distraction or concentration on other things to attain a sense of relief. Stroebe and Schut (1999) developed the Dual Process Model by adding "a cognitive process analysis that tries to represent the dynamics of coping with bereavement" (p. 211). The process in this model encourages oscillating between everyday life experiences and the events that caused bereavement, as well as the process required to accept the death (Stroebe & Schut, 1999).

Re-establishing meaning is central to Neimeyer's Meaning-Reconstruction Model (Gillies & Neimeyer, 2006). In this model, making sense, finding benefits, and changes in identity are the main processes that were explored (Gillies & Neimeyer, 2006). With the incorporation of these three processes, the bereaved individual engages in meaning reconstruction "through which preloss meaning structures may be reviewed, reevaluated, renewed, and/or rebuilt" (Gillies & Neimeyer, 2006, p. 54). Preloss meaning structures include the daily priorities and activities, as well as interpersonal relationships, self-perceptions, and views of the future, the world, spirituality and faith of the bereaved individual before the death of a loved one occurs (Gillies & Neimeyer, 2006). After a loss, the bereaved person may eventually find a comfortable identity that is based on experimenting with new behaviors and identities (Gillies & Neimeyer, 2006; Lister et al., 2008). If the bereaved individuals find meaning in their loss, their grief may diminish as they maintain their own perspective and self-narrative (Beaumont, 2013). The core of this model focuses on meaning structures and the development by which they function and reconstruct one's experiences (Gillies & Neimeyer, 2006).

Through his non-directive, client centered approach, Rogers (2007) believed that offering his clients the opportunity to direct their own process during therapy would benefit them greatly, while the therapist provides them with their utmost attention while offering a safe place to explore. According to Rogers (2007), loss is an experience that affects the significance of our

lives; therefore one needs to live through the experience no matter the sensitivity of the loss. Thus, the bereaved individual is set out to relearn the presumed world and strives to find meaning in an altered world (Rogers, 2007).

Neimeyer's Meaning-Reconstruction Model complies with the notion that a linear path cannot be followed through the exploration of one's grief (Lister et al., 2008). Humans experience life through stories rather than statistics, therefore the narrative approach was used in Neimeyer's model to frame the meaning of their life story (Gillies & Neimeyer, 2006). The bereaved individual's narrative as well as significance placed upon the death is considered in this model (Gillies & Neimeyer, 2006; Lister et al., 2008; Neimeyer, 2000). Working with narrative therapy, where the individual is given the space to explore his or her story and witness the changes in the narrative, problems can be externalized, therefore disconnecting the grieving individual from the problem at hand (Lister et al., 2008). Over time their narrative may change, giving the bereaved individual an opportunity to find a comforting identity and way of being without their loved one (Lister et al., 2008).

The "Good Grief" Model introduced by Sandra Fox in 1988 is an educational and supportive model, where caregivers guide and offer children different books in order to help achieve different proposed tasks (Carney, 2003). As described in Carney (2003), Sandra Fox's 1988 "Good Grief" Model presented the accomplishment of four psychological tasks, "understanding, grieving, commemorating, and carrying-on," (p. 314) for bereaved children to prepare them to cope with the challenges of grief. Through the exploration of the first task, the child can begin to understand to the best of their abilities the nature of the event of the death. The second task, grieving, gives the child an opportunity to express the diverse range of emotions that can be experienced during the grieving. The third task gives the child an opportunity to commemorate the deceased, which ensures that the child can talk about their loved one as well as honor them through different creative means. The last task, which entails carrying-on with one's process of grief, can only be processed when the first two tasks have been dealt with in a supportive and comprehensive manner (Carney, 2003).

Through the exploration of Worden's (2009) four tasks of mourning, the realization that the deceased individual is not returning, can be brought to a halt with the use of Geoffrey Gorer's (1965) theory of mummification. The notion of mummification is understood as the mourner

expecting the deceased to return, therefore they will not change anything that the deceased left behind; i.e. not moving a piece of clothing they left behind before their passing (Worden, 2009, p. 40). This is seen to be an act of denial, as well as a distortion of reality, that can help protect the individual from their loss (Worden, 2009).

Coping mechanisms. The use of defense mechanisms are to ensure that an individual does not experience an excessive amount of anxiety, to protect one's self-esteem, manage stress, negative emotions, and disappointment (Cramer, 2008). Kline (2012) explored Freud's defense mechanisms, that are said to be unconscious to the individual. When faced with reversal into opposites, individuals can experience two different processes; "change from active into passive," (p. 4) where an individual may change from expressing sadness to hurting the self, or "reversal of content," (p. 4) where expression of love may turn to hatred (Kline, 2012). Repression is the act of dismissing or suppressing a thought out of consciousness, which can be seen as an unsuccessful defense (Kline, 2012). Placing one's unwanted feelings or disturbed thoughts onto another is therefore called projection and can be used as a defense mechanism (Kline, 2012; Cramer, 2008). Consequences of events may be rejected, therefore resulting in the defense mechanism of undoing (Kline, 2012). Children are better able to grasp how a defense mechanism works as they mature (Cramer, 2008). For example, understanding denial is difficult for a 5 year old to comprehend, but an 11 year old will demonstrate a greater understanding of this defense (Cramer, 2008).

Denial is an important component of grief, which is further explored in Kübler-Ross' (1999) Five Stages of Loss (as cited in Lister et al., 2008). Denial experienced by the bereaved individual is interpreted as more symbolic rather than literal (Kübler-Ross & Kessler, 2005). This is not to be misinterpreted that the grieving individual does not know that their loved one died, but rather they may experience shock and or feel numb to the fact that their loved one will no longer return (Kübler-Ross & Kessler, 2005). This phase of denial, where reality is questioned, is interpreted as a protection of one's psyche by disconnecting from the pain of death (Kübler-Ross & Kessler, 2005). Denial therefore allows one to take in as much as they can handle by pacing their feelings of grief, with the incorporation of questioning if, how, and why they should go on with life, surviving the loss, one day at a time (Kübler-Ross & Kessler, 2005). A mechanism for dealing with the trauma of death according to Kübler-Ross is to repeatedly

recite the story of their loss (Kübler-Ross & Kessler, 2005). Although this can be seen as a denial of the pain, it can also be interpreted as an act to come to terms with the reality of the death of their loved one (Kübler-Ross & Kessler, 2005). Reality slowly replaces the feelings of denial, which leads a person to “search for understanding” (p. 10), the how and the why a death of a loved one happened (Kübler-Ross & Kessler, 2005). As reality of the death is being internalized, the feelings that were experienced during one’s denial begin to surface (Kübler-Ross & Kessler, 2005).

Western society often dictates that disengaging and letting go of the deceased is necessary in order to achieve “successful mourning” (Rogers, 2007, p. 21). Moving on, or simply accepting the passing of a loved one may decrease the grieving process, which stops the relationship between the living and the deceased, but not necessarily the memory between them (Rogers, 2007). Undermining the meaning of the loss is another process to protect oneself from reality (Worden, 2009). Although people withdraw or refuse to look at pictures or get rid of all reminders of the deceased, this may be an unhealthy coping style, leading the individual to be avoidant of their feelings of the loss (Worden, 2009). Therefore, through the act of moving on, letting go, or simply being in denial could all be seen as defense mechanisms that individuals use to help protect themselves from the pain experienced by the loss of their deceased loved one.

According to Worden (1996), keeping a connection with the deceased allows children to be better able to reminisce about their deceased parent with others besides family members, and in doing so, they believe that they will please their dead parent. This continued relationship can be seen as a healthy component of the “constructing” process (Worden, 1996, p. 33). Through the constructing process, children begin to remodel the meaning of the death “rather than ‘letting go’ of the deceased,” (p. 33) and this process continues through the child’s experiences (Worden, 1996).

Complications of grief. Grief symptoms are experienced differently by each person and can come and go at different times, in different settings (Williams & Lent, 2008). It is not contained within a single moment, place or relationship (Williams & Lent, 2008).

Understanding the passage of time may be a difficult concept for some children to grasp, therefore certain children may lack the ability to know that things may become easier as time passes (Williams & Lent, 2008). Being perplexed and confused by the process of grief and the

emotions that they are experiencing, some children may express behaviors that are unacceptable to adults (Williams & Lent, 2008). Bereaved children who lack an understanding of their feelings may lash out at individuals who do not intend to anger them, because of their inability to isolate their pain and anger in certain moments (Williams & Lent, 2008). With the increased cognitive maturity, children develop a better understanding of time as well as grasp the concept of permanency (Willis, 2002).

Williams and Lent (2008) stated that the death of a parent is “one of the most significant and stressful” (p. 456) events for the family and child to experience. Relational factors affect the way one will grieve the death of the recently departed (Worden, 2009). For example, the relationship that causes improper grieving is one that involves ambivalence and unexpressed hostility (Worden, 2009). The inhibition of grief may be exhibited in such a relationship due to the bereaved individual’s ambivalence with the relationship they shared with the deceased, resulting in feelings of anger and guilt (Worden, 2009). Distress may arise through the process of grieving, alongside a strong response of intense sorrow due to the loss of an individual that they were strongly attached to (Colman, 2015). A highly narcissistic relationship is yet another alliance to cause difficulty in grieving (Worden, 2009). In such a relationship, the deceased is seen as an extended representation of the self, therefore admitting to the death of a loved one is admitting to the loss of part of oneself (Worden, 2009). Denial is therefore often witnessed when narcissistic defenses are present (Worden, 2009). Given that strong attachments are often formed amongst children and their parents, an adjustment disorder may arise in severe cases of grief (Colman, 2015). When an individual loses a parent which they were dependent on, he or she will experience alterations in their self-image (Worden, 2009).

Complicated grief. Resiliency can be seen in certain bereaved individuals, but on the other end of the spectrum, others suffer greatly from “intense, long-suffering grief, numbness, and emptiness, called complicated grief” (Beaumont, 2013, p. 1). Complicated grief can be understood as following a continuum; an individual who is suffering from complicated grief can be more avoidant of the loss and the pain experienced, or they may seek to not let go of the departed (Rogers, 2007). These symptoms may be seen as typical to the regular passage of grief, but are considered complicated based on the severity and duration of the symptoms, as well as the degree of dysfunction one is conveying (Rogers, 2007). This type of grief, or experience of

lengthened bereavement may be portrayed by several factors, such as longing for the deceased, lack of purpose in one's life, or difficulty in accepting the death of a loved one several months later (Prigerson, Vanderwerker, & Maciejewski, 2008).

Learned helplessness can be a response to complicated grief (Worden, 2009). It is defined as exhibiting passive behavior in response to uncontrollable events and ineffectively repeating and avoiding certain conditions or actions (Harris & White, 2013). Feelings of inferiority can also play a role in complicated grief. It can subject individuals to lowered self-esteem thereby leading to reactions of powerlessness in a certain situation and provoke a sense of helplessness and rejecting possibilities of change (Harris & White, 2013).

The grieving process. Parents who are struggling with their own grief may assume that their child is unable to understand the tragedy, which may cause feelings of isolation for the child (Beckmann, 2000). Children can be very attuned to the tone of other individuals (Beckmann, 2000). When something is wrong, the child may immediately sense it and if the cue is not explained it can cause the child to experience a great deal of anger or a feeling of isolation (Beckmann, 2000). This feeling of isolation can be heightened if the child is not treated as though something significant has transpired in his or her life when he or she returns to school (Beckmann, 2000).

Grieving is a process that has no limits, therefore the aim is to facilitate the child's grieving process as well as the ability to express his or her feelings of grief (Standard, 1999). The grieving process can be experienced more intensely at first for children, followed by a period of years of grief; however, children may also be able to put grief aside much better than adults can (Standard, 1999). It can be difficult to determine whether the child has come to terms with his or her grief or if he or she has put it aside (Glazer, 2015; Standard, 1999). What children present to other people may not be a true reflection of their inner experience as it may be the compartmentalization of their grief (Glazer, 2015). Children who present themselves as "being fine" (p. 97) could be a result of not wanting to anger or disappoint adults (Glazer, 2015).

Child Emotional Development

By examining ways of coping through the exploration of emotionally challenging and difficult situations, children become prepared for a more favorable development (Frydenberg, Deans, & O'Brien, 2012). It is important to learn how to regulate emotions, as anger and

suffering may interfere with learning, social and relational experiences (Frydenberg et al., 2012). Executive functioning, which means managing of the self, is therefore an important part of a child's development, as he or she must manage emotion regulation and coping skills throughout development into adulthood (Frydenberg et al., 2012).

In the early stages of life, “[e]motion is initially regulated by others, but over the course of infancy it becomes increasingly self-regulated as a result of neurophysiological development” (Schore & Schore, 2012, p. 10). Crying is a primary function used by an infant to display discomfort to his or her caregiver (Orlans & Levy, 2014). By about 2 ½ years of age, an increase in cognitive and social abilities can be seen and everyday separations and reunions are being dealt with through their ability to learn this new behavior (Orlans & Levy, 2014). Proximity- and contact-seeking behaviors are generally lessened in young children who are experiencing healthy attachment exchanges as they begin to develop a sense of security at roughly 2½ years old (Orleans & Levy, 2014).

The six basic emotions of anger, fear, joy, sadness, disgust, and surprise, are innate forms of expression within humans, and are referred to as primary emotions (Frydenberg et al., 2012). As of 2 years of age, in normal development, secondary emotions such as self-consciousness begin to develop, where the child starts to analyze his or her behaviors and those of others (Frydenberg et al., 2012). Within middle childhood, which ranges from 6 to 11 years of age, the development of a greater self-awareness and social sensitivity often helps with the development of emotional competence (Berk, 2014). Younger children relate to emotions based on internal states, such as sad or happy thoughts, and between 6 to 12 years of age they become more aware of experiences that are likely to cause mixed emotions (Berk, 2014). Cognitive development, social experiences and adult sensitivity to a child's emotions allow for a progressive understanding of emotions (Berk, 2014).

Two emotional-managing strategies become more fully developed generally by age 10: problem-centered coping and emotion-centered coping (Berk, 2014). Problem-centered coping occurs when a situation is deemed changeable and thus a child can decide what to do to rectify it, while emotion-centered coping aims to control distress when an outcome cannot be controlled (Berk, 2014). Compared to preschool aged children, school-aged children begin to distinguish different situations and thus reflect on their thoughts and feelings to attempt to manage their

emotions, thus acquiring “a sense of emotional self-efficacy – a feeling of being in control of their emotional experience” (Berk, 2014, p. 265).

With the experience of death, the child is exposed to what is commonly his or her most severe fear, losing not only a parent, but also his or her devoted support (Lieberman, Compton, Van Horn, & Ghosh Ippen, 2003). In order for a child to develop both emotional and physical integrity, the first 5 years of the child’s life needs to encompass trust that his or her parent will offer protection and be reliably present (Lieberman et al., 2003). Coming to understand the disappearance of their dead parent, “children [may] find reasons that match their developmental understanding of causality, such as ‘my mommy didn’t love me’ or ‘I was bad and Daddy left’” (Lieberman et al., 2003, p. 14). What constitutes a child’s sense of self can be lost with the death of an attachment figure; they lose the ability to interact intimately, decreasing fundamental aspects of development (Lieberman et al., 2003).

Grief in Childhood

For children, the concept of death has not been experienced or explored long enough for them to reach a solid comprehension (Willis, 2002). The complexity of such a concept may lead a child to feel guilty and remorseful for an event that he or she had no control over (Willis, 2002). Willis (2002) proposes that the understanding of death and grief starts to be grasped between the approximate ages of 3 to 4 years old, although this can also be a lifelong understanding process for many.

The direct care a child receives from his or her support system dictates the impact of the child’s reaction to the caregiver’s death (Willis, 2002). With the experience of losing a family member, children most often require more attention than usual (Willis, 2002). With the loss of a parent, children may search the attention of others, including strangers (Lieberman et al., 2003; Willis, 2002). Older children who have experienced the loss of a significant individual, such as a parent, may demonstrate signs of regression to earlier behaviors, such as thumb-sucking, biting, or bedwetting (Corr, 2010; Rogers, 2007; Willis, 2002). These behaviors may exemplify a child’s attempt to cope with feelings he or she does not comprehend (Willis, 2002). Immersing themselves into everyday activities, such as school and play, can be seen as a common temporary defense children undergo instead of being flooded with overwhelming thoughts of death (Corr, 2010). For this reason, children can oscillate between their mourning and grief as a way to cope

with the death of their parent, therefore their stage of bereavement may be longer than that of adults (Corr, 2010).

With the experience of losing a parent, anxiety responses may not solely emerge in reference to the deceased parent, but towards the surviving parent as well due to the fear of loss (Lieberman et al., 2003). Clinginess, being left alone, preoccupation with parent's whereabouts, constant need for attention, and extensive worry about their surviving parent's well-being, are some common behaviours due to the fear of losing love and separation anxiety (Lieberman et al., 2003).

Children's grief can cause feelings about being different from their peers to emerge, which is an aspect that differentiates children's grief from that of adults (Rozum, 2012; Worden, 1996). Anxiety, sadness, anger, acting out, sleep difficulties, physical complaints, and longing are frequent signs of mourning portrayed by young children; these signs are typical of children that do not understand their current emotions of anger or sadness and experience the inability to express their emotions (Willis, 2002). Children may experience some or all of the seven significant symptoms while grieving: increased depression levels, increased accidents and health problems, poor school performance, significantly higher levels of anxiety and fear, significantly low self-esteem levels and optimism for future success (Schuurman, 2015).

Grief and lack of oral communication. Expressing their grief verbally is not always the case for children (Corr, 2010). Crying, engaging in sports, art, or play are all physical activities that some bereaved children engage in to express their grief (Corr, 2010). As some children may be unable to vocalize their inner experiences, play may be used as a beneficial tool to help them to express their emotions (Astramovich et al., 2015). Another common act of expressing their grief is to attach to "sources of comfort and security" (p. 15), which could include seeking physical contact by a loved one, or seeking reassurance and nurturance through the act of embracing a stuffed toy or pet (Corr, 2010).

Therapeutic considerations for children. Through the use of art therapy, Rozum (2012) believed that bereaved children could use sensory experiences to understand and identify their feelings of loss. As Rozum (2012) stated, grief is not a process that one can conquer or recover from, but rather as a passage "from one state of being to another" (p. 424). Allowing a child to play out his or her expression of grief within a play therapy session rather than talking it out has

been researched (Axline 2013; Standard, 1999; Willis 2002). This means of self-expression enables a child to express grief freely both verbally and symbolically in a physically dramatic way (Leick & Davidsen-Nielsen, 1991; Standard, 1999). In play therapy, therefore, when children are unable to express themselves in one form, it is important for therapists, to provide them with different mediums to aid in the expression of grief (Leick & Davidsen-Nielsen, 1991; Standard, 1999). Either individual therapy or a grief group environment to interact and connect with other children who experience similar feelings, can benefit the child (Standard, 1999; Worden, 1996).

Excessive details or talking down to a child, as if incapable of understanding, needs to be avoided by adults (Beckmann, 2000). Speaking to the child, in any situation, about what they already noticed and experienced would be the best way to begin the conversation about the death of their guardian; these recommendations are steered towards parents, but they can also be incorporated within the therapeutic space (Beckmann, 2000). Specific language, deviating from the world of fantasy, needs to be used to ensure that the child understands that death is not momentary; they are not asleep, they are not on a journey, they will not be returning (Beckmann, 2000). Children should be encouraged to ask questions. Adults however, whether a therapist, a teacher, a family member, etc., need to help children understand that they may not have all the answers, yet together answers can be found (Beckmann, 2000).

Child Development in Context of Grief

For individuals, and more specifically for children, attachment figures cannot be interchanged (Lieberman et al., 2003). With the passage of time, children can come to accept another adult to take on the caregiving duties that were once enacted by the deceased parent and “they will come to love a surrogate caregiver when the process of mourning unfolds in developmentally appropriate ways” (Lieberman et al., 2003, p. 9). No matter the connection to the living or new parental figure, the identifying feelings towards the deceased parent could not be replaced or forgotten by the child (Lieberman et al., 2003).

Within different age brackets, developmental distinctions can be seen, for example, depending on their family’s religious and cultural views, children aged 5 or 6 begin understanding the notion of life after death (Willis, 2002). Self-esteem can be severely affected during this time because children come to blame themselves “when bad things happen,” (p. 171)

therefore parental support is highly necessary for this age group as well as younger children (Christ, 2010). Children between the ages of 6 to 8 years old are in the stage of late preoperational thinking (Christ, 2010). During the late preoperational stage, children come to understand the definiteness of their parent's death and can appropriately express their sadness and anger of the informed tragedy (Christ, 2010). Although children between the age of 6 to 8 years old are able to understand the finality of death, they still experience some difficulty understanding the impacts of loss due to their magical and logical thinking that this stage presents (Christ, 2010). Coming to understand that death is universal, anxiety can be elevated in this age group and they are more prone to have difficulty containing their emotions (Christ, 2010; Willis, 2002).

Children 9 to 11 years of age are within the concrete operational stage, during which they use logical thinking and are able to understand cause and effect, as well as "retrace memories to aid in correcting erroneous opinions, thoughts, and conclusions" (Christ, 2010, p. 172). Providing the child with concrete details about the situation can allow him or her to feel a sense of control through being properly informed (Christ, 2010). Children in both age groups, 6 to 8 and 9 to 11 years old, are not able to grasp the concept of abstract thoughts, rather than using euphemisms, adults should use words such as "dying" and "death" (Christ, 2010; Willis, 2002). This will help the child to understand that talking about death is not taboo, and could also provide the child with the opportunity to start coming to terms with the notion of the permanency of death (Willis, 2002). Until the age of 12, children may present difficulty in expressing their inner understandings concerning their loss, therefore a reliance of symbolic play and artistic creations is often used to express their grief (Williams & Lent, 2008; Wood & Near, 2010).

Attachment

Attachment theory emerged to explain early bonds and the separation-induced anxiety in young children, and partially as an alternative to psychoanalytic theory (Fitton, 2012). Within the attachment theory literature, there is discussion of loss and mourning processes including similarities between the process across the developmental cycle and the role of the psyche's defenses (Fitton, 2012). Additionally, attachment theory looks at the process of social behavior from infancy that influences and affects the development of personality from healthy to

debilitating (Fitton, 2012). Furthermore, a biological need for closeness is associated with both survival and natural selection (Fitton, 2012).

John Bowlby was the first developer of the psychological model of attachment theory, in 1951, to better understand the attachment relationship between humans and their desire for proximity (Colman, 2015). From Bowlby's (1982) formulation of attachment, there are two important components: biology and the mother-child or child-caretaker bond, which is an essential component for a child's development.

In Bowlby's writing there is a lack of recognition of the significance of other primary attachment figures including fathers, reflecting his time and cultural context. Bowlby's work emphasizes the female parent, where, throughout infancy, fathers play a subordinate role to mothers, yet provide their wives with emotional support (Bretherton, 1992). Developmental theorists over most of the 20th century reinforced the notion that mothers are the only primary caregivers for their children; this therefore strengthened "the implicit assumption that father-child relationships had little impact on children's development" (Cabrera, Tamis-LeMonda, Bradley, Hofferth, & Lamb, 2000, p. 127; Sarkadi, Kristiansson, Oberklaid, & Bremberg, 2007). With the lack of sufficient parental leave programs in order for fathers to properly transition into parental responsibilities, fathers are required to maintain their job responsibilities into their new role as a father (Yogman & Garfield, 2016). Although mothers continue to be represented as the primary caretakers of their children, fathers are more immersed in the involvement with their children than ever before (Yogman & Garfield, 2016). According to Statistics Canada (2017), in 2015, 1 in 10 fathers reported to be stay at home parents compared to 1 in 70 in 1976. Also, fathers' participation in the care for their children and domestic tasks has increased 51% from 1986 to 76% in 2015, indicating the evolution of the father's role (Statistics Canada, 2017).

Attachment theory has evolved to recognize that the presence of fathers play an important role in the development of "emotional regulation and control" (p. 130) of a child, as well as potentially offering them feelings of "security and emotional support" (Cabrera et al., 2000, p. 130). In modern attachment theory, nature and nurture are considered as factors that influence the predispositions of a child's relationship with a caregiver (Schoore & Schoore, 2008).

Depending on one's social environment, the relationship between child and caregiver affects the outcome of their attachment (Schoore & Schoore, 2008).

Stable homes, where time and attention is allocated by primary caregivers, produce self-reliant, healthy and happy adolescents and young adults (Bowlby, 1988). By feeling a sense of stability and security that the parent provides, encourages a secure dependency, allowing the child to feel safe and comfortable to go out and explore his or her surroundings (Rosmalen, Veer, & Horst, 2015). This form of exploration will give way to a developed and independent sense of security, allowing to readily confront "external threats without panic" (Rosmalen et al., 2015, pp. 270-271). Creating a secure attachment bond within the first year of life is an essential task that leaves the infant and primary guardian the opportunity to develop emotional communication (Schoore & Schoore, 2008). One cannot enter this realm of communication if the caregiver is not attuned to the infant's dynamic shifts in his or her "bodily-based internal states of central and autonomic arousal" (Schoore & Schoore, 2008, p. 11). This being said, a responsive caregiver will be able to understand an infant's nonverbal communication and in turn help regulate both positive and negative affective states, promoting both the central and autonomic nervous system (Schoore & Schoore, 2008).

Fatigue, pain, fear, or an inaccessible mother are all components that can activate a child's attachment behavior (Bowlby, 1988). Distress and anxiety can be aided by a prolonged cuddle, demonstrating the biological factor and the need for protection (Bowlby, 1988). This attachment behavior is not at all confined to children; adolescents and adults are often less readily aroused, however this need to be cared for and supported can be seen in times of anxiety and stress within all age groups (Bowlby, 1988). In the absence of the mother-figure, a child's preferred person when in distress will most likely turn to someone well known to them, therefore exemplifying a hierarchy of preferences (Bowlby, 1982).

Losses may wound our feelings of attachment and can reduce our empathy for others (Leick & Davidsen-Nielsen, 1991). This could then lead individuals who experience difficulties in their attachment processes to struggle with coping with grief in a beneficial way (Leick & Davidsen-Nielsen, 1991). Threats of abandonment not only pose an intense amount of anxiety on an individual, but can also arouse feelings of anger, which is particularly seen in older children and adolescents (Bowlby, 1982).

Believing that having a mother in proximity enables the child to experience the most security, Bowlby stressed that children's behavior surrounds the idea of creating and maintaining contact with the mother (Bowlby, 1982). A mourner's behavior is an attempt to hold onto the deceased (Leick & Davidsen-Nielsen, 1991). Just as a baby cries to capture the attention of their mother, the bereaved individual's weeping can be seen as a calling of the deceased (Leick & Davidsen-Nielsen, 1991).

The "good enough mother," as described by Winnicott (2005), who is usually but "not necessarily the infant's own mother," (p. 13-14) gives an infant's needs active adaptations, which eventually lessens gradually, in accordance with the infant's evolving ability to justify failure and to tolerate frustrations. According to Winnicott (2005), an infant's mother is naturally "more likely to be good enough" (p. 14) compared to another individual, since the preoccupation with the infant needs to be easy and unresented to attain an active adaptation. With the child's growing ability to accept his or her mother's failures, the mother adapts less and less to her child's needs (Winnicott, 2005). With the positive experience of a "good enough" (p. 384) relationship between mother and child, the child will then be able to transfer his or her mother's soothing properties to an object and subsequently by using that object, develop self-soothing capacities (Litt, 1986).

Transitional Objects

Donald Winnicott (2005), a pioneering child paediatrician and psychoanalyst, developed the concept of the transitional object. A transitional object, an infant's first possession, is seen as a special object that not only comforts the individual, but also stands for the mother or first relationship (Winnicott, 2005). Once an object has been found and used by the infant it becomes a transitional object, which encompasses much value for the child (Winnicott, 1980). If deprivation is experienced at a later age, the presence of a specific object or behavior from an earlier date may re-enter one's life if he or she is confronted with a threatening situation (Winnicott, 1980).

The transitional object is both a possession and an internalized mental concept (Winnicott, 1980). The transitional object becomes more important than the mother figure, which is seen to be almost inseparable from the infant (Winnicott, 1980). The object itself is not transitional, but rather, it "represents the infant's transition from a state of being merged with the

mother to a state of being in relation to the mother as something outside and separate” (Winnicott, 1980, p. 14-15).

Child development and the transitional object. A child’s attachment to inanimate objects is linked to diverse developmental and psychological processes (Litt, 1986). Fist-in-mouth activities are seen as initial occurrences in newborn infants, which could then potentially lead to an attachment to a doll, teddy, or a hard or soft toy (Winnicott, 1980). Moving away from the concept of oral excitement during this stage in infancy and recognizing that the attachment to a specific object is understood as “not-me” (p. 2) allows infants to become aware of their first possession (Winnicott, 1980). Within the development of the infant, they begin to integrate “other-than-me objects” (p. 3) into their own life as a source of comfort, which can potentially represent the mother’s breast (Winnicott, 1980). Before an infant is able to find or identify his or her transitional object, functional experiences occur, where he or she experiments with an object through destruction and notice its soothing effects due to the survival of the object (Winnicott, 2005). Functional experiences can be the mere placement of the infant’s fingers or a part of blanket in the mouth, or pulling the wool off an object to later use it as a comforting activity (Winnicott, 1980). This was coined as the transitional phenomena, where all the present elements in this phenomena are especially important during bedtime and in becoming a defence against anxieties (Winnicott, 1980).

Mahler (1967), a psychiatrist who developed the Separation-Individuation theory, believed that within the first weeks of infancy, mother and infant are experienced as one entity, which she called the Normal Symbiotic Phase (initially she had an earlier phase but removed it once it was discredited by science). In this period, the child is not able to differentiate themselves from their mother within the larger environment until later phases when the child begins to discover distinguishing features, and begins developing an identity separate from the mother. As described in Litt (1986), Mahler proposed that transitional objects enable a child’s physical detachment from their mother while still holding onto her; therefore, a symbolic attachment remains present. He differed from Winnicott (1980), who placed much emphasis on the concept of the transitional object being important for the “separation-individuation process” (p. 385). Mahler viewed the transitional object as a means to enable the child to physically move away from the mother but still partially hold onto her; thus allowing for symbolic relatedness to

the mother (Litt, 1986). As described by Lyons-Ruth (1991), Mahler, while working within the framework of object-relations, proposed the following:

[A] theory of successive reorganizations of the mother-infant relationship over the first 3 years of life, based on the assumption that the infant does not experience himself or herself as a separate entity initially but only gradually establishes separate psychic representations of self and other. (p 1-2)

Mahler believed that the separation-individuation phase in a traditional child's development would cause hesitation with a guardian, when seeking physical comfort (Lyons-Ruth, 1991).

Through the lens of the transitional object, there is no definite difference in girls' or boys' use of their original "not-me possession," (p. 4) although boys are more likely to interact with hard toys and girls lean more towards family-centered toys (Winnicott, 1980). Todd (2016) stated that if a child's toy preferences are strongly influenced due to socialization, these social experiences accumulate throughout a child's life and thus increase his or her gender-typed preferences. Todd's research was to observe how girls and boys in UK nurseries engaged in independent play without the presence of the children's parents (Todd, 2016). Sex differences in toy preferences appeared early on in the development of the children (Todd, 2016).

Tabin (1992) stated that children take a transitional object at moments when their caregiver proceeds to a new environment; useful transitional mechanisms, such as expressive creations, for example drawings, and special speech patterns prevail when children are experiencing an alteration in their emotions. Feelings about self-continuity and control can be explored or dealt with, with the child's use of his or her chosen object (Tabin, 1992). The process of choosing, projecting onto and relating to the transitional object, leads the child to use illusion, where he or she believes that he or she is still connected to the mother, to the use of symbols, and finally to the use of the object (Abram, 1996; Winnicott, 1980). The object that the child identifies with encompasses all the elements of mothering, but it also implies that the infant is able to creatively establish what he or she is in need of (Abram, 1996).

Due to the representation of the child within the object, where the child considers it to be a self-representation, it can be used to cope with feelings of self-continuity and control (Tabin, 1992). Through the manipulation of the object, coping strategies can be exercised in ways that one's "self-image or body-self cannot" (Tabin, 1992, p. 210). On another note, the child uses his

or her own qualities as descriptors for the object; this representation through the object allows the child to enrich his or her sense of self (Tabin, 1992). For toddlers, transitional objects appear as self-objectifiers because they need “to reinforce the cognitive awareness of self in new circumstances” (Tabin, 1992, p. 214). Managing uncontrollable changes is assisted through the ability to see, hold and transport “an object that is regarded as a self-belonging” (Tabin, 1992, p. 214). Seeing that the transitional object is therefore part of the self, which the child has under his or her own supervision, allows for the understanding that he or she is not utterly helpless (Tabin, 1992).

Connectivity between not only child and adult, but also amongst children themselves, can be fostered through the availability and usage of transitional objects (Goddard, 2014). Transitional objects give hidden feelings the opportunity to be expressed allowing children to understand and cope with the world (Goddard, 2014). Personal control and continuity can be reinforced through the representation of an object that children carry around with them that embodies the self (Tabin, 1992). Such objects are believed to offer strength and resilience in difficult and traumatic instances, and if taken away, anxiety is generated (Goddard, 2014). Predictability and stability of the world can be felt through the use of a transitional object, where consistency, tranquility, and comfort can be provided (Goddard, 2014).

Comfort and pleasure are associated with a child’s transitional object, which is usually connected to his or her primary caregiver (Tabin, 1992). Familiarity is a vital aspect when choosing a transitional object in a moment of need, as this object is a particularly favored object that allows for relief (Tabin, 1992). This connection to the object can continue throughout one’s life, helping to guide and balance, and promote well-being (Goddard, 2014). The connection that these transitional objects have for children could potentially allow them to communicate in a nonthreatening environment through play; this does not necessarily mean that they are consciously expressing some type of grief, but rather, developing motor skills and exploring their ability to express their emotions (Willis, 2002).

Art Therapy, transitional objects and loss. Reawakening of emotions can catch bereaved individuals off guard, flooding them with intense negative emotions for a brief time period (Lister et al., 2008). Facilitating different ways of coping with the anticipation of such unexpected negative emotions can be explored in art therapy sessions (Lister et al., 2008). A

transitional object is often used as a comforting object, a token that can be kept to represent the departed loved one (Lister et al., 2008). The association to a specific object can either be created within an art therapy session, or something can be merely taken from the deceased (Lister et al., 2008; Wood & Near, 2010). A memorial piece can be explored in reference to an upcoming anniversary that can be developed in different forms according to the person's needs and wants (Lister et al., 2008). Incorporating the clothing or any other object from the deceased can be welcomed into an art therapy session to be used in their creation; this can then act as a multi-sensorial object for the bereaved individual (Lister et al., 2008). Journaling can also be a means of coping with the death of a loved one, which can be in close proximity to the grieving person and similarly, a token from the deceased can be carried around for the individual to feel connected (Lister et al., 2008).

The purpose of this transitional memento "is to provide grounding in those spontaneous, more public situations" (Lister et al., 2008, p. 248) when one gets flooded with an unexpected event or emotion that is directly linked to the departed individual (Corr, 2010; Lister et al., 2008). Externalizing one's problems can be made possible through the exploration of art therapy, where the bereaved individual can separate from the identified problem (Lister et al., 2008). The use of narrative therapy has been widely used to help bereaved individuals communicate and explore their feelings and experiences that cannot be fully captured by words (Lister et al., 2008). With the use of art to express one's narrative, clients can graphically portray their life, illustrating important people, present and absent, events, and life's highs and lows (Lister et al., 2008). This process shows that one's life is an ever changing cycle that includes adaptations and accommodations (Lister et al., 2008).

Presence of Dolls in Childhood

Within play, dolls can take on the role of children's uncomplaining patients (Feen-Calligan, McIntyre, & Sands-Goldstein, 2009). Reality and fantasy, as well as childhood memories can be stimulated through the interactions with specific dolls (Feen-Calligan et al., 2009). When dolls are "allowed to remain as dolls" (p. 168), rather than "archetypes, sculptures, or 'mythic' representations," (p. 168) companionship, as well as a sense of security and feeling of safety can be exhibited with the interaction of one's doll (Feen-Calligan et al., 2009). Dolls can provide a sense of comfort and attachment, along with stimulating communication of one's

emotions (Astramovich et al., 2015; Feen-Calligan et al., 2009). The transitional object, as stated by McMahon (1992), becomes a friend, a protector and comforter; therefore, certain dolls can be identified as a transitional object when a child latches onto them. By encouraging “emotional well-being [...] this personified instrument of self-expression” (para. 7) can allow for improved understanding and coping with feelings that are usually “concealed, suppressed, or dismissed” (Goddard, 2014, para. 7). Symbolizing both ourselves and beyond, in both history and art therapy, dolls have the power to teach, stimulate, speak and provide companionship (Feen-Calligan et al., 2009).

Dolls in Art Therapy. According to Feen-Calligan et al., (2009), dolls in art therapy could represent ourselves or “something greater than ourselves” (p.172), as they have the power to teach, stimulate our imagination and provide companionship. Playing with dolls can foster nurturance, role-play, and social proximity (Caldera, Huston, & O’Brien, 1989). When a resemblance to humans is evident in a doll, both children and adults, as though they were real people, are more drawn to interact with such dolls (Feen-Calligan et al., 2009). It is these types of interactions that can be considered a way to therapeutically understand relationships and show that dolls can be another means to appreciate fellow humans (Feen-Calligan et al., 2009). Using doll making during art therapy, play can be integrated into the process of expressing oneself, as it is a primary means of self-expression for children (Astramovich et al., 2015).

Play as Expression

Prior to the development of the field and practice of play therapy, children used the natural progression of play to establish relationships, communicate, and problem solve (Seymour, 2016). As described by Seymour (2016), Freud interpreted “play as a child-like form of free association [therefore providing] a window to the inner workings of the child’s mind” (p. 3). With the incorporation of play in therapy, it was acknowledged by the early pioneers of psychotherapy as an appropriate means of interacting with children, as well as an essential component of the psychotherapeutic process (Seymour, 2016).

As described by Johnson (2016), Virginia Axline, deemed the mother of play therapy, coined her model as *nondirective play therapy*. As described by Axline (2003), play is an opportunity given to the child to “play out” his or her problems and feelings. Certain principles of Axline’s model include accepting the child where he or she is, maintaining a belief in the

child, and setting limits (Johnson, 2016). Axline believed that a child has the ability to problem solve and take responsibility for his or her actions within a playroom (Johnson, 2016). For Axline, the healing component of the play process may be seen more within the environment in which the individual is situated (Johnson, 2016). Building rapport with the child in a play therapy setting as soon as possible and exemplifying a feeling of open-mindedness within the therapeutic alliance is also a vital healing component of the process, as the child will feel a sense of freedom to express him or herself completely (Axline, 2013).

Play, a natural means of self-expression, allows the child an opportunity to “play out” his or her problems and feelings (Axline, 2013). Healing can be experienced through the encouragement of play, either done so individually or with another person (Willis, 2002). As stated by Willis (2002), play encourages developing motor and emotional skills and providing the child with a safe, nonthreatening environment, where he or she can react to one’s innermost emotions. The opportunity to express accumulated emotions is welcomed through the act of play within play therapy; these feelings are brought to the surface through the act of introducing them, facing them, learning to control them, or merely abandoning the feelings (Axline, 2013). Play therapy can take the form of either directive, where the role of the therapist may assume responsibility and guidance, or non-directive, where the therapist follows the child’s lead (Axline, 2013). Through a non-directive approach, play therapy provides the individual with the opportunity to develop growth in a safe environment (Axline, 2013). Only upon realization that the individual has the potential to direct his or her own life and accepts responsibilities, he or she is then able to clearly plan his or her course of action (Axline, 2013).

Guiding play therapy. Axline (2013) proposed eight basic principles to guide a therapist in working with a non-directive therapeutic approach. Accepting the child exactly as he or she is, is a fundamental aspect in creating a positive therapeutic alliance (Axline, 2013; Rogers, 2007). Reflecting back the feelings that the child is expressing can allow for the child to gain understanding of his or her behaviour, therefore the therapist needs to be alert to recognize such expressions during the child’s process (Axline, 2013). Providing the child with the opportunity to reason with his or her own problems is maintained by the therapist’s respect in the abilities the child attributes, which can promote change within the child (Axline, 2013). Therefore, the child directs his or her own discussion and actions, while the therapist accompanies the child’s journey

(Axline, 2013). Understanding that therapy is a progressive, step-by-step process, the therapist is not to rush the development of therapy (Axline, 2013). Rather, the role of the therapist is to enforce certain necessary limitations to ground the sessions within reality and to foster awareness to the child of his or her responsibilities within the therapeutic alliance (Axline, 2013).

As a crucial aspect of childhood experience, play is a “primary means of self-expression” (Astramovich, Lyons, & Hamilton, 2015, p. 30) and through play children can explore new behaviors and expression of feelings. An inability to express their inner experiences through verbal communication may be seen, therefore they “may instead use play as a concrete medium for expressing emotions” (Astramovich et al., 2015, p. 30). Astramovich et al.’s (2015) research incorporated children with intellectual disabilities, therefore it is imperative to not generalize every child’s expressive communication to be easier explored in the form of play, as well as keeping in mind that regardless of one’s developmental abilities or stages, not every mode of therapy works for everyone and adaptations can be taken into account to better serve the individual’s needs.

Play gives the opportunity to explore one’s world and solve issues (Bettelheim, 1987). Through the understanding of a child’s play, adults are then able to understand the child for who he or she is (Bettelheim, 1987). Within play therapy, children are given the opportunity to work through their emotional difficulties, where the act of play is “a ‘royal road’ to the child’s conscious and unconscious inner world” (Bettelheim, 1987, para. 2). As a result of their play, the therapist can come to understand how children define and see the world (Bettelheim, 1987). Although it may seem like spontaneous play merely fills a child’s time, it is driven by an inner process that includes the child’s anxieties, desires and problems (Bettelheim, 1987). In therapy, allowing the child to play out different scenarios should not be interfered with if there is no posed danger, as any assistance may impede the child’s journey to find his or her best possible solution (Bettelheim, 1987). Play therefore is a useful therapeutic tool that can allow the child to prepare him or herself for the responsibilities of the future (Bettelheim, 1987). These responsibilities can be mirrored in their play through the development of intellectual growth via positively reinforced perseverance (Bettelheim, 1987).

Play therapy is frequently integrated within the realm of the creative arts therapies, art therapy specifically, and together they can provide a creative means of expression in order to

work through difficulties and/or traumas (Malchiodi, 2005). Expression through play can be less threatening for a child, as it is a natural process for him or her (Standard, 1999; Glazer, 2015). Often, children's mastery of their own trauma are expressed through play or art (Malchiodi, 1998). Seeing that art can represent one's secret world of fantasies, untouched by the traumas they are facing, expression of the individual's fears and terrifying circumstances can be brought forth in their artwork on how they view or deal with such traumatic events (Malchiodi, 1998). As opposed to using their artwork to represent their pain, children can represent "dreams of what might have been and to escape the horrors and experiences sometimes too difficult to express in other ways" (Malchiodi, 1998, p. 134). Detail of expression may vary per child, as some may prefer to add great detail and others as little detail as possible (Malchiodi, 1998). Therefore the use of play therapy and art therapy can be used as a modality to meet therapeutic goals that would be prioritized in a grief group for children.

The concept of play allows for the opportunity of expression without words, where "words may not exist to express" (p. 98) the child's feelings (Glazer, 2015). Glazer (2015) stated that children's attempt to organize their experiences may be represented through play, which could allow one to see how he or she feels "about people and events" (p. 100) and give him or her the opportunity to experience a sense of control while expressing him or herself through play. Within a play therapy session, it is thus important to include toys that allow for regression, aggression, mastery, and independence to be played out (Guernsey, 2001). Although providing children with expressive toys, i.e., family-centric/nurturing toys, that have the potential to represent real-life occurrences, having both expressive and aggressive toys can "convey intense pent-up emotions, such as anger, hostility, and frustration" that should be dealt with before terminating therapy (Leggett & Boswell, 2017; Glazer, 2015).

Gender and Play

Individual distinctions and social markers are said to be defining elements of gender; these two components make up the contrasting characteristics about how people act, think, and also how children play (Johnson, Christie, & Wardle, 2005). The way in which a child will interact and choose his or her toys may be influenced by cultural differences viewed within his or her family, society, and the world (Trawick-Smith, Wolff, Koschel, & Vallarelli, 2015).

Therefore, one's environment can be influencing a child's desire to interact with certain gender specific toys.

Aside from one's choice of object, boys, not only girls, can benefit from doll play (Abram, 1996; Bettelheim, 1987). The development of domestic skills and nurturance is likely to be seen in girls' experiences with toys (Blakemore & Centers, 2005). These experiences are of great benefit to boys as well due to the increasing incorporation of both genders taking care of the home and children (Blakemore & Centers, 2005). Gender-stereotyped toy preferences and behaviors can be seen in children as early as 18 to 24 months of age (Caldera et al., 1989). Exposing children to gender-neutral toys would be the most beneficial to their development, rather than exposing them to "strongly gender-stereotyped toys" (p. 631) as gender development can be seen through the development of toy play (Blakemore & Centers, 2005). Toys that have been labeled as masculine in our society, such as adventure figures and trucks, encourage independent and aggressive play and can be a source of observable behavior differences between genders (Caldera et al., 1989).

Same-gendered toys elicit more positive nonverbal responses from most parents rather than neutral or cross-gendered toys, and results in gender stereotypical play with their children (Johnson et al., 2005). Parents can be seen as the first individuals to introduce gender roles to their children, as they are seen as the principle individuals to interact with their offspring (Caldera et al., 1989; Johnson et al., 2005). While some parents may unintentionally entertain the idea of gender stereotypes through their conscious and unconscious choices and/or actions, they are giving their children the chance to gather/obtain gendered behaviors and beliefs (Johnson et al., 2005).

School-aged children can come to understand that gender typing is due in part by society, rather than their biological makeup (Berk, 2014). Certain potentially perceived violations of gender norms, such as boys wearing girls' clothing and playing with dolls, or girls acting harsh and loudly, can be taken rather seriously by children (Berk, 2014). Although these so-called violations are taken rather seriously by children, it is stated that both girls and boys are discriminatory towards boys partaking in 'cross-gendered' performances (Berk, 2014). Although many activities are not gender specific, it is more likely that girls will interact in boy-like activities while the opposite is seldom seen (Johnson et al., 2005). It is seen as more socially

acceptable for girls to play with neutral toys, girl toys, as well as boy toys, while boys' interactions are only seen with neutral and boy toys (Johnson et al., 2005).

Grief Group Intervention for Children

Often, children who suffer a significant loss of someone close do not know another child with similar experiences, and this can lead to them feeling different from their peers (Glazer, 2015). Giving a child the opportunity to meet with other children that have experienced or are experiencing grief after having lost a loved one can be most beneficial (Glazer, 2015). Group therapy allows the bereaved child to be assured that he or she is not alone in the process, and that grieving is normal and natural (Baughman & Kiser, 2007). Offering individuals a space to express themselves in a group through the use of art can allow for the development of feeling safe to explore one's ignored feelings (Baughman & Kiser, 2007). Through the physical immersion of the self in using the arts, children can create together a space to discharge their implicit pain, and create the pretext to their healing (Baughman & Kiser, 2007). This type of group therapy, which may be the most important aspect of "the group process," (Glazer, 2015, p. 108) provides grieving children with a safe place to process their experiences. As stated in the "Grief in Childhood" section, sensitivity about being different from others can be neutralized through the interactions of being in a group of peers.

With the creation of a grief group, certain simple goals should be taken into consideration, particularly, the reduction of emotional isolation, strengthening coping skills, and facilitating the expression of feelings and creating a memorial for the deceased (Rozum, 2012). Although children are sharing their art work with both the therapist and group members, it is solely their story to tell (Rozum, 2012). In order to "do no harm", the therapist should avoid interpretations and assigning meaning to the art work the children present in the group (Rozum, 2012). Encouraging children to be the experts in their choice of symbols and metaphors allows them to internalize that their group members validate what they have shared (Rozum, 2012).

It is likely that the therapist may experience their own personal experiences of loss and grief may surface; these should not be avoided or go unnoticed (Rogers, 2007). With the presence of a co-facilitator, our personal emotions can be present within the space, but not overwhelming, causing us to fall apart due to unexpected factors (Rogers, 2007). When working with bereaved individuals, a therapist should seek proper supervision or emotional, supportive

consultations in order to have clarity throughout the difficult work of grief therapy (Lieberman et al., 2003). Feelings of helplessness and despair in not being able to grant a child's wish of bringing back his or her parent can overcome a therapist while witnessing the profound suffering that a child is experiencing (Lieberman et al., 2003). The therapist should self-examine his or her countertransference to a specific situation as emotions of past losses can unconsciously be awakened and cause reactions during therapy (Lieberman et al., 2003). Such reactions can include anger and the need to rescue the child (Lieberman et al., 2003). Anger can be felt due to inappropriate assumptions that the caregivers are failing to support the child, while the need to rescue the child can include feeling the need to adopt or find a new, better suited family for the child (Lieberman et al., 2003).

Mindfulness. Mindfulness is a practice that helps guide an individual to be in the here and now, instead of being distracted by his or her thoughts (Kabat-Zinn, 1990; Newton & Ohrt, 2018; Rechtschaffen, 2016). With the practice of sitting meditation, which is one element of mindfulness, attention is brought to one's breath and being open to the experience of thoughts, emotions, and sensations (Newton & Ohrt, 2018). Bereaved students may benefit from sitting meditation, as it may allow them to accept and work through their loss (Newton & Ohrt, 2018). With the use of one's breath, calmness of one's thoughts through mindfulness-based interventions can be created, as well as noticing and "sitting with difficult emotions," (p. 177) and acknowledging the external stimuli rather than reacting to them (Newton & Ohrt, 2018). As stated in the above literature, some children may have a difficult time understanding their inner emotions when faced with the death of a loved one and react inappropriately to others, therefore through the process of mindfulness-based interventions, coming to understand their inner difficulties can potentially help process their future behaviors.

Rituals. Group rituals created by an art therapist can allow for the establishment of a safe environment (Moon, 2006). This safety exists only if the right ritual is assigned to meet the needs of the individual's grieving process (Doka, 2012; Moon 2006). The enactment of rituals can reinforce social cohesion and communicate information (Moon, 2006). With the introduction of rituals to group members, a sense of uniqueness can be formed while also fostering a group identity (Moon, 2006). Art therapists, with the inclusion of other therapists, are not the sole providers of rituals insofar as group members have the ability and should be given

the opportunity to bring forth rituals within the group (Moon, 2006). An art therapy group needs to be a predictable and safe place, thus establishing boundaries for creative processes to ensure each member's successful engagement (Moon, 2006). A sense of ritual is fundamental to the quality of healing of an art-based group therapy, which naturally develops when people in the same space make art together (Moon, 2006).

The development of specific rituals can be done in diverse contexts and also project different messages (Doka, 2012). Doka (2012), a psychologist and counselor in hospice care, explored four rituals that helped individuals cope with the death of a loved one: rituals of continuity, rituals of transition, rituals of reconciliation, and rituals of affirmation. Through the process of these rituals, remembering the deceased can be explored, as well as transitioning through the journey of grief, or merely asking for forgiveness, and last, by acknowledging the legacy of the deceased (Doka, 2012).

Doll Making

Therapeutic doll making can encourage individuals to become aware of their physical experiences, as well as their "cognitive, emotional, and sensorimotor processing" (Stace, 2014, p. 13). The process of developing, creating, and reflecting establishes the doll's meaning within the process of art psychotherapy (Stace, 2014). Gaynard, Goldberger and Laidley (1991), noted that, where children seem interested in using dolls, an increase in positive affect and the relaxation of body postures is demonstrated. The action of doll making is a powerful one, in that dolls can provide a mirroring experience for people (Feen-Calligan et al., 2009). A spiritual connection between the doll maker and "a divine power in which he or she believes" (p. 172) can be created for some due to a deep process of reflection (Feen-Calligan et al., 2009). One example in which doll making has been used in grief therapy was to help a girl recover from the the death of her sister (Feen-Calligan et al., 2009). With the introduction of doll making, the girl was excited about the possibility of creating a doll to represent her sister (Feen-Calligan et al., 2009). The process of doll making allowed this individual to revisit her childhood and moments shared with her sister as well as process inner repressed memories of her abusive father and dreams (Feen-Calligan et al., 2009). Self-identity was therefore explored with the process of doll making, as major losses in one's life may cause a "risk of discontinuing identity formation" (Feen-Calligan et al., 2009, p. 169).

Puppets. The expression of a child's anger or frustration can be made possible with the use of a puppet or doll (Frydenberg et al., 2012). Through the action of incorporating puppets or dolls into a child's development, they give the child room to be heard, and have his or her fears and wishes be externalized (Frydenberg et al., 2012). Puppets have been used during therapy with children as a way to channel and express their feelings successfully (Standard, 1999). With the use of puppets in therapy, children are able to project their feelings and thoughts that could potentially be difficult for them to acknowledge in a nonthreatening fashion (Knell, 2016; Worden, 1996). Behavioral and cognitive interventions can be transmitted through the use of modeling or role-playing with puppets (Knell, 2016). Seeing that doll making has similarities to using puppets, could the process of creating a doll be as successful as puppets are with children? Puppets can be used in therapy as a means of assessment, therefore the therapist can conduct an interview with his or her individual client (Harvey, 2016). With an array of puppets at the child's disposal, he or she is asked to choose a few puppets and create a story that he or she has never heard or seen (Harvey, 2016). Once the story is complete, the therapist asks the child to stay in role and asks the puppets questions pertaining to the plot development, characters, and intentions developed in the story (Harvey, 2016). Projecting emotions and fears onto the puppets in a dramatic way is the main aim of this interview (Harvey, 2016).

Doll making and attachment. Dolls have the power to simplify the connections and differences between "life and death, subject and object, human and inhuman, self and other" (Wicks & Rippin, 2010, p. 265). Manifested as a second ego, dolls can be seen as a reflection of ourselves (Wicks & Rippin, 2010). Dolls have the ability to mirror the creator allowing for fulfilling and beneficial moments of mirroring (Feen-Calligan et al., 2009). Through the observation of children during informal play, a therapist can observe their social interactions and relationships while utilizing their dolls (Feen-Calligan et al., 2009). Both children and adults are drawn to interact with dolls when a resemblance to human beings is made, which allows for "therapeutic opportunities to work on relationships" (Feen-Calligan et al., 2009, p. 172). Doll making possibly has the power to resemble making people and create a spiritual connection that the individual believes in (Feen-Calligan et al., 2009). For example, Guatemalan Indigenous people educate their children about a Mayan story pertaining to worries (Catts, Zurr, Ben-Ary, 1996). Guatemalan Worry Dolls lay in a small box of six; children are taught to take one of these

dolls and share their worry with them (Catts et al., 1996). Only six worries a day are allowed as there are only six dolls per box, and overnight “the dolls will solve their worries” (Catts et al., 1996, p. 253). Dolls can therefore potentially take on the role of a healing tool for individuals who are in need of sharing their lived experiences and emotions following the death of a loved one.

Chapter 4: Intervention Design

The following intervention is developed for elementary school-aged children who have experienced the loss of a parent or guardian. The intervention program will be based on a 9-week doll making experience where children will be invited to process their grief in a group context with other children experiencing similar significant life-altering events. Children who partake in this group may progress differently compared to their peers, where language, level of aggression, socio-economic background, as well as other variables linked to the children in the group, could affect the success of the proposed intervention.

Referral and Intake

This art therapy doll-making program is customized for elementary school-aged children who have experienced the loss of a loved one (i.e. a parent or guardian), and are experiencing grief. Internal coping is one of the most predominant challenges faced during early childhood, especially when facing the loss of a loved one (Tabin, 1992). Children showing symptoms of inability to cope with their loss, as well as any child experiencing significant loss, would be welcomed to the group. Upon ensuring that the child is fit to take part in this grief therapy group, the art therapist will explain the process of treatment in detail to the parent or legal guardian, and secure consent from the parent(s) or legal guardian(s) for their child’s participation in the treatment. There has been no mention in the found literature as far as recommendations for initial screening for participants to be part of a group therapy program, therefore consultation with professionals with expertise in this realm would be important.

Allowing children to grieve with others can prove to them that they need not be alone during this process, nor do they need to protect others from their pain (Glazer, 2015; Schneider, n.d.). Being in a group setting will ensure that the children have several opportunities to engage in exploring and sharing their feelings or memories of their beloved parent/guardian. For some children, the initial experience of sharing their grief in a group may be hard due to the possibility

that this may be the first time they are taking part in such an experience and it would be respected by the therapist and group members. As explored in Rozum (2012), the main goal of a grief group includes reducing emotional isolation, strengthening coping skills, and facilitating “the expression and normalization of feelings and the memorializing of the deceased” (p. 426). Exploring questions surrounding the children’s grief, loss and experience as a whole can be fostered within the group setting, therefore giving them opportunities to potentially identify with others.

Phase 1: Creating a Memory Place (Week 1-2)

Within the first couple of sessions of the intervention program, the priorities will be to develop the therapeutic frame and the weekly rituals, as well as work on developing group safety and cohesion. Welcoming children into the new environment in order to become familiarized with the new space and the other group members will be essential to the overall success of the program.

Goal: Welcome and creat a therapeutic container. As stated by Moon (2006), establishing a safe environment in the realm of therapy could be created through group rituals. Therefore, through the creation of rituals, such as offering snacks, and allowing the children to feel comfortable and safe within their space, the first 2 weeks of treatment will focus on developing the therapeutic alliance and the group alliance, and familiarizing themselves with the new environment. Social cohesion can be reinforced through the enactment of rituals, which could communicate information about the group, leading to the development of a group identity and a sense of uniqueness (Moon, 2006).

At the beginning of the program, as the children enter the space, the therapist will invite them to choose a pebble that they will have with them throughout their 9-week journey. This pebble will serve as both a check-in ritual, and as a familiar object they have found and gave meaning to in this new space, therefore working in conjunction with the idea of a transitional object. Returning each week, this pebble will be something familiar in the space, potentially strengthening their feelings of safety in the space. The weight of the pebble could symbolically help with grounding oneself in the here and now. As mentioned by Hanh (2012), the pebble could remind them to “return to their breathing and their bodies and connect with the world around them” (p. 7) through the exploration of mindfulness exercises. This simple meditation

could be done anywhere or at anytime of the day and serve as a reminder for the child to explore coping mechanisms for future moments outside of the group therapy sessions (Hanh, 2012). The use of the pebble will be further explored in phase 2 of the program, but for this section of the intervention program, the child could simply keep this rock by his or her side throughout the session.

Sharing memories and reminiscing about the death of their parental figure should be welcomed in the space that they will be frequenting for 9 weeks. By providing the children with a mindful meditation, a sense of grounding themselves in a personal way in the space can be created, while in a group context gives way to potentially sharing similar experiences with others. Greenland (2016) proposed a loving-kindness visualization practice for young children, to develop the life skill of focus and caring. Using parts of her visualization to suit the needs and goals of the grief therapy group, the therapist could offer the children a moment of silence to send imaginary hugs to the departed and themselves (Greenland, 2016). Exploring with the children what it would mean for them or what it would feel like to hug their departed loved one could be an open talking point before commencing the visualization. The session could begin with the question: “if someone you’d like to hug isn’t in the same room with you, can you give them an imaginary hug, anyway?” (Greenland, 2016, p. 93). A script for a visualization will be used from Greenland’s (2006) book *Mindful Games: Sharing Mindfulness and Meditation with Children, Teens, and Families*:

Sit with your back straight and your body relaxed, resting your hands gently on your knees. Close your eyes, and let’s take a few breaths together. I’ll keep my eyes open and watch the room. Imagine a peaceful place that you would like to visit with your [parent/legal guardian]. [...] Next, we’re going to give someone we love an imaginary hug. Make your arms into a circle in front of your chest and think of someone you’d like to hug. Imagine that he or she is with you in your peaceful place. Picture him or her smiling and imagine that you’re hugging each other. Then silently say something like: ‘I hope you are happy and have a great day. I hope you have what you need.’ [...].

(Greenland, 2016, pp. 93-94)

Once the visualization has come to an end, questions such as “[W]hat did it feel like to give yourself a hug and to send yourself a friendly wish? How did it feel to give someone else an

imaginary hug and send friendly wishes to them?” could be asked (Greenland, 2016, p. 94). This self-soothing visualization may help children who are experiencing upset feelings, and by offering themselves a hug, they could help regulate this emotion (Greenland, 2016). This visualization will be practiced for the first two sessions accompanied with the presence of a chosen pebble that will be carried through the 9-week program. This visualization will be reintroduced on the closing day of the treatment sessions.

After ensuring that the group has had appropriate opportunities to arrive in the space through the creation of rituals, with welcoming the input of the group members to bring forth more rituals, guiding the participants to create a memory place in the shared space can be explored (Moon, 2006). Creating this space for all the individuals that are missed by the children will be represented in a tangible manner, therefore allowing the participants to channel their feelings (Art with Heart, 2016). Opening a conversation with the children in how they might want to honour the deceased could allow for the group members to brainstorm together, promoting successful engagements between one another, as well as begin to share about their loved ones. Notes can be written to their deceased parents or perhaps exploring songs they like to listen to can be brought to the space. Providing the children with an open cabinet approach and offering them an array of materials and mediums to choose from, could stimulate rather than limit their creativity to honour the deceased and their relationship to the departed; therefore exemplifying a continued bond between the child and their parent/guardian. Invite children to explore with one another the different elements they added to their shared “memory place.” Words do not need to be used, but rather, the children could connect with one another through the artwork and creation process. Through the act of creating alongside one’s peers, therefore forming rituals, a fundamental quality of healing is offered to one another (Moon, 2006).

Working on the foundation of ritual building, to ensure predictability and safety within the group, a means of coming together at the end of the session should be presented (Moon, 2016). Sending a pulse of energy around the room, as explored through Greenland’s (2016) *pass the pulse* mindful game, could allow children to begin to connect to one another and achieve a common goal through coordination. Placed in a circle, either sitting or standing, children will be instructed to hold hands and be given the following cue:

When I say, ‘Go’, gently squeeze the hand of the person holding your left hand. When you feel your right hand get a squeeze, that’s your cue to gently squeeze your left hand and pass the pulse to the next person. Let’s speed it up. Switch directions. Slow it down. (Greenland, 2016, p. 170)

This teamwork not only explores the life skill of connecting, but also works on focus and caring, thereby becoming attuned to everyone’s commonalities rather than differences (Greenland, 2016). As a result, sensitivity about being different from others due to the experience of losing a loved one can be neutralized through the practice of this simple closing ritual that will be practiced throughout the three different phases (Glazer, 2015; Rozum, 2012).

At any moment during future phases, the participants will have free moments to go to the memory place that they created during phase 1 to either spend some time reflecting or to add anything they did not have time to do during the first phase of the program. As mentioned by Schuurman (n.d.), offering children flexibility during this time of their life is necessary, keeping in mind that they also need consistency in maintaining limits and routines.

Over the next two phases, the development of calm, connection and confidence will be explored (Malchiodi, 2015).

Phase 2: Doll Making Intervention (Week 3-7)

As we move into the middle phase of the intervention program, children will now be exploring the process of doll making. For the next five weeks, children will be able to further explore their inner emotions about the death of their parent or guardian, while still maintaining the above rituals and fostering stability within the group context.

Goal: Adjusting/adapting to the world without the deceased. Seeking new experiences exemplifies that a child is able to be resilient (Malchiodi, 1998). Being part of a grief therapy group could therefore work to encourage participants to remain present when faced with difficult emotions and find ways to regulate such emotions (Rechtschaffen, 2016). With determination and perseverance, moving through difficult times can be made possible, allowing children to rise past obstacles and exercise resiliency (Rechtschaffen, 2016). With the presence of our mindfulness practice, children are given the “opportunity to look inside [themselves] and that we want to create a space where it feels safe to share and be real” (Rechtschaffen, 2016, p. 104).

The use of the pebble to begin the session will be reintroduced, but this time, the *imaginary hug* mindfulness practice will not be put into play as it was explored in the first phase of the suggested intervention program. This pebble may hold a visual confirmation or representation of the feelings they experienced throughout the first two sessions. The children could now be guided to hold their pebble and return their concentration back to their bodies and to their breath, and quietly think about something (Hanh, 2012). After giving them the appropriate time for themselves, children will be guided back to the here and now, the present moment, and allow for them to share with the group what they experienced during the process or their current state of being, thus verbally checking-in with the group. This group mediation check-in will be practiced for the remainder of this phase.

Following the group check-in, children will be guided to creating their doll. Children will be given a tour of the different materials and patterns to create their dolls. It will be important to inform the children that the purpose of this doll is not to hold onto their deceased parent or guardian, but rather it can help them through their process of grief. Once the intervention is discussed and explained, children are welcomed to ask questions and seek help from the therapist. Dolls do not need to be in any specific form or material, but rather could be in any representational form of a toy they would best identify with. A discussion could be held on whether the group members use a specific object to soothe themselves in moments of need before commencing the process of making; this conversation can be carried out during the doll making process. With a wide variety of materials and mediums, ensure that the children are comfortable with the process of sewing, and if not fabric glues can be provided. Having diverse stencils can be offered to help the participants design their object (see template example in Appendix A). Allowing for flexibility in what the child wants to explore/create, other toy forms can also be explored, such as sock puppets, worry dolls, stuffed animals, etc., but it will be imperative to keep in mind that this is a short term group.

During the process of making their individual doll, it is vital to check-in with the group to get a sense of where everyone is at in their current state. Children should also be offered a break away from the doll making, where a scheduled snack can be provided, and gathering as a group in a circle could allow for different connections within the group dynamic. A possible group activity is to have the children take turns in naming both physical sensations and emotions,

thereby promoting others to hear each other's experiences and possibly identifying with them, thus reinforcing that they are not alone in the emotions that they thought were only individualized to them (Greenland, 2016). As described in Greenland (2016), this group activity can be led with the following cues:

We're going to roll this ball to one another, and when it's your turn, quickly name one thing that you're feeling in your mind and one thing that you're feeling in your body. Here's an example: 'My body feels relaxed, and my mind feels happy.' (p. 108)

Another optional timed break can include a non-directive play space, that will not include specific goals, but rather, it will give the children another safe space within the therapy room to problem solve through their current state of being. In this space, children will be offered an array of toys that they could play with; this can be done in a dyad interaction or individually. By providing children with a safe space to play, toys and other such materials can allow for the expression of emotions, the development of coping skills, an increase of self-esteem, the development and recognition of responsibility, an improvement in decision-making skills, and the opportunity to increase self-control (Glazer, 2015; Leggett & Boswell, 2017). Wanting the children to use the dolls/toys as a means of expression, providing them with real-life toys, such as "dolls, dollhouses, puppets, cash registers, cars, trucks, and boats" (p. 4) apart from their own personalized dolls, "direct expression of feelings" (p. 4) can be delved into (Leggett & Boswell, 2017).

This intervention program aims to provide children with the opportunity to not forget, but rather to remember and cherish their loved one who has passed away. During week 6, children will be approaching their final stages of the doll making process. Before sewing the doll closed, children will have the opportunity to bring in a picture of their parent/guardian to place inside their doll during the last week of this phase. A symbolic attachment is preserved through this process of placing a photograph inside their doll, therefore representing the physical detachment from their parent/guardian, but still holding onto them symbolically (Litt, 1986).

Conquering or recovering from grief is not the focus of this process, nor is it realistic, but rather, the focus is to establish an understanding that grieving can be a passage in different states of being (Rozum, 2012) whereby the state of being with their parent/guardian in the physical to the state of being together symbolically will be fostered.

Any child who chooses to place a photograph in their doll will be supported. Further, children can also choose to place their meditation pebble inside their doll. The weight of the pebble could symbolically represent grounding oneself; also, with the placing of the pebble inside the doll, all of their emotions and thoughts are within this doll, contained in a small space that will be protected. The pebble can act as a physical reminder of their process within the group therapy sessions, a means for them to remember the connection they fostered with others and to validate that they are not alone in their process of grief as well as assuring them that grieving is a natural and normal process (Rogers, 2007; Worden, 1996).

When placing this pebble within their doll, a moment to just breathe and meditate with their doll on their current state through the simple act of thinking quietly should be encouraged because a child having him or herself and emotions within the doll could be used to deal “with feelings about control and self-continuity” (Tabin, 1992, p. 209).

Phase 3: Closing of Therapy Process (Week 8-9)

Within the last phase of this intervention program, children will be guided towards saying goodbye to their departed loved one. Keeping in mind that grief takes the time it needs, each individual within the group will be at different phases of his or her grief as well as grieve differently compared to his or her peers. Through this last phase, it is the facilitators’ duty to guide these children to be able to take with them the rituals, experiences and understanding that they are not alone in their process of grief.

Goal: To restore and support resiliency. Coming to the last two gatherings as a group, the completed dolls will all be present within the room. Guiding the children through their mindfulness meditation, they will now incorporate the use of their doll, as it may comprise their meditation pebble as well. Working with the *imaginary hugs* explored in phase one, picturing themselves in a peaceful place, the children can now feel a tactile hug through the use of their doll, symbolically representing hugging their parent/guardian (Greenland, 2016). Although it is still represented as an imaginary hug, the child could witness the experience of how it feels to use their personalized doll, enacting the use of a coping skill that they have developed throughout the 9-week program.

Following the mindfulness meditation, the facilitators of the program will open the second to last session by asking the children what activity they would best like to

explore. Keeping in mind the goal of this session is self-exploration, the intensity needed for the session can be gauged by the art therapist (Leggett & Boswell, 2017). Ensuring that the children have a meaningful experience with the end of their program, offering them the space to review their progress through the offering of their own advice about grief to their group members can be empowering (Pearlman et al., 2010). This will allow the children to become aware of their own wisdom and come to understand that through their experience of death, they are able to help others (Pearlman et al., 2010). Further, this exercise “also gives children an opportunity to see themselves as a source of strength, rather than as defined by loss” (Pearlman et al., 2010, p. 217). Once all the children have voluntarily shared with the group, while providing them with a space where comments should not be judged, the facilitator can guide the children in creating a list of helpful things they now know about grief and loss for future children (Pearlman et al., 2010).

With the closing of the last session, care will have to be taken that yet another ending could overwhelm the child. Closing with the *pass the pulse* ritual practiced throughout all the phases, a sense of familiarity will be experienced by all, therefore allowing the individuals to foster safety in parting from the group (Moon, 2006). Furthermore, through the creation of their own doll, a tactile object that they will bring home with them, that not only represents their parent/guardian that has passed away but also a symbolical object representing the program that they shared with several peers that were no different than them, it will potentially lessen the traumatic experience of yet another separation.

Rituals have been incorporated throughout every phase of the proposed intervention, and will be the most important component during session 9, on the closing day of the program. In order to ensure closure to the grief therapy group, rituals will be exercised, which will not only allow for the honoring of the departed, but also acknowledgment of each group member who took part in therapy (Rogers, 2007, p. 45). Coming to their last mindfulness meditation as a group, *imaginary hugs*, the children will be able to exercise the sequence of the process that could potentially be used in their daily lives after the group. Bringing them back to the here and now after the meditation, children will be welcomed to verbally share their experience with the group.

As noted by Pearlman, Schwalbe, and Cloitre (2010), the last phase of therapy for individuals who are grieving is to develop a maintained connection to the deceased. Maintaining

contact with the deceased must be done in a way that is comforting and secure for the child, while fostering other connections to loved ones and promoting their own coping skills and strengths (Pearlman et al., 2010). This maintained connection will be achieved by having the children return to the memory place that they created as a group in the first phase of the intervention. A family vernissage can be set up with the children's dolls at the end of the program to share their process and allow the family to have a point of conversation to continue discussing the group experience. In this final stage of the program, the children will, as a community, begin to take down the memorabilia they gifted to the memory place in remembrance of their departed guardian. This sacred space that they created together, which allows the children to come together and experience that they share a powerful life experience with the other participants in the group, could allow for the children to maintain a feeling of support and connection with others.

Working together in a group setting for several weeks, a community can thus be formed. Food has the ability to bring people together, therefore on the last session, a snack can be offered to all the children, alongside their family members and their newly created dolls. This process of eating together will not only allow for a moment of honoring the children's process over the course of the program, but it also has the ability to "allow a social lightness to enter the group as they say good-bye to each other and the process each has just gone through during the grief course" (Rogers, 2007, p. 45). While sitting around a table to eat, the children can be guided to share something that they are grateful for from having been part of this group, or within their life. Having their dolls present with them during the last session and being able to leave with them, can allow for a safe transition back into their daily life schedule.

Chapter 5: Discussion

The aim of this intervention research project was to construct a therapeutic process to be used with elementary school-aged children experiencing the death of a parent/guardian that was based on an extensive theoretical literature review. Some children present themselves as "being fine" (Glazer, 2015, p. 97) in order to avoid upsetting the adults around them. This greatly influenced my desire to create an intervention for children, in order to model to the children that they can talk freely to adults about their feelings without fear of getting in trouble for expressing the full range of their emotions. The purpose of the intervention program is to provide art

therapists with a means of allowing children to express their current states of being, and ability to develop coping strategies with the use of a potential transitional object based on their grief. Through the development of this intervention, art therapists can provide their clientele with healthy opportunities and strategies to work through their process of grief with the support of a caring community through a practice of self-reflection and art making.

The creation of the child's own personal doll provides a symbol of comfort to help contain their grief and connect with the memories of the lost loved one as well as providing a positive representation of mourning to help regulate overwhelming feelings. A child's attachment to inanimate objects is linked to diverse developmental and psychological processes (Litt, 1986). For Mahler, the value of transitional objects included a child's physical detachment from the mother while still holding onto her; therefore, a symbolic attachment is present (Litt, 1986). A child grasping the notion that a transitional object can sooth the loss of a parent in times of need, could potentially assist their grieving process. Through the offering of comfort and bringing forth feelings of attachment, the transitional object can be an accompaniment through the grieving process, giving the child courage to feel or express the difficult aspects of grief. Granted, the doll a child makes will not necessarily become his or her transitional object, but nonetheless, it could potentially assist him or her to transition through the grieving process in a creative way.

The intervention is designed to be administered in a group environment allowing an opportunity for peer groups to be formed whereby individuals could "generate unique values and standards for behavior and a social structure" (Berk, 2014, p. 267). The individuals in these groups could potentially establish their own peer-group structures if they gather in joint activities outside of the therapeutic frame. Having shared similar experiences, a sense of trust and security may be felt between these individuals to continue engaging with them beyond the therapeutic space, creating a community in order to be reminded that they are not alone in their journey outside of the group. They may experience being understood by their fellow group members, making it easier to transition through their different stages of grief.

This intervention is meant to enable children to create and keep a tactile representation of the memory of, and not a symbolic representation of, the person they have lost. In order to ensure that a denial fantasy is not created for the child during this creation, the distinction

between these two symbols needs to be made clear to the child before commencing the process, as this is not to hold onto the departed, but rather used as a means to help transition through their grief.

Program Design Restrictions

Emotional, cognitive, and developmental levels. Challenges may arise for some children if they are suffering from diverse clinical diagnoses alongside their experience of grief, therefore potentially influencing their engagement in the intervention. This may cause challenges in group settings given that not every child will be experiencing the same level of grief nor be on similar cognitive or developmental levels. It will be most important to be aware and make note of these probable variables when facilitating the doll making intervention program for this population of individuals.

Sewing skills. It is the process and not the final product stemming from the process that is most valued in this intervention. Nonetheless, it is possible that a child may need assistance in sewing. This potential sewing limitation may lead a child to focus on his or her frustrations of not being able to get through or feeling unsatisfied with his or her doll making which could limit his or her progress in self-awareness and self-expression. This may restrict the process of advancing in the diverse stages of his or her grief as well as perhaps not interacting in a group setting, with possible distractions to his or her peers. Using fabric glue to bind the doll together could be an option for children who are not able to sew.

Accessibility to vital materials. The use of incorporating an image within the doll can pose an issue. The child may not have access to a photograph, the legal guardian may not want to separate themselves from a photograph, or simply there may be no records of their departed loved one for them to use; in this case, the child can draw a picture and enclose it, or if it is a cherished image, photocopying it and embellishing it can be suggested. This could potentially play a significant role in the child's process of transitioning through his or her process of grief as well as doll making. The use/symbolism of the doll making process may shift, potentially lacking significance to the child, shifting the intention of the intervention and process. Therefore, this intervention needs to be feasible for each participant in order to benefit from the process and encompass the use of the doll as well as the experience of the group in the outside world.

Beliefs. The children, due to their varied backgrounds and experiences will have a variety of beliefs about loss and the grieving processes. This can include ideas of letting go, keeping connected, celebrating, honoring, releasing, or any number of other elements surrounding the concept of grief.

Research Limitations and Considerations

Having followed Fraser and Galinsky's (2010) first two steps of the intervention process, the only analyzed data is comprised of theoretical findings in the literature review. This poses a limitation on the validity as well as the ability to replicate this proposed intervention due to the absence of actual case study data and results. Being in the early stages of development, this intervention requires further research to examine the reliability and validity of the actual application.

Since a pilot project with participants to prove the validity of my research was not utilized, personal biases do play a significant role in the gathered findings and proposed intervention program. Due to the personal experience of my own grief process, this research has been collected through my own perspective. Further, as both the therapist and researcher, there is an added bias even though my desire was for the intervention to be successful and positive for children who are witnessing the process of their own grief. Further research, such as survey before and after the intervention would need to be conducted and if the intervention program has a negative effect, then an evaluation of what was ineffective for the child, along with referral for more appropriate forms of treatment would be recommended.

This intervention will only provide one of many essential supports for grieving children, as it cannot alone encourage ample coping skills. When a child experiences the death of someone close to them, parents or guardians should be aware that more attention rather than less is needed to be given to their child; children may seek attention from a diverse range of people when they have experienced the loss of their parent (Willis, 2002). Through the encouragement of play, children will likely become attuned to their inner feelings about the death of a loved one in a safe environment, be it through the involvement with others or alone (Willis, 2002).

Children's experiences are interrelated to the functioning of the entire family. Given this understanding, it is the hope that other health practitioners are able to encourage family members to receive the appropriate support and not solely rely on treatments that only focus on the

child. Art, music, and providing the child with opportunities to be in contact with the natural environment can offer therapeutic benefits to the grieving process (Willis, 2002). Alongside all these different opportunities to help with the child's processing of grief, allowing him or her to cry, laugh, and reminisce about the deceased individual can encompass his or her healing process (Willis, 2002). Time and understanding is needed for the child to process the idea of death (Willis, 2002).

Further thoughts concerning the development and function of this intervention need to be addressed. Accepting of different levels of grief, therefore not limiting the child to specific symptoms faced with during his or her process, both the therapist and researcher need to be vigilant of the experiences of death that the child has been exposed to. Some children may only come to understand that death is brought upon by illness, where others may have witnessed suicide or murder. Therefore, one is unable to foresee if children may feel traumatized by this exposure, and there needs to be proper containment and holding in the group session by the therapist. Following this potential limitation to the group, being culturally sensitive, therefore by not solely imposing western-oriented approaches to the group, needs to be taken into account before commencing such a program. Considerations such as the group dynamic, as well as each child's individual progress, which could be affected by things such as differences in socio-economic backgrounds, language levels or native tongues, levels of aggression, or any other number of variables related to each of the children in the group, could curb the success of the intervention.

Conclusion

The research process commenced with the gathering of literature to obtain a comprehensive understanding of both the historical and theoretical background of attachment theory, transitional objects, grief, and doll making. This study aimed to propose a unique art therapy intervention based on doll making and with the ultimate purpose of strengthening children's coping strategies and thoughts about their grief.

Art therapists can use the proposed intervention to help the child through their process of grief. This theoretical qualitative research aims to identify the main components of childhood development and their understanding of grief, as well as the beneficial uses of transitional objects. An intervention was developed for this specific population, elementary school aged

children, based on the experience of the researcher and to fill the gaps in the literature in the domain of art therapy on childhood grief and the use of doll making.

With the development of different perspectives on how one can experience the process of grief, additional opportunities are given to individuals in order not to feel as though they did not achieve proper sequences of their grief. Oscillation between phases was made possible through the exploration of Stroebe and Schut's (1999) dual-process model, as well as Neimeyer's (1998) reconstruction of meaning model. As stated by Fraser and Galinsky (2010), although their presented model of intervention building is linear, "at any point, new data may provide researchers cause to reconceptualize and return to an earlier step in the design and development process" (p. 462). If individuals were to get stuck in a specific phase of their grief, they are therefore able to move to another phase and return upon readiness. This demonstrates how grief cannot be perceived as an easy process or that grief can be experienced in the same fashion for everyone. Therefore, the doll making intervention aims to support art therapists when helping children cope with loss and supporting them through their transition from grieving to coping with their grief.

A group art therapy program was developed for children grieving the loss of a primary caregiver. Doll making was the main focus of interest for the created intervention, while also incorporating the techniques of mindfulness and rituals. The doll making intervention can offer a child the opportunity to remember his or her deceased parent/guardian (Corr, 2010). Grief can be seen as both a solitary and communal process, therefore being in a group dynamic with other children can help the children to understand that they are not alone or the only ones that have experienced the death of a loved one. With the hope that this research can be piloted, this intervention can serve as one part of the support and care offered to these children.

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Appendix A

Example of Fabric Doll Template

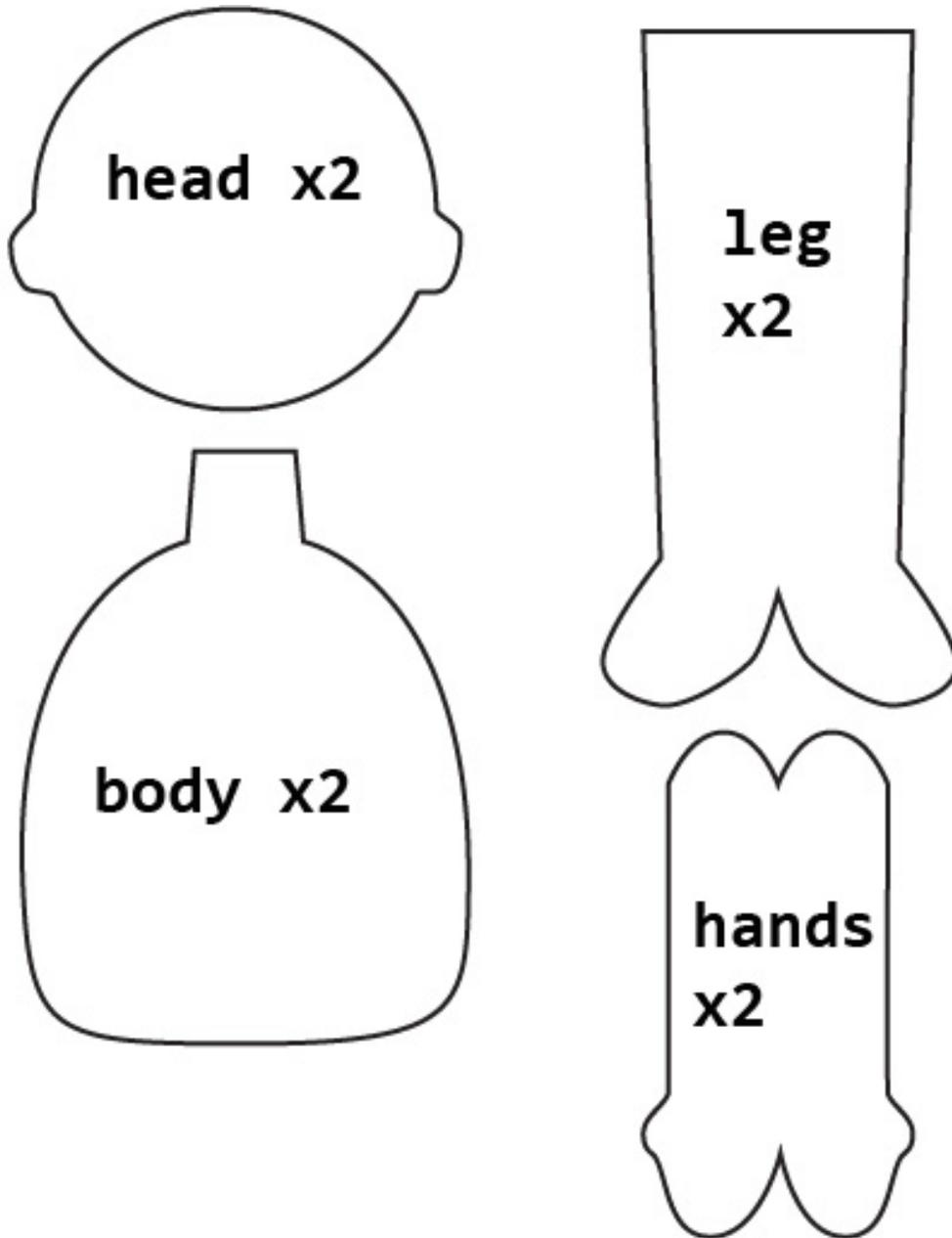


Figure 1. Felt Doll Template. (2013).

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