

CREATING MEANING FROM LOSS: A MUSEUM-BASED GROUP ART THERAPY
PROGRAM DESIGN FOR ADOLESCENTS WHO HAVE LOST A CAREGIVER

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ABSTRACT

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Grief is a universal experience that can result from variety of losses throughout one's life (Rogers, 2007). Losing a primary caregiver during adolescence, a critical developmental period between the ages of 10-19 years of age (World Health Organization, 2020), can be a difficult and life-changing experience. Through the unfolding of the grief process, the adolescent will also be experiencing significant cognitive, social and physical changes, as well as being faced with the developmental task of individuation and the formation of identity (Balk & Corr, 2009). Museum art therapy is an innovative development in public practice of art therapy, providing an novel opportunity to meaningfully engage with the collection and space in the therapeutic process (Henry et al., 2019; Treadon et al., 2006). Through bridging cultural spaces and art therapy, this model is centered on the belief that mental health and well-being are innately connected to building meaningful connections in a social and environmental context (Timm-Bottos, 2017). This research paper will address the question: how can weekly group art therapy in an art museum context support adolescents who have lost a caregiver in creating meaning from loss? The proposed 8-week intervention program design will integrate current narrative bereavement theories of the Meaning-Reconstruction Model (Neimeyer, 1998) and the Dual Process Model of Grief (Stroebe & Schut, 1999) to the therapeutic potential of the museum collection and space.

Key words: grief, loss, bereavement, museum art therapy, adolescence, narrative theory, group therapy, meaning making, Meaning-Reconstruction Model, Dual Process Model

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Chapter 1: Introduction

Grief is a natural reaction to loss and is a unique, subjective experience we all inevitably face in our lifetime. The death of a caregiver during adolescence, a critical period of development between the ages of 10-19 years of age (World Health Organization, 2020), will likely lead to a significant change in one's life. This can cause severe emotional and physical distress, as well as "disruption of the ordered narrative of [one's] life" (Frederick, 2014, p. 26). The developmental tasks of peer acceptance and establishing independence can be impacted by the loss of a caregiver (Robin & Omar, 2014). Other challenges of loss include giving rise to the renegotiation of the meaning of life, while disrupting an existing sense of identity (Park, 2010). With the accommodation of death, characterized by the redefinition of identity, the grief process can be further complicated in adolescence due to an emerging sense of self (Robin & Omar, 2014). In addition to processing emotions and memories associated with loss, meaning-making is understood as being central to adapting to loss (Rice, 2015). As Gillies and Neimeyer (2006) describes "we continually author our own life stories as we reflect, interpret and reinterpret what happens in our lives... meaning, then, is embedded in our life stories, and can be evoked by accessing people's stories in their own words" (p. 38). Through the process of reconstructing narratives and drawing meaning from them in connection to loss, group art therapy can provide a unique venue for adolescents to process their grief with peers who have experienced a similar life event.

Art therapy has the potential to enable self-expression and to tell our stories of loss (Neimeyer, 2000). Through actively engaging the bereaved in remembering, working through conflicts, and affective experiences associated with the loss, the subjective experience of grief can be contained externally and integrated through the witnessing process (Bat-Or & Garti, 2018). Through symbolic expression among supportive peers, bereaved adolescents can develop insight into their own grief experience, as well as the grief experience of others. This can in turn enable a search for continued meaning and redefinition of identity that accommodates the loss both individually and collectively (Mackinnon et al., 2016). Museum art therapy can further support this therapeutic process through meaningful engagements with the artworks and space. Through this enriching encounter, viewers are invited to contemplate "the complexities of human condition" (Williams, 2010, p. 98). Bereaved adolescents can explore the many facets of grief

and create meaning in response through the evocative power of witnessing art and responding to personal connections through their own creative process.

It is my personal belief that grief never concludes and is a part of our lived experience that we learn to carry within ourselves. This can be a heavy weight to carry alone and may be alleviated through expression and the support of others. Grief is embedded in our stories and identity as beings navigating a finite existence. Given my own personal experiences with loss during my adolescence, I came to learn the value in having creative outlets to express what could not be easily put into words. It was a meaningful act in itself because it allowed me to be present with my grief. Simultaneously, I also became aware of the general lack of support for bereaved adolescents in terms of availability of services and other barriers in expressing grief. This is also reflected in the literature as much has been published on child and adult bereavement, neglecting loss during adolescence. Furthermore, although interest in the restoration of meaning in adapting to loss and other stressful life events continues to proliferate, empirical research had been hindered due to difficulties defining and measuring this concept (Park, 2010). It is from this place of personal experience, the ongoing call to document diverse museum art therapy pilot projects, and gaps in meaning-based bereavement intervention literature that I am motivated to create this program design.

Chapter 2: Methodology

An intervention research methodology will be used to create an 8-week art therapy group program for bereaved adolescents who have lost a caregiver. This design will recommend that the group be led by a qualified art therapist, with the option of including a co-therapist depending on availabilities of resources. The intervention research method will be limited to the first two steps of the intervention research process of Fraser and Galinsky's (2010) model. These steps are (1) "defining the problem and developing a program theory" (p. 462) and (2) "[specifying] program structures and process" (p. 463). The next step to developing this intervention, following this research, will include developing a pilot project to test it. This will require an evaluative process of the program's efficacy as an intervention and the completion of the remaining steps of Fraser and Galinsky's (2010) 5-step model.

For the purpose of this research project, adolescents who attend the art therapy group will be referred to interchangeably as "participants." and "group members." This choice is reflective

of the humanistic stance of both museum art therapy and the intervention program being support-based. The term “participant” was also selected to reflect the agency of each individual in the bereavement process. The term “caregiver” will also be used as a more inclusive term to reflect either a parent, guardian and/or adult figure who is primarily responsible for the care of an adolescent.

Intervention Research

Interventions are defined by Fraser and Gallinsky (2010) as “purposeful change strategies” (p. 459) exercised through the design and development of a program. Program development is characterized by “specifying social and health problems in such a way that research can inform practice activities” (Fraser & Galinsky, 2010, p. 460). Programs may be created with the purpose of therapeutic benefit and involve preventative measures (National Ethics Advisory Committee, 2012). For this research project, intervention strategies will be considered in terms of the grief process, linked to developmental features of adolescence and the loss of a caregiver during adolescence. The context of an art museum setting and in a group format, will also be connected to change processes (Fraser & Galinsky, 2010, p. 7).

Literature examining findings and their clinical application in a bereavement-focused art therapy context have supported diverse therapeutic interventions. Bat-Or and Garti (2018) describe “current psychodynamic and cognitive therapeutic interventions recommend a focus involving an examination of the ties to the lost object together with the continuation of life” (p. 193). This connects to the Dual Process Model of coping with bereavement (Stroebe & Schut, 1999) which concerns addressing both loss-oriented and restoration-oriented stressors simultaneously (Bat-Or & Garti, 2018). The continuity of self through change and transformation through the experience of loss is understood as being central to coping with loss and emerged with the narrative model of meaning-reconstruction (Neimeyer, 1998). This involves reconstructing narrative around the loss through story-telling and revisiting memories in the art making process, developing insight into ways to “adaptively continue the bond with the deceased” (Mackinnon et al., 2016, p. 226). With regards to meaning-making interventions more specifically, this will include benefit-finding and sense-making (Neimeyer, 2006) in relation to the narrative surrounding loss. Rice (2014) describes these processes as “identifying the positive aspects of loss...[and] reconciling existing meaning with painful thoughts or emotions related to

the loss” (p. 168). The process of reorganizing the narrative around loss will occur both on an intrapersonal and interpersonal level within the group, as the group can also be a rich source for generating meaning (Rice, 2015). Other therapeutic interventions that have shown efficacy in supporting the bereaved in a group context include validating and normalizing the expression of varied emotions surrounding grief, strengthening coping strategies, peer support, and fostering interpersonal learning (Rice, 2015).

The purpose of intervention research is to focus on both the design and development of interventions to bridge research and practice (Fraser & Galinsky, 2010). Bat-Or and Garti (2018) describe few empirical studies being conducted in the field of the creative arts therapies (and art therapy specifically) in promoting bereavement adaptation. For this reason, this research project will bridge gaps in the literature through making connections between documented museum art therapy programs and the grief literature as a means to propose a model that could then be validated through pilot projects. This may further expand the scope of possibility in venues that can host bereavement programming, as well as museum initiatives of building alliances with public health agencies (Ioannides, 2016). As museum art therapy continues to innovate and evolve in serving diverse populations and needs, continued evaluation of programming is required (Treadon et al., 2006; Henry et al., 2019).

The museum art therapy literature, to date, reflects on the process of engaging with artworks and how this can evoke affective responses that allow reflection of personal experience (Coles et al., 2019), exploration of identity (Henry et al., 2019), personal and social development (Ioannides, 2016), the development of new perspectives (Peacock, 2012) and narrative processes in relation to the viewing and making of art. A review of museum well-being projects conducted by Froggett et al. (2011) draws attention to the use of museum objects in facilitating connection between group members. In an evaluation by Coles and Harrison (2017) on the psychotherapeutic value of a museum-based pilot project, they describe engagement with museum space and objects fostering introspection and the contemplations of meaning. No links have been found in the literature on the metaphors and symbols embedded in museum collections and the process of relating to them connecting to meaning-based theories and narrative processes of bereavement. As the Meaning-Reconstruction Model (Neimeyer, 1998) and the Dual Process Model (Stroebe & Schut, 1999) concern the redefinition of identity and narratives after loss,

these approaches may fit well with the use of museum collections as a lens to reflect on lived experience (Ioannides, 2016). Art therapy interventions addressing grief highlight the importance of externalizing and integration loss through creative engagement (Lister et al., 2008, p.1). Creative engagement may also be linked to the viewing of museum artworks and the storytelling evoked in the process.

Intervention Research as Proposed by Fraser and Galinsky

The first step of “defining the problem and developing a program theory” (Fraser & Galinsky, 2010, p. 462) will be achieved through a review of the literature concerning bereavement during adolescence due to the loss of a caregiver. Assessing risk and protective factors of bereaved adolescents, loss of a caregiver, the context of the museum setting and group art therapy is critical to this stage. Both risk and protective factors will be linked to intervention strategies (Fraser and Galinsky, 2010). Visits to museum collections, exhibitions and engagement in the museum space will also be explored in terms of therapeutic benefits of documented art therapy and well-being programs and pilot projects. The bereavement and narrative-based models of the Dual Process Model (Stroebe & Schut, 1999) and the Meaning-Reconstruction Model (Neimeyer, 1998) will be defined and connected to the use of the museum collection and space, as well as grief during adolescence.

The second step of the model will be to “specify program structures and process” (Fraser & Galinsky, 2010, p. 463), which is outlined through the research question and built on the foundation of the literature review. The proposed intervention will be designed through reviewing and integrating the literature, making links between current practices in bereavement art therapy and museum art therapy to create a design for a group art therapy program for bereaved adolescents. The loss of a caregiver will be connected to the theories of the Dual Process Model (Stroebe & Schut, 1999) and the Meaning-Reconstruction Model (Neimeyer, 1998), both of which concern self-narratives and the integration of meaning after loss (Lister et al., 2008). Through visiting the museum collection and art-making process, providing a point of reflection to explore one’s experience of loss, adolescents may be able to weave their own narrative within the larger narrative of the museum. A step-by-step document will be created to outline the content and objective of the interventions throughout the 8-week program.

Data Collection and Analysis

Data will be collected in the form of an extensive literature review, forming a theoretical basis from which a program can be designed and developed. The theoretical foundation will be comprised of a variety of sources addressing bereavement, loss of a caregiver, adolescence, group art therapy, grief responses, cultural implication of grief and loss, as well as narrative therapy models. Other theoretical underpinnings specific to the use of the museum collection will include literature on museum art therapy and art education, projective tools in art therapy, narrative therapy, transitional objects, models of grief, and group interventions. A variety of search engines will be utilized to explore the literature, including the Concordia library database, SAGE Journals, Taylor & Francis, google scholar, google books, ProQuest, PsychINFO and Spectrum. Primary sources by Epston and White (1990) on the narrative model and current literature in bereavement and narrative theory will be integrated, as well as other contemporary perspectives on related topics. Key words will be used to guide searches, which include *bereavement, grief responses, adolescent, art therapy, museum art therapy, loss of a caregiver, integrating loss, coping mechanisms, narrative therapy, Meaning-Reconstruction Model, Dual Process Model, and group therapy*. Links can be drawn from the emerging themes and will provide a foundation from which a step-by-step intervention program is designed.

Validity and Reliability

Given that this research project will exclusively focus on the first two steps of the intervention research model proposed by Fraser and Galinsky (2010), the efficacy of the intervention cannot be determined. This will require implementation and completion of the remaining steps of the model. The validity of the literature review will be maintained through incorporating current, critical and diverse perspectives, as well as seeking credible peer reviewed sources. It is intended that be the proposed intervention program be adaptable and used by other practitioners working with bereaved adolescents.

Ethical Considerations

Through the design and development of an intervention program, it is critical that the researcher consider the various levels of ethical implications. These considerations include “respect for persons, justice, beneficence and non-maleficence, integrity, diversity and addressing conflict of interest” (National Ethics Advisory Committee, 2010, p. 7). Determining

the vulnerability of the population of interest is also essential and would be important in working with youth who have undergone a significant life-changing event such as the loss of a caregiver. Furthermore, consideration of inclusion and exclusion criteria of the group, such as age range of participants, duration of time since the loss, as well as grief responses. More specifically, bereavement literature suggests it is important to note that individuals who have experienced what is known as “complicated” or “traumatic” grief, may have needs that could be better addressed in individual therapy (Jeffreys, 2011). Other considerations include types of loss, such as loss being sudden, recent, violent, by suicide etc. (Lister et al., 2008).

Developmental considerations are also critical in working with youth and in developing an intervention program for bereaved adolescents who have lost a caregiver (Doka, 2013; Jeffreys, 2011; Rogers, 2007). Considering the presence of negotiating closeness that is often already present during this developmental stage before the loss of a caregiver is essential (Cait, 2012). Additionally, considering how the loss of a caregiver can impact the adolescent’s close relationships due to the potential of loss eliciting fear of abandonment is important, as this can have a negative impact on intimacy and the development of self (Cait, 2012). This is an important consideration in the development of an art therapy pilot project for adolescents who have experienced loss of a caregiver, particularly in relation to how this could impact the therapeutic alliance and client’s experience of safety within group therapy. Providing developmentally appropriate psychoeducation to normalize and increase understanding around death and grief responses is also an important consideration.

Lastly, cultural relevance in the design and development of a program must be emphasized to ensure best practices (Fraser & Galinsky, 2010). Fundamental to intervention research model is the analysis of relevant evidence-based research to understand the efficacy of an approach. Klingner and Edwards (2006) argue that it is also critical to consider with whom and in what context the intervention has demonstrated efficacy, as well as to reflect on those that may be excluded in the process. Thus, relevant research on intervention approaches must be validated with whom it is applied by demonstrating awareness of “implementation challenges, or provide information about the circumstances under which and with whom is likely to be successful” (Klingner & Edwards, p.110). Becoming culturally responsive requires both acknowledging diversity and the complexity of individual experience (Hays, 2016). Social and

cultural influences on the grief experience will be explored (Jeffreys, 2011) and connected to the museum setting in terms of the history of these institutions, the museum audience and diversity (Golding & Modest, 2013). Differences in beliefs and practices of grief due to cultural, ethnic, racial, religious, spiritual and gender implications must be taken into account (Lister et al., 2008). In addition, individual features, such as family dynamics and how this may impact the accommodation of loss into one's identity (Rogers, 2007) will also be explored. This is particularly important in a group context where ruptures could potentially arise due such differences, effecting group cohesion (Rice, 2015).

When working with clients of diverse backgrounds, consideration of the museum collections and space, as well as the ways in which it may or may not validate one's identity is critical (Henry et al., 2019). This is particularly important in the discussion of the role and context of museums as cultural institutions hosting art therapy programming and the limitations. As museums are an evocative space, designing a program requires careful consideration and ongoing awareness of how this particular setting can impact clients. This is a setting that holds and represents loaded objects reflecting curatorial decisions, power structures, class associations, depictions of gender, race, and ethnicity, and colonial history (Henry et al., 2019; Janes & Sandell, 2019). Furthermore, it is important to note “what voices are chosen to tell and represent cultural histories” (Henry et al., 2019, p. 51), and how this fails to account for diverse perspectives of the museum audience (Modest & Golding, 2013).

Assumptions and Biases

Unpacking assumptions and biases as a researcher requires continual monitoring and self-reflection (Hays, 2016), as well as remaining in a state of questioning throughout the process. More specifically, it is imperative that I become aware of my own biases regarding my perspective of the grief process, my own experience of loss of a caregiver during adolescence, and my prior experience of being an art therapy intern facilitating art therapy programming in a museum setting. Hays (2016) suggests avoiding inaccurate assumptions, recognizing complexity and difference, maintaining in-depth awareness of dominant cultural narratives and systems of power, as well as demonstrating humility through critical thinking. To actively engage in self-reflexivity as a researcher I will immerse myself in the phenomena of this intervention through visiting variety of museum collections and explore my own grief to facilitate in-depth self-

awareness. Lastly, it is also important to situate myself as a researcher in terms of expertise as a previous art therapy intern in the museum setting, while acknowledging my lived experience of grief and loss is specific to me and to a particular point in time, that is not reflective of others experience.

Based on my own experiences of loss, I recognize my assumption that it can be beneficial to seek support to express and explore grief within an art therapy group. I am also assuming that an art museum context could be helpful in offering therapeutic services, such as a bereavement program, which is based on my experience as an intern and through reviewing literature. To speak to the use of the museum collection specifically, I am assuming that a comprehensive program can be developed to support adolescents through the bereavement process in utilizing the narrative potential of the museum collection and space. I am also assuming that museum art-object interventions could potentially allow clients to explore challenging issues arising in the grief process and become transitional objects (Winnicott, 1980), which have the potential to elicit a sense of comfort and support (Lanceley et al., 2011).

It is my personal belief that grief does not culminate in acceptance and/or closure, and that we learn to carry our deceased loved ones within us through the grief process. I am in agreeance with current bereavement theories that acknowledge the complexity and unique experience of loss through an integrative approach (Doughty et al., 2011; Lister et al., 2008) and focus on creating meaning to integrate the experience of loss and foster resilience (Field et al., 2005). This being said, I also recognize that this process requires time and space to integrate the loss, as well as this being a difficult and ongoing task for many. In my own loss of a caregiver during adolescence, I found respite in the ritual of art making to externalize and integrate this experience. While this was helpful to my grief process, it may not be a suitable approach for others.

The proposed intervention will be based on an extensive literature review of art therapy interventions addressing loss of a primary caregiver during adolescence, museum art therapy, cultural, ethnic and religious influences surrounding bereavement, developmental implications of adolescence, as well as current bereavement theory. More specifically, bereavement theory will be explored through a narrative therapy lens in connection to art therapy interventions, as well as the Dual Process Model (Stroebe & Schut, 1999) and the Meaning-Reconstruction Model

(Neimeyer, 1998). The Dual Process (Stroebe & Schut, 1999) is defined as the cognitive process of oscillating between confrontation and avoidance of loss. The Meaning-Reconstruction Model (Neimeyer, 1998) concerns the exploration and re-definition of the relationship with the deceased over time. Both theories posit continued and changing self-narratives in response to loss (Lister et al., 2008). Additionally, the integration of meaning is understood as being central to adjustment (Bat-Or & Garti, 2018; Lister et al., 2008). The proposed intervention design will also be informed by empirical scholarship on meaning-making and an integrative model of meaning as proposed by Park (2010). Coping through meaning-making and the resulting positive outcomes of: making sense, acceptance, perceptions of growth and positive life changes, changed identity and reappraised identity that accommodates the loss, as well as restored and changed sense of meaning of life will also be explored (Park, 2010). The overlap between these bodies of literature will form the basis from which an intervention framework will be designed.

Theories that are pertinent to the uses of museum artefacts and environment include existential and gestalt theory, as well as narrative approaches in relation to the collection of human experience over time (Salom, 2011). Museum art therapy concepts will also be reflected on in relation to narrative approaches in bereavement theory, such as the visitor-focused lens (Rochford, 2017), which describes art therapy and art museums serving mutual benefits of "...learning about the self, the other and the world" (Canas, 2011). Additionally, literature in museum art therapy proposes that visits to the collection can support clients in developing new perspectives (Peacock, 2012), which can be connected to both meaning exploration and aid in reconceptualization of identity after loss. The focus on narrative and identity is informed by several bereavement studies emphasizing the importance of finding meaning in the experience of loss and integrating this within one's self-narrative (Lister et al., 2008).

As museum art therapy literature began in the early 1990s (Alter Muri, 1996; Henry et al., 2019; Parashak, 1997; Stiles & Mermer-Welly, 1998) and is a relatively recent development, there is an absence of literature addressing the museum setting as a potential venue for bereavement programming. Furthermore, although the current body of museum art therapy literature engages with a variety of pilot projects addressing diverse needs and populations, bereavement groups for adolescents in the museum setting have not been documented at this point in time. For this reason, current grief literature must be integrated to create a theoretical

foundation for a pilot project to support adolescents who have lost a caregiver. Pilot projects identified in museum art therapy research often discuss the exploration of identity and narrative processes through the viewing and making of art, which have not yet been linked to the Meaning-Reconstruction Model (Neimeyer, 1998) and the Dual Process Model (Stroebe & Schut, 1999) of grief. These approaches could fit well with bereavement art therapy interventions, particularly in relation to externalizing loss and facilitating insight through the art making process (Lister, et al., 2008, p.1). For these reasons, this research paper has the potential to expand the scope of possibilities in museum art therapy and bereavement services, while also addressing key issues emerging in research on bereaved adolescents who have lost a caregiver and museum art therapy.

Chapter 3: Literature Review

For the purpose of this paper, literature on museum art therapy will be explored in depth to create an understanding of the role of the setting and how this will be applied to the proposed intervention program design. Following this step, grief theory will be connected to the museum art therapy literature and developmental features of adolescence.

Museum Art Therapy

Museum art therapy is an innovative development in the field of art therapy that has proliferated over the past two decades (Henry et al., 2019). Literature documenting museum-based art therapy projects has increasingly validated its potential in the support of various populations living with diverse mental and/or physical considerations (Henry et al., 2019) and as a therapeutic milieu (Ioannides, 2016; Treadon, 2015). Pantagoutsou et al. (2017) developed and reported an art psychotherapy pilot project in Athens, Greece, in collaboration with the first Psychiatric Department of the University of Athens and the National Museum of Contemporary Art to address emotional difficulties among adult participants through engagement in art making and visits to the collection. Treadon et al. (2006) evaluated a museum-based art therapy pilot project describing this setting as a therapeutic tool to define personal identity and explore the concept of family with middle school-aged participants. Coles and Harrison's (2018) article describes a museum-based art psychotherapy program for young adults experiencing severe mental health difficulties. Therapeutic outcomes in connection to the museum setting discussed in the article included facilitating introspection, meaning-making, interaction between participants, and sense of connection outside of mental health services, among other themes

(Coles & Harrison, 2018). A study by Bennington et al. (2016) identified the therapeutic benefits of the museum providing a safe space to explore emotion, thoughts, and memory among older adult participants. The findings support previous research highlighting the therapeutic value of art therapy and museum visits in relation to social connection and well-being (Bennington et al., 2016). Such innovative collaborations have diversified and broadened the museum audience and resources, offering a more inclusive engagement among visitors (Treadon et al., 2006; Henry et al., 2019).

The socially inclusive and culturally rich space of the museum provides an opportunity where one can actively participate in social connection. This can develop an understanding of the self in relation to community, culture, history, and the world, which can foster well-being (Salom, 2011). The museum as a venue for therapeutic services widens the scope of possibilities for both the museum and art therapy practices by allowing the viewing and creation of art to coexist within the same framework (Treadon et al., 2006). Having services that exist outside of traditional clinical spaces and art therapy's inclusion within the museum setting has the potential to increase normalization and reduce stigmatization of mental health difficulties (Coles & Harrison, 2017).

The museum collection and space. Therapeutic outcomes that are pertinent to the uses of museum artefacts and space that connect to bereavement theory include “relational processes [exploration of self and others], expression of emotionality... as well as fostering new perspectives” (Coles et al., 2019, p.2). Such encounters may invite the emergence of affective experience and memory, in turn “providing opportunities for projection and reflection” (Baddeley et al., 2017, p. 351). Through the process of identifying with art objects in a personal way, Coles et al. (2019) propose that this can “...function as a symbolic container for emotions, experiences, and personal meaning” (p. 4). The collection and exhibitions can thus provide a vehicle to explore meaning outside of oneself and can be deepened through the process of art making (Coles et al., 2019). Similarly, themes offered in art therapy sessions can provide a context for meaning-making in visiting the collections and ease anxiety in the art making process. Art objects may take the form of a symbol and/or metaphor as it resonates with the viewer, connecting the internal experience. Coles et al. (2019) suggest the art object may provide clarity and focus of internal experience from a distance. Art museums' collections are

multilayered, with meaning assigned both by the viewer who encounters them and the artists who create them, as well as how they are contextualized by the museum. Such objects contain numerous narratives, providing many points of access for both personal and communal exploration. The mutual act of looking can foster social connection and an appreciation for other's perspectives given that each person is impacted by an art object in different ways (Coles et al., 2019). The depiction and continuity of human experience embedded in museum collections (Salom, 2011) can allow viewers to connect with one another "beyond the here and now" (Coles et al., 2019, p.6). By connecting individuals through witnessing traces of lived experience and changing narratives over time, the collection can take on the metaphorical role of Yalom's (1995) group therapy principles of *universality* and *installation of hope* (Coles et al., 2019; Salom 2011). These are relevant processes that can be linked to meaning integration and positive coping mechanisms in response to loss. Visits to the collection can support the development of new perspectives through inspiring visitors, validating internal experience, and exploring challenging affective associations posed in the exhibitions (Peacock, 2012), which can also be linked to meaning-based interventions. Through visiting the collection and providing a point of reflection to explore one's experience after loss through the art-making process, the bereaved may be able to weave their own narrative within the larger narrative of the museum. This can create connections to individual and relational processes, which can offer support and reduce feelings of isolation (Peacock, 2012).

In considering museum collections and space, it is important to acknowledge that art works, particularly those that are socially and politically charged, may trigger strong emotional reactions in viewers and must be navigated with sensitivity (Rochford, 2017). When working with participants of diverse backgrounds, it is essential to consider the museum collections and space, and the ways in which it may impact participants. This is particularly important in the discussion of museums having roots in colonialism due to how artworks are acquired, ways of depicting culture, what has been deemed valuable art, and the voices chosen to convey culture and history (Henry et al., 2019). Furthermore, elements of the museum setting such as its associations with classism and common reception as an intimidating environment can impact participants experience in an art therapy group (Henry et al., 2019). Such themes have not been

widely addressed in the literature on museum art therapy at this point and requires further attention.

Museum art therapy pilot projects. Museum art therapy and the impacts on mental health and well-being have been primarily researched through the implementation and analysis of art therapy pilot projects within the museum setting. Such literature has documented the various uses of the museum collections and space, highlighting its potential in assisting the treatment of a variety of populations and needs (Henry et al., 2019; Ioannides, 2016; Treadon, 2015). The research suggests incorporating an integrative approach to develop art therapy pilot projects in the museum through collaborating with museum personnel; such as art educators, psychoeducators, guides, curators, and directors, as well as building off of existing art education models that occupy the museum space (Henry et al., 2019). In doing so, a comprehensive understanding of the museum and its uses can be integrated. Similarly, collaborating with institutions, organizations and professions, is integral to pilot project outreach and programming (Rochford, 2017).

Literature describing art therapy pilot projects within the museum setting typically suggest a format based on a narrative and phenomenological approach, while also engaging with group processes and exploration of identity (Canas, 2011; Henry et al., 2019; Walters, 2020). This is reflective of the humanistic stance of the museum model through focusing on meaning and how this is connected to our lived experience (Peacock, 2012). Other research underpinnings of this stance include a visitor-focused lens (Rochford, 2017), which reflects on art education and art therapy in the museum setting sharing mutual goals of development and learning of the self through the viewing and making of art (Rochford, 2017). To speak to the uses of the collection and possible overlap with a bereavement-focused group, research by Lanceley et al. (2012) describes "...a museum-object intervention study with female [identifying] cancer patients to explore issues of fear, loss of healthy self,...and death; in this sense, they became transitional objects (Winnicott, 1992), which elicited a sense of power, comfort and support." These findings and uses of the collection can be connected to the grief experience and may offer a means to explore a continuing bond with the deceased and coping (Field et al., 2005).

Defining Grief

Terminology commonly used to describe the experience of loss include *grief*, *mourning* and *bereavement* (Jeffreys, 2011). For this purpose of this research paper, focus will be placed on *grief* and *grieving*, which will be operationalized. Loss can take shape in many forms, including “loss of sense of security, wealth, physical ability, and identity, loss of a close individual, and so on” (Dubi et al., 2017, p. 81). Grief is an adaptive response to change and the loss of something and/or someone that is meaningful. This dynamic and complex process is described by Jeffreys (2011) as being “a system of feelings, thoughts, and behaviours that are triggered when a person is faced with loss or the threat” (p.43). Grief is a natural process of healing and lived experience in response to loss, connecting to a variety of affective, cognitive and physiological states (Dubi et al., 2017; Frederick, 2014; Rogers, 2007; William, 2009). Grieving is described as being the active process of moving through varied states associated with loss (Frederick, 2014), and is often accompanied by distress, though this is not the case for all bereaved individuals (Doughty et al., 2011). The decision to focus on both grief and grieving highlight the subjective experience of how we process and integrate loss, which is essential to the reconstruction of meaning and adjusting to a new world without the deceased (Rogers, 2007).

Influences on grief include: personality; individual coping behavior; loss history; family; the relationship to the deceased; quality of support system; the circumstances of the death; cultural, ethnic, social and religious background; and developmental level (Rogers, 2007). Expression can vary significantly among individuals and within different cultures, furthering complexities (Jeffreys, 2011, Rosenblatt, 2017).

Theoretical foundations of grief. Throughout the history of modern psychology and counselling, the experience of loss has been explained in connection to several theories, which have primarily looked at grief as being comprised of tasks, phases, and stages that must be completed. Some of the most notable include Freud’s (1917) grief work hypothesis *Mourning and Melancholia*, which brought bereavement into conversation with psychology (Lister et al., 2008). Bowlby’s (1980) theory of attachment, concerning the breaking of bonds and inaccessibility of attachment figure causing grief have also informed bereavement theory. From Bowlby’s (1980) perspective, grief elicits four phases: (1) *numbing*, (2) *yearning* and searching, (3) *disorganization* and *despair*, and (4) *reorganization of self*. Elizabeth Kübler-Ross (1969)

was one of the first key figures to attempt to articulate the process of grief in connection to terminally ill patients approaching end of life. These stages included: *denial, anger, bargaining, and acceptance* (Kübler-Ross, 1969), which continue to have influence in bereavement programming with staged-base models still dominating current practices and conceptualizations of loss (Lister et al., 2008; Corr, 2019; Doughty et al., 2011).

Current practices in bereavement have challenged these earlier conceptions of the purpose and process of grief (Corr, 2019; Lister et al., 2008; McNeish, 2013). Current approaches have looked more critically at Kübler-Ross's (1969) stage-based model of grief and other stage-based models due to the controversy surrounding its rigidity, linear projection, and lack of cross-cultural relevance (Larson, 2014). Contemporary bereavement theory has shifted its focus to the complexity and unique experience of each loss, thus requiring a pluralistic and integrative approach (Doughty et al., 2011; Hoy, 2016; Lister et al., 2008). Current research practices place greater importance of the process of developing resilience and integrating loss, as opposed to culminating in acceptance and/or closure, as Kübler-Ross suggested (Larson, 2014). Keeping this in mind, the staged-based models still hold relevance because they can be useful in understanding the different processes the bereaved may undergo, though not all may be relevant to every grief experience (Corr, 2019; Larson, 2014). Furthermore, research has oriented from pathology and negative aspects of grief to placing more attention on the positive outcomes of loss, such as the development of meaning to cope with loss (Corr, 2019; Lister et al., 2008; Rice, 2015). Moreover, contemporary grief theories emphasize that grief is a relational process accompanied by significant existential adjustment. The bereaved processes the death in itself, the affect associated with the loss and often “the bewildering sense of meaninglessness” (Hibberd, 2013, p. 671). With this shift in thinking, the bereavement literature highlights the danger in containing the grief experience to a singular model which reduces a complex and multifaceted experience (McNeish, 2013; Smit, 2015). McNeish (2013) explains “models of grief are therefore perhaps most useful when considered as framework upon which grieving can be negotiated rather than as a mould into which grieving must fit” (p. 200).

Theories that inform new bereavement approaches include stress and trauma theories (Park, 2010; Taku, 2015), attachment theory (Bowlby, 1980), and cognitive process models (Folkman, 2001; Lister et al., 2008; Nolen-Hoeksema et al., 1994). Other bereavement-specific

approaches have also emerged in the process, such as the meaning-based theories of The Dual Process Model (Stroebe & Schut, 1999) and the The Meaning-Reconstruction Model (Neimeyer, 1998). Both theories apply well to art therapy, as they help develop insight into grief experience through the development of meaning (Lister et al., 2008; Park, 2010)

Normal and complicated grief responses. Varied grief responses can be elicited and may change from moment to moment, over time and in different contexts. Manifestations of grief may include but are not limited to: feelings of sadness, anger, guilt, fear, helplessness, loneliness, numbness, relief and emancipation (William, 2009), searching for understanding and blame, seeking punishment, symptoms of PTSD and depression, and the desire to regain control (Jeffreys, 2011). Furthermore, physical symptoms may also accompany the grief, such as fatigue and loss of appetite (Jeffreys, 2011). Acting out behaviours and substance use along with other less effective coping mechanisms can also occur within the grief process, particularly during adolescence (Robi & Omar, 2014). Denial and avoidance of thoughts and emotions pertaining to the loss are normal responses to the painful reality of grief. This can allow the bereaved to process their grief according to their own internal rhythm and to avoid being overwhelmed (Jeffreys, 2011).

Complicated grief may co-occur with prolonged grief disorder and is described as involving “chronic yearning, for the deceased and intense grief symptomatology (e.g., meaninglessness and trouble accepting the death) that significantly impair daily functioning” (Mackinnon et al., 2016, p. 227). Severity of symptoms and levels of dysfunction can also be considered on a continuum and share a number of symptom overlap with Post Traumatic Stress Disorder (Drescher & Foy, 2009). Such symptoms include “anger, emotional numbing and detachment, feelings of a bleak/foreshortened future, and agitation that could manifest as anxiety or startle” (Drescher & Foy, 2009, p. 153). Factors that may contribute to complicated grief can involve the nature of the death, relationship with the deceased, psychological characteristics of the bereaved, and loss being disenfranchised or stigmatized creating isolation in the grief process (Rogers, 2007). Literature documenting the risk factors associated with complicated grief include traumatic circumstances of death, an ambivalent attachment to the deceased, inter-dependent attachment style to the deceased, and absent support systems (Enez, 2018; Mackinnon et al., 2016). One of the clearest risk factors include prior history of loss, trauma and/or anxiety

disorder prior to the death (Enez, 2018). Furthermore, prolonged and unsuccessful searching for meaning in the face of loss may also result in more complicated forms of grief (Smit, 2015). Complicated grief during adolescence may take the form of aggressive and oppositional behaviours, refusal to attend school, excessive use of drugs and alcohol as a coping mechanism, associating with more delinquent peer groups, high-risk sexual behaviours, persistent anhedonia and depression (Robin & Omar, 2014). Robin and Omar (2014) note that complicated grief should be understood in the context prior to the death of a caregiver, in conjunction with severity of symptoms and levels of dysfunction.

Complicated and what is considered “normal” expressions of grief are not mutually exclusive and are difficult to distinguish (Rogers, 2007), as accepting the finality of loss is a slow and a complicated process (Enez, 2018). Prolonged grief symptoms alone are not sufficient in determining complicated grief, as current approaches acknowledge that there is no universal timeline or conclusion of the grief process (Jeffreys, 2011). Moreover, severity of symptoms and dysfunction must be considered in connection to length of time from the loss, as this may help determine complicated grief (Rogers, 2007).

Adaptive grieving styles and coping. Adaptive grieving styles defined by Martin and Doka (2000) involve cognitive, affective and behavioural strategies in adapting to loss. Three identified patterns of grief include *intuitive grieving*, *instrumental grieving*, and *blended grieving* (Martin and Doka, 2000). The *intuitive style* concerns emotional expression of loss. By contrast, *instrumental style* is marked by a cognitive approach, containment of emotion, problem-solving and performing of tasks. Martin and Doka (2000) theorize that most bereaved individuals have both *intuitive* and *instrumental styles*, resulting in a *blended style*. This accounts for the adaptive fluctuations in strategies and the complexity of the grieving process, as coping strategies may serve different functions at different times (Doughty et al., 2011). Such strategies can also be linked to the adaptive interchange between confrontation and avoidance of the Dual Process Model (Stroebe & Schut, 1999). Although coping strategies are only one factor that can influence adjustment to loss, such strategies can be a resource in times of navigating bereavement-related challenges and are amenable to intervention. Additionally, coping strategies can provide information about the accommodation of loss over time (Stroebe et al., 2017).

Cultural Scripts of Grief

According to Rosenblatt's (2017) ethnographically informed review of data from 78 cultures exploring how people understand bereavement, there is commonality in the concept of grieving being a defined period after loss. Mourning rituals are commonly understood across cultures as psychological, social and/or personal spaces to grieve. Despite such commonalities, this was not synonymous among all cultures, as expressions of grief and understandings of loss can vary significantly due to beliefs, values and practices, as well as individual differences (López, 2017). Such ethnographic research highlights the need to document cultural differences in conceptualization of death, grief and mourning rituals. Rosenblatt (2017) notes that “too often the grief literature uses a universalizing language that is inconsistent with anthropological and cross-cultural research showing how variable grieving is from culture to culture” (p. 620). This also points to the tendency to pathologize the grief process based on dominant cultural narratives (Rosenblatt, 2017). As a result, there is an ongoing call to action for grief practitioners to understand the significance of and to be sensitive to mourning customs, diverse grief expressions, and cultural traditions in order to provide culturally appropriate bereavement support (Cacciatore & DeFrain, 2015; Doughty et al., 2011; Hoy, 2016; Williams, 2010). Working within the client’s own cultural perspective of grief is also integral (Doughty et al., 2011). Furthermore, “while it is common in many Western cultures to seek help from mental health professionals or support groups, other cultures prefer to rely more on family, religious leaders, and community, and there may be stigma associated with seeking professional help” (Cacciatore & DeFrain, 2015, p. 296).

From a social justice-oriented perspective, loss occurs within a larger social and political web that is interconnected to systemic factors (Harris & Bordere, 2016). In addition to cultural influences, impacts of social class, gender and race can also affect the quality of care of the dying and bereaved (Harris & Bordere, 2016). It is important for practitioners to be aware of these influences to understand the various layers of experiences of loss (Harris & Bordere, 2016).

Complicated grief. Conceptualizations of complicated grief have taken many forms and are often associated with the pathologization of the bereavement process due to Western psychiatric standards of what is considered “normal” or “healthy” (Stroebe, Schut & Van den Bout, 2013). Due to duration of grief being a factor of assessment in the Diagnostic and

Statistical Manual of Mental Disorders, problematic assumptions of grief being time-limited and associated with discrete loss underlie complicated grief understanding (Stroebe, Schut & Van den Bout, 2013). Ethnographic cross-cultural research by Rosenblatt (2017) suggests otherwise, describing many cultural perspectives finding it normal to grieve intensely over a long period of time. Furthermore, data collected from American and Canadian interviewees suggested cycling in and out of intense grieving to be normal (Rosenblatt, 2017). Such findings highlighted the grief process as being in flux, contradicting the commonly held notion that grief diminishes with time, is linear and is something that must be treated to recover from (Rosenblatt, 2017; Stroebe, Schut & Van den Bout, 2013). In this way, complicated grief as a concept and its clinical applications have been heavily criticized due to lack of cross-cultural relevance in neglecting larger contextual forces, such as the impacts of systemic oppression and inequities and imposing a dominant cultural meaning (Stroebe et al., 2013).

Disenfranchised grief. Grief that is unacknowledged and/or unsupported is termed disenfranchised grief (Doka, 1989; 2002). Individuals who experience marginalization or have experienced a loss that is deemed insignificant or stigmatized often experience disenfranchised grief (Harris & Bordere, 2016). Examples include but are not limited to those living homeless, in low socioeconomic neighbourhoods, and/or death by suicide, overdose, etc. Excessive exposure to violence, historical trauma and/or having experienced numerous profound losses can result in disenfranchised grief and is often inappropriately labeled as desensitized to loss (Harris & Bordere, 2016). Consequently, those experiencing disenfranchised grief typically receive limited coping and support resources, which has also been echoed in this being an understudied topic (Harris & Bordere, 2016). The expectation to continue on in face of loss can also increase susceptibility to disenfranchised loss (Doka, 1989; 2002) on an institutional level, as many students in educational systems lack the rights to take leave of absence and/or make up examinations and assignments (Harris & Bordere, 2016).

Death-Denying and death-accepting cultural approaches. Death-denying and death-accepting cultural orientations are described by Cacciatore and DeFrain (2015) as existing on a continuum, with many cultures encompassing both approaches. Cacciatore and DeFrain (2015) argues that in Western industrialized nations, the distancing from the experience of loss can be connected to the phenomenon of death typically taking place in a hospital setting and other

institutions (Cacciatore & DeFrain, 2015). Additionally, the choice to withhold information from children regarding death and/or keeping children separate from certain rituals associated with loss can be linked to the death-denying orientation (Cacciatore and DeFrain, 2015). In addition to the stigmatization and pathologization of grief as being something that must be treated (Rogers, 2007), barriers can be created causing grief to be silenced and/or unexpressed. Barber (2008) furthers this notion, arguing the Western industrialized society's focus on happiness and productivity is intrinsically connected to denial of grief (Rosenblatt, 2017). Consistent with this view, Gire (2014) argues the United States and other industrialized societies can reflect more death anxiety, in comparison to other societies viewing death important transition in life. Political conflict and intergenerational trauma can also impact both death acceptance and denial and may make it difficult to repress the reality of loss in cultures and ethnic groups who have endured such tragic events (Cacciatore & DeFrain, 2015). Other death-accepting approaches may include teaching about the interconnectedness of life and death, such as religious beliefs regarding the soul or spirit as means to comfort the bereaved (Cacciatore & DeFrain, 2015).

Creating Meaning In Response to Loss

Meaning-making is central to human experience, emerging as a tool for adaptation, for managing the uncertainty of life, and creating a greater sense of belonging (Baumeister, 1991). Meaning-based theories take influence from various schools of thought, which include “constructivism, bereavement, existential, coping, and spiritual [theories]” (Mackinnon et al., 2016, p. 211). Meaning-making theory “...posits that therapy is a process of facilitating the bereaved to re-author a life story challenged by loss into a more coherent and purposeful narrative” (Mackinnon et al., 2016, p. 211). The definition of meaning as it connects to loss has been primarily understood as a type of sense-making and as a means to find significance and/or purpose in an experience (Balk & Corr, 2009). Research on sense-making has primarily focused on cognitive and emotional processes (Doughty et al., 2011; Park, 2010). Such process have been connected to the accommodation of loss and are informed by the constructivist stance (Doughty et al., 2011; Park, 2010). In this way, meaning can provide an anchor point in the ever-changing narrative of participants’ lives to facilitate re-learning of the world after loss (Mackinnon et al., 2016). As expressions of grief are also socially and culturally constructed, so is the creation of meaning (Mackinnon et al., 2016). Cultural legacies, societal values, and religious beliefs can all

play a significant role in the development of meaning (Park, 2010). As loss can bring significant questions surrounding the nature of suffering, the injustices of the world, and the purpose of life, religious, spiritual and personal belief systems can help guide the bereaved through a sense of belonging, self-regulating and instilling a sense of hope (Jeffreys, 2011).

Balk & Corr (2009) describes meaning as being outside of logical and explicit understanding, and instead is inherent to symbolic thoughts, actions and objects. Furthermore, meaning can be reconstructed through storytelling, revisiting memories, and exploring changes in identity and within the family, as well as maintaining an ongoing relationship with the deceased (Mackinnon et al., 2016). Both intrapersonal and interpersonal processes in grief allow for both personal and collective meaning to be created. This is particularly important in the context of bereavement group interventions in challenging previously held assumptions around meaning that are less effective and as a result generating "...more malleable and adaptive constructions of the world and self that reflect a new reality" (Mackinnon et al., 2016, p. 141). Religion also provides a meaning-making framework, allowing the bereaved to cope with the loss, as well as being a source of support in the grief process. Established rituals of different religious practices may also provide structure to the grief process, such as wakes, funerals, burials, and other forms of mourning ceremonies (Gire, 2014).

Narrative Approaches of Bereavement Theory

Narrative approach developed by Epston and White (1990) is located in the *constructivist* model that uses *social constructionism* as its philosophical foundation. Constructivist thinking "posits an individual's reality is organized through how [the individual] makes sense of experiences, perceptions, and narratives (Doughty et al., p. 5). This centers individuals as the experts of their own lived experience and "assumes that people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives" (Wallis et al., 2011, p. 487). The notion of change is introduced through the telling, authoring, and reauthoring of stories, as well as viewing the problem outside of the individual and in the broader systemic context (Epston & White, 1990). Such interpretations of stories involve recalling experience, time, and plot and their associated meaning (Wallis et al., 2011). Lister et al.'s (2008) research on current bereavement approaches and implications for art therapy practice elaborate further on the narrative perspective, discussing the applications of the

Dual Process Model (Stroebe & Schut, 1999) and the Meaning-Reconstruction Model (Neimeyer, 1998). From a constructivist perspective, individual features, such as family and culture, provide information on the accommodation of loss into one's identity (Lister et al., 2008). In the circumstance of the death of a significant figure, schemas can be significantly disrupted, requiring a process of what Lister et al. (2008) describes as "rebuilding." From this perspective, the bereaved is viewed as "an active participant in responding to the death and not a passive reactor" (Lister et al., 2008, p. 247).

Meaning-based Theories

Meaning-based theories have shown promising applications in the context of bereavement therapy and intervention research (Mackinnon et al., 2016; Neimeyer & Sands, 2011). A pilot study on meaning-based group counselling for bereavement by MacKinnon et al. (2016) found that participants responses suggested such interventions facilitate positive coping and adjustment to loss (MacKinnon et al., 2016). Other significant results of the study included "striking a meaning-making balance [being] similar to reports in previous studies that suggest a more anguished search for meaning predicts a more prolonged grief response" (Updegraff et al., 2008, p. 226). Both current bereavement approaches and meaning-based theories emphasize uniqueness of grief and loss, viewing its expression and subsequent externalization as a catalyst for emotional repair (Arnold, 2019; Lister et al., 2008; Mackinnon et al., 2016). This is particularly important with adolescents who have lost a caregiver, as clinical findings in a study by Stikkelbroek et al. (2016) suggest a higher prevalence of reported internalization of problems in comparison to non-bereaved peers. Although psychological adjustment after the loss is typically characterized by depressive symptoms, youth who have lost a caregiver are at a higher risk of developing internalizing disorders, such as major depressive episodes (Stikkelbroek et al., 2016). Results also suggested that "internalizing of symptoms and low social economic status of the family as pre-bereavement predictors of mental health problems" (Stikkelbroek et al., 2016, p. 58).

The Dual Process Model. The Dual Process Model (Stroebe & Schut, 1999) is described as the cognitive process of oscillating between confrontation and avoidance of loss. In this model of practice, the grief process is characterized by shifting between both stressors of loss-oriented and restoration-oriented focus. Stroebe and Schut (1999) theorized loss-oriented affect

predominates the early phases of grief and primarily concern emotionally laden aspects of loss. This may include “rumination, replaying the circumstances of the death, yearning, and emotional responses such as crying” (Lister et al., 2008, p. 246). Restoration-focused orientation (Stroebe and Schut, 1999) is the process by which the bereaved person navigates and adapts to the changed circumstances or secondary losses, as well as the emergence of positive affect. From this theoretical perspective, meaning is reestablished through the cognitive oscillation between these two states, which can help the bereaved come to terms with the loss (Lister et al., 2008).

The Meaning-Reconstruction Model. The Meaning-Reconstruction Model (Neimeyer, 1998) is described as the ongoing exploration and re-definition of the relationship with the deceased over time. This process concerns self-narratives structured around core beliefs, which guide understanding of the world (Epston & White, 1990). There are several dimensions that underly this process, which include *narrative truth*, *discourse and rhetoric*, *tacit* and *relational self* (Neimeyer, 2001, p. 261). Storytelling as a means to construct one’s understanding of reality and loss corresponds with narrative truth (Neimeyer, 2001). Calling upon these meaningful discourses to accommodate the loss, which is shaped by both internal (individual features) and external processes (culture, societal perspectives, etc.) concerns discourse and rhetoric (Neimeyer, 2001). The tacit (Neimeyer, 2001) dimension refers to the articulation of meaning, which is believed to be a more affective, implicit, and abstract way of understanding. Lastly, dimension of relational self (Neimeyer, 2001) reflects self-narratives, which are malleable over time, and hold many complexities and paradoxes. In this process, the bereaved seeks relationships with others, which can include – but is not confined to – the deceased. Such relationships may serve a transitional function (Winnicott, 1971) that validates and support the re-definition of identity after loss (Klass, Silverman & Nickman, 1996). The ongoing relationship with the deceased refers to the theory of continuing bonds (Klass, Silverman & Nickman, 1996) and is considered adaptive function of integrating loss (Lister et al., 2008).

The Dual Process Model (Stroebe & Schut, 1999) and the The Meaning-Reconstruction Model (Neimeyer, 1998) explain grief as an opportunity for growth, allowing the bereaved to reestablish a sense of meaning, re-define identity, and strengthen the relationship to the deceased. From both perspectives, this is a life-long process, which fosters resilience in the face of loss (Lister et al., 2009). Meaning is increasingly recognized as an important bereavement outcome in

bereavement adaptation and coping (Hibberd, 2013) and is central to both the Dual Process Model (Stroebe & Schut, 1999) and the The Meaning-Reconstruction Model (Neimeyer, 1998).

Rituals in Response to Loss

Rituals have the ability to foster healing, not only in providing structure in the grief process but also in facilitating communal solidarity and social cohesion (Cacciatore & DeFrain, 2015; Jeffreys, 2011). These symbolic expressions hold both intention and awareness, as well various therapeutic qualities in connection to loss. These qualities include "...legitimizing emotions, physical ventilation, and bringing containment to grief by having a distinct beginning, middle and end" (Rogers, 2007, p. 5). By creating a framework, rituals can be grounding and used as a coping strategy in navigating the overwhelming affect accompanying loss (Cacciatore & DeFrain, 2015; Jeffreys, 2011). Such acts may offer a space of contemplation to reflect more deeply on memories and feeling surrounding the loss, as well as to acknowledge the presence of significant fear and pain that accommodates death (Rogers, 2007). Additionally, rituals can offer the ability to ponder the existential questions of life through the acknowledgement of mortality. Rituals can offer a process of healing and a creation of meaning through the direct connecting to the experience of grief (Rogers, 2007). In this way, Rogers (2007) explains that "when we give ourselves permission to grieve, we are all ritual makers" (p. 139). Often rooted in tradition, religion, spirituality and culture, rituals may be considered a sacred act as result (Cacciatore & DeFrain, 2015) but can also take shape on a personal basis. In itself, creative expression may also reflect a ritual in response to loss through providing a vehicle to connect the loose ends of grief and process the mixed emotional states accompany this journey (Rogers, 2007).

Developmental Implications of Adolescence and Perception of Death

Adolescence is a period marked by significant cognitive, emotional, behavioural and physical development, and interpersonal changes. Most often defined by chronological age, the World Health Organization (2020) recognizes adolescence as being between the ages of 10-19 years of age. This being said, the conceptualization of adolescence and the corresponding age range can vary according to different sources (Balk and Corr, 2009; Robin & Omar, 2014; World Health Organization, 2020). Balk and Corr (2009) describe adolescence as most commonly conceptualized under broad generalizations of three sub-phases: early (at the onset of puberty), ages 10-14), middle (15-17), and late adolescence (18-23). This being said, adolescence is not

considered a discreet developmental stage in all cultures, and is a period of life experienced differently across cultures, different religious groups, different socioeconomic realities, etc. (Arnett, 2007). Research has largely focused on European-American adolescent narratives, neglecting culturally diverse perspectives (Trommsdorff & Chen, 2012). For this reason, it is important to have a culturally relevant understandings of adolescent development to avoid overgeneralizing and/or following dominant narratives, although some of these factors may be expressed in working with adolescent populations (Trommsdorff & Chen, 2012).

Overarching themes of adolescent development can include the onset of puberty and the resulting bodily changes, the emergence of romantic and sexual relationships, interest in sensation seeking and risk-taking behaviour, heightened focus on peer relationships, self-consciousness, and egocentrism, though not in all cases (Gilmore & Meersand, 2014). The tasks of individuation and the strive towards autonomy can be enacted through the adolescent withdrawing from their family and moving towards seeking peer acceptance and there is no clear finish line to this process (Robin & Omar, 2014). Balk and Corr (2009) explain individuation as a stage that can be achieved through emotional separation from parents, increased sense of mastery, control and competency, and/or exploration of intimacy and commitment. In doing so, adolescents are able to explore their own emerging values and place within the world, resulting in a more complex and gradually developing self-concept (Gilmore & Meersand, 2014). This being said, withdrawing from family may also not be relevant in certain cultures, particularly those that are collectivist in nature (Trommsdorff & Chen, 2012).

With the desire for autonomy, adolescents may engage in rebellious behaviour, which can elicit residual guilt in the event of a losing a caregiver due to unresolved conflict (Jeffreys, 2011) Adolescents can also express more aggravated grief, as anger may feel like a more available and acceptable form to express the pain of losing a caregiver (Jeffreys, 2011). Repression and withholding of emotion can also occur to avoid the pain of loss, to feel normal in comparison to peers unaffected by loss, as well as in an attempt to protect the surviving parent or caregiver, if this is in the family structure (Jeffreys, 2011). Additionally, the emotional condition of the surviving parent or caregiver can play critical role in the adolescent's ability to feel they are able to express their grief and whether or not they have to cope on their own (Balk & Corr, 2009; Jeffreys, 2011).

With the integration of new cognitive skills, such as perspective-taking or interpersonal understanding and abstract thinking, adolescents are able to have more mature understandings of death as inevitable, permanent and universal (Jeffreys, 2011). As more formal operations thinking also emerges, typical defences that characterize adolescence include “regression, denial, and self-limiting exposure to overwhelming emotions” (Robin & Omar, 2014, p. 98). This will, however, vary with life experience, developmental level, the adult family members’ ability to address loss (Goldman, 1995; 2000), as well as with cognitive diversity and other influences such a culture and religious values (Hoy, 2016). Youths’ understanding of death is a critical consideration provide appropriate death education, as well as to respect diverse conceptualizations of grief, loss and death (Balk & Corr, 2009).

The grief process is understood in the context of ongoing development, thus meaning will not remain fixed and will change across time and place (Balk & Corr, 2009). As loss creates the condition of change, future milestones may also elicit grief reactions (Jeffreys, 2011).

Loss of a Caregiver During Adolescence

The loss of a caregiver is often considered an important ongoing narrative in the story of an adolescent’s life (Balk & Corr, 2009). This suggests that such a loss will be revisited throughout the other stages of development and hold life-long implications in the formulation of identity (Balk & Corr, 2009). The loss of a caregiver can be one of the most impactful and devastating of losses that can be experienced in youth, given the significance of the relationship and the resulting secondary losses which may accompany the process (Balk & Corr, 2009). Such secondary losses can include disruption in family structure, housing arrangements, and shifting care roles, financial instability, change in daily routines, etc. Research suggests that effects of the loss of a caregiver during adolescence can be “...severe and far-reaching; [as] it is associated with increased levels of psychiatric symptoms, such as anxiety, depression, guilt and anger” (Balk & Corr, 2009, p.178). Other complications that may emerge in the grief process include low self-esteem, difficulties in interpersonal functioning, disruption in school and work performance (Balk & Corr, 2009), as well as internalization of problems, such as depression and feeling guilt surrounding the loss (Stikkelbroek et al., 2016). The pain and distress brought on through the loss can be further complicated as the adolescent have difficulty finding support in the surviving parent or caregiver (Stikkelbroek et al., 2016), if this is the structure of the family,

who is also experiencing their own grief process. Furthermore, attachment to the surviving caregiver may also impact the adolescent's ability to feel supported in the grief process (Jeffreys, 2011).

Art Therapy to Support the Bereaved

The current bereavement art therapy literature suggests encouraging expression of emotion and processing of grief reactions through symbolic externalization of art-making, strengthening coping skills, providing death education and ritual to say goodbye to the deceased, as well as memorializing the loss (Arnold, 2019; Bat-Or & Garti, 2019; Lister et al., 2008; Miller, 2010). The event of losing a caregiver may cause deep feelings of instability and lack of security, concerns about the surviving family members, complex feelings of loss and abandonment, which can be explored, validated and normalized through the art therapy process (Jeffreys, 2011). Visually revisiting both positive and negative memories associated with the caregiver can be encouraged by the art therapist, when their clients are ready. This can help foster the process of meaning-reconstruction. Asking group members to bring in meaningful objects such as photographs and music may serve as "stepping stones for reflection" (Lister et al., 2008, p. 248).

Research by Lister et al. (2008) on the Meaning-Reconstruction Model (Neimeyer, 1998) and the Dual Process Model (Stroebe & Schut, 1999) suggest implications for art therapy practice in working with the bereaved. Such considerations include seeing grief as a non-linear path and a life-long process, which is at the basis of both models of practice. As both models advocate meaning as an essential aspect of grief, it is important for the art therapist to be attuned to when the client is ready and able to begin the process of reconstruction. Through this effort of reintegration over time, "the bereaved person may find some meaning, growth, or positive change in themselves" (Lister et al., 2008, p.249). The Dual Process Model (Stroebe & Schut, 1999) can guide the art therapist in understanding the types of stressors the bereaved is experiencing and respond to the emotional oscillation and cognitive adaptations to loss (Lister et al., 2008). The Meaning-Reconstruction Model (Neimeyer, 1998) suggest that the art therapist should stay attuned to narratives expressed both verbally and nonverbally in the art making process, noting how the stories are told, as well as how they change over time. Furthermore, though the process of externalization, separating the bereaved from the problem-saturated

narrative, Lister et al. (2008) argue that art therapy is a natural fit. This is due to art making being a process of externalization in itself. In congruence with the narrative perspective, Lister et al. (2008) suggest that the art therapist can ask the client to create a visual storyboard to engage in the process of storytelling. In doing so, "this technique graphically conveys that life continues to unfold and change, incorporating and adapting, assimilating and accommodating people, experiences, and events" (Lister et al., 2008, p. 249). Lastly, the art therapist can ask the client to focus on aspects of the narrative that are problematic through visually creating the scenario (Lister et al., 2008).

The role of the art therapist in the context of a bereavement group. There are several important roles and considerations in facilitating an art therapy bereavement group for adolescents in an art museum setting. Collaboration with museum personnel is critical to coordinate museum visits and in reserving the same space for the group to take place, as this may require adaptation according to other events taking place at the museum (Henry et al., 2019). In facilitating a group in a public setting with the presence of other visitors, it is important to consider the navigation of the museum space and the use of the art therapy room in offering containment. Such considerations allude to the paradoxical nature of hosting a private experience of an art therapy group in a public setting (Coles et al., 2019). This may also be connected to processing grief, which will take place both in a group and outside of the sessions (Mackinnon et al., 2016).

It is important to establish the therapeutic alliance, as well as trust and safety in the group in order to explore the grief process, as loss is often a highly sensitive event (Rogers, 2007). Creating a safe space for participants to explore their grief through deep listening and remaining present with loss is also critical to help explore continued meaning (Rogers, 2007). In this way "... we can learn, through practice, to provide a calm presence during the storm of fear, pain and loss" (Rogers, 2007, p.7). In addition to the facilitator modelling this presence, it is also critical for other members of the group to adopt and participate in offering mutual support to their peers and engaging in authentic self-expression (Rogers, 2007). Moon (2016) describes modelling as being the most important task in group direction to convey the "...the deeply held belief in the healing power of artistic expression" (p. 14). This highlights the importance of the art therapist creating a culture of artistic contagion (Moon, 2015) and relationship building through artistic

expression. The art museum space and visits to the collection may also function as a source in fostering artistic inspiration, as well as reaffirming the importance of the role of art in art therapy (Salom, 2011).

In walking alongside adolescents in their grief process, strong emotions can arise in both the participant and facilitator of the group (Doka, 2013). This may reach a personal place of knowing for the art therapist in eliciting one's own history of loss. It is normal for experiences of grief to arise in accompanying the bereavement process due to the universality of this phenomenon. In such cases, Roger (2011) suggests that it is important to allow the emerging emotions to be present without becoming overwhelming, as well as having a co-therapist to navigate holding the group in these moments. Being present with clients – no matter how emotionally laden the narrative – is essential to offering unconditional support to the bereaved (Wilson, 2014). Furthermore, addressing one's own personal beliefs regarding grief and loss is an important task on behalf of the art therapist. Wilson (2014) describes the importance of facilitators discussing their own attitudes towards bereavement and death in the supervisory relationship as a means to be aware of biases. Haen & Aronson (2016) suggest reflecting on the following points as a means to facilitate self-reflection:

The loss that has affected me most personally
The skills I bring to working with bereaved youth
Some of the challenges I might face in working with bereaved teens
What I need to do to prepare myself for this work (p. 383)

In working with bereaved adolescents, facilitators also hold the roll of educating and normalizing the experience of loss to promote healing (Rogers, 2007). In doing so, youth may accommodate the loss through making sense of their experience. In conjunction with the adjustment to the loss of a caregiver, adolescents can also be faced with their own mortality (Corr, 2000). Having a supportive and non-judgmental space to explore emerging concerns around the finality and universality of loss can ease distress, while reducing isolation (Hoy, 2016). Research suggests that adolescents hold the capacity to conceive of death comparatively to that of adults in that life is finite and death is inevitable (Robin & Omar, 2014). This being said, each adolescent will bring their own unique perspective of the loss based on their psychological, cognitive and emotional development, which also impacts expressions of grief

(Robin & Omar, 2014). For this reason, it is important to understand that adolescents grieve differently than adults based on their developmental stage (Robin & Omar, 2014), which must be considered in the context of death education. Providing age-appropriate resources specific to adolescent grief is critical. It is important to acknowledge that adolescents in particular may be resistance to educational efforts (Doka, 2013). There is also risk of invalidating the uniqueness of each individual's grief experience in the context of death education, which must be navigated with sensitivity by the art therapist (Doka, 2013).

Chapter 4: Intervention Design

Purpose and Structure of the Group

This proposed 8-week closed group intervention program, held in an art museum setting, is designed for adolescents who have experienced the loss of a caregiver. The museum will be the container and an ally to the therapeutic process (Salom, 2011), in addition to the art therapist, through visits to the museum collection, as well as being the location where the program is facilitated.

Social support is one of the primary reasons to seek bereavement support and is a key factor in bereavement and trauma (Doka, 2013; Hoy, 2016; Kosminsky & Jordan, 2016; Rice, 2015). The support group format of the proposed intervention reflects current bereavement literature findings for this reason. This has been widely adopted among clinically-trained psychotherapists, social workers, counsellors and other licensed professional leading groups in support of the bereaved (Hoy, 2016). Kohut (2011) states that “support groups are an economical and practical structure for providing help to people who are dealing with grief” (p. 123). Doka (2013) furthers this notion, stating that most existing programs elect a time-limited and closed group support-based model of 6-10 weeks in length. The group will consist of 8-10 members, to allow the opportunity for the art therapist to equally attend to each participant and to encourage interpersonal sharing (Haen & Aronson, 2016). Support groups are typically theme-based, often including an educational component for the adolescent and/or the caregiver (Doka, 2013). Psychotherapy groups, which address clinical issues, namely psychological disorders, and support groups can view the bereaved as individuals coping with a normal life event (Hoy, 2016). This view contrasts dominant diagnostic systems such as the American Psychiatric Association's (2013) Diagnostic and Statistical Manual of Mental Disorders, which has

attributed to the pathologization of grief, namely what is considered complicated grief (Hoy, 2016).

Client's readiness to process their grief in a support group is of central importance considering participation (Doka, 2013; Wilson, 2013). Some researchers in the field of bereavement however suggest a period of time of several months after loss (Doka, 2013; Wilson, 2013). The Dougy Center, a national centre for grieving children, teens and their families, involve adolescents as active decision makers in processing their grief and do not have program restriction based on the time from the loss (Hoy, 2016). Furthermore, a meta-analysis of interventions for bereaved children and adolescents by Rosner, Kruse and Hagl (2010) noted considerable variance in time from the loss across studies with little statistical significance on treatment effects.

Adolescents will be invited to process their grief in a group setting among peers who have also experienced the loss of a caregiver. Despite sharing the experience of having lost a significant attachment figure, there is also diversity between group members and their unique experience of grief, as well as different causes of the caregivers' death which must all be supported in the therapeutic frame (Rogers, 2007). Individual qualities, gender, cultural, ethnic, social and religious background may also impact both the experience of participating in a grief support group (Hoy, 2016; Frederick, 2014). The museum setting -as this is not a neutral space- may also impact both the experience of participating in a grief support group (Janes & Sandell 2019). Diversity is a welcomed asset in groups and can help offer different perspectives of the grief experience outside of oneself, encouraging participants to develop an appreciation for such differences. Research by Mackinnon et al. (2016) on meaning-based group counselling describes the act of valuing diversity in the grief process as an important theme that emerges in groups, "accentuating the desire to listen to dissimilar grief narratives" (p. 222). This can create flexibility in perceptions of grief and coping strategies, reinforcing the notion that there is no singular or "correct" way to grieve (Rogers, 2007). However, it is also critical to make sure group members can be respectful of differences (Rogers, 2007). The factors listed above can affect group cohesion and each participant's experience in the group, which can in turn impact the strength of the intervention (Rogers, 2007). Fostering coping strategies, social support,

interpersonal learning and meaning making in the experience of loss of the caregiver (Rozum, 2012; Rice 2015) is the central focus of the group.

Coping strategies connected to meaning reconstruction and meaning-making include sense-making, benefit-finding and undergoing identity change through revisiting the experience of the loss and grief. Sense-making involves reconciling existing meaning that causes distress in relation to the loss (Neimeyer, 2006). Benefit-finding involves determining positive reappraisal of the loss (Neimeyer, 2006). These processes require reorganization of thoughts and emotions through storytelling with the group and art therapist, and the evaluation of associated meaning and reappraisal of identity (Rice, 2015). A changed sense of self that responds in adaptive ways to the loss can result in post-traumatic growth (Tedeschi, Park and Calhoun, 1998). Those who experience such growth “report developing a changed sense of self, saying they became more resilient, independent, and confident; they also take on new roles, develop a greater awareness of life’s fragility, and are more vulnerable to subsequent losses” (Gillies & Neimeyer, 2006, p. 37). This process is also often accompanied by spiritual and/or existential growth and a changed sense of social relationships marked by increased emotional closeness and empathy (Gillies & Neimeyer). Other meaning-based therapeutic processes that can help with coping include acknowledging how the deceased has and continues influence their lives, connected to the concept of continuing bonds (Klass, Silverman & Nickman, 1996).

The use of the art making will offer a means to express and contain affect associated with loss, as well as engage their strengths and resilience in the creative act. The use of metaphor, symbolism and imagery of both the art work and museum’s collection will allow a contained space for personal stories to emerge at safe distance (Haen & Aronson, 2016). The participants may process their art works from a metaphorical stance and/or by making personal connections to their life within the group, allowing balance in expression and containment of emotion (Haen & Aronson, 2016). The art therapist will model and introduce process-oriented interventions, which concerns “the spirit of creating for one’s own sake without prescribed rules or a predetermined end point...[allowing] clients the freedom to discover and reconnect with their sense of play and creativity without being concerned with the outcome” (Haen & Aronson, 2016, p. 126). By maintaining a neutral stance, the art therapist will encourage and guide participant’s own interpretations and meaning of their art works (Haen & Aronson, 2016). The art therapist,

facilitating art making and visits to the collection, will assist in engaging participants in the group process. The art therapist will guide reflections of the art works and collections to facilitate development of insight and meaning-making (Haen & Aronson, 2016). The art therapist will also hold flexible approach in offering creative interventions to increase the participants' self-expression and develop group cohesion (Haen & Aronson, 2016). Lastly, the art therapist's awareness of variation in cross-cultural expression of emotion, movement, languages and symbolic communication in the art making is integral to individual and group safety (Haen & Aronson, 2016).

Referral and Intake Process

The museum-based group art therapy intervention is designed for adolescents between the ages of 13-18 years old who have experienced the loss of a caregiver and are in the process of grieving. Both chronological and developmental age is an important consideration in determining group members and program design (Haen & Aronson, 2016; Roger, 2007). Different developmental factors, as well as other factors, influence the perception of grief and understanding of death. In addition, accounting for the significant cognitive, social and personal developmental changes occurring in adolescence (Jones, Duffey & Haberstroh, 2016). It is important to create a group of participants who are relatively close in age (Doka, 2013) and psychosocial developmental stage (Haen & Aronson, 2016). Bereavement literature is inconclusive on specific standardized age criteria (Doka, 2013; Haen & Aronson, 2016; Roger, 2007) and studies evaluating the efficacy of interventions on adolescent grief vary significantly in age-range (Rosner, Kruse & Hagl, 2010). The choice of age range reflects the model of the Dougy Center, an influential force in youth bereavement group programming (Hoy, 2016), as well as the partial hospital program models (Haen & Aronson, 2016). Depending on resources available, allotted time, as well as the nature of the collaboration with the organization, the group may require more broad inclusion criteria including a range of ages, different types of loss and/or a drop in group format (Rogers, 2007).

Planning of the group is critical to ensure the structure, propose and goals of the group align with individual needs, which can in turn impact therapeutic outcome (Haen & Aronson, 2016). This includes exploring emotions and challenges of loss among peers to foster support and acceptance, positive coping strategies and instillation of hope (Haen & Aronson, 2016).

Group planning will pay careful attention to both practical and ethical guidelines articulated by the regulatory bodies of the field of art therapy, such as the Canadian Art Therapy Association's standards of practice (2004) and the Association of Art Therapists of Quebec (2019). The art therapist should be mindful that the pre-screening process involves the decisions of all parties to make sure the group is a good fit (Haen & Aronson, 2016).

Before beginning participation in the group, it is important for the art therapist to complete an assessment through an initial interview with the adolescent and/or guardian (Wilson, 2014). This assessment may ensure that the model of support offered through the services is appropriate for the participant's needs, as well as to screen for any risk factors in participating in the group (Wilson, 2014). This interview may take place over the phone or in person depending on the participant's availabilities and should take place outside of school hours, ideally. It is important to be cognizant that this may be the first time the participant is opening up around the loss they experienced, which can be an incredibly vulnerable experience. Being sensitive to this reality requires welcoming the participant to make them feel more comfortable, offering transparency in relation to confidentiality using accessible language, and demonstrating nonjudgmental active listening (Wilson, 2014). The screening can also offer additional resources that may better meet the needs of the individual, which may include individual work and/or other resources within the health care network.

While listening to the adolescent's story, it is important to note if the death was sudden, violent, or traumatizing, in addition to whether they were a witness to the death (Wilson, 2014). If the death was by suicide or by another stigmatized cause, individual services may be more appropriate to avoid feeling alienated in the group (Rogers, 2007). By contrast, this may also risk alienating a person seeking out a group for connection purposes or who cannot afford and lacks access to individual services. Furthermore, assessing if the loss was concurrent with other deaths or stressful life events, as well as the availability of support and coping strategies is also important (Wilson, 2014). Trauma can potentially complicate the bereavement experience in significant ways and may require additional support and/or expertise (Hoy, 2016). This requires an understanding of how complicated grief can emerge in a support group and how this may require additional support, as well as an awareness of the art therapist's own boundaries of competence (Hoy, 2016).

Getting a sense of the client's cultural and spiritual belief system may also give the art therapist an understanding of how they are processing the loss, as well as their ability to tolerate differences within the group (Wilson, 2014). This is also a group process and will require the art therapist inviting conversations, reflection and art making throughout the sessions that enables exploration of cultural and spiritual beliefs. In the process of listening to the content and the way the client tells their story, the art therapist can learn their style of grief. This may also help refer them to the appropriate services depending on their specific needs, while acknowledging the limitations of the group and expertise of the art therapist.

In review of existing bereavement literature, Schrut et al. (2001) found that grief support services were more likely to be effective if the individual is self-referred, and if the participant is ready to engage in the proposed model. This proposes a challenge in that youth may be referred by the parent and/or legal guardian, thus involving the participant as much as possible in the decision to participate is critical and in the process of the intervention can be helpful (Doka, 2013; Wilson, 2014). Doka (2013) describes "some adolescents may feel unable or unwilling to engage in a group due to shyness, fear of emotional problems, and other factors" (p. 173). The use of clear boundaries and the option to leave the group if needed are effective approaches to encourage participation in such cases (Doka, 2013). Furthermore, Hoy (2016) suggests that a collaborative style and flexibility are critical elements of the therapeutic stance when working with bereaved adolescents.

The purpose and structure of the group will be clearly explained in detail to the prospective participant, and when ethically appropriate or legally required, also a parent or the legal guardian (Wilson, 2014). This will require discussion of confidentiality and consent in relation to their participation and artworks made in the group. Youth under age to provide consent, which varies depending on provincial or state regulations, will require authorization from their parent and/or legal guardian. Additionally, adolescent's participation in the group primarily responding to their own timing for expressing grief is critical (Doka, 2013).

Interviewing the participant to gain a better understanding of their individual needs is essential, as well as to understand if a group format is appropriate. Instances where the participant is experiencing a very recent, traumatic and/or stigmatized loss, as well as cases of complicated grief, may be better suited to individual and/or more specialized treatment. In such

cases, offering referrals and seeking council from other professionals to address the individual's specific needs is integral (Hoy; 2016; Roger, 2007). This is especially relevant in relation to areas related support resources addressing pre-existing mental health conditions and grief complicated by extreme trauma responses (Hoy, 2016).

Beginning Phase (Session 1-3)

Objective: Establishing sense of safety and therapeutic frame. During the initial phases of the intervention program, establishing emotional and psychological safety is the primary objective (Moon, 2016). Developing the therapeutic alliance and group cohesion will require welcoming and familiarizing group members with each other, the space, and the art materials. Given the vulnerability involved in interpersonal sharing and self-expression, establishing safety is integral for the work to unfold. Adolescents often experience feelings of self-consciousness through peer comparison, which can influence the sense of vulnerability in a group setting (Rogers, 2007). The therapeutic frame is integral to group members' sense of safety and understanding of the purpose of the group in offering social support, the role of the museum visits and art making in fostering exploration of the grief process.

Establishing rules within the group may also clarify these objectives and solidify the therapeutic frame (Doka, 2013; Rogers, 2007). Such rules may include but are not limited to: explaining confidentiality and that what is shared in the group "stays in the group," sharing with the group as much or as little as you are comfortable with, ensuring each participant has equal time to share within the group, respect for art materials and space, speaking from one's own perspective, approaching others' art works with curiosity and refraining from imposing meaning on others' art work, and respecting time limits of the session (Rogers, 2007). Grief-specific rules may include limiting unsolicited advice giving and respecting each individual's way of grieving (Hoy, 2016). Other rules may emerge as the group develops and may be decided by the participants as a means to empower and foster cohesion. Such boundaries may be challenged and tested by group members initially due to the strive for individuation and autonomy in adolescence (Robin & Omar, 2014). Through remaining consistent in the process of setting boundaries, a sense of safety in the group may be achieved (Rogers, 2007).

In consideration of safety within the group, Moon (2016) describes the importance of rituals a significant anchor point. From Moon's (2016) perspective, rituals "...symbolize

essential truths of existence...[in that] societies develop rituals that serve as psychological and/or spiritual indicators of significant milestones in individual's lives." (p. 50). In enacting these consistent rhythms, metaphors are performed in a way that give meaning to experience (Moon, 2016). Such acts may convey protection and safety of the space, while also directly connecting to the grief process. Rituals can provide a reflective space of contemplation to directly access to internal emotional states (Doka, 2013). Moreover, rituals may also be used as a means to self-regulate and to foster coping strategies in and outside of sessions. Honouring the presence of grief may also be a part of the ritual and can help participants navigate the transition of the beginning and ending of sessions (Doka, 2013; Rogers, 2007). Such rituals may include coming together and sitting in a circle as a group to begin and end sessions, as well as visiting art works that occupy the space near the art therapy room. As the group progresses and safety is established, facilitators may ask participants to bring their own ideas of rituals. This can evoke a sense of ownership and belonging within the group (Rogers, 2007).

First session. After participants are familiarized with the space and one another, and the therapeutic frame is introduced, the welcoming ritual will commence. For the first session, a verbal check-in will be introduced to provide structure and to familiarize participants with one another and the art therapist. The Dougy Center, widely considered a leading program in the world for the support of bereaved children and adolescents, suggests an opening circle in which participants are encouraged to introduce themselves, their age, the person they lost and share another information they would like to (Dougy Center, 2020). This will create an opportunity for interpersonal sharing and to speak about the loss of their caregiver with peers who have similar life experience (Rogers, 2007). Sharing memories and telling stories of their loss will be encouraged and supported by the art therapist throughout the 8-week program. Discussions among group members of ways to honour the loss may also emerge in the process. Moreover, through sharing of oral histories, participants can gain deeper understanding and insight into the ways in which the loss of their caregiver has impacted their lives (Rogers, 2011).

After the verbal check-in, participants will be invited to engage in art making. Given that adolescents tend to feel discomfort in being around peers who are not a part of their social group (Rogers, 2007), the art therapist will offer each participant a blank journal and a portfolio. Offering containment in a physical form may provide privacy in the art making process and

further a sense of safety. The journal may function as a record in documenting and authoring their own experience of loss throughout the sessions, while also serving as a transitional object (Winnicott, 1980) after the group is completed. The art therapist can help encourage considering links between the symbolic meaning of a journal format being a book and narrative theories of the Meaning-Reconstruction Model (Neimeyer, 1998) and the Dual Process Model (Stroebe & Schut, 1999) in response to loss. In this way, “the journal will tie the sessions together from week to week and be a road map of where the group members have traveled during their journey of grief” (Rogers, 2007, p. 42). When strong emotions are evoked in the art making process, the journal and portfolio may also aid in achieving distance in moments of feeling overwhelmed. This connects to the oscillation of approaching and avoiding the negative emotions surrounding loss as described by the Dual Process Model (Stroebe & Schut, 1999). The art making will allow participants to navigate the approach-avoidance oscillation creatively by exploring the depth of variety emotions (Lister et al., 2008). Participants will then be offered the opportunity to decorate their portfolio and/or journal cover for the main art making activity. This will be followed by a reflection period in which each members has the opportunity to share as much or as little as they would like with the group. Group members will be asked if their works have a title to deepen reflection and to name their inner experience reflected in the work. Other rituals will include creating space for silence when needed (Rogers, 2007).

Second session. For the second session, the check-in ritual will involve a visual component through choosing a colour to reflect what is present for participants in that moment. This will allow participants to take a moment and reflect on their internal emotional state (Rogers, 2011). Participants will be provided a piece of paper and open access to materials. After the visual check-in, a mindfulness-based intervention titled *Garden of Grief* as described by D’Amico (2017) will be introduced for the main art making activity. The Garden of Grief exercise will be introduced as a place for memory, which can be connected to the idea of placards and statues which often commemorate certain individuals (D’Amico, 2017). The intervention will also be explained as being open to interpretation and something that can be revisited throughout the sessions. In the process, different symbolic elements and oral histories may emerge regarding the loss, in turn creating a pathways to new meaning (Rogers, 2007). The

art therapist will offer a wide range of art materials including collage images of gardens for group members who may require more concrete directives.

A discussion among the group members will take place prior to commencing the exercise to allow group members to reflect, self-define the theme, and to inspire creation. The weekly themes offer a point of departure but are open enough to invite each adolescent's creativity, ensuring the intervention is both structured and non-directive in use of media (Moon, 2016). This may need to be adapted according to each participant's need, such as if a participant requires further guidance and direction in the art making process. Furthermore, the group will be made aware that weekly themes can be put aside for ideas that are more salient and such personal directions will be encouraged by the art therapist. This may foster a sense of mastery, competency, and strengthen coping strategies through the art making process (Goodman, 2002).

Third session. After establishing a sense of safety in the group, the art therapy room can be thought of as a secure base (Bowlby, 1982) from which the group can explore the surrounding museum. To gradually introduce the museum space, the third session will involve an art-based check-in as a means to engage with a permanent collection. This will involve inviting participants to choose a work of art in a particular area of the museum that is speaking to them in the moment (Coles & Harrison, 2017). The art therapist will use different points of entry by asking participants to note "...colour, the texture, the seeming message of the artist... what memories does this object stir up, what emotions are evoked and what bodily sensations does it stimulate" (Ioannides, 2016, p.107). In doing so, participants may be able to use the museum art works as a projective tool to connect with their internal state as well as the collective experience of human beings (Salom, 2011). Engaging with the collection in this way presents a novel opportunity for meaning making and exploration of self in relation to other (Coles & Harrison, 2017). Artworks in the permanent collection may also serve as a transitional object (Winnicott, 1980), because they can be revisited after the group concludes and can serve as a 'companion' in the grief process.

Visits to the museum collection may offer an opportunity for confrontation and/or respite from the grieving process. This process of oscillation can serve as an adaptive coping mechanism in bereavement from the perspective of to the Dual Process Model (Stroebe & Schut, 1999). Speaking to the concept of *self-transcendence*, as described by Moon (2016), the museum space

and art works may also serve as bridge between participants by connecting with others in a meaningful way outside of themselves. The witness function of the group in accompanying one another through self-expression and the grief process also affirms the importance of self-transcendence (Moon, 2016).

In supporting the person-centered and humanistic vision of art therapy in the museum context, visits to the collections and exhibitions will be considered optional and will be organized in response to group members' needs (Henry et al., 2019). As a result, group members will come to a collective decision to visit the museum collection as a means to strengthen cohesion, while also respecting each participant's individual needs. In this way, "acknowledging and focusing on the needs of clients [takes] precedence over engagement with museum artworks, and there are many considerations relevant to a client's comfort in visiting the museum" (Henry et al., 2019, p. 49). This requires an adaptive and flexible therapeutic frame, as well as consideration of navigating the space due to the public nature of the museum setting (Coles et al., 2019). It is important to note that the museum can be a stimulating environment and may pose challenges for participants, particularly those who presenting with anxiety (Henry et al., 2019). As result, collaborating with museum personnel to arrange private tours of collections may be more appropriate if possible, which should be arranged by the art therapist.

Middle Phase (Sessions 3-6)

Objective: Strengthening group cohesion, coping strategies and exploring meaning.

With the continuation of opening and closing rituals, participants will be invited to continue adding to their memory journals and garden of grief. Participants will be invited to bring tangible objects associated with memory, which can be included and/or reflected in the journaling process and with the group. Such objects may include photographs, music, and other keepsakes that hold meaning and are connected to the deceased caregiver. Including objects like this can empower the participants through choosing aspects of the deceased caregiver to honour and the ways in which they are represented (Kohut, 2011). The symbolic act of journaling, collaging, and sharing of stories through journaling can be linked to the idea of "putting the pieces together" (Robbins, 1998, p. 41). This may assist participants in externalizing, reconstructing and reintegrating their narrative through revisiting the events associated with the loss (Rice, 2015).

For group members who require more structure in the art-making process, themes will be offered each session to stimulate the visual journaling process. Such prompts will include: the theme of comfort and the theme of mapping emotions in the body (Rogers, 2007). Such themes may foster insight with regards to participants coping strategies, eliciting a renewed sense of hope and healing (Kohut, 2011). Furthermore, mapping emotions may assist participants in identifying the impact of loss on a mental, emotional, physical, and spiritual level (Hart, 2012). By encouraging reflection of memories associated with the deceased caregiver, participants can have a means to commemorate the loss and say goodbye through the ritual of art making (Bat-or & Garti, 2019). Group members will then be welcomed to share their creative process through the reflection ritual.

During the middle phase of the sessions, group members will be able to further explore the many dimensions of their grief. This will include but is not limited to a variety of emotions, questions, conflicts, identity post-loss, secondary losses, as well as negotiating the ongoing relationship with the deceased caregiver (Perschy, 2012). Participants may be able to share their ideas of navigating difficulties in the bereavement process. This initiation of interpersonal learning can foster insight and mutual support and may have more long-term implication in interpersonal functioning and seeking support outside of the group (Rice, 2015). Challenging and reframing thoughts may also take place among the group members and with the art therapist; this can also lead to more effective meaning-making (MacKinnon et al., 2016). Through interaction with the art media and group members, participants may be able to externalize and explore more difficult emotions, such as feelings of abandonment, alienation, and helplessness within the safety of the group (Loannides, 2016).

According to Rice (2015) in a review of existing bereavement literature, one of the main objectives of groups is sharing and receiving social support in the grief process. Given that cognitive stress theories suggest that the adverse effects of loss outweigh the perceived ability to cope, social support can be helpful in offering a means to move through intense emotions (Orgodniczuk et al., 2003). Social support may also provide a sense of normalcy through involvement in a community and reduce isolation in the grief process (Kohut, 2011). For these reasons, focus on the development of group cohesion will continue to be a primary focus, as group cohesion is a strong predictor of therapeutic outcome of both group and bereavement

therapy (Gallagher, Tasca, Ritchie, Balfour, Maxwell & Bissada, 2013). The therapeutic objective of providing social support can further the social justice efforts of increasing accessibility and inclusion in museums (Janes & Sandell, 2019). Moreover, the art therapist's process of holding space for grief groups within cultural institutions, supporting diverse grieving community members and grieving experiences, as well as broader changes in perceptions of grief can further social justice efforts of both bereavement work (Harris & Bordere, 2016) and the museum (Janes & Sandell, 2019). Sofka (2016) chapter on restorative justice principles and practice in the museum setting in supporting survivors of genocide, terrorism and other political tragedies is primary example of both efforts merging. The chapter proposes the museum space and exhibitions focusing on such tragic events can offer a healing space to cope with the accompanying grief (Sofka, 2016). The museum roles and responsibilities in response to the growing shift towards activism will be further elaborated on the discussion.

Two visits to the museum collections and exhibitions will also take place during the middle phase and will be considered in response to the group process and participants' individual needs (Henry et al., 2019). Participants will be invited to visit a section of the museum's collection and will return to the art therapy room to reflect more in depth on their experience. This will create safety in interpersonal sharing through returning to a familiar space. Group members will be invited to reflect on themes emerging from the museum visit in the art making process. Encounters with the collection can elicit both a personal and emotional encounter with art works (Loannides, 2016) while also existing in the transpersonal context. Loannides (2016) describes the significance of museum visits in connection to story-telling, which can be elicited through engagement with both the objects and space. Different perspectives can develop surrounding individual and collective identity in the process (Loannides, 2016). Given that museum artworks are highly symbolic and hold a myriad of meanings, the collection can function as a projective tool to which participants may explore their own narrative. Research on engagement with the museum works describe its potential as a catalyst to improve self-esteem, self-awareness, and social connectedness (Loannides, 2016). Museum visits may also foster a sense of hope and create space to respond to existential questions surrounding loss through exploring the commonality of experience portrayed in the collection and complexities of the human condition (Coles et al., 2019). This is important to the process of meaning-making and

reintegrating loss as it connects to sense-making. In this way, the art works can be a departure to explore new meaning, reconcile past meanings associated with negative affect, and positive aspects in the experience of loss (Rice, 2015). In hearing the narratives of their group members, participants are provided a unique venue to interpret the meaning they have surrounding the loss. This is significant to bereavement programming as numerous studies concerning meaning-making as a therapeutic intervention describe this process as being helpful in promoting integration of the loss, as well as reducing traumatic, depressive, and complicated grief symptoms (Barbosa et al., 2014).

Challenges in meaning formation. With regards to the group specifically, many meanings can be generated amongst participants which can mutually inform participants' experience of loss (Rice, 2015). Neimeyer et al.'s (2006) model of group meaning formation indicates that collective meaning-making presents a challenge as members attempt to alleviate discomfort of loss in the process (Rice, 2015). Although this highlights the potential for many significant meanings to emerge in the group, precedence over processing other important aspects of grief can become problematic (Rice, 2015). Furthermore, there is the potential that meaning formation may cause comparison grieving and further feelings of distress because certain elements of loss and the death itself may remain senseless, despite this being a meaning in itself. This may cause participants to ask why the death occurred and why it happened to them. For this reason, the art therapist must normalize discomfort, the uncertainty of loss, and each individual's unique experience of grief (Rogers, 2007) to mitigate meaning formation taking precedence over processing other aspects of loss (MacKinnon et al., 2016). This may encourage and foster an appreciation in the group for diversity of grief narratives. In this way, both universality and dissimilarity in the grief process can coexist. A pilot study by MacKinnon et al. (2016) found that the presence of both universality and diversity increased group members' desire to listen to differing perspectives of grief, while concurrently acknowledging the uniqueness of their own experience. Furthermore, interventions involving meaning-making that addressed one's grief response rather than the death itself was also more effective. Group members were able to recognize their progress throughout the sessions and were able to relinquish more negative meaning-making attempts which decreased the capacity to cope (MacKinnon et al., 2016). Such findings suggest the need to find balance in making sense of one's grief response and finding

adaptive strategies to remain with the uncertainty and senselessness of loss (MacKinnon et al., 2016).

Closing Phase (Session 7-8)

Objective: Integrating loss through meaning-making, establishing a continuing bonds, and addressing termination. In the final phase of the intervention program, participants will be prepared for the closure of the group. This stage of the intervention program will consist of previously established rituals (check-in, reflection and closing ritual), a group art making activity and an in-depth review of all art works made throughout the sessions.

Termination. Although termination of the sessions will be introduced from the beginning of the program to prepare group members, it will be the primary focus of the last two sessions. Much like grief, termination is understood as a process and not a singular culminating event (Headley et al., 2015). As the closing of a group is a form of loss in itself, it is important to explore emotions regarding the group ending and to offer containment. Participants will be encouraged to reflect on the significance of the relationships established with the group and with the art therapist. Asking group members to decide which rituals they would like to include for the terminating session will empower the participants to co-construct a symbolic act that is representative of the group and the therapeutic relationship (Headley et al., 2015). With this in mind, the art therapist will offer a group art making activity at the beginning of the second-last session in place of the check-in where participants will be invited to co-create a mural. This will involve putting a large piece of paper on the wall and offering drawing materials. The theme of “journey” will be offered to the group and will be explored both individually by choosing a space on the paper to begin and collectively joining as the page fills. Group members will then be instructed to choose one element of the mural that is reflective of their journey in the group to reflect on in the check-in.

After the group art-making check-in, the group will transition into reviewing their artworks made throughout the sessions. This will take place during the course of the last two sessions to provide ample time for witnessing and reflecting on their experience. In this process reflection, group members will be “...encouraged to identify the understated and sometime tacit ways in which the deceased continues to shape and influence them” (MacKinnon et al., p. 221). This is connected to Neimeyer's (2012) *Life Imprints Exercise* and the concept of continuing

bonds (Neimeyer, Baldwin & Gillies, 2006). The group will be introduced to Neimeyer's (2012) concept as being the impact someone has on our life, which may also be connected to the relationships formed in the group. In doing so, group members are provided the opportunity to reflect on and develop an internalized relationship with the deceased caregiver, transforming the "...physical relationship to a symbolic and abstract relationship" (Rogers, 2007, p. 230). It is important to note however that this may not be possible for all group members in terms of where they are at in their grief process. For this reason, it is essential that the art therapist respect and meet the participants where they are, understanding that the relationship to the deceased is ongoing and will change in meaning over time (Haen & Aronson, 2016).

Celebrating group members' progress and creations will take place through the ritual of reflection and sharing food, as well as witnessing all works made throughout the sessions. This will provide an opportunity for participants to witness their progress in the group and the transformative power their grief journey holds (Rogers, 2011). Group members will make connections among the artworks that may not have been made previously. This will offer the ability to make links between the narrative of their grief journey, as well as with the journey had by other group members'. Promoting awareness of the therapeutic gains made in the group and how this is reflected in the art making process can empower group members to navigate their grief process and the transition of the group ending. Furthermore, developing understanding of the positive interpersonal and intrapersonal influences of the group can foster the instillation of hope (Yalom, 2005). This will be a significant grounding element of the group, as Chow (2010) describes "hope is the grievers' trust that suffering can be transcended and that they can thrive and is believed to be an important element in supporting grievers" (p.334). The art therapist must also hold a disposition of hope, validating where participants are at while also helping envision other possibilities (Bartholomew et al., 2019). To end the final session, group members will engage in the closing ritual of going around the circle and saying something they are taking away from the sessions and something they are leaving behind. This will allow group members to process the emotionally laden experience of termination and transition into the world outside of the group (Moon, 2016).

Chapter 5: Discussion

The purpose of the intervention program is to create a therapeutic space where adolescents can process and receive support in grieving the loss of a parent or caregiver. As adolescents are often withdrawing from their families and seeking peer acceptance during this developmental period, grieving in isolation is not uncommon (Robin & Omar, 2014). This can be attributed to the paramount desire for social inclusion and the resulting need to feel “normal,” synonymously with the task of establishing independence from family. As a result, the perceived inability to share grief with others can lead to the internalization and repression of emotion and an inability to process strong emotions associated with the loss (Stikkelbroek et al., 2016). Furthermore, cultural influences around the denial of grief and/or the inability to express grief can further the experience of isolation in loss (Roger, 2011). It is for these reasons that creating a bereavement art therapy program for adolescents in the socially inclusive and culturally rich space of an art museum can provide an important service that can support and normalize the experience of loss.

Through use of a group art therapy format, adolescents can receive support from their peers who have experienced a similar life-changing event and in turn have the grief experience normalized. Participants can develop a personal and communal understanding of grief and adopt effective coping strategies to foster resilience (Worden, 2009). Through symbolically exploring their journey in the art making process, adolescents can create both individual and communal meaning from their grief (Rice, 2015). In forming peer relationships with group members who have lost a caregiver, participants may find a community that can exist outside of the therapeutic frame (Hoy, 2016). This may further the therapeutic goal of increasing coping strategies and social support in the grief process, as well as easing the transition of the group termination. Furthermore, it is important to note that – given the public context of the museum – participants can visit the space after the group concludes and the relationship with the art therapist and participants has ended, which is often not the case in more traditional mental health settings. This may offer the opportunity for participants to continue the ritual of visiting the collections as the meaning of their grief changes over time. (Lister et al., 2008).

Through the inclusions of bereavement art therapy programming in a cultural institution such as an art museum setting, normalizing and reducing stigma of the grief process can also be

encouraged. This is particularly pertinent given the universality and relational experience of loss, as well as the importance of having space to grieve (Weller, 2013). Additionally, this may further the museum's efforts towards promoting greater inclusivity in expanding their audience, inviting their visitors to deepen their self understanding, and to foster sustained positive relationships with others (Coles et al., 2019). By diversifying and deepening visitors' experience in this way, the museum has the potential to better meet the needs of and benefit the public (Rochford, 2017).

The museum setting as container and ally to the therapeutic process (Salom, 2011) presents a novel opportunity to explore narratives associated with the loss of a caregiver. The museum as a therapeutic environment can also foster personal and social well-being through containing meaningful engagement with art (Ioannides, 2016). Through visiting the museum's collections and exhibitions, the objects that occupy this space become a projective tool to which participants can explore memory associated with the deceased. Embedded in the museum's collection is a variety of symbols, which hold different meanings and evoke emotions for each witness. Ioannides (2016) describes museum objects also "...provide collective imagery that depicts information regarding the human experience, [and] visitors can view works of art that could relieve them of feelings of isolation particularly because they can relate to what they are witnessing" (p. 102). As a result, participants can feel commonality in the universal experience of loss, both in connection to each other and in the setting. Through exploring our thoughts and emotions in the company of others and connecting to the lived experience captured in the museum's collection, both mental and physical well-being is enhanced (Ioannides, 2016). As this setting naturally invites reflection and contemplation, participants may explore their experience of loss in the broader context of the world (Coles et al., 2019). This can support processes of "universality (knowledge that others share similar thoughts, problems, feelings, or have coped with similar experiences" and altruism (opportunities to support each other with advice, or help with solving problems)" (Rice, 2015, p. 166). Both supportive processes hold an important role, facilitating group engagement and therapeutic outcomes in bereavement groups (Rice, 2015). Participants may feel inspired by the vibrant atmosphere of the museum and collection, which can validate the use of art as a tool to navigate the difficulties of loss and inspire hope (Lanceley, et al., 2012). In this way, participating in the ritual of visiting the museum, seeing the collection

and engaging in art making can assist group members not only in finding respite from loss of a caregiver, but can also assist in discovering new meaning (Coles et al., 2019) in their experience of grief.

Program Design Restrictions

The museum as a public and social environment. Establishing a sense of safety through containment will be an ongoing process in the therapeutic alliance and the therapeutic facilitation of the group dynamic, as well as the museum space. Although many pilot projects have demonstrated art therapy programming held in art museums can support diverse populations, including those experiencing major life transitions and trauma (Henry et al., 2019), it is critical to be aware of the limitations of this particular setting. This process requires recognizing the distinct qualities of museums and assessing how this may impact participants' experience in the group. Due to the public and social nature of the museum (Coles et al., 2019), it is important to note that this can be a very stimulating environment. This may present challenges for some participants, particularly those who are sensitive to more socially demanding environments (Henry et al., 2019). Furthermore, it is also important to note that a clinical setting may be more appropriate for some participants (Coles et al., 2019), such as those presenting with more intense grief symptomology or additional psychological difficulties. In such cases, providing more containment may be necessary in both the setting and format of therapy, such as individual or group art therapy. Consideration of each client's needs and the group process is also critical in timing museum visits. Navigating the museum space may also be an important consideration, such as arranging private viewings of collections, visiting collections when there is a lower volume of visitors and preparing group members for the museum visits (Coles et al., 2019).

Visits to the museum collection. The museum is an activated space eliciting reactions in viewers through witnessing the various social and political layers of the artworks it contains (Janes & Sandell, 2019). For this reason it is not neutral (Janes & Sandell, 2019). These cultural and historical objects, as well as the museum, can impact participants in innumerable ways; these cannot be easily determined by the art therapist. For these reasons, it is important to be aware of the ways in which the museum touches on participants' identity, as well as how it reflects and/or fails to reflect the identity of participants. In this way, "presence and absence come into play in

relation to who is depicted in the museum collections, [and] which artists are included...” (Henry et al., 2019, p. 51). This is of particular consideration in relation to clients of diverse ethnic, racial, gender and sexual minorities, and/or participants who hold multiple marginalized identities. Although Janes and Sandell (2019) describe the shift of museum thinking and practice towards activism, this shift towards action is still emerging. Furthermore, each museum may vary in their efforts towards radical rethinking and critical reflection of museums as social institutions. Although it is not possible to predict the ways in which the museum space and collection will impact participants, it is important to have ongoing awareness and self-reflection, as well as to address when ruptures have occurred. As Ioannides (2016) describes, visitors are not passive viewers but active participants in their experience at the museum. Therefore, it is important that the art therapist reflect on this experience as a personal and emotional encounter (Robertson, 2011).

The proposed intervention does not involve a specific art museum and/or visits to particular exhibits, collections and artworks, which poses restrictions to the intervention design and how the program can be replicated. The art therapist should be aware of the themes naturally emerging in the group and think about how they may or may not relate to the museum visits. In this way, connections can be made between lived experience and art (Ioannides, 2016). It is also important to note that participants’ experience of the artworks may invite a myriad of unpredictable emotions and associations, which may present challenges (Henry et al., 2019). Being responsive and sensitive to each participant’s experience is required by the art therapist to create a safe holding environment.

Belief system and differing understanding of grief. It is important for the art therapist to be aware that there are a variety of attitudes towards grief and loss, which may be connected to the bereaved’s family, social, cultural and/or religious background (Rogers, 2007). Such conceptualizations may involve believing the deceased is a spirit, that they no longer exist, as well as the deceased must be let go, honoured, or celebrated. To practice cultural humility, the art therapist must respect and demonstrate sensitivity towards the “...family’s cultural heritage, mourning rituals, and customs for expressing feelings” (Jeffreys, 2011, p. 21) of each participant. The Spiritual Care Work Group of the International Work Group on Death, Dying, and Bereavement (1990) suggest gathering such information informally through observations, asking

the bereaved and/or family members questions, reading relevant literature, and seeking guidance from other practitioners who may have more experience working with a particular background, as well as other religious leaders or elders of a community.

Developmental implications and the experience of grief. It is important to be aware that each participant may vary in their understanding loss and express grief, as adolescence is a developmental period defined by significant cognitive, emotional, and pubertal changes (Doka, 2013). Such differences may present challenges in a group setting but can be mitigated through establishing a culture in the group of respecting each participant's unique perspective and experience. It is also important to note that in cases of more severe expressions of grief such as prolonged grief disorder and complicated grief, an individual therapeutic approach may be more suitable. Other clinical diagnoses may also impact participants' capacity to process grief, their ability to engage in a group and with the intervention program (Rogers, 2007).

Ethical Considerations and Research Limitations

The proposed intervention program follows the first two of Fraser and Gallinsky's (2010) 5-step model of intervention research. These include "(a) develop problem and program theories [and] (b) design program materials and measures" (Fraser & Gallinsky, 2010, p. 459). The following steps of "(c) confirm and refine program components in efficacy tests; (d) test effectiveness in a variety of practice settings; and (e) disseminate program findings and materials" (Fraser & Gallinsky, 2010, p. 459), require implementation of a pilot project. To measure the efficacy of the proposed intervention, pre- and post-outcome would be measured through follow up interviews and a questionnaire. Accounting for natural adaptation to loss over time must also be factored into the process of data collection (Mackinnon et al., 2016). As the proposed intervention remains in the theoretical stage, validity and reliability cannot be determined at this point. Mackinnon et al. (2016) notes that there need to be more research on meaning-based bereavement groups, particularly in relation to the concepts of "...continuing bond, meaninglessness and sense making" (p. 227) to better understand the connection to grief. Furthermore, Rice (2015) explains that there is limited research on meaning-making processes in bereavement therapy groups, as well as the impacts of group-defined meaning. Lastly, gaps in museum art therapy literature are also found as a pilot project focusing on this particular

population and type of loss in the museum setting has not be documented in the literature at this point.

As the researcher, I bring my own personal biases and assumptions that are connected to my experiences of losing a caregiver during adolescence and as an art therapy intern who completed my practicum in an art museum setting. It is from these personal experiences that I believe an art therapy program in a museum setting may be helpful in supporting adolescents who have lost a caregiver; however this approach may not suit all participants. For this reason, it is important to engage in a process of in-depth and ongoing self-reflectivity in both the design and implementation of the project. Accounting for diversity in race, culture, and gender in the context of the intervention is critical (Jenson, 2013), as is providing appropriate referral services for clients who may prefer seeking art therapy that is more reflective of their identity and/or belief system.

Other considerations that may impact the success of the intervention include, but are not limited to, the development of group cohesion which Rice (2015) refers to as "...the quality of the interrelationships between the group members, group leaders, and the group as a whole" (p. 166). As the bereavement literature describes a strong positive relationship between the development of group cohesion and treatment outcome in groups (Gallagher et al., 2013), this may be difficult to screen for in the intake process and predict. Depending on where each participant is in terms of their grief journey and the individual differences in the motivation of each group members, this may also impact the development of group cohesion.

It is important for the art therapist to be aware of how the caregiver died and implications this can have in terms of the therapeutic process. Loss being sudden, traumatic, stigmatized, and/or if the client was a witness to the death or feels some kind of responsibility for the loss. This may impact a participant's experience in a group and the effectiveness the intervention. In the case of death by suicide, this presents distinct challenges from other loses (William, 2009). For those expressing more traumatic grief symptoms, revisiting the circumstances around the death, reorganizing emotions and cognition around the loss may be overwhelming and counter-therapeutic. In such cases of loss and grief expression, additional knowledge and interventions that address the unique challenges faced by the type of loss or grief reaction may be required to maximize therapeutic gains (William, 2009). Similarly, although it is common for some

adolescents to express resistance, more severe and prolonged expression of resistance may impact the strength of the intervention. It is critical that the art therapist offer a supportive stance that respects each participant's rhythm in exploring and avoiding feelings of loss, as the Dual Process Model highlights (Stroebe & Schut, 1999). Each participant will vary in their ability to express and tolerate these feelings (William, 2009), and this may fluctuate from session to session.

Another limitation of the intervention includes working with the adolescent participants alone, as loss occurs in the context of a family system (William, 2009). As William (2009) describes the family's ability to "...facilitate or hinder expression of emotion" (p. 220) can have a significant impact on how one grieves and the level of adaptation. For this reason, although the intervention is targeting the adolescent to create a supportive space among peers who have experienced a similar life experience, it is important to recognize that the intervention program is one of many supports that the participant requires. Additionally, keeping the caregiver of the participant involved in the process—while maintaining confidentiality—can be helpful to create awareness of and foster therapeutic gains in and outside of the sessions.

Lastly, limitations to the intervention program may be presented based on each museum varying in accessibility of space, materials, and access to the collections, as well as availability of an art therapist and co-art therapist to lead the group.

Conclusion

The basis for the proposed intervention research program involved a comprehensive literature review on relevant bereavement theory, narrative approaches of grief, and museum art therapy. Connections were made between the unique developmental features of adolescence, the loss of a caregiver, and the novel setting of art museum. The choice of the specific population and type of loss in an art museum setting intentionally addresses gaps in the literature. Risk and protective factors were also explored in depth and connected to the design of the intervention program. It is my hope that this research project will provide a foundation from which a pilot project can be implemented by an art therapist and be one of many sources of support for adolescents experiencing the difficult transition of losing a caregiver.

In proposing an art therapy intervention that encompasses use of rituals, journaling, and visiting the museum's collection as an exploration of memory and storytelling, the proposed

program offers a safe space to express grief in a myriad of ways. Such expression takes place on an individual, interpersonal, and symbolic level, normalizing the experience of grief in the process. Through creating tangible ways to honour, remember, and symbolically say goodbye to the deceased caregiver through the art making process, participants are able to visually construct meaning from the experience of grief. Visits to the museum collection offer an emotional encounter, where one is given the space to contemplate and be present with their grief. In doing so, meaningful connections can be made to the various symbols and metaphors conveying the complexity of human experience (Ioannides, 2016). The universality embedded in the collection can thus provide a rich landscape to which adolescents can explore their own stories, while revealing that others have also encountered and coped with similar experiences. In doing so, one's grief narrative can be woven into the larger fabric of the museum.

In a similar regard, the group format will provide a supportive holding environment in which adolescents can feel validated by their peers. Group engagement through supportive processes will allow participants to realize they are not alone in their experience, which may increase their abilities to cope with the overwhelming nature of loss (Rice, 2015). Making sense of grief responses and finding benefits in the loss will occur as the group individually and communally express narratives and draw meaning from them. The rich meanings that emerge in the process will allow respite in managing the uncertainty of loss and allow new pathways to form in how participants relate to the deceased caregiver.

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