

CHAPTER 1

Overview and Rationale

1.1 Introduction

The idea of trauma within the South African context is not a new one. Children in South African society have increasingly become exposed to the reality of violence and crime and the potential for traumatic events. Lewis (1999:86) notes that 'the levels of violent crime in South Africa are so high that few children can remain unaware of this danger.'

While the reality of violence and crime is ever-present in the South African milieu, a new reality presently being felt by South Africans is the effect of HIV/AIDS (Acquired Immune-Deficiency Syndrome) on its community. There is the growing realization of how the AIDS epidemic is resulting in the deaths of parents and siblings of children. "A recent study has estimated the number of AIDS orphans is expected to peak at about 1.85 million in around 2015" (Gow & Desmond, 2002:47). It is projected that more and more children in South Africa may become paternal or maternal orphans within the next 5 years. "Projections suggest about one in five children of school-going age will be orphaned by 2010" (Gow & Desmond, 2002:99).

With these projected figures in mind, the question arises as to how prepared our South African community is for the social and familial impact of such deaths. Given these projections, schools will also find increasing numbers of children suffering from bereavement within their environment. As an educational psychologist I wonder if schools are prepared to cope with the possible emotional and behavioural responses to bereavement, if it is to be on such a large scale. I wonder too what are the psychological effects on a child in losing a parent or primary caregiver. The role of the educational psychologist or school counsellor is pertinent within the school context.

The relevant question for the educational psychologist or school counsellor is to how one views bereavement and loss in assessing a child and how this influences the planning of treatment.

According to the DSM IV-TR (2000:740) Bereavement is categorized under "Other Conditions that may be a Focus of Clinical Attention" (V62.82). This may include a Major Depressive Episode or a Major Depressive Disorder. However, the view I will hold in this research is that grief of a loved one may constitute a trauma in the life of a child. In my opinion, the effects of the death of a parent reach into the whole development of the child; not only in the sense of loss of a caregiver but also for the loss of his "world" as he knows it. The death of a significant other may unavoidably force a child into a situation of having to face an unknown tomorrow with belief structures that have been shaken at the foundations. Everything that the child may have believed about his world to be may now be challenged and need reconstruction.

The essence of psychological trauma according to Van der Kolk (1987:31) "is the loss of faith that there is order and continuity in life". Trauma occurs when one loses the sense of having a safe place within or outside oneself to deal with frightening emotions and experiences. Within the context of this broad definition of trauma, death of a significant caregiver for a child can constitute a traumatic event. The loss of a parent or primary caregiver may be one of the most stressful and traumatic experiences of childhood (Kranzler et al., 1990:513). This is supported by a study which looked at potentially stressful experiences for 364 children in Grades 4 to 6; losing a parent was rated by these children as the potentially highest stressor (Yamamoto and Mahlios, 2001:533).

I argue in this thesis that the death of a parent or primary caregiver, even an expected death due to illness such as cancer or AIDS, could be experienced as a trauma in the world of a child. Dwivedi (2000:8) suggests that children may be exposed to many upsetting events - such as "death of a family member, family

break-up, serious illness, geographical displacement” - which traditionally meet the criteria for adjustment disorder. “This is a misnomer in many instances...for children, at least, there may be relatively little difference between an expected traumatic experience and an unavoidable major loss experience which has been anticipated” (Dwivedi, 2000:8).

1.2 Analysis of the Research Problem

1.2.1 Awareness of the Problem

During my year as an intern, I spent one day a week at an English-speaking Primary School. During this period I became aware of how many children were experiencing the effects of loss. The loss experiences ranged from: loss of a family due to divorce, migrant work of fathers, rural families with children attending school in the city, but increasingly, loss of a loved one due to death. One 12 year old child had lost five relatives or friends to death in the previous six months. The result for this child was disillusionment with life and a sense of feeling increasingly alone in the world.

More personally, my experience of the loss of a loved one at the age of 17, and the loss of my father to cancer when I was an adult, brought a realization that one's response to loss is very different at different stages in the life course. At age 17, I was more vulnerable to the effects of a loved one's death and I experienced this as more life-altering than when I experienced the loss of my beloved father as an adult. How much more then would a child experience the loss of a parent or a significant caregiver?

After seeing this problem in every-day life and having experienced it personally, this led me to research the literature to find out more on this subject.

1.2.2 Investigation of the Problem

Death's multiple attributes make it a complex topic. The subject of death has been extensively studied and discussed by scholars in the fields of anthropology, sociology, psychology, nursing, history and philosophy. In the field of psychology, thanatology (the psychology of death) is a relatively recent field of study.

Up until the 1960s and 1970s there were only a handful of researchers exploring the topic of death and its related fields. "Efforts to give universal scope to the topic [of death] have resulted in a broad range of grief theories; from Freud (1917) and Lindemann (1944) to Parkes (1972) and Rosenblatt (1993), we have witnessed a paradigm shift from a focus on symptoms to one on interpersonal relationships and self-identity" (Hsu et al., 2002:43). Since Elizabeth Kubler-Ross' ground-breaking work *On Death and Dying* (1969) there has been much growth in the field of thanatology. However, much of the empirical research has focused on adults with only recent research concentrated on children and adolescents.

1.2.2.1 An Overview of Traumatic Grief in Childhood

Early understanding of grief in childhood was predominantly understood through the work of Freud's theory expressed in *Mourning and Melancholia* (1917). Although Freud's theory referred to adult experience of death, succeeding generations of Freudian practitioners inferred that children would inevitably be "vulnerable to melancholia when a parent died because of their dependence on the parent" (Hurd, 1999:17).

By the late 1950s theorists questioned the aforementioned theoretical assumption based on examples of children who had successfully overcome grief because of strongly supportive family structures (Hurd, 1999:18). Bowlby (1961, 1963, 1980), an eminent theorist in attachment studies, expanded his

interest to include the effect of parental death on the child. His view was that children could mourn in healthy or in unhealthy ways based on the type of attachment the child experienced with the parent who had died. Bowlby also cited the psychological support from the surviving parent as a crucial factor in the adaptation of the child.

Developmental models of the stages of normal grief have been outlined by Kubler-Ross (1969), Bowlby (1961), Parkes (1972) and Sanders (1989) in an attempt to understand the process of grief. Many children follow a process of uncomplicated mourning but others experience complicated mourning. In complicated mourning there is cognitive disorganization and emotional turbulence which persistently overwhelms the child. These difficulties may lead to clinical depression or to maladaptive and unproductive behaviours that do not move towards the resolution of grief (Marrone, 1997:132).

Horowitz (1997) was the first theorist to overlap the fields of trauma and grief study in his concept of the “stress response syndrome”. In this concept, Horowitz describes grief as an event no different from other traumatic or stressful events. Jacobs and Prigerson (2000:479) conceptualized the term “traumatic grief” to cover both traumatic and non-traumatic bereavement experiences. Pynoos and Nader (1988:445) focused on the effects of trauma and death on children. They examined traumatic and grief reactions among children exposed to a sniper attack at school. Their findings suggest that trauma and grief symptoms may be similar and interact to intensify one another. Pynoos and Nader (1988:445) called this “traumatic bereavement”.

In this research the mode of death appears to be a factor in traumatic grief. If death is violent, grief is expected to be traumatic. However, some research reveals that regardless of the mode of death “parental death is associated with an increase in secondary stressors” (Thompson et al., 1998:357). Children who lose a parent to death suffer more psychological, academic and social

adversities than their non-bereaved peers (Thompson et al., 1998:357). Further research reveals that early parental loss may represent both environmental and genetic risk factors for affective disorders (Mortensen et al., 2003:1209). There has been little research done into the traumatic effects of a primary caregiver/parental death on children when the death has been expected due to illness. The questions for me as a researcher are thus:

- Do some children experience traumatic grief when a primary caregiver dies irrespective of the mode of death?
- Does the type of attachment that exists in the parent/primary caregiver-child relationship affect the manifestation of traumatic grief?
- Does social support or lack of support from the child's family/community contribute to the manifestation of traumatic grief in children after a primary caregiver has died?

What is known is that a child's concept of death is different to that of an adult (Macblain, 2003:143). A child's concept of death is closely related to a child's age, personality, cognitive maturity, developmental stage and gender (Busch and Kimble, 2001:415). Busch and Kimble (2001:415) suggest that children do not have the life experiences necessary to pull them through such a tragedy.

A further question to ask would thus be:

- How do the factors of the child's personality, age, cognitive/developmental stage and gender impact on the way that a child may assimilate a primary caregiver's death?

These are some of the questions which will concern the research in the first part of the literature study of this thesis. The second part of the literature study will

look at an overview of therapies which have been useful in treating children experiencing traumatic grief and what has led me to choose the specific therapy used in this thesis.

1.2.2.2 An Overview of Therapies used with Children experiencing Traumatic Grief

Children who have lost a primary caregiver to death may require therapeutic intervention in order to heal. Research has shown that there are a range of therapies which have been used successfully with children experiencing emotional difficulty due to trauma or grief. These include the following (Jordan, 2001:1-12):

- a) Play therapy (Axline, 1947).
- b) Expressive therapies, such as art therapy (Kramer, 1958; Naumburg, 1947), music therapy (Lee, 1955) and/or movement therapy (Affolter, 1990).
- c) Psychotherapy (Freud, A., 1979:141; Klein, 1979:125).
- d) Cognitive-behavioural therapy (Knell, 1993).
- e) Eye-movement desensitization and reprocessing (EMDR) therapy (Shapiro, 1997).
- f) Family therapy (Berg-Cross, 2000) / group therapy (Schiffer, 1984).
- g) Conclusion with regard to therapies appropriate for grief and trauma.

Central to any of the aforementioned therapies, is the development of the therapeutic rapport between the traumatized child and the therapist. The therapeutic rapport is important because the child needs to be in a safe place with a consistent adult in order for the therapeutic space to feel trustworthy. Rogers' (1951:522) person-centred approach is pertinent in this context as is the non-directive approach of Axline (1989:14) which holds the belief that clients have the ability to solve their own problems and the ability to choose more satisfying behaviours.

a) *Play therapy*

Non-directive play therapy offers the child the opportunity to experience growth through play, the natural form of expression for a child (Axline, 1989:15). Play therapy where materials - such as miniature figures, sandboxes, puppets and dolls - are used to form the medium in which a traumatic experience may be told through play. As children may not be adept in verbalizing their trauma, "many children try to undo the most difficult aspects of a traumatic event through play. Like a scriptwriter, the child has full control over the outcomes of the story" (Monahan, 1993:34). Erikson (1980:89) stated that play is "the infantile way of thinking over difficult experiences and restoring a sense of mastery".

b) *Expressive therapies*

Expressive therapies - such as art therapy, movement therapy and music therapy - can be used in a similar manner to play therapy to unlock difficult emotions. The principle of all expressive therapy is that experience through the senses by-passes psychological defences in the child. "Most children who are troubled, will desensitize themselves as a way of armouring and protecting themselves" (Oaklander, 1994:149). Opening up a child's experience to the senses may reawaken the child to "feel" emotionally once again. Art therapy is suitable for trauma and grief as it may access emotions that a younger child may find difficult to conceptualize and communicate.

Art therapy is appealing to many children as it is inherently non-threatening and is usually a familiar experience for the child. Art is a way for an individual, who cannot formulate words around a feeling, to express it unconsciously through a sensory medium. The art of a child offers the therapist a window into the psychological world of the child. It may form a bridge between the child's traumatic grief experience and the therapist's understanding of the child. Used in conjunction with psychotherapy, art therapy can be useful in offering meaning to the child's experience.

c) *Psychotherapy*

“All methods of individual psychotherapy with children make use of imaginative play” (Hellendoorn, 1987:43). Children may find difficulty in direct communication about a trauma. Psychotherapy is useful in therapy with children who have experienced grief or trauma, as communication is “less open and more covert in expression [symbolic or metaphoric]” (Hellendoorn, 1987:45). A psychotherapeutic approach is also used in conjunction with expressive therapies to positive effect.

d) *Cognitive-behavioural therapy*

Trauma research shows that cognitive-behavioural interventions “yield promising results in terms of preventing psycho-pathology” (Ruzek, 2001:2). Cognitive behavioural interventions may include “anxiety management training, cognitive restructuring, exposure therapy and the use of therapeutic homework” (Ruzek, 2001:2). Bryant and Harvey (2000) are very clear that some elements of cognitive behavioural interventions are not appropriate for everyone. The therapist needs to be alert to individual therapeutic needs.

e) *Eye-movement desensitization and reprocessing (EMDR) therapy*

EMDR (Shapiro, 1997) is a form of intervention that combines cognitive-behavioural components with the alteration of attention back and forth across the midline via eye movements, taps or sounds. It has been found to be effective with individuals who have been traumatized, although not much research has been conducted with children.

f) *Family therapy/Group therapy*

Family therapy and group therapy have been found to be helpful. Family therapy can allow all family members to share their experience of grief. Even when a child is being seen for individual therapy, there is often a need and/or a benefit for sessions involving all family members to identify the ripple effects of the grief and to strengthen the family’s coping ability (Chu, 1998:160).

Group therapy can provide powerful treatment for children. This may also be used in conjunction with or after individual therapy sessions. Group therapy allows the child to realise that he is not alone in his feelings of trauma and grief.

g) Conclusion with regard to therapies appropriate for grief and trauma

Cohen et al. (1998) however found that no single treatment approach will likely be applicable for all traumatized children (Ruzek, 2001:2). In a review of treatment for traumatic grief (Jacobs and Prigerson, 2000: 479), the authors concluded that both cognitive-behavioural and psychodynamic treatments hold promise. Jacobs and Prigerson (2000:479) suggest that a treatment compiled specifically for traumatic grief would be most useful to therapists. According to Ruzek (2001:2) a pilot study of a "Traumatic Grief Treatment" which is currently undergoing randomized controlled trials (RCTs), shows a beneficial effect on grief, anxiety and depression symptoms.

In this research, the therapy I have chosen to use is art therapy. Research has found value in art therapy as an expressive therapy and therefore there is empirical merit to its use. It was for this reason that I wondered how effective art therapy would be as a therapeutic approach for traumatic grief with a child and for this reason I wished to explore this further.

The investigation into art therapy includes:

- the history of child art as an expressive medium;
- the history and development of art therapy;
- the research into art therapy with children who have experienced trauma/grief;
- the therapeutic relationship and containment;
- the materials and process of art therapy; and
- the value and limitations of art therapy.

1.2.2.3 *Conclusion of the literature study*

After researching the literature in terms of grief and trauma and relevant therapies, I have come to the following conclusion. The exploration of the phenomenon of traumatic grief in children whose parent or primary caregiver has died, is an area that can be researched in greater depth and will have value to those concerned with children experiencing traumatic grief, be it in a practical or a theoretical context.

1.2.2 **Statement of the Research Problem**

Following the preceding discussion on traumatic grief and art therapy, there are two central questions or problems which have emerged with relevant sub-questions:

- *What would be the psychological effects on a child who has experienced traumatic grief?*
 - What are the psychological effects on a child when a primary caregiver dies?
 - Do some children experience trauma as well as grief when a primary caregiver dies due to long illness (for example AIDS and cancer)?
 - What constitutes trauma and post-traumatic stress?
 - How are trauma and grief related?
 - Does the type of attachment that exists in the parent/primary caregiver-child relationship affect the manifestation of traumatic grief?
 - Do the factors of the child's personality, cognitive and developmental stage and gender impact on the way that a child may assimilate a primary caregiver's death?
 - What effect is there in terms of the child's relationship with the deceased?

- Does the support or lack of support from the child's family and social community contribute to the manifestation of traumatic grief in children after a primary caregiver has died?
- Is there a similarity or an overlap in complicated or pathological grief and PTSD?
- *What would be the therapeutic effects of art therapy with a child who has experienced traumatic grief?*
 - What is the theory underpinning art therapy?
 - What is the history of art therapy with children?
 - What would be the value of art therapy to a child experiencing traumatic grief?
 - What are the practical considerations of art therapy?
 - What are the limitations of art therapy?

With the problem questions stated, the researcher is required to look to how these questions are to be answered using specific research methods.

1.3 Case Study

A qualitative case study approach was chosen for this research, for its ability to allow the researcher to understand a phenomenon in a deep and meaningful way. The phenomenon of traumatic grief in a child can be observed and recorded naturalistically in a case study approach. The kind of knowledge I would hope to glean would be to contribute to a broader understanding of the phenomenon of traumatic grief in a child in the light of recent research.

I would also hope to convey this understanding within the assumption that the world is an integrated and complex system where "patterns of experience and behaviour are never expressed in predictable or uniform ways" (Willig,

2001:84). Thus I, as the researcher, am required to be open to all possibilities. My further role as a researcher is to be an objective, neutral observer who is at the same time, paradoxically, intimately involved with the case. “Case study is a particularly suitable design if you are interested in process” (Merriam, 1998:33).

Two case studies were selected to investigate the phenomenon of traumatic grief in children. Purposeful sampling was used to select the two cases. A group of 8 children who had experienced grief filled in a self-report inventory on PTSD – *The Impact of Event Scale*. The selection of the two children for this research was made based on the high PTSD symptom responses of these children on the inventory. Presenting more than one case study provides insight that the phenomenon under investigation may be manifest across cases. The case study may also give impetus for further research into the phenomenon and may provide the opportunity to refine theoretical assumptions about the phenomenon.

Both cases follow the same research protocol in terms of investigating the phenomenon. However, the first case is reported in an in-depth and richly descriptive fashion which allows the reader to relate very personally to the child’s journey. This will be referred to as the main case. The second case, although following the same protocol as the main case, is somewhat edited due to the limited scope of this thesis.

1.4 Aims of the Investigation

I have identified the general and specific aims in answering the questions raised by the research problem/s.

1.4.1 General Aim

The general aim of this research is to offer an exploration into, and an observation of, the psychological effects of art therapy with a child who has experienced traumatic grief. This exploration will relate to further specific aims.

1.4.2 Specific Aims

- The nature of trauma and grief in childhood and how trauma relates to grief.
- The relationship of attachment and loss in the experience of traumatic grief in children.
- The interrelationship of the child's personality; cognitive development; the nature of the child's relationship with the deceased; the child's family and community support; the age of the deceased and the type of death; and its effect on the manifestation of traumatic grief.
- The nature of art therapy.
- The value of art therapy with children who have experienced trauma.
- The limitations of art therapy.

1.5 Method of Research

1.5.1 Literature Study

A literature study, or the theoretical underpinnings of the research, is important as it contextualises this research in terms of prior research and theory. According to Cooper (1984:9) "the value of any single study is derived as much from how it fits and expands on previous work as from the study's intrinsic properties". A review of literature is crucial to identifying the overall theoretical framework of the study as well as shaping the problem statement. The sources for this literature research include relevant books, editorials, psychological dictionaries and journal articles.

1.5.2 Research Study

In order to select a research paradigm, the researcher needs to be clear on the theoretical framework for the research. This is based largely on the literature study previously completed, a personal orientation to the research, the goals of the research and the audience of the research. The literature study and the goals established for the research guided me towards a theoretical framework for the research. Once this was clear I was then able to select an appropriate paradigm of research which naturally led on from the aforementioned steps. Based on these aspects, this research was conducted from a Humanist Phenomenological perspective.

Leading on from this theoretical perspective, a qualitative research paradigm was chosen for this research with an emphasis on an interpretative/constructivist orientation. An instrumental case study design was chosen as it appears to aspire to a wider applicability of findings (Willig, 2001:82). Instrumental case studies “are selected to provide the researcher with an opportunity to study the phenomenon of interest” (Willig, 2001:74). “The research question identifies the phenomenon and the cases are selected in order to explore how the phenomenon exists within a particular case” (Stake, 1994:242). In this research an instrumental case study approach was selected in order to explore the phenomenon of traumatic grief in children. While the case study approach holds merit, I recognize the limitations of such a choice. The challenges to the researcher include the following:

- The researcher needs to be ever vigilant of his/her role on the research.
- The researcher needs to be aware of personal biases, values and judgements which could affect the research in a particular direction.
- The researcher is required to be aware of epistemological challenges, that is, issues of reliability and validity.

- The researcher needs to be aware of generalizability challenges.
- The researcher needs to be aware of ethical issues concerning cases.

In response to these considerations I, as the researcher, need to be self-critical and objective. To improve validity and reliability, the method of triangulation was employed. To address generalizability issues, an instrumental case study approach was employed as it appears to aspire to a wider applicability of findings (Willig, 2001:82). To address ethical considerations, permission was obtained from the parent/s or caregiver and the principal of the school.

The research included a pre-therapy assessment, the art therapy and a post-therapy assessment with each child. Eleven therapy sessions over the course of a year were described in detail for the main case. Five therapy sessions over the course of three months were described in lesser detail. Copies of assessment drawings and art work are included in the appendices. Results of the cognitive, emotional and behavioural assessments for each child are presented together with the self-report inventory for PTSD, completed prior to selection.

The research tools of this research are as follows:

- Cognitive assessment: *The Senior South African Individual Scale – Revised (SSAIS-R)* – Appendix A
- Emotional assessment: *Projective techniques*; Drawings (DAP, KFD) and *The Sacks Sentence Completion Test* (administration and interpretation procedures are included) – Appendix B.
- The Impact of Event Scale (a self-report inventory for PTSD) – Appendix C.
- Behavioural Assessment: *The Connor’s Behaviour Checklist* – Appendix D.

1.6 Demarcation and Clarification

1.6.1 *The demarcation of the research*

As a phenomenological study, this research seeks to understand the essence/s of human experience within a particular phenomenon. “These essences are the core meanings mutually understood through a phenomenon commonly experienced” (Merriam, 1998:15). If my research is to depict the essence of traumatic grief in children, then my prior beliefs about this phenomenon need to be put aside so as not to interfere with the intuitive elements of the phenomenon. No formal hypotheses are made in terms of this research.

The study was limited to children aged 7 to 12 within a specific English-speaking primary school in Johannesburg. This study focuses on the possible existence of the phenomenon of traumatic grief within this context and an exploration of the phenomenon within two case studies. This research does not look to how far the phenomenon of traumatic grief may extend within a population, although this may be the focus of future research. The value of this research is in the exploration of the phenomenon of traumatic grief in children and may act as a springboard for further investigation of the phenomenon.

1.6.2 *The clarification of key concepts*

The clarification of key concepts will include the following:

Children

The term “children” will refer to children within the aforementioned school context aged 7 to 12. This includes the specific demographics of this school with its particular ratio of gender and cultural backgrounds.

Trauma

This thesis will understand a broad definition of psychological trauma. “Trauma occurs when one loses the sense of having a safe space within or outside oneself to deal with frightening emotions and experiences” (Van der Kolk, 1987:31).

Attachment

This term describes the nature of a child’s dependent relationship on a primary caregiver or parent. It also emphasizes that the separation of a child from this primary figure, including death, may affect the child’s relationships into adult life (Bowlby, 1980).

Grief, bereavement and loss

The literature often uses these terms interchangeably which inevitably will be reflected in quotations. However, in terms of this research, the terms will be understood as follows:

- *Grief* - the term grief will be understood as the “distress and intense sorrow in response to the loss of someone or something to which one is strongly attached” (Coleman, 2001:317).
- *Bereavement* – the term bereavement will refer to the fact that someone has experienced “the loss of a relative or friend through death” (Coleman, 2001:86). It refers to the actual event itself and may not include grief symptoms.
- *Loss* – although this term may refer to loss without implying death, the reference to loss in this thesis will refer to loss in terms of death.

Parent/primary caregiver/significant other – Much of the early literature focuses on the child’s loss of a parent. However this study will include anyone who is the primary caregiver of the child. This implies any person with whom the child has formed a primary attachment over time (Bowlby, 1961).

Traumatic grief – traumatic grief will be understood according to Jacobs and Prigerson's (2000:479) conceptualization of the term. This will include trauma and PTSD as cited in the DSM-IV-TR (2000:467) and aspects of grief as mentioned above. However, many other theorists have used terms such as "stress response syndrome" (Horowitz, 1997), "traumatic bereavement" (Pynoos & Nader, 1988:445), "masked grief" (Deutsch, 1937:12), "complicated grief" or "pathological grief" (Lindemann, 1944:155). In this research all these terms will be understood to refer to the term "traumatic grief".

1.7 The Structure of the Research Programme

This chapter has outlined the analysis of the research problem in terms of the literature on grief, trauma and therapy in childhood when a parent or primary caregiver dies. I have outlined the general and the specific aims of this research. The aims have led me to the choice of a qualitative approach to the research and an explanation has been given for the choice for case study. Attention has been given to the demarcation of the research itself and the clarification of terms.

The following chapters will link to the aims of the research in exploring in depth the phenomenon of traumatic grief in children and the use of art therapy in its treatment.

Chapter 2 opens the study with the author's literature review on:

- trauma and Post-traumatic Stress Disorder (PTSD);
- the nature of attachment, loss and grief in childhood;
- the interrelationship of the child's personality; cognitive development; the nature of the child's relationship with the deceased; the child's family

- and community support; the age of the deceased and the type of death; and its effect on the manifestation of traumatic grief.

Chapter 3 offers insight through a literature review on the:

- theoretical perspectives of art therapy;
- the theories underpinning art therapy;
- the history of art therapy with children;
- the value of art therapy to a child experiencing traumatic grief;
- the practical considerations of art therapy;
- the limitations of art therapy.

Chapter 4 continues with:

- the theoretical framework of the researcher;
- the goals and the audience of the research;
- the research methodology - qualitative research;
- case study;
- the research tools – assessment tools;
- *the Standardized South African Individual Scale – Revised (SSAIS-R)*;
- projective techniques - drawings;
- *the Sacks Sentence Completion Test*;
- *the Impact of Event Scale*;
- *the Connor's Behaviour Checklist*.

Chapter 5 gives a detailed review of the pre-therapy assessments, the process of art therapy and the post-therapy assessments. Included in therapy reporting are session notes, verbatim dialogue, reflections of the therapist/researcher and copies of the art works done by the children. The chapter closes with conclusions regarding the two cases.

Chapter 6 aims to trace the process that the study followed in order to find meaning in the journey. I use meta-descriptions about the study in order to elicit further questions for study.

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