

CHAPTER 6

Findings, recommendations and Conclusions

6.1 Introduction

The aim of this research was to explore the psychological effects of art therapy with children who had experienced traumatic grief. The purpose of this chapter is to evaluate if I have indeed done so.

This study explored the nature of traumatic grief in children who had lost a primary caregiver. The nature of art therapy was also investigated together with its appropriate use with children who have experienced traumatic grief. The phenomenon of traumatic grief was observed in two child case studies. These children were further observed through art therapy sessions over 3 to 12 months. Each child was assessed in pre-therapy and post-therapy assessments on cognitive, PTSD, emotional and behavioural measures in order to observe any psychological changes.

6.2 An overview of the findings of the study

6.2.1 A summary and the findings according to Chapter 2

The study began with a literature review of the relevant concepts: trauma, grief, attachment, loss, bereavement and traumatic grief. I discussed trauma and grief in childhood as well as the intersection of these experiences in the phenomenon

of traumatic grief. I investigated the nature of attachment and loss. The findings of the research in these areas included the following:

- a) Many children experience uncomplicated grieving or mourning. Research suggests that the adequate support from the surviving parent and support from the broader cultural community is significant in uncomplicated grieving.
- b) Protective factors within the child may lead to uncomplicated grief. Child trauma research (Alat, 2002:2-7) concludes that there are the following protective factors:
 - i. *Individual factors* - cognitive, personality and gender factors are significant in terms of successfully completing the mourning process. Higher IQ is a protective factor. Girls appear to be at higher risk for PTSD/traumatic grief than boys.
 - ii. *Age as a factor* – Younger children (2-7 years) appear to be a lesser risk for PTSD than older children. Older children (8-15 years) appear to be at risk for increased distress.
 - iii. *Familial/social support* – protective elements include the presence of at least one loving dependable parent/person, socio-economic advantage, extended family network.
 - iv. *The child's positive relationship with the deceased* is a protective factor.
 - v. *The older age of the deceased*.
- c) While many children cope adequately with grief, some children experience complications in the grieving process which may result in secondary problems. Researchers have referred to this observed

phenomenon by the use of various terms: complicated grief, pathological grief, traumatic bereavement or traumatic grief. Research, as outlined by Alat (2002:3) and Gamino et al. (2000:633), has identified certain risk factors which make children vulnerable to traumatic grief. They include:

- i. *individual factors* – low IQ, low self-esteem, poor self-control (Alat, 2002:3);
- ii. *age factors* – older children (8-15 years) appear to be at higher risk for developing PTSD/traumatic grief (Alat, 2002:3);
- iii. *the child's perceived absence of social/family support or parental distress*, are further risk factors (Alat, 2002:3; Gamino, 2000:633);
- iv. *the unexpected or traumatic death* (Gamino et al.,2000:633);
- v. *death associated with an over-lengthy illness* (Gamino et al., 2000:633);
- vi. *death of a younger-aged person* (Gamino et al.,2000:633; Alat, 2002:3);
- vii. *a death that the mourner perceives as preventable* (Gamino et al.,2000:633);
- viii. *a relationship with the deceased marked by conflict, ambivalence or dependency* (Gamino et al.,2000:633);
- ix. *prior losses, especially unresolved losses* (Gamino et al.,2000:633).

Research suggests that these risk factors contribute to the onset of PTSD symptoms or traumatic grief. Through this research I reached the conclusion that educational psychologists and counsellors may find it valuable to bear such findings in mind when counselling a child who has lost a primary caregiver. These findings may encourage the educational psychologist or counsellor to investigate the possibility of traumatic grief as a diagnosis.

To conclude, Chapter 2 researched the literature on traumatic grief. The research then focuses on the type of therapeutic intervention which is most suited to children experiencing traumatic grief. Chapter 3 specifically researched the literature on art therapy as a therapeutic intervention.

6.2.2 *A summary and the findings according to Chapter 3*

Chapter 3 mentions the various forms of therapy that have been found useful with children in trauma and grief. The chapter proceeds with the focus on art therapy. The chapter traces the essences of art therapy:

- a) The history of child art as an expressive medium.
- b) The development of art therapy. The chapter referred to the two major influences of Naumberg (1947) and Kramer (1958). Naumberg approached art as a tool in psychotherapy while Kramer emphasized the inherent therapeutic nature of art per se.
- c) Art therapy has developed over the years from these two fundamental positions in the field of art therapy. Betensky (1973) recognized the potential of art therapy in working with children experiencing psychological distress.
- d) The practical considerations of art therapy - the tools, the materials, the environment and the suggested process of art therapy - were explored.
- e) The importance of the therapeutic relationship was emphasized. The focus was on establishing a warm, therapeutic environment as understood through the work of Rogers (1957:95-103). The value of therapeutic "containment" was explored and its specific relevance to children experiencing traumatic grief was emphasized.
- f) The chapter closed with a focus on the value and limitations of art therapy with regard to children who have experienced traumatic grief.

Art therapy was found to be fundamentally valuable as it allowed the traumatized child to express emotion without words, certainly in the initial phase of therapy. The therapist will participate in the process following the child's lead offering reflections and interpretations. It was found that it was difficult to separate the effectiveness of the "art" from the "therapy". Was the process of making art the healing process or was the interaction with the therapist the healing element? In conclusion it was found that, whatever the answer to the aforementioned question, art therapy appears to be effective with children recovering from trauma or grief.

The findings of this chapter with regard to the appropriateness of using art therapy with children experiencing traumatic grief were favourable. It may be valuable to investigate other forms of therapy - such as play therapy, movement therapy, music therapy, cognitive therapy, EMDR therapy or group/family therapy - in terms of traumatic grief in children.

6.2.3 Findings according to Chapter 4

Chapter 4 gave insight into the researcher's theoretical framework and goals with regard to the research. The research methodology was traced as a personal journey of understanding. Quantitative and qualitative research paradigms were explored with an appreciation of the complexity of phenomena in the social sciences.

A qualitative research paradigm was chosen for this research with an emphasis on an interpretative/constructivist orientation. To improve validity and reliability, the method of triangulation was employed. A case study approach was chosen for its ability to lead to a deep and meaningful understanding of the phenomenon that the researcher wishes to explore.

Two cases were selected to reveal the phenomenon of traumatic grief in children. The advantages and limitations of the case study approach were explored.

The research tools of this research were then outlined. Projective techniques, drawings (*DAP*, *KFD*) and *The Sacks Sentence Completion Test*, were explored. Administration and interpretation procedures were included. *The Impact of Events Scale*, the *Connor's Behaviour Checklist* and *The Senior South African Individual Scale – Revised (SSAIS-R)* were described. These techniques, tests and rating scales were used before the art therapy intervention to ascertain and clarify the problem. They were also re-administered after the intervention to record any changes to psychological functioning.

To conclude, the findings of Chapter 4 included the value of observing the phenomenon of traumatic grief in a child through a case study approach. However, there was acknowledgement of the limitations of this method and how these limitations were to be addressed:

- i. *The role of the researcher may compromise findings.* This was addressed by selecting a particular role as researcher; that of the observer-participant as developed by Raymond Gold (1969).
- ii. *The biases, values and judgements of the researcher need to be recognized.* The researcher is required to recognize bias, personal values and judgements and take responsibility for this position.
- iii. *Validity and generalizability are compromised.* The question of validity was addressed through the use of triangulation. In terms of generalizability the research case usually does not represent anything beyond itself. However, to address this challenge, an instrumental case study design was chosen as it does appear to aspire to a wider applicability of findings (Willig, 2001:82). The use of

more than one case study provides insight into the understanding that the phenomenon under study may manifest across cases. In this way theory can be refined or redefined to a limited extent. The case study may also provide the impetus for further research into the phenomenon of traumatic grief in children.

- iv. Ethical concerns may be challenging in a case study approach. Entry on the research site and permission from parents were secured for the therapy intervention and its possible use for research.
- v. Chapter 4 discussed the methodology of the research. This prepared the reader for the actual case studies that were described in Chapter 5.

6.2.4 Findings according to Chapter 5

Chapter 5 traced the cases of two children who had lost a primary caregiver through death. Sabelo's father and Petunia's grandmother were both perceived by each child as nurturing caregivers. The deaths of these two significant people were neither accidental, nor violent, and yet they were experienced by these children as traumatic as evidenced by the pre-therapy assessments including the PTSD inventory. The trauma impacted on these two children's lives in a significant manner over time. Cognitive, emotional and social difficulties were cited in both these children's school experiences.

In both case studies the children were "at risk" in terms of some of the risk factors outlined in Chapter 2. Their ages, their perceived lack of familial support, the death of a primary caregiver which was associated with a lengthy illness, death of a younger aged person (only in Sabelo's case) and a relationship marked with conflict, ambivalence or dependency.

The course of art therapy with Sabelo which spanned a year proved fruitful and he was able to make strides towards recovery. The changes in Sabelo's disposition and behaviour were particularly noticeable and were commented on by the school staff. One teacher commented "This week I saw Sabelo laugh out loud and I realized that I had not seen that before" (Grade 6 teacher). When I had absorbed what had been said, I acknowledged how far Sabelo had come in a year. Petunia also began her recovery in the three months of art therapy. Petunia's pre-therapy depth of despair and suicide ideation revealed the extent of her traumatic grief response. Therapy provided a safe place to experience the pain of her loss, to feel contained in a safe environment and to allow herself to rebuild a belief in tomorrow.

While the response to art therapy in this research appeared favourable, it is important to make realistic observations before making any conclusions about art therapy. The changes that were observed in the post-therapy assessments may have been due to the following:

- i. The fact that someone was interested and involved may have been healing of its own accord.
- ii. The therapeutic relationship.
- iii. The passage of time, which may have been healing in itself.
- iv. The developmental maturity of each child that was gained in three months or a year.

These factors may have been partly responsible for the favourable changes that occurred. In asking each of the children what helped them the most, Sabelo indicated that the art itself was useful to him whereas Petunia replied that having someone who listened was most useful.

6.2.5 Observations

Observations include:

- This study focuses on the phenomenon of traumatic grief as expressed in two case studies and I learnt much from the research. However, I felt somewhat disappointed that I did not research further case studies where inevitably cases would be encountered where art therapy was not successful. The learning gained from this experience would have added much to my understanding of art therapy.
- As I acquainted myself with the literature on traumatic grief and art therapy with children, I found that the research had much meaning to me. I hope that, although this is merely an exploratory study with limited generalizability, it may point readers towards useful assessment and method of therapy. I would hope to read further research on traumatic grief in the South African context.
- In hind-sight, I think it may have been worthwhile to investigate children who were experiencing uncomplicated grief to verify the protective factors that research suggests.
- I would also like to share a personal observation. My personal learning as a therapist was greatly enriched by working with Sabelo and Petunia. Through the therapy I understood how the dynamic of growth extends to both of the participants in the therapeutic relationship.

6.3 A Comparison of the Research findings

6.3.1 Comparison of the findings of this research with other research

In comparing the findings of this research with other research, much of what I discovered was consistent with the literature in terms of traumatic grief.

6.3.1.1 Findings which are consistent with other research

- In terms of investigating the possibility of the phenomenon of traumatic grief, I found in my research that indeed traumatic grief does exist in children who have lost a primary caregiver.
- The two cases of traumatic grief in this research were with older children, which is consistent with other research which cites children 8-15 years to be at risk for increased distress at the loss of a loved one (Rudenburg et al., 1998:107).
- In both the cases of this research the children perceived an absence of social/family support which is consistent with the risk factors of Alat (2002:3) and Gamino (2000:633).
- This research found that in Sabalo's case, his father died after "a lengthy illness" but because Sabelo was young and no-one had communicated the reality of his father's impending death, the death was experienced as "sudden" in Sabelo's life. Both these factors are consistent with research which cites risk factors for traumatic grief (Gamino et al., 2000:633).

- In my research Sabelo's relationship with the deceased appears to have been marked by ambivalence and/or dependency (Gamino et al.,2000:633). This is consistent with research that cites insecure attachment as a risk factor for traumatic grief (Ainsworth, 1973; Bowlby, 1969, 1973, 1980; Main, 1979:640-643).
- Petunia had experienced prior losses (Letter – Figure 24) which had put her at increased risk for traumatic grief. This is consistent with the research of Gamino et al. which cites “prior losses, especially unresolved losses” as a risk factor.
- Silverman, Nickman and Worden (1992:496) identified five stages in the child's attempt to maintain “good objects” (Page 41). The findings of my research, especially with Sabelo, were consistent with these in reconciling Sabelo to the death of his father.
- The use of boxes as an extension of therapeutic containment was found to be valuable and consistent with research by Farrell-Kirk (2001:88-92).
- The findings in other research about “protective” factors could not be verified in this research. However, the findings of this research were consistent with the findings about “risk” factors in other research (Alat, 2002:3).
- In terms of art therapy, the findings in other research that art therapy is a useful form of therapy when dealing with trauma or grief were supported by this research. The approaches of both Naumburg (1947) and Kramer (1958) were found to be useful in this research.

- With regard to traumatic grief the therapeutic relationship (Rogers, 1957:95-103) and containment (Bion, 1962:90-91) was found to be the cornerstone of effective therapy, as is consistent with trauma research.

6.3.1.2 Findings that are in contrast with other research

There were not many findings that contrasted with other research.

- My research is consistent with the ideas of Jacobs and Prigerson (2000:479) in the concept of traumatic grief. The literature has many terms for difficulty with regard to grief, such as complicated grief, pathological grief, masked grief, delayed grief, chronic grief, exaggerated grief and others. Although my research did not contrast with these terms it may be useful to subsume these under the “umbrella” of traumatic grief.
- In my opinion the stage theory research into grief may be reframed according to trauma research. The “stages” of grief are more consistent with a reaction to trauma, especially for a child.
- Although research (Burleigh & Beutler, 1997:375-381) outlines the limitations of scientific enquiry into the worth of art therapy, I have found in this research that art therapy was valuable and effective in meeting the needs of Sabelo and Petunia.

6.4 Recommendations for further research

- I would recommend a quantitative study into the prevalence of traumatic grief in primary school children in South Africa.

- It would be valuable to research the expression of traumatic grief in adolescence and how it differs from how it is expressed in children.
- It may also be of interest to investigate the long term effects of the use of art therapy. It may prove valuable to see the stability or non-stability of change over time. It may also be interesting to discover if the onset of adolescence raises further issues for children who have experienced traumatic grief.
- Other forms of therapy; such as play therapy, movement therapy, music therapy, cognitive therapy, EMDR therapy or group/family therapy could be researched with regard to the phenomenon of traumatic grief in children.

6.5 Conclusions reached from this study

This study brings me to the conclusion that traumatic grief is a phenomenon observed in some children who have lost a primary caregiver or parent. I further conclude that art therapy was found to address the problems of the two cases presented. I conclude that it may be useful for educational psychologists to consider the possibility of the phenomenon of traumatic grief when assessing and treating a child who has lost a parent/primary caregiver. Educational psychologists may find it of value to conduct their assessments in conjunction with a PTSD self-report inventory. A clear diagnosis may influence the selection of an appropriate approach to therapy.