

The Good Grief Workshop: A Case Study

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by

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## **Abstract**

The Good Grief Workshop is a unique Canadian group-delivered creative arts program for children who have experienced the death of a loved one. The purpose of the present study was to acquire a detailed understanding of the program with the additional intent of identifying implications for the school context. A case study research design was used and data collected from multiple sources. The student researcher participated in two training sessions for volunteer facilitators and then participated as a facilitator in the November 2006 offering of the Good Grief Workshop in Montreal, Quebec. Six individuals were interviewed: four volunteer facilitators, two former child participants, one of whom subsequently returned as a volunteer facilitator. Results suggest that the program is exemplary and represents contemporary directions in theory and practice. Findings include a rich description of the program illustrated with photos, and eight themes identified in the interview data: (a) motivation for participating in the workshop; (b) the importance of finding and creating a safe place, (c) being open in discussing death, (d) the experience of grief as not something you get over, (e) death education in schools, (f) challenges associated with participating in the workshop, (g) the use of music as an emotional release, and (h) ideas for future directions. Findings have implications for researchers as well as for helping professionals working with children and their families.

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## **Dedication**

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## **Chapter One: Introduction**

We are a small, but constant community, a group that lives among the general population, our difference invisible to the naked eye. We share something special, something everyone ultimately experiences: we are those who have lost a loved one. Maybe it happened long ago, maybe it was a more recent loss, but we possess a feeling of understanding and compassion about death that may not be fully understood until it is lived. Although we may welcome people to enter our world, we also realize that the cost of membership is high: you must give up someone you love forever. You can keep the memory, but for the rest of your life you will have to live with missing their physical presence, and the pain that accompanies this loss.

When I was fourteen, my grandmother and one of my teenage friends died, one an expected death, the other a tragic and preventable accident. That year of high school was a blur to me as I struggled to make sense of life and death, contemplating the meaning of life, asking questions that philosophers throughout history have grappled with. Although many years have passed, I still remember the whirlwind of emotions that I went through: the fear of attending my first funeral, the anger that death took someone I loved, the sadness that I would never see them again, the confusion over why no one around me would talk to me about what had happened, or why no one seemed to understand my pain. Eventually, I moved through the acuteness of my grief, and found comfort in creative writing, and in finding ways to remember and honor the dead. Looking back, I realize that I am luckier than some; my experience of loss came during adolescence, when many others feel that loss, confusion, and pain in childhood.

During my undergraduate studies, critical thought and research into areas of my own interest were encouraged. However, throughout all the courses I pursued in psychology, education, sociology, and counselling, none of my professors ever broached the topic of death,

despite the fact that it is a biological reality. It was then that I began to wonder, how do children make sense of their loss, and work through their grief? When I submitted a paper proposal on death and the education system, my professor's feedback was to try to pick a topic relevant and helpful to the school context, such as attention deficit disorder.

I decided to explore the topic of death as it affects children and sought out the wisdom, thoughts, and experience of my friends and colleagues. Much to my surprise, many expressed sentiments that grief belonged outside the school, that it was the individual's responsibility to deal with it at home. However, out of all those objectors, none had experienced a loss. In my search, I did find a few people who had experienced a loss during their school years, and like me, they all expressed how difficult it was for them to feel understood, to find a safe place to grieve, especially in the school context.

When a death happened, it followed the griever because they carried their pain with them everywhere they went. Grief didn't have an expiry date, it didn't take time off for holidays or birthdays, nor did it keep itself confined to just one context or area of life. Just because others chose to ignore it did not mean that grief was not right in front of them. As long as there was a bereaved child in school, death would be present in the class room, and I realized it was an essential issue in education.

To satisfy my curiosity, I took my quest to the library, where I began to read about childhood bereavement. The research literature confirmed what I had suspected; by age 16, approximately 5 to 8 % of North American children have had at least one parent die. When I calculated the potential effect this could have on the extended family, the numbers quickly added up. With such numbers, how could this area continue to be ignored?

During my pursuit of understanding grief in relation to students, I spoke to many people, and I observed that when I chose a nonjudgmental approach and established a sense of safety in the conversation, they were willing to open up about their experiences. There were so many stories of loss, and so many lessons to learn from these grievors, that I turned my thesis research towards the study of childhood bereavement and the creative arts.

### *The Current Study*

The current study explored a one-day group-delivered program called the Good Grief workshop, which is a unique Canadian group-delivered creative arts program for children between the ages of four- and fifteen-years who have experienced the death of a loved one. Situated in Montreal, Quebec, and offered in English and French, the program uses creative arts activities in conjunction with discussion to provide grieving children and their families with a safe place to explore and discuss grief, while also educating them about the grief process. The workshop is run with the help of volunteer facilitators, and employs Worden's (1996) Tasks of Grief theory as a theoretical basis. Although the creative arts have been used in conjunction with grief counselling, the Good Grief Workshop is unique in its duration (a semi-annual one-day workshop), its facilitators (trained volunteers), its dual focus (simultaneous offering of child and adult services); and cost (sponsored by a community initiative and thus free to participating families). Consequently, it was identified as an exemplary case for a qualitative case study investigation.

## **Chapter Two: Review of the Literature**

This chapter presents a review of literature pertinent to the area of children and loss. It begins with a brief introduction on death and its varied meanings across culture, followed by a section on contemporary North American children's experiences with death, which highlights the need for further research and intervention in this area. Attachment and the new concept of continuing bonds follows, which leads into Worden's Model of Grief as a framework for conceptualizing childhood grief. Complicated grief is introduced to emphasize the importance of helping children grieve in developmentally appropriate ways, which means appreciating children's perceptions of death, talking directly about death, and considering use of the creative arts. The use and benefits of group work with this population follows. The concept of resiliency is elucidated and applied to bereaved children, followed by the benefits of death education for adults working with children. The chapter concludes with a brief summary of the literature, and consequent decision to investigate the Good Grief Workshop as a qualitative case study.

### *Death – A Universal Experience with Many Meanings*

Death is a biological fact that occurs in a variety of social contexts (Goss & Klass, 2005), each culture having its own way of mourning (Walsh & McGoldrick, 1991) and its own understandings about the relationship between life and death (Klass, 2006; Noys, 2005). For example, one may have beliefs about an afterlife (reincarnation in Hinduism; heaven and hell in Christianity) or not (Atheism). These cultural rituals and relationships between life and death have been used to argue that death stabilizes culture through the meaning it provides in life (Noys, 2005), that is, without death, there would be no culture (Howarth, 2007).

The role of culture cannot be ignored when considering bereavement (Becvar, 2001). Cultural beliefs influence how one experiences and expresses grief. Cultural demands or prohibitions impact personal and social behavior (Klass, 2006). For example, culture shapes belief systems, values, and traditions that come into play (Clements, Vigil, Manno, Henry et al., 2003) and affect issues such as end of life care, how the body is handled, and how remains are disposed of (Becvar, 2001). Different cultures may differ in terms of public versus private expressions of grief (Walsh & McGoldrick, 1991). Ideally, beliefs and customs provide a framework that allows for cherishing memories of the deceased, while offering support and a sense of meaning to survivors (Mims, 1999).

The Western World tends to be individualistic in nature, removing death from the public realm and placed in the private sphere of the individual, viewing grief as an individual problem (Goss & Klass, 2005; Howarth, 2007). Even though death and grief touches everybody during their lifetime, there is often a stigma and silence around discussing loss, death, and grief in the Western World (Baez & Oltjenbruns, 2000). Whereas grief used to be considered a core and key aspect of the human condition, during the twentieth century, grief has been increasingly viewed as a psychological process. Although acknowledged as painful, this shift in conceptualizing grief removes some of its meaningfulness (Goss & Klass, 2005). Viewing the grief process as emotions to be sorted through can trivialize the experiences of those who are experiencing a loss (Goss & Klass, 2005).

Prior to the twentieth century, death was more visible and directly experienced. Premature deaths were common, and generally happened at home (Mims, 1999); children were not “protected” but rather exposed to death as a part of the life cycle (Irish, 1995). Rural children, for example, often had an opportunity to see nature’s power and emotion first-hand (De

Spelder & Strickland, 2002; Holland, 2001). Today, a greater percentage of Canadians live in or near urban centres. Death is commonly removed from the context of the family, and shrouded in a sense of mystery (Holland, 2001). With advances in technology, science, and medicine, early death is now an unexpected event (Mims, 1999; Walsh & McGoldrick, 1991). Doctors are assuming increased control over illness, treatment, and care options (Cagel & Kovacs, 2009).

Ultimately, experiences of grief are influenced by individual perceptions of reality, world view, and understanding of how the world works (Strickland & DeSpelder, 2003). The influences are multi-faceted. In addition to their cultural world, children adopt the values, beliefs, myths, and practices of the adults around them (Wass, 2003). The meaning of a death and various family members' reactions are shaped by the system of beliefs within particular family units (Gilbert, 1996) as well as by media depictions outside the family unit (Strickland & DeSpelder, 2003). The media, for example, often depicts death as fearful and traumatic, reinforcing the perception of death as a violent, rather than alternatively, a peaceful ending to life (Holland, 2001; Wass, 2003). Some families might discourage showing pain and strong emotions (Carbone, 2003). Cultural and family portrayals of death may end up being at odds with an individual's experience of loss and grief (Holland, 2001).

In conclusion, although attitudes about death and dying may be perceived as a reflection of a culture, there is great social and cultural diversity among and even within societies (Howarth, 2007). Individual experiences can also inform and cause personal understandings of death to shift and change (Becvar, 2001). Thus, it is important to not assume that all members of a particular group will necessarily share all values and belief systems (Howarth, 2007). Canada, for example, is a contemporary Western society that is highly multicultural. Whereas there may

be a general stigma and silence about death, individuals develop their own personal world view based on their heritage and life experiences (Zulli, 1998).

### *Children's Experiences with Death*

In North America an estimated 5 to 8 % of children lose a parent (Andrews & Marotta, 2005; Dixon & Stein, 2006; Stuber & Mesrkhani, 2001), and when the death of a sibling or extended family member is included, the incidence of childhood bereavement increases. The death of an important person in a child's life can be among the most stressful events a young person can experience, and when the death involves a parent or sibling, the potential for an adverse response is compounded (American Academy of Pediatrics, 2000; Tein, Sandler, Ayers, & Wolchik, 2006). Children can be placed at risk for a variety of psychological, behavioral, and emotional difficulties when a parent dies (Hurd, 2004), and bereavement in early childhood has been implicated as an underlying cause of depression and suicide attempts in later life (Doka, 2000). These findings underscore the significance of children's grief (Balk, 2007) in school and counselling psychology.

Contemporary children's experiences in coping with death are usually minimal, and they may not be able to express their feelings when faced with loss (Aspinall, 1996; Cole, 2001). Children are a vulnerable group who are at a developmental and cultural disadvantage when faced with grief and loss (Capuzzi, 2003), and are often unable to express their feelings of loss and grief because of their limited cognitive and language abilities, and thus may suffer in silence (Carbone, 2003). Children do not always know how to grieve, and often face confusion over their feelings (Oaklander, 2000). Grief is a universal, natural, normal, and lifelong process (Allen, 2002; Schoen, Borgoyne, & Schoen, 2004), and children's capacity to experience grief is often not recognized by adults (Grollman, 1981; Kaufman & Kaufman, 2006). They only

become recognized mourners when others allow them to share their feelings and thoughts about the loss (Goldman, 2004).

Children grieve at any age, and the ways that grief manifests varies, depending on the child's age, development, and experiences (Doka, 2000; Le Shan, 1976). Children suffer many different types of loss as they develop, and each loss can affect the child deeply (Oaklander, 2000), although they learn how to survive grief through early loss experiences (Lamers, 2003). Bereavement results in a crisis of meaning that threatens the structure of a child's life (Mitchell, Wesner, Brownson, Dysart-Gale, 2006). Children may not think of death in the same way as adults, but they do have some concept of death (Corr, 1998). Grief is not a specific emotion, like anger or depression, but rather is a constellation or wide range of various emotions that can be expressed through many modes and symbols (Carbone, 2003; Hilliard, 2008). Grief is a series of events, not just one stressful event, and bereavement outcomes should therefore be conceptualized in dynamic terms, not merely the presence of symptoms (Silverman & Worden, 1992). Grief may also be revisited over time as children work through their loss (Doka, 2000; Le Shan, 1976).

There are numerous possible issues that children may face when they suffer a loss, including confusion, apathy, frustration, abandonment, loss of self, guilt, depression, fear, loss of control, anger, sadness, panic, numbness, and shame (Abdelnoor & Hollins, 2004; Allen, 2002; Oaklander, 2000). Grief also affects thinking patterns, including memory, concentration, and the ability to accept the loss (Allen, 2002). The inability to talk about a painful event can prolong the process of recovery (Holland, 2001; Le Shan, 1976), and the accumulation of loss, without the opportunity to express grief, can be detrimental to healthy development (Grollman, 1981; Oaklander, 2000). Personal reactions to grief depend upon the individual, and the characteristics

surrounding the bereavement situation, and therefore each person, as an individual, grieves in his or her own way (Mallon, 1998).

Following loss, children experience the same full range of emotions as adults, but their process of thinking, understanding, and expressing these feelings is very different (Allen, 2002; Baker, Sedney, & Gross, 1992; Carbone, 2003; Kaufman & Kaufman, 2006). Adults differ widely in their reactions to death, so it is not surprising that children do as well (Grollman, 1981); grief is an individual experience (Attig, 1996). Children react in varied ways, which may reflect age, developmental level, and individual temperament (Sweeney & Homeyer, 1999). Additionally, the grief response is related to how the loss is perceived (Schoen, Borgoyne, & Schoen, 2004).

Research suggests that children's grief may be intermittent over a protracted period of time as compared to adults, because they may only be able to tolerate grief in brief periods (Doka, 2000; Le Shan, 1976). As children mature, they can come to understand loss, cope with their grief, and learn to accept the death of a loved one (Barnard, Morland, & Nagy, 1999; Le Shan, 1976). Grief in children is a process that unfolds over time (American Academy of Pediatrics, 2000), and despite the death, children still maintain a connection to the deceased (Silverman, Nickman, & Worden, 1992). Working through grief is not about eliminating it, but rather learning to adjust to the pain and loss (Baker, Sedney, & Gross, 1992).

Children may be afraid to express their emotions if those around them possess negative symptomology (i.e., sadness), which can result in repression, anxiety, and depression (Cox, Bendiksen & Stevenson, 2002). They may internalize their feelings because they may feel afraid to express any forms of negativity, or fear rejection from loved ones for experiencing such strong emotions (Gilbert, 1996; Le Shan, 1976; Segal, 1984). Children who are grieving may restrict

themselves by pulling themselves inward, and blocking healthy emotional expression (Oaklander, 2000). There is a natural cognitive response to avoid pain by ignoring it or pretending that it does not exist, but this defensive reaction is usually not effective for children (Clements, Benasutti, & Henry, 2001). To work through feelings of grief, they must be expressed (Carbone, 2003). Family structure plays a significant role in how children cope with grief (Biblarz, 2000; Holland, 2001). When children are grieving, their world can feel unstable and fragmented, and they need responsible and caring adults to help them, and thus, learning to recognize children's grief is essential to normalizing their feelings and experiences (Goldman, 2004).

How families anticipate and prepare for a death can divide members, potentially leading to perceived grief differences. For instance, if there is a family tendency to protect each other from pain, then open communication about individual loss experiences might be encouraged (Gilbert, 1996). The grieving process in families looks at regaining a sense of meaning and stability (Allen, 2002). It may be difficult for some children to grasp the breakdown and functions of the body (Siegal, 2008), and they may feel uncomfortable that the loss is more or less significant for them, and pretend to feel certain emotions to accommodate other family members (Gilbert, 1996). Anticipatory mourning for an expected death may facilitate grieving and recovery (Dixon & Stein, 2006; Dowdney, 2000).

Some children may find that their grief is not socially recognized or supported (Doka, 2000; Le Shan, 1976). They often suffer from secondary losses, which are subtle or less obvious following the death of someone important (Goldman, 2004; Lin, Sandler, Ayers, Wolchik, & Luecken, 2004). A death can create changes in routines, living arrangements, family structure, school, neighborhood, and financial resources (Dowdney, 2000). Children who have suffered a

loss may experience changes in relationships, and may feel a lack of motivation, safety, and self-esteem following the change in their emotional and physical equilibrium (Goldman, 2004). Children can process their grief when their lives feel safe enough to do so, and this can be delayed when there is a lot of family disruption (Dixon & Stein, 2006). Bereaved children are not only coping with the death of a loved one, but the loss of a way of life as well (Silverman & Worden, 1992). Children may react with shock, anger, guilt, confusion, helplessness, withdrawal, anxiety, or depression (Holland, 2001), and need explanations they can understand, as well as emotional support, both verbally and nonverbally (Morgan, 2000). Therefore, children's bereavement should be considered a process, as opposed to a single, discreet event (Lin et al., 2004).

Mourning is a reaction to loss (Grollman, 1981), and emphasis should be placed on negotiating meaning from a loss, rather than looking for an ending or closure to the loss, for it is a lifelong experience (Silverman, Nickman, & Worden, 1992). Similarly to adults, children can agonize about the meaning of a loss (Siegal, 2008). Children have a lower threshold of tolerance for psychological pain, and thus their grief journey will differ from that of adults (Baker, Sedney, & Gross, 1992). Adults need to remember that grief is an emotion, but grieving is a coping process (Attig, 1996). The goal of grief work with children is to promote understanding, competence, facilitate the ability to cope, and help them recognize that they are active participants in the process (Goldman, 2004).

#### *Attachment and Continuing Bonds*

Attachment theory postulates that children have a biological need for a secure relationship or attachment with adults in order for normal social and emotional development to occur (Bowlby, 1979; Grossman & Grossman, 2003). Bowlby (1979) considered close

attachment to others, with a flexible and optimal distance, just as important to personal well being throughout life as other basic survival needs, such as food or water (Leick & Davidsen-Nielsen, 1991). According to this theory, children are genetically hardwired to respond strongly when an attachment figure or close family member is missing, and they will automatically try to recover the member, and discourage them from going away again (Bowlby, 1979). Children's early experience with family members leads to the development a set of ideas, feelings, and expectations about relationships, both in the behaviour towards others, and the behaviours appropriate for them to show (Bowlby, 1979).

The young child develops attachments to a few special adults who care and support its well being, and if that relationship is broken, the child's development may suffer (Bowlby, 1979; Grossman & Grossman, 2003). Grief seems to be an instinctual response to loss, as it threatens one's attachment and meaning with the world (Klass, 2006). How successful bereaved children are at negotiating their grief partially lies with how other attachment figures (i.e. the remaining parent) responds to their needs (Becvar, 2001). Young children grieve for a longer period of time than many realize (Bowlby, 1979), perhaps even longer than adults (Corr, 1998). Death ends a life, but it does not end one's relationship with the deceased (Rosenblatt, 1996; Silverman, & Klass, 1996). More clearly stated, death does not end relationships, it transforms them (Neimeyer, 2000). The intensity of the relationship may change or diminish with time, but it does not disappear (Rosenblatt, 1996). Loss is not about breaking bonds with the dead, but rather redefining the nature of those bonds and how these connections bring meaning to our lives (Attig, 1996).

Children who have lost a parent seem to maintain a sense of the deceased in their present life (Stroebe, Gergen, Gergen, & Stroebe, 1996). Bereaved children maintain a connection with

the person they lost, and this seems to be a necessary process on the grieving process. Remembering and memorializing the person who has died, as well as allowing them to have some influence in the present are processes that seem to continue in the lives for many survivors (Silverman & Klass, 1996). It may be adaptive, as it helps facilitate adjustment to the death by providing an internal representation of the deceased (Silverman, Nickman, & Worden, 1992; Worden, 1996). Grief in childhood may also be influenced by the ability to establish a continued bond with the deceased (Corr, 1998). Maintaining a connection with the deceased may be normative, and this presence is not static, but rather renegotiated as time passes (Silverman, & Klass, 1996).

The expectation that children who are grieving “normally” should reach an end point to their grief is a disservice to the griever, and may be based on a view of grief that is simple and misunderstood (Rosenblatt, 1996; Silverman, 2000; Stroebe, Gergen, Gergen, & Stroebe, 1996). Grief has no fixed end point, it is not a matter of “getting over it”, and it may last the rest of an individual’s life as they learn to live with the loss (Attig, 1996; Becvar, 2001; Silverman, 2000). Each relationship is unique by the meaning it brings into our lives, and when a person dies, the hopes and dreams we associated with them drastically changes (Stevenson & Cox, 2008). Grievers do not get over the loss; grief affects the healthiest of personalities, and it changes them forever (Grollman, 1995; Silverman, & Klass, 1996).

As children go through milestones following the death of a parent, their absence is once again rekindled (Becvar, 2001). Memories of parents continue to contribute to a bereaved child’s development after the loss (Buchsbaum, 1996). Some loss experiences are new to children because they only manifest when the child reaches a point in development where one would feel a need for what has been lost (Rosenblatt, 1996). The grieving child is aware that although

around them life continues, normal life no longer has much meaning in their life (Becvar, 2001). However, it is possible for the griever to maintain attachments to both the person who has died, as well as the living, and still function perfectly well (Becvar, 2001). Bereavement is better seen as an ongoing life process whereby survivors continually renegotiate the significance of the loss and their feelings around it (Howarth, 2007).

Death raises questions of meaning for individuals (Howarth, 2007). The experience of loss changes people, and part of that change is a new and continued relationship with the deceased (Silverman, & Klass, 1996). Attempts at maintaining a connection to a lost parent may be viewed as an active attempt on behalf of the griever to make sense out of the loss, and integrate it as part of their reality (Silverman & Nickman, 1996). Some children connect to deceased parents by talking about the parent, visiting the grave, treasuring keepsakes, and thinking about them (Stroebe, Gergen, Gergen, & Stroebe, 1996). Continued bonds with the dead serve the griever in that they provide a deeper understanding of the deceased and self (Klass, 2006). Although bereavement may possibly create problematic situations, it may also be a catalyst for development of meaning, improved relationships, and greater maturity in the individual (Tyson-Rawson, 1996). Individuals may welcome recurrent moments of grief, even if they are sad or bitter sweet, because these memories remind the griever how important the person who died was to them (Rosenblatt, 1996). Bereavement is choiceless, but grieving is not (Attig, 1996).

#### *Worden's Model of Grief*

A model for children's grief that incorporates the concept of continuing bonds is Worden's (1996; 2009). Tasks of Grief. Contemporary models of grief look at grief in terms of tasks to be completed, as opposed to stages of grief (Baker, Sedney, & Gross, 1992; Gilbert,

1996; Worden, 1996). Stage models of grief conceptualize grief more as a series of points, and often considers grief incomplete if not all points have been reached. They tend to be limited by the lack of specific clinical interventions, documenting rather than intervening (Baker, Sedney, & Gross, 1992). There is little empirical support for the presence of distinct psychological states, which stemmed from Freud and Kubler-Ross's (1969) work, and task models have provided assistance in shedding light on the process of grief (Neimeyer, 2000; Worden, 2009). Thus, conceptualizing grief as tasks creates a dynamic, detailed, and fluid model that seeks to understand individual grievers, and that considers grief as a natural adaptation to loss (Baker, Sedney, & Gross, 1992; Gilbert, 1996; Worden, 1996).

The Good Grief Workshop employs William Worden's (1996) Tasks of Grief model as a theoretical base for its program. Worden's (1996) model of Tasks of Grief discusses the wide range of variation in children's experience of grief, which fosters the concept that grief is a normal but complex experience. According to Worden (2009), there are four tasks of grief: to accept the reality of the loss; to process the pain of grief; to adjust to a world without the deceased; and to find an enduring connection with the deceased in the midst of embarking on a new life.

To negotiate through the first task, one must acknowledge and accept the reality of the loss (Worden, 2009). When someone dies, there can be a sense that it didn't really happen, of not believing, and children need to come to the realization that the deceased will not return to life. They need to be told about the death in accurate language (i.e. using honest, open, and accurate words such as "died" and "dead", not euphemisms; using the deceased person's name), and in an age appropriate manner before they can begin to deal with the emotional impact of a loss (Worden, 2009). It is not uncommon for children to repeatedly ask for the person who has died,

ask the same questions or for specific details, and may need repeated conversations about the death as they try to come to terms with the reality of the loss (Worden, 2009). This task involves both intellectually and emotional acceptance (Worden, 2009); it is about understanding the reality and finality of the loss and to make some sense of meaning out of what happened so that they can move into the present (Corr, 1998).

It is important to process the pain and grief that follows a loss (Worden, 2009). When a loss occurs, a variety of emotions may be experienced, including anger, sadness, ambivalence, and anxiety, and these feelings may seem frightening and confusing, especially if they are not discussed. Not everyone feels the same degree of pain, but it is seldom that one experiences the loss of a loved one whom they were attached to without feeling pain. Learning to identify, acknowledge, and accept all emotions following a death, and understanding that feelings are not “right” or “wrong” is another task children need to negotiate so that they learn how to experience the pain, and move beyond it (Worden, 2009).

A third task is to adjust to a world without the deceased. Following a death, the relationship with the deceased does not end, but rather changes, and it is important to acknowledge the changes. There are three areas that need to be adjusted following a death: external adjustments; internal adjustments; and spiritual adjustments (Worden, 2009). People often play multiple roles, and after a death, some roles end, and adjustment takes time. Loss can be revived as events arise where the deceased may have played an important role, and adjustment is a process (Worden, 2009). The griever needs to commemorate the loss of their loved one (Corr, 1998). Meaning making is important as one faces a death, and this challenges individuals to relearn one’s sense of self and one’s beliefs about the world (Attig, 1996; Worden, 2009).

The fourth task is finding an enduring connection with the deceased in the midst of embarking on a new life (Worden, 2009). As opposed to the common idea of “letting go”, this task instead encourages the concept of transforming the connection, and giving the relationship a new perspective, whereby the memory of the person finds a special meaning within the mourner, and they go on with life (Worden, 2009). The griever learns how to memorialize the deceased (Worden, 2009), and can move on with life, living and loving (Corr, 1998).

### *Complicated Grief*

No way of grieving is “wrong”, but some are more effective than others (Cox, 2008). Unresolved grief in childhood has been shown to have long-lasting consequences, including emotional problems (e.g., anxiety, depression) that persist into adulthood (Kaufman & Kaufman, 2006; Lin et al., 2004; McGovern & Barry, 2000). An accumulation of stressful events (i.e., multiple experiences of loss) has been related to higher levels of mental health issues in bereaved children (Lin et al., 2004). Children’s grief can become complicated without appropriate support (Kaufman & Kaufman, 2006), and common signs include withdrawal, sleep disorders, anxiety, difficulty in concentration, and regression (Goldman, 2004).

Unresolved grief can surface later in life, when the individual is faced with other losses or serious changes in life (Le Shan, 1976; Segal, 1984). The inability to cope with the feelings related to the grieving experience may lead children and adolescents to externalize by becoming increasingly irritable, acting out, having inappropriate outbursts, and continuing to question the death of their loved one (Brown, Sandler, & Tein, 2007; Schoen, Borgoyne, & Schoen, 2004). Bereaved children may be at greater risk of complicated grief if they perceive they have less control over negative events (Lin et al., 2004). Loss is an individualized experience, and by

limiting discussions about death, children and adolescents may be denied the right to mourn, thereby delaying their recovery process (Schoen, Borgoyne, & Schoen, 2004).

The more central the relationship with the deceased to the bereaved individual, the greater the sense of loss (Gilbert, 1996). Perception of reality can feel altered and no longer trustworthy, and self-perception can change in youth following an unanticipated loss (Gilbert, 1996; Schoen, Borgoyne, & Schoen, 2004). Internalization can lead to anger, anxiety, isolation, withdrawal, and depression, and may persist into adulthood (Cole, 2001; Holland, 2001; Kaufman & Kaufman, 2006; Kubler-Ross, 1969; Segal, 1984). Early identification of children at risk is important in implementing helpful interventions (Worden & Silverman, 1996). Quiet reactions to loss should not be ignored (Schoen, Borgoyne, & Schoen, 2004).

Mental health problems in bereaved parents, particularly depression, has been associated with mental health problems in children, related to lower levels of acceptance, warmth and support provided by the parent (Kranzler, Shaffer, Wasserman, & Davies, 1990; Lin et al., 2004). Because of the degree of disruption in homes following a traumatic death, children may experience greater problems than children bereaved due to other causes (Brown, Sandler, & Tein, 2007). Parental bereavement, particularly maternal loss, has been associated with increased risk for developing depressive symptoms, although the nature of the relationship between parental loss and depression remains unclear (Gersten, Beals, & Kallgren, 1991; Reinherz, Giaconia, Carmola Hauf, Wasserman, & Silverman, 1999). Following a sudden death, children and adolescents may not receive support or validation from the adults around them because they are going through their own loss experience (Doka, 2000; Sweeney & Homeyer, 1999).

Grief is difficult under normal circumstances, and can be more intense when the death is sudden and traumatic (Clements, Benasutti, & Henry, 2001). Situations that may complicate

grief include sudden or traumatic death; social stigma and shame surrounding the loss; multiple losses; the relationship with the deceased; and the grief process of the caregiver (Brown, Sandler, & Tein, 2007; Goldman, 2004). For example, when the death of a family member is the result of a murder or suicide, post-traumatic stress disorder can occur, leading to increased difficulty coping with the loss (Dowdney, 2000). Murder or suicide may increase the risk of complicated grief due to the possibility of traumatic images (e.g., witnessing the death), conflicting family communications (e.g., not being told the cause of death), and feelings of fear and shame (Dowdney, 2000). Co-morbid disorders such as anxiety and depression can occur when a death is a result of murder or suicide (Brown, Sandler, & Tein, 2007; Dowdney, 2000).

Just because children experience loss does not necessarily mean that they will go on to develop psychopathology (Dowdney, 2000). Adults need to adapt support to the individual needs of the griever (Schoen, Borgoyne, & Schoen, 2004). Death education can help youth cope with death and its potentially negative effects (Wass, 2004). Education, support, and genuine appreciation for the child's loss are the most effective approaches to encourage healthy grieving following a loss (Clements, Benasutti, & Henry, 2001).

### *Child Development*

Children often have a far greater interest and knowledge about death than many adults realize. They sometimes create their own death-related games, often when they are alone and experiencing feelings of foreboding and vulnerability (Doka, 2000). It is not clear as to how children obtain their information about death, since there seems to be little direct education, and a tendency for adults not to engage with children in the topic (Holland, 2001). Interest in death is

a normal part of cognitive, social, and personality development that seems to take place whether guided by adults or not (De Spelder & Strickland, 2002).

Lev Vygotsky postulated that an individual's development is a product of their culture (DeHart, Stroufe, & Cooper, 2000). In other words, individual characteristics, interpersonal factors, and the broader historical and cultural context must be considered when trying to understand an individual experience (Greene & Hogan, 2005). Cognition is patterned through social interaction, first with family members, and later with peers and school members. It is important to note that understanding of death changes over time and as one develops. Children may use different coping strategies as they change (Oltjenbruns, 2007). Children learn what to think and how to behave from their environment, such as school or with family, so when adults model positive behaviours, children learn how to cope with stressful situations (DeHart, Stroufe, & Cooper, 2000). Professionals and parents modeling positive coping behaviours may assist bereaved children work through their grief.

Development can be defined as age-related changes over the course of the life span that are cumulative and directional, meaning that individuals are always moving forward through their experiences into greater complexity (DeHart, Stroufe, & Cooper, 2000). Although there are general changes as children grow and develop, it is important to consider individual variations (DeHart, Stroufe, & Cooper, 2000). Developmental processes play an important role in how children deal with loss, and each stage of development raises unique concerns and support needs, and developmental differences will affect how individuals approach grief (Baker, Sedney, & Gross, 1992; Oltjenbruns, 2007; Schoen, Borgoyne, & Schoen, 2004). Developmental issues, such as level of development or readiness to deal with the death should be assessed (Balk, 2007).

Children's grief is different from how adults grieve, and one must consider their developmental level and capabilities when addressing their loss (Doka, 2000; Goldman, 2004; Le Shan, 1976; Oltjenbruns, 2007). There are significant differences in children's cognitive capacity and awareness of death depending on their age, and understanding these differences can help guide appropriate support strategies (Oltjenbruns, 2007). The child's developmental stage, the circumstances surrounding the loss, and the relationship with the deceased affects reactions and coping abilities (Le Shan, 1976; Stuber & Mesrkhani, 2001). Bereaved children have the additional challenge of mastering the task of mourning while accomplishing normal developmental milestones, and children's ability to accomplish these tasks will depend on their developmental maturity (Leighton, 2008). It is important realize that children will continue to grieve at subsequent stages of their cognitive and linguistic development (Mitchell, Wesner, Brownson, Dysart-Gale, 2006).

Bereaved children may not process their grief in a linear way, and their grief may surface and resurface in varying intensity (Goldman, 2004). Children experience recurrent cycles of grief as they move through developmental stages, and require adults who can provide them with predictability and stability (Gilbert, 1996). Adolescents may feel confused about the emotions they are experiencing, as on one hand they desire independence, and on the other they may need extra psychological and emotional support (Schoen, Borgoyne, & Schoen, 2004). Coping seeks to manage a stressful situation, and when coping is successful or productive, the bereaved person can go on with healthy living and loving (Doka, 2000). Therefore, it is imperative to provide services for those in need of support, to avoid long lasting difficulties such as complicated grief, and challenges dealing with emotions.

Erik Erikson (1963) outlined eight psychosocial stages of development with normative crises related to developmental tasks (DeHart, Sroufe, & Cooper, 2000) that can be applied to developmental tasks within the context of bereavement (Oltjenbruns, 2007). Relationships with others play a large role in these stages. He believed that during childhood and adolescence, individuals are faced with challenges as they work to develop autonomy, initiative, industry, and a sense of identity (DeHart, Sroufe, & Cooper, 2000; Erikson, 1963), and loss can influence resolution of these developmental issues (Oltjenbruns, 2007). For example, Erikson (1963) used the story of a young boy named Sam as a way of highlighting how children may use magical thinking as a way to assign the blame for a death to themselves, and this can impact or jeopardize other developmental tasks such as self-confidence.

How children work through their grief impacts their development, whether they flourish and grow, or wilt and withdraw (DeHart, Sroufe, & Cooper, 2000). Unresolved grief can have long lasting consequences. In order to facilitate the successful resolution of developmental issues, children should be allowed to continue their lives with support and encouragement from caring adults around them, not necessarily only the immediate family (Erikson, 1963; Oltjenbruns, 2007). Overall, the focus should be for adults to consider the developmental needs and tasks of the young griever, and take into account the issues at the various stages following a loss experience (Oltjenbruns, 2007).

### *Discussing Death with Children*

Adults often avoid the topic of death because they wish to protect children (Grollman, 1981). If adults feel uncomfortable talking about death, then they may find the subject difficult to broach with children (Holland, 2001). Adults may be afraid or unable to understand their own experiences of loss (Le Shan, 1976; Sweeney & Homeyer, 1999), and recognition of one's own

attitudes and reactions to death are important for honest and supportive discussions about death (American Academy of Pediatrics, 2000).

Using euphemisms to avoid the word “death” is commonly intended to help soften the impact of the word, but is seldom effective to those experiencing loss (Wass, 2004). Adults may understand euphemisms, but they may confuse or even frighten children, as they might take them literally (De Spelder & Strickland, 2002; Holland, 2001; Mitchell, Wesner, Brownson, Dysart-Gale, 2006). For example, using explanations such as “passed away,” “went to sleep forever,” or “is up in heaven” might frighten and confuse children. If euphemisms are used, the child may later feel betrayed and mistrustful of adults in their life when they do find out the truth (Holland, 2001; Lewis & Lippman, 2004). Medical terminology can also be confusing to children, and care needs to be taken when giving explanations, especially to younger children (American Academy of Pediatrics, 2000; Holland, 2001). Children can misinterpret language at different developmental stages; clichés can be misunderstood, and may actually block the grieving process (Goldman, 2004; Mitchell, Wesner, Brownson, Dysart-Gale, 2006).

Children require explanations that fit into their reality, especially in complicated situations beyond their comprehension (Cox, Bendiksen, & Stevenson, 2002; De Spelder & Strickland, 2002; Dyregrov, 1991). They should be told about death honestly, and using language that is accurate and developmentally appropriate (American Academy of Pediatrics, 2000; Schoen, Borgoyne, & Schoen, 2004). Children need honest and accurate information about death (Strickland & De Spelder, 2003), provided in age-appropriate language, as this serves as the foundation where they will build intellectual and emotional meaning to their loss (Baker, Sedney, & Gross, 1992). If children are not provided with adequate explanations about death, they may construct fantastic and incorrect accounts (Mitchell, Wesner, Brownson, Dysart-Gale,

2006). When they do not understand or are confused by the information they are provided about death, they are more likely to feel apprehensive and worried by the experience (Mallon, 1998).

Even when adults provide information or answers to questions, this information may only be partially heard or inaccurately comprehended, so adults are encouraged to try to answer questions children ask about death in the spirit it is asked (Grollman, 1981). The grieving child may ask many questions about death, and simple answers are best (Lewis & Lippman, 2004). How children cope with death can be influenced by the explanations provided by adults, and how the loss is described in the social environment (Zambelli & DeRosa, 1992).

Explanations about death are beneficial when given appropriately, as they help to normalize the fears of bereaved children (Stahl, 1990; Stuber & Mesrkhani, 2001). Bereaved children need accurate and truthful information delivered sensitively and honestly because misleading children may result in mistrust of adults (Holland, 2001; Mallon, 1998). Open communication with children regarding concerns and feelings around loss and death can increase understanding and decrease negative perceptions and feelings (Cox, Bendiksen & Stevenson, 2002; De Spelder & Strickland, 2002). Due to the intensity of the loss, children may not remember much of what is being said initially, and require patient adults to discuss certain aspects of the death repeatedly over a period of time before they absorb the information (Clements, Benasutti, & Henry, 2001). It is important to verify with children what they think was said, in order to avoid confusion or wrong assumptions on either part (Strickland & De Spelder, 2003).

Good communication and attentiveness to the grieving child's needs are useful tools in assisting bereaved children work through their grief (Aspinall, 1996; Cole, 2001; Hurd, 2004; Le Shan, 1976). Positive communication can be a powerful protective factor that contributes to

resilience in bereaved children (Hurd, 2004), and has been positively correlated to improved functional status (American Academy of Pediatrics, 2000; Kaufman & Kaufman, 2006). Adults need to encourage children to use clear and direct language when describing their feelings and reactions to death (Zambelli & DeRosa, 1992). By identifying and accepting ownership of their feelings, children can express their feelings of grief successfully (Oaklander, 2000).

Children often have a conscious or unconscious awareness of when they are being lied to, and this can create a secondary loss of trust (Goldman, 2004). When offering bereaved children the chance to ask questions about what is going on, communication needs to be conducted at a level they can comprehend, and in a subject realm that they relate to. If children ask existential questions, then these deserve an honest response and sharing (Lindsey & Elsegood, 1996). When children are not given explanations, they may fantasize about what happened, resulting in a greater risk of developing complicated grief (Holland, 2001; Le Shan, 1976)

Children may not have “adult” language to verbalize their emotions, but this does not mean they have limited feelings (Mallon, 1998; Schoen, Borgoyne, & Schoen, 2004). Children do not have to understand death in a philosophical or conceptual sense in order to feel frightened by loss (Doka, 2000). For children, grief is often a novel event in their lives, and they lack the experience to deal with such strong feelings, the ability to understand what they are experiencing, or the skills to articulate their grief (Doka, 2000). Their vulnerability to the pain of a loss can lead them to turn inwards if they do not perceive that their feelings are supported (Schoen, Borgoyne, & Schoen, 2004).

Children may be helped best by being told about death and allowed to share their feelings with available family members (Holland, 2001). The ability for children to share thoughts and feelings about death and having a sense of reliance on family members has been associated with

positive long-term grief and bereavement adjustment (American Academy of Pediatrics, 2000). Modeling healthy coping behavior, children and youth can learn to reflect and adapt better (Schoen, Borgoyne, & Schoen, 2004).

Children experiencing loss are never “too young for serious talk” (Lindsey & Elsegood, 1996), and there does not need to be a loss to discuss the life cycle with children. Discussions about death should be as age appropriate as possible (American Academy of Pediatrics, 2000; De Spelder & Strickland, 2002; Kubler-Ross, 1969; Le Shan, 1976). Death as a topic of conversation should be approached gently and sensitively, and adults should look for teachable moments (Adams, 2002). A conversation may involve a familiar experience to the child, such as flowers and how long they last, or the death of small animals (Adams, 2002; Grollman, 1981; Schoen, Borgoyne, & Schoen, 2004). Children tend to cope better when death and the life cycle are discussed with them early in life so that they can form a mental schema and are better emotionally equipped should a loss occur (Aspinall, 1996; De Spelder & Strickland, 2002). By taking these actions, children are better equipped emotionally to cope should loss or tragedy occur (Aspinall, 1996; De Spelder & Strickland, 2002; Hurd, 2004; Reid & Dixon, 1999; Stuber & Mesrkhani, 2001).

#### *Children and the Creative Arts*

Children benefit from experience with the creative arts (e.g., music, poetry, and drama), which employ concepts they are already familiar with, and then branch out in new ways (Lindsey & Elsegood, 1996). Receptive skills precede expressive skills, and exposure to the creative arts has been shown to assist children express themselves nonverbally while they build their interpersonal skills (Sims & Cassidy, 1997). The creative arts can positively influence creativity, learning, and play among children. Early exposure has been shown to have positive effects on

language building, intellect, muscular development, creativity, and to promote a sense of togetherness (Custordero, 2002; Orlick, 1995).

Music has been used for centuries as a means to connect with others, as well as a vehicle to express thoughts, experiences, and emotions (Hilliard, 2008). Research suggests that individuals may respond well to music because body functions, such as breathing and heartbeat, work at an intrinsic rhythm (Meyer, 2003), and speaking voices involve qualities shared music, such as tone, inflection, rhythm, and timbre (Silverman, 2000). Music can help bereaved children and adolescents understand basic death education concepts, as well as to recognize emotions, experience them, and have an outlet to express themselves (Gough, 2000; Hillirad, 2008). It offers the opportunity of opening up discussions about lyrics, thoughts, feelings, images, memories, and experiences, and can help the griever feel connected and understood by others (Gough, 2000). Musicians have used music to express feelings, remember special people or events, or continue a bond with someone, and this can be therapeutic to the bereaved (Silverman, 2000). Combining music with other creative arts can be useful in fostering creativity (Hilliard, 2008).

Some children find that talking in a safe atmosphere, being listened to, and being validated provides the support they need, but many youth do not feel comfortable putting their experience into words, and may find verbal expression frustrating (Doka, 2000). Rather than professionals using only words to determine children's emotions, the creative arts can illustrate children's thoughts and perceptions and facilitate conversations about feelings (Clements, Benasutti, & Henry, 2001; Zambelli & DeRosa, 1992). This approach can be used to assist children in expressing painful feelings that may not be articulated easily through words by providing a safe and supportive environment in which they can identify and express themselves

(Morgan, 2000; Schoen, Borgoyne, & Schoen, 2004; Segal, 1984). Talk therapy, in conjunction with the creative arts, can enrich conversations, and evoke powerful questions in discussions with children, and lead to thoughts and insights about their loss (Clements, Benasutti, & Henry, 2001).

Loss is an intensely individualized and personal experience, and children need an outlet to help them through the process (Schoen, Burgoyne, & Schoen, 2004). Children are not able to name their feelings as concretely as adults can (Andrews & Marotta, 2005), but seem to have a natural ability to use the arts as a tool in expressing themselves and conveying messages to others (Bertman, 1999; Ryan, 1995). Art and play can reduce tension in bereaved children by reducing maladaptive reactions associated with discussing loss, and help redirect mental and emotional energy to new perspectives (Zambelli & DeRosa, 1992). Helping children develop the ability to express their emotions is an important step in the healing process (Goldman, 2004; Oaklander, 2000).

The use of the creative arts in bereavement can help children acknowledge and explore their feelings because it allows children to grieve in non-threatening ways, and allows them to draw on the support of their peers, understand the nature of their loss, express feelings, and memorialize the person who died (Capuzzi, 2003; Goldman, 2004). Because art is self-directed, bereaved children can determine how much emotion and memory they choose to express in their creations (Clements, Benasutti, & Henry, 2001), and avoidance tendencies ease as children achieve a sense of mastery during arts-based self-expression (Zambelli & DeRosa, 1992). Activities often decrease anxiety, tension, and fear that may be felt when sharing feelings (Sweeney & Homeyer, 1999). Additionally, the creative arts can reduce tension in children by

redirecting energy from powerful emotions and into the activities, thus enabling children to consider the death without being overwhelmed by emotions (Barnard, Morland, & Nagy, 1999).

The creative arts can help bereaved children gain self-awareness in identifying their emotions, and provide them with an outlet to express themselves (Burke, 1991). Allowing children the freedom to express their emotions is crucial, and interventions incorporating the use of the creative arts are an integral component to effective grief work (Goldman, 2004). Arts-based activities can be powerful in evoking memories, and enabling bereaved children to share memories (Stahl, 1990). These kinds of activities help mitigate the communication barriers erected by children in order to resist discussing painful feelings. They also provide children with choice and control during a confusing and overwhelming time (Segal, 1984). When children are given symbolic ways to express their feelings, their ability to understand and express their feelings grows (Carbone, 2003; Schoen, Borgoyne, & Schoen, 2004). Powerful feelings can be expressed that may feel overwhelming to a child who tries to express them through talking (Sweeney & Homeyer, 1999), and complex emotions can be acted out in a nonverbal way, helping children master their emotions (Goldman, 2004; Segal, 1984).

Encouragement to be creative (e.g., with music, writing poetry, drawing, painting) is particularly relevant when there are problems in expression (Lindsey & Elsegood, 1996). Nonverbal techniques have been shown to be an effective therapeutic strategy for children to access feelings and thoughts they may not have been consciously aware of, allowing them to process in a way that is accessible to them (Carbone, 2003; Goldman, 2004). It is important to avoid interpreting children's words or feelings, but rather asking about their feelings, and creating a context in which they may explain their feelings (Clements, Benasutti, & Henry, 2001). Providing children with a variety of creative and expressive experiences is an essential

component of the therapeutic process, as they serve as bridges to strengthening aspects of the self (Oaklander, 2000).

Because of the wide range of possible activities, the creative arts can be tailored to meet the expressive needs of the child. This allows children to feel more comfortable with difficult emotions, better prepares them to face their grief, and cope with their loss (Burke, 1991; Segal, 1984). A creative arts approach is uniquely suited to help children face and resolve their grief (Carbone, 2003). Through the acquisition of these skills, children will be better equipped to cope with stress and maintain a positive outlook for the future (Rauscher, 1997).

### *Grief Groups*

Children are often naturally part of many and various types of groups (e.g., they live in groups, play in groups, and may be taught in groups), which presents learning opportunities that cannot always be found in one-to-one interactions (Sweeney & Homeyer, 1999). Younger children are often more comfortable in groups settings than individual ones, depending on the circumstances (Sweeney & Homeyer, 1999). Helpful groups include appropriate boundaries and supervision so as to provide an opportunity for all feelings to be validated (Doka, 2000). Through group activities children often feel support, encouragement, and a sense of having been heard by the group members (Sweeney & Homeyer, 1999; Zambelli & DeRosa, 1992). School-aged children want more than anything else to be considered ordinary, just like their peers (Grollman, 1995; Sweeney & Homeyer, 1999), so providing support service in a group helps children in a near-to-normal context (Barnard, Morland, & Nagy, 1999).

Groups with an experienced adult facilitator offer a bereaved child a safe place to talk about what has happened and to share feelings with others (Lindsey & Elsegood, 1996). Groups can assist children by providing an environment that demonstrates that they are not alone or

unique in their grief, that someone cares and understands (Carbone, 2003; Doka, 2000; Lewis & Lippman, 2004; Zambelli & DeRosa, 1992). Grief support groups for children can help children approach and explore confusing and often overwhelming feelings with age-appropriate members who are also grieving (Goldman, 2004), and can cover topics such as reactions to the loss, denial of the death, self and family changes, and fears for the future, thereby giving new social meaning to the event, and helping to normalize the experience (Zambelli & DeRosa, 1992). Relationships develop that provide support, empathy, and acceptance, and youth have a chance to share things they have in common (Carbone, 2003; Sweeney & Homeyer, 1999). Additionally, within a group setting, children can learn to use their peers as comparisons for their own ideas, helping to normalize their experiences (Barnard, Morland, & Nagy, 1999; Zambelli & DeRosa, 1992).

Becoming a member of an age-appropriate grief group allows children a safe place to share with others, and create new friendships (Goldman, 2004). It is helpful to group children by developmental level rather than age, as their issues tend to be more similar (Doka, 2000; Sweeney & Homeyer, 1999). Same sex groups also appear to work well with school-aged children (Sweeney & Homeyer, 1999), but it is not necessary to do so. What matters are not rigid groupings, but doing something to address the particular issues of these children and youth (Doka, 2000). Some children may refuse to work in a group setting, particularly one connected to their school, because they may not want to bring attention to their loss, for fear of seeming different or crazy (Doka, 2000; Lewis & Lippman, 2004). It is important to be aware of how a child's response to death is affected by his or her cultural, ethnic, or religious background; by knowing how various cultures express or repress grief can be key in creating a successful grief group (Le Shan, 1976; Sweeney & Homeyer, 1999). By simply being in a group, whether being directly involved or watching quietly, children can learn to heal (Carbone, 2003).

The purpose of a targeted grief group should be to assist youth experience and express their feelings surrounding the death of an important person in their lives, and overcome some of the developmental and cultural barriers they face (Carbone, 2003). Various skills can be developed through peer-helping relationships, including developing empathy, listening skills, asking questions, reflecting skills, and problem solving skills, and they can aid individuals to function more appropriately in society (Capuzzi, 2003). Groups can help youth identify and address their feelings of isolation, frustration, and powerlessness while, at the same time recognizing that they are not alone (Capuzzi, 2003). Grief resolution techniques are important to create and stimulate discussion and exploration of thoughts and feelings, because children cannot always integrate their emotions and their intellect following a loss (Goldman, 2004). By learning to express their feelings openly and completely, they can move towards healing (Carbone, 2003). Benefits of participating a group setting include “de-pathologizing” of normal grief reactions, and knowledge that others have experienced and survived a deep loss (Doka, 2000).

#### *Resilience in Bereaved Children*

Resilience is the capacity that allows a person to minimize or overcome the damaging effects of adversity (Barnard, Morland, & Nagy, 1999; Hurd, 2004), or achieve a good outcome in spite of serious threat to adaptation or development (Masten, 2001). Resilience builds on the experience of success, solving manageable bits of the problem posed in a difficult life, a result of the complex interplay between individuals and their environment (Barnard, Morland, & Nagy, 1999; Hurd, 2004). The recognition and study of resilience in children has influenced models of development of children growing up under adverse circumstances (Masten, 2001).

Most people will experience traumatic or stressful events in their lives (Bonnano, 2004). Research with those who cope well, the resilient, identifies factors that have to do with

experience and others that are inborn. For example, some children's temperament may provide a higher threshold for tolerating stress (Perry, 2002). The ways children cope and survive for the future depend on many factors including their own natural ability and resilience, and how they have coped with previous challenges and losses (Lindsey & Elsegood, 1996). Children who perceive that they are able to cope with life stressors are less likely to develop mental health problems (Lin et al, 2004).

Children facing stressful and traumatic events show a wide range of reactions, usually involving their individual capacity for resilience (Bonanno, G. A., Wortman, C. B., Lehman, D. R., Tweed, R. G., Haring, M., Sonnega, J., 2002; Perry, 2002). Family cohesion and support, availability of external support, and individual personality features (e.g., self-esteem) have been described as protective factors in enhancing resilience in children (Barnard, Morland, & Nagy, 1999; Bonnano, 2004). For example, those who "beat the odds" after a difficult start have commonly had one key person in their lives who kept a consistent interest in their well-being (Lindsey & Elsegood, 1996).

Children who are confronted with early loss, particularly traumatic ones, are at risk of developing future psychological difficulties (Barnard, Morland, & Nagy, 1999; Brown, Sandler, & Tein, 2007; Doka, 2000; Hurd, 2004; Lindsey & Elsegood, 1996; Tein et al., 2006). Loss can pose a significant threat to children's well-being and development, and they need time to mourn (Kaufman & Kaufman, 2006; Lin et al., 2004; Lindsey & Elsegood, 1996). Support and strong continuity of care can assist children as they deal with their loss (Doka, 2000). Although some children struggle with school difficulties following a loss, others show improved school performance as a form of tribute to the deceased person (Dowdney, 2000).

Feeling a sense of connection and being able to connect with others seem to play an important role in children coping with trauma and stress (Perry, 2002). Children who experience the death of a loved one can and do mourn in healthy and adaptive ways when positive environmental factors are in place (Hurd, 2004). Children cope better when parents are actively involved in helping their children work through their grief (Zambelli & DeRosa, 1992). Therefore, the significance of positive expression of grief in family recovery cannot be understated (American Academy of Pediatrics, 2000; Kaufman & Kaufman, 2006).

Most people are resilient, and many experience their grief process without the assistance of mental health professionals (Brown, Sandler, & Tein, 2007; Hurd, 2004), suggesting that a singular approach may not be the answer for avoiding complicated grief (Bonnano, 2004; Doka, 2000). In those with a natural resilience to adverse events, clinical intervention may interfere or undermine a healthy recovery. If resilience is relatively common, as recent research may suggest (Barnard, Morland, & Nagy, 1999; Bonnano, 2004; Masten, 2001), then carefully screening individuals may be more appropriate than applying a universal intervention program (Bonanno et al., 2002; Brown, Sandler, & Tein, 2007). Early losses can actually help develop resilience in the face of later challenges, under favorable and supportive conditions (Neimeyer, 2000).

Individuals will resist interventions if they perceive that professionals are trying to force unwanted treatment on them, as opposed to supporting their grief and memory of the deceased person (Baker, Sedney, & Gross, 1992). Applying grief treatment thoughtlessly may in fact be potentially harmful, as research has indicated that it can impede natural recovery processes in children (Bonnano, 2004). Therefore, it is important to help individuals identify whether or not they are in need of professional support, and if they are likely to benefit from bereavement programs (Brown, Sandler, & Tien, 2007).

Some even suggest that in order to become more resilient to life's stress, one must build this ability through "practice", or successfully working through challenging situations to enhance one's skills (Perry, 2002). Research suggests that school-based and community-based programs are an effective way to help families through teaching appropriate parenting skills and family communication, which can reinforce resilience (Hurd, 2004). Bereavement support can increase the capacity of family and friends to enhance the child's potential and capacity for resilience in the face of adversity (Barnard, Morland, & Nagy, 1999; Bonnano, 2004; Brown, Sandler, & Tein, 2007; Perry, 2002).

### *Death Education and Training*

There is a need for death education for health and educational professionals, both formally and informally, especially one that considers education in the larger cultural context (Balk, 2007; Wass, 2004). Death education may be defined as education that focuses on the human and emotional aspects of death, including biological aspects, misconceptions, and coping (Balk, 2007). Death education may also be considered a medium for communication and facilitating understanding (Wass, 2003), as well as teaching essential information about their world (Hilliard, 2008).

One of the major problems with current death education across multidisciplinary professionals working with families is that there is little opportunity for them to become more knowledgeable about grief, as well as to explore and learn about their own feelings about death, and how to cope with them (Wass, 2004). Despite an increasing knowledge base on bereavement (Clements et al., 2003; Goldman, 2004; Neimeyer, 2000; Silverman & Worden, 1992), practices in education, medical and mental health have not been substantially affected (Wass, 2003; 2004). Professional aversion to grief can hamper bereaved the individual's ability to work through their

pain (Walsh & McGoldrick, 1991). Guidelines for curriculum design and methods of instruction have been recommended for a few decades (i.e. Leviton, 1969), but recent study suggests that less than 10% of elementary schools incorporate death education into the curriculum (Wass, Miller, & Thorton, 1990; Wass, 2003).

Bereaved children often experience changes in the school environment, including social and academic behaviour (Abdelnoor & Hollins, 2004). Teacher expectations and the student's emotional state can influence academic performance, and can further impact on self-esteem, including decreased social competence (Abdelnoor & Hollins, 2004). It is helpful for students if schools are informed of the loss, so that educators are aware and sensitive of changes, such as being withdrawn, difficulty focusing, psychosomatic complaints, and acting out behaviours (Grollman, 1995). Observable signs of grief may be evident for years following the loss, and therefore intermittent support may be needed throughout bereaved students' academic studies (Abdelnoor & Hollins, 2004). When school personnel are able to create a safe environment for grieving students, students may find it easier to cope (Abdelnoor & Hollins, 2004). Higher levels of self-esteem have been correlated with motivation to succeed in academics during difficult times (Abdelnoor & Hollins, 2004).

A death in a family can seriously disrupt communication amongst members (Baker, Sedney, & Gross, 1992). Positive parenting has been shown to lead to reduced mental health problems in bereaved children (Tein et al., 2006). Additionally, quality family communication following a loss allows all members to share in the grief, and any member can serve as teacher to the others (Kaufman & Kaufman, 2006). Death education can provide a base of knowledge and skills for coping with death related issues and topics (Wass, 2003). It is not merely a loss that affects the child, but how parents accommodate reactions (Leick & Davidsen-Nielsen, 1991).

However, one should not assume that because family members have lost the same person that their grief is the same; each member had a unique relationship with the deceased (Dixon & Stein, 2006). Rather, as individuals grieve, their construction of the new reality of life without the deceased person is an ongoing process, and respect for differences is important in processing the loss (Gilbert, 1996). If members are to acknowledge and resolve the variety of emotions that create the collective family experience, they must communicate clearly, and share their beliefs and meanings about the loss, rather than trying to create a single view of the loss (Gilbert, 1996). Overall, creating an open and positive family environment can have positive facilitating effects on children's grief (Silverman, Nickman, & Worden, 1992).

Often adults involved with bereaved children are grieving themselves, and may require support and information about children's reactions to death and their needs following loss (Baker, Sedney, & Gross, 1992; Pfeffer, Jiang, Kakuma, Hwang, & Metsch, 2002). When a parent is struggling with loss, children are more likely to have difficulty with the death as well (Walsh & McGoldrick, 1991), and therefore death can be considered a family challenge (Bowlby, 1979). Children and adults differ substantially in terms of the support they need, and therefore families require an interventional approach that is effective for everyone involved (Hullett, 2005).

Psychoeducational parenting work may provide information about how to discuss death and respond to children's questions and concerns, how to include children in death rituals, pediatric developmental needs and abilities, how to recognize if there may be difficulty coping, and how to foster children's expressions of grief (Baker, Sedney, & Gross, 1992; Black, 1978; Pfeffer et al., 2002; Wass, 2003). Parents have a fundamental and functional role in supporting how children manage their death experiences (Wass, 2003).

Education about reactions to grief provides an opportunity for children to improve their knowledge about what is “normal”, and helps bring meaning to the death, making it less confusing, and thus less overwhelming (Wass, 2003; Zambelli & DeRosa, 1992). The better adults can understand children’s conceptualization of death, the more prepared they will be able to provide guidance and comfort (DeSpelder & Strickland, 2002; Doka, 2000). Children need support and guidance during the grieving process so that they may continue to develop in a healthy manner (Oaklander, 2000).

Children may have strong reactions to anniversaries, and parents may witness regression behaviors as children try to cope with triggers; however, reactions may not evolve in a linear manner, and may be more related to developmental transitions (Baker, Sedney, & Gross, 1992). Children need validation for who they are, what they feel, and what they experience; many normal manifestations of grief feel, look, or seem strange to the younger children (Doka, 2000). Participation in bereavement intervention programs can promote a sense of self-worth while focusing on effective coping strategies, as well as using activities to educate parents on how to support their children (Brown, Sandler, & Tien, 2007). Importantly, there is no “normal” or “right” way for individuals to grieve (Sweeney & Homeyer, 1999).

### *Summary*

Research findings indicate that more than eight percent of North American children experience loss and grief during childhood, and that without appropriate support and intervention, this population is at risk for developing a variety of negative outcomes, including complicated grief. Some children are resilient, and many experience their grief process without the need for assistance from professionals; however, professionals working with children should have the tools necessary to recognize and intervene when they identify a child and/or family in

need of support, information, and education. Children cope better when parents, families, and teachers are educated and involved in helping them understand and work through their grief. Contemporary understandings about grief and loss extend attachment theory with the concept of continuing bonds, a concept incorporated into Worden's 2009 Tasks of Grief Model for children experiencing loss. Child-centered models are appropriate because developmental age and stage impact how children understand, perceive and communicate about death. Children are particularly responsive to the creative arts as a medium for exploring and expressing emotions; and respond well to group settings because of their familiarity.

This review of literature highlighted some of the best-practices for working with bereaved children. The present study's purpose was to investigate a unique program, the Good Grief Workshop, and describe how the program functions, how participants perceive it, and how it compares with the research literature. A qualitative case study approach was implemented in order to use multiple sources of data to investigate and represent the program. A detailed description of the methodology follows in Chapter Three.

### **Chapter Three: Methodology**

This chapter begins with an orientation to qualitative research and the case study, followed by a description of the identified case, the Good Grief Workshop. Next, the processes of data collection, data analysis, and the elements of evaluation criteria are outlined. The chapter concludes with a discussion of ethical issues associated with the study.

#### *Qualitative Research*

Qualitative research is inquiry in which researchers are interested in understanding how people make sense of the world and the experiences they have in it (Merriam, 1998). Experiences are dynamic, so understanding of a person's reality changes with changes in his or her perceptions. In qualitative research, the focus is on acquiring understanding from the participant's perspective, not from the researcher's perspective (Merriam, 1998). Since qualitative research focuses on process, meaning, and understanding, the products of a qualitative study are richly descriptive, expansive, and comprehensive, and incorporate participants' words and artifacts (Merriam, 1998). An inductive research strategy tends to be used, which means that the researcher builds towards theory based on observations and intuitive understanding (Merriam, 1998).

Another distinguishing feature of qualitative research is the concept of researcher as the primary instrument in data collection (Merriam, 1998). This means that the researcher acts as a human instrument by which the data is mediated, clarified, and summarized. Qualitative research can involve fieldwork, where the researcher physically goes to the setting and/or people, and observes behaviour in its natural setting. Ideally, qualitative studies are flexible and responsive, that is, procedures may change as the study progresses and evolves (Merriam, 1998). The

majority of published research on young children has been quantitative in nature, suggesting a need for more qualitative studies with this population (Graue & Walsh, 1998). Statistics and experimental research may dilute individual experiences and look at the surface, more apparent aspects of experience whereas qualitative research commonly delves into individuals' lived experiences and generates rich descriptive data (Greene & Hogan, 2005). Contexts are relational, dynamic, ever changing, and they shape and are shaped by the individual. By choosing to research children's experiences, and to view children as sentient beings who act with intention, one accepts that children are not all the same, and that one must respect each child as unique (Greene & Hogan, 2005).

#### *Case Study as Research Method*

A case study was used in the present study, which is appropriate when the intent is to contribute uniquely to knowledge about an event (e.g., organizational, social, individual) because a case study allows the source of investigation to retain its meaningful characteristics in its own particular context (Yin, 1994). As a result of being anchored in real-life situations, the case study results in a rich and holistic account of a phenomenon generated with multiple sources of data (Merriam, 1998). The goal of a case study is to provide as accurately as possible the fullest, most complete description of the case (Zucker, 2001). A strategically chosen case may actually add to the generalizability of a case study because many "discoveries have arisen from intense observation" (Flyvbjerg, 2006, p. 226). Researchers should choose the method study depending on the circumstances and area of study (Flyvbjerg, 2006).

Case studies are often heuristic, meaning that case studies illustrate the researcher's understanding of the phenomenon under study (Merriam, 1998). Case studies focus on a particular situation, program, or phenomenon, where the case itself is important for what it

reveals about the phenomenon and for what it might represent (Merriam, 1998). Case studies involve the use of multiple data sources that are responsive to the particular characteristics of the case (Yin, 2003). According to Yin (1994), the case study's unique strength is its ability to deal with a full variety of evidence (e.g., artifacts, interviews, and observations), elements that exceed what might be available in the conventional historical study.

### *The Case: The Good Grief Workshop*

The Good Grief Workshop provided the case of study. This program is a one-day workshop, offered twice a year, that targets children between four and fifteen years of age who have experienced the death of someone special to them. Participants in this experiential and interactive workshop learn about the process of grief, clarify their personal thoughts, feelings and beliefs about grief, explore their personal attitudes, identify interventions that are helpful to a griever, and identify risk factors for complicated grief. Creative arts activities are key elements of the program as a means of facilitating discussion and emotional release. While the children participate in the workshop, discussion groups are offered to parents and guardians of the children to help them to better understand issues of childhood grief.

The workshop is run by Ms. Dawn Cruchet (BN, MEd, CTM), a certified grief educator and counsellor, and incorporates the talents of many and diverse professionals (e.g., psychologists, social workers, nurses, teachers, music therapists, insurance brokers, funeral directors) on a volunteer basis. Ms. Cruchet usually holds two training seminars for volunteers in the weeks leading up to the workshop, so that everyone is working in tandem with the same goal and training. Consequently, the team changes with each workshop, depending on who is available to help facilitate the program; however, Ms. Cruchet is always the main facilitator. The Good Grief Workshop is offered semi-annually, usually in April and November.

This program was selected for its uniqueness: although the creative arts have been used in conjunction with grief before, this program offers elements that were not found in other programs, namely its duration (one day), its facilitators (volunteer basis), the combination of child and adult services offered simultaneously, and sponsorship by a community initiative thus free to participating families. By using a case study approach, I was able to explore the nature of the expression of grief in the context of the program (through participant-observation), and gain further understanding through interviews with volunteer facilitators and former child-participants, and with artifact collection.

#### *Data Collection*

Data collection and analysis occur as an interactive and recursive process, wherein the researcher moves between the literature, field data and analysis, and back to the literature again (Zucker, 2001). Sources of data included being trained as a volunteer facilitator; participating in and observing sessions using the creative arts in a group setting to process grief; conducting individual interviews with program facilitators and previous child participants; and reviewing pertinent materials (e.g., program information, photography, and artwork that have been appropriately authorized for use).

#### *Pre-Workshop Training and Participant-Observation*

I completed the two day training sessions in order to become a volunteer facilitator in the Good Grief workshop. This was followed by attending two planning meetings, and observing/participating in the eighteenth offering of the one-day workshop. Participant observation involved taking notes of what occurred, as well as using photography as a means of capturing visual imagery.

## *Interviews*

*Sampling.* The Good Grief workshop was purposefully chosen based on its uniqueness and potential information it could offer on group-based creative arts interventions for bereaved children. Purposeful sampling was used to recruit potential participants for in-depth interviews. Purposeful sampling is used when the investigator wants to discover, understand, and gain insight about a particular phenomenon and therefore must select a sample with direct experience of the phenomenon (Merriam, 1998). Specific criteria are used to determine participant eligibility. A single criterion for inclusion was used in the present study: interview participants must have had some involvement with the Good Grief Workshop. Participants were recruited using the following procedure:

- a. I met with Ms. Cruchet to discuss the study and potential participants;
- b. On the day of the 18<sup>th</sup> Good Grief Workshop, a letter describing the study and including contact information for myself, was distributed to all those people who participated in the workshop (e.g., volunteer facilitators, child and family participants) (please see Appendices F and G);
- c. Everyone handed in the forms at the end of the day, even if they did not wish to participate, so as to offer anonymity to those who were not interested. Those who were interested signed the form indicating how to contact them about the possibly be included in the study.
- d. I followed up by telephone approximately six weeks after the workshop. I reviewed the tasks associated with participating in the project, and informed them of their rights, including the possibility of withdrawing without penalty at any time.
- e. If participants remained interested, then an appointment for an individual interview was scheduled at a location of the participant's choosing.

I had hoped to recruit a range of individuals into participating in interviews, representing a variety of stakeholder roles and perspectives. Unfortunately, no children or family members from the eighteenth offering of the workshop were successfully recruited, despite repeated conversations and canceled interviews with some families, which may highlight the challenges grieving families face. The program director, Ms. Cruchet, was interviewed but decided to withdraw from the study because of competing demands on her time, as well as unexpected concerns about how her information might be used. Consequently, six participants ended up releasing their interview data for the study, four volunteer facilitators and two former child participants.

*Interview Procedures.* Semi-structured interviews were used, which allowed the flexibility to change the order of the questions as necessary, and to use planned as well as unplanned probes (Morse & Richards, 2002). Participants were able to expand on relevant information, and I was free to follow-up on a particular line of inquiry, if appropriate. However, the discussion was based on interview questions that were developed prior to the interview (see Appendix L) based on my interests and knowledge of the subject (Morse & Richards, 2002).

Interviews were conducted in English, although I did use French during one interview to help clarify. They were audio taped, and ranged from 20 to 60 minutes. Each participant first read and signed a consent form (see Appendices H, I, J). Then the audiotape was turned on, and the first question posed. After the interviews, audiotapes were transcribed, and interview summaries generated. Copies of the interview transcript and transcript summary were shared with the participants, who were asked to read over these materials and respond to the perceived accuracy of the materials, and offered any clarification or corrections they felt were necessary.

Participants then signed data/transcript release forms to indicate their satisfaction (see Appendix M).

### *Data Analysis*

Different forms of data were analyzed and represented in this study. Participant-observation data was integrated to create a chronological narrative describing the events of the day, and photos were used to accentuate the narrative. A reflection on my experiences as participant-observer provided further insight about the case. Interview data were analyzed with the intent of identifying themes that were true to the participants and their experiences with the Good Grief Workshop as a volunteer group facilitator and/or a former child participant. The general process of analyzing the interview data involved moving from unstructured data to ideas and themes about what was going on in the data (Morse & Richards, 2002).

The first step was transforming the data into a form that could be handled and manipulated in the process of analysis (e.g., transcripts, interview summaries), which simplified the data so that I could focus on specific aspects (Morse & Richards, 2002). I reviewed the transcripts multiple times to increase my familiarity with the data, and then began highlighting points that seemed to be common across participants as well as unique to participants. Grouping and regrouping content and working reflexively and recursively with the data, I generated a list of eight themes. This was not an exhaustive list of themes, but rather a select list intended to represent the important points emphasized by participants as well as those that struck me as important for readers interested in terms of developing and implementing a program such as the Good Grief Workshop.

### *Establishing Trustworthiness*

Qualitative research is an interpretive science, which implicates different means to demonstrate rigor, the means by which the researcher demonstrates integrity and legitimacy of the research process (Tobin & Begley, 2004). Merriam (1998) identified specific criteria that can be used to establish credibility in case study research. In this study, I used member checks; I strove for rich, thick descriptions; and I used reflexivity to increase cognizance of researcher biases and preconceptions.

Member checks were completed after the interview transcripts and summaries were reviewed by participants. Although a few minor changes and clarifications were made to two of the transcripts, participants expressed that the interviews were accurate reflections of their thoughts and experiences, and signed off on the transcripts.

I strove to present rich, thick descriptions so that “readers can determine how closely their situations match the research situation, and hence whether findings can be transferred” (Merriam, 1998, p. 211). A thick description was sought in keeping with the definition of attempting “... to unearth all the layers of meaning and social significance of social interaction, symbols and rituals in order to weave a holistic understanding of what various means to those who participate within it” (Anthropological Glossary, para.41). Geertz (1973) suggested that a good interpretation takes the researcher into the heart of what is being interpreted, without rendering it vacant of meaning.

Ongoing reflexivity was used to engage with and recognize the impact of my own experiences, preconceptions, and understandings (Ahern, 1999). By becoming cognizant of this, the researcher allows the work better reflects its own truths. Coupled with a certain knowledge of the literature as well as previous experiences and training, I also experienced unexpected loss of

a sibling during the course of this study, and I needed to be continuous reflexive about how this influenced and coloured my perspective.

#### *Additional Criteria for Evaluating Qualitative Research*

Further criteria forwarded by Lincoln (1995) also informed my understanding and conceptualization of the present study.

#### *Positionality*

Lincoln (1995) argued that positionality recognizes the post-structural, postmodern argument that texts, any texts, are always partial and incomplete, and therefore never represent any truth except those truths that exhibit the same characteristics. To espouse that the texts are complete truth is misleading, given all the factors that may not be represented (culturally, historically, etc), and displays a lack of honesty (Lincoln, 1995). When the researcher is able to honestly discuss his or her position, then this increases the authenticity of the work. Detachment and author objectivity are barriers to quality, not insurance to having achieved it (Lincoln, 1995).

#### *Community/ Relationality*

This evaluation criterion recognizes that research takes place within a research context, an academic community, and therefore is directed towards members of that community. The community can assess the quality and rigour of the research along intellectual lines, creating a community project (Lincoln, 1995). Being aware of how the researcher's chosen discipline conceptualizes qualitative research and case study allows her to implement research that meets the quality standards of academic peers, and adds to the research community knowledge base.

### *Voice*

Voice refers to who is speaking, for whom, to whom, and for what purposes (Lincoln, 1995). When undertaking qualitative research, the researcher is seeking out the voices that are silenced due to marginalization. This requires openness on the part of the researcher, to look for the many meanings and interpretations within the research data collected (Lincoln, 1995). By maintaining this openness, the text can be better evaluated for its content. In this study, I was committed to assisting the participants give voice to their experiences with childhood bereavement, either as one who has gone through it, or one who has facilitated childhood grief. By giving them the power to be heard by the academic community, I believe that professionals will be in a better position to assist this population.

### *Critical Subjectivity*

The purpose of critical subjectivity is to gain a greater understanding of the personal and psychological states of the participants, and to then move towards action (Lincoln, 1995). The word *transformative* is also used in this context, which recognizes the researchers' ability to find deeper meaning and to heighten self-awareness in the process (Lincoln, 1995). This can go far towards creating "personal and social transformation" (Lincoln, 1995).

### *Reciprocity*

Reciprocity has been identified as a key characteristic of credible qualitative inquiry because of the person-centered nature of interpretive work (Lincoln, 1995). During research, there may be an intense sharing amongst all parties that is facilitated by establishing trust, mutuality, and caring (Lincoln, 1995). I worked hard to protect participant confidentiality and anonymity, and kept the data collected secure. As a studying psychologist, I responded empathically and demonstrated respect and care to my "collaborators" in this project.

### *Sacredness*

The concept of sacredness is concerned with human dignity, justice, and interpersonal respect (Lincoln, 1995). The research relationship between researcher and participants can be conceived as one built on mutual respect and appreciation, rather than one based on unequal power between the two (Lincoln, 1995). I hoped to convey and establish a sense of mutuality and respect in working with the stakeholders of this project.

### *Sharing the Perquisites of Privilege*

Strong qualitative research calls for the collaboration of both researcher and participant, and it is easy to overlook the contributions of the participants after data creation and collection. It could be argued that many of the advantages of the research work, such as prestige, go to the researcher, when the participants are, in essence, co-researchers (Lincoln, 1995). By recognizing the contributions of the participants, one is paying respect to the contributors and to the academic discipline, increasing the value of the work (Lincoln, 1995).

I acknowledge all the information the participants shared in this study, without whom my work would not be possible. Additionally, I hope that through my collaborative investigation with the participants, I can expand the boundaries of current academic knowledge and awareness, thereby contributing to the betterment of reality to those experiencing bereavement, and validating their experiences.

### *Ethical Considerations*

Ethics approval was sought and granted in October 2006 by the University of Saskatchewan's Behavioural Ethics research board (see Appendix A). Several ethical considerations arose in the course of carrying out the study. Given the potentially sensitive

interview content, it was important that participants had the option of signing data release forms at the completion of the interview rather than having to subsequently review the transcript and transcript summary (see Appendices B, I, and J). One participant took advantage of this option. It was also challenging to determine how long to pursue the possibility of doing interviews and arranging meetings with potential participants. Several individuals indicated interest and continuing interest in participating, but nonetheless were unable to coordinate with me and fulfill the interview steps. Clear communication and follow-through was difficult at times.

The program director, Ms. Cruchet was interviewed, but expressed concern about her participation in the study after developing unexpected worries about how her information might be used. She felt unable to continue unless she was privy to the transcripts of other participants, and given sign off on the final thesis. This was unacceptable given the confidentiality parameters of the other interviews. Thus, Ms. Cruchet withdrew from the study with the understanding that she could change her mind at a later date should she wish. Ms. Cruchet did review earlier drafts of the thesis, and expressed satisfaction with the research, although she still declined to release her interview data. This development was unexpected and presented ethical dilemmas. Through continued communication throughout the development of the research, the situation was resolved in a way that maintained ethical standards, and was acceptable to Ms. Cruchet.

## Chapter 4: Results

In this chapter, the Good Grief Workshop is introduced, followed by a description of my own training for and participation in the November 2006 offering of the group, as well as a reflection on the day. Next, data generated through interviews and artifacts are represented as a select number of themes related to being a volunteer group facilitator and/or a former child participant. Participants are identified by pseudonyms that they chose, and quotes are edited with minor changes in order to protect privacy (e.g., modifying identifying content) and to increase readability and comprehension (e.g., removing filler words such as “umm”, “you know”, “like”).

### *The Good Grief Workshop*

The Good Grief Workshop is a one-day workshop offered semi-annually, in Montreal, Canada during April and November, with the intent of providing grieving children and their families with a safe place to explore and discuss grief, while also educating them about the grief process. Created in 1998 by Ms. Dawn Cruchet (BN, MEd, CTM), the workshop was developed for children and youth aged 4- to 15-years of age who have experienced the death of someone close to them. A parent discussion group is offered concurrently to parents/guardians to help them understand children’s grief and special needs. The workshop is offered free of charge to families, and is supported financially by a local non-profit business community initiative. The location varies based on availability, but the workshop typically takes place in a school. Participants are referred through local agencies, including schools, social workers, CLSCs (centre local de services communautaires), doctors’ offices, funeral homes, and by word-of-mouth. Ms. Cruchet also started a mailing list for a newsletter, usually sent twice a year, and interested people are added to it throughout the year. A website is available at <http://www.dawncruchet.com/>.

The workshop is offered in both English and French, with groups separated into language groups for smoother facilitation. Smaller groups of 4-6 members are formed, usually based on developmental age, although upon request exceptions are occasionally made to keep siblings together upon request. Each group has two facilitators. Creative arts activities are used in conjunction with discussion, inviting participants to explore their loss in a safe group setting. The workshop is run with the help of volunteer facilitators who undergo two training sessions on grief offered by Ms. Cruchet prior to the workshop. The facilitators range in age, and come from a variety of backgrounds, including helping professions in education and medicine, funeral directors, and members of the private sector; but, everyone shares an interest and willingness to create a safe place for grieving people to talk about loss, to share, and to remember.

#### *Volunteer Facilitator Training and Planning Meetings*

Before volunteering with the Good Grief Workshop, interested individuals must complete two 8-hour workshops, one on grief in general, and one focused on children's grief, in particular. Incorporating a blend of theory, discussion, and activities, the purpose of these workshops is to provide everyone with a similar background in terms of training, as well as to provide facilitators with the opportunity to realize and gain more insight into their own feelings, beliefs, experiences, and values around death. Training workshops are offered twice a year for a modest fee (\$125.00), open to anyone, and people can register for them without necessarily becoming involved with the Good Grief Workshops (see Appendix C). Following completion of the training workshops, participants receive certificates describing the training (see Appendix D).

As described in the preceding chapter, the Good Grief Workshop employs William Worden's (1996) Tasks of Grief theory as a theoretical basis. Content includes the importance of discussing the death of the loved one using honest and appropriate language (e.g. "death",

“died”, “dead”), identifying emotions following loss, and using activities to express the loss, both verbally and nonverbally. Every workshop includes a memory project to help memorialize the loved ones who have died.

In preparation for the 18<sup>th</sup> Good Grief Workshop, Ms. Cruchet organized two face-to-face planning meetings that I attended (please see Appendix E). During these sessions, Ms. Cruchet emphasized the importance of facilitator behavior in group work, as facilitator’s reactions and values to grief can set an unconscious tone within the group. In order to create a safe environment for the children, she asked facilitators to (a) establish specific norms at the beginning of the group (e.g., confidentiality, right to pass and not participate, nonjudgmental reactions to feelings that may arise), (b) share power through offering choices, and (c) be as open as possible with members of the group, such as using active listening, and asking rather than ordering or commanding. We also partnered-up facilitators, brainstormed ideas, and chose the activities, including the main memory project.

Ms. Cruchet usually changes the memory project between workshops so that children attending a few workshops in a row will experience different activities. Dream catchers were chosen for the 18<sup>th</sup> workshop based on the experience of a new facilitator who joined the group that session and who had previously made dream catchers with children. She also knew how to obtain the materials inexpensively. Although a non-profit company funds the workshop, Ms. Cruchet tried to keep the costs reasonably low. She asked volunteers beforehand to e-mail her their preferences in terms of age groups, and attempted to match facilitators with their preferences as much as possible. However, her first priority was to cover all groups, and to match more experienced members with volunteers who have recently joined the team.

Music has an important role in the Good Grief Workshop. It serves to welcome and join members in the shared experience of loss (e.g., using structured songs, such as the “Welcome Song” or “It’s Ok to Cry”), as well as allows individuals to make noise as a symbol of their feelings (e.g., playing maracas, using simple instruments in the gym). Facilitators are expected to join in and participate, as well as to encourage participants to join in the songs. One volunteer facilitator, Charles, has attended all the workshops and he plays guitar and provided musical leadership during the songs.

### *Participating in the 18<sup>th</sup> Workshop*

The 18<sup>th</sup> workshop was held on a Saturday in late November 2006, started at 9:30 am, with 19 child participants, (16 English speaking, and 3 French speaking), 10 parents/guardians, and 12 facilitators. Everyone met in a large common room, and the children were invited to choose from a selection of stuffed animals that were donated from various individuals and businesses (see photo on p. 63). Once chosen, the toy was theirs to keep, and many children played with their new toys throughout the day. A section of the room set aside at the start of the day, called the “graffiti wall”, where the wall was covered with butcher paper, and one was allowed to write or draw their feelings (see photo on p. 64). Markers in many colours were available, and most participants took advantage of the opportunity to use the wall. All participants began the day together, shared a lunch together, and ended the day together. In between these times, they were separated into smaller groups. The adults formed a discussion group and the children were placed in six groups: 4- and 5-year olds, 6-year olds, 10- and 11-year olds, 12- to 15-year olds, and a Francophone group of three 7- and 8-year olds. All of the children in this particular workshop had lost a father.

The workshop started off in a single large group. Ms. Cruchet introduced herself and reviewed the purpose of the workshop, which was to be with a group of people united by the shared experience of having lost someone special and wanting to learn how to find understanding and meaning in their loss. Music was used as a means of welcoming members to the group, and a simple song was sung with Charles on guitar accompaniment, inserting individuals' names who wished to be welcomed into the group.

*Welcome to this group my friend,*

*Welcome here today.*

*Welcome (person's name), welcome (person's name),*

*Welcome here today.*

Only members who wished to be included in this song were sung to. All the younger children wanted to be included in the song, and only 2 adolescents asked to pass. Following introductions and an outline about the day's activities, Ms. Cruchet divided the large group into smaller groups, and facilitators led their groups into smaller classrooms that were prepared in advance for activities.

Originally I was invited to co-facilitate with the group of 6-year-olds; however, due to a facilitator being absent unexpectedly, I transferred to another group moments before the workshop started. This highlighted how Ms. Cruchet has learned to be flexible, and is ready to respond to unexpected changes during the day. I ended up participating and observing a group of four energetic 10-year-old boys. We started the small group with an icebreaker activity called the "name picnic", in which members took turns going around the group saying their name and an item that begins with the same letter as their first name that they would be bringing to a picnic (e.g., My name is Angela, and I am bringing apples), after repeating the previous person's name

and item. The goal was to introduce members, and to help learn one other's names before talking about group norms and rules.

Norm-setting is an important aspect when working with groups, as it sets ground rules for members to feel safe. The norms set for the group were: (a) confidentiality; that is, what is said in the group is private, and stays in the group; (b) sharing is voluntary, (c) members have the right to say, "I pass" if they do not want to share; and (d) emotions may happen, we do not try to stop them. If tears happen, we just pass the box of tissues. The boys seemed satisfied with these norms, and were given the option to add to the group norms as necessary, although they chose not to.

The next activity involved distributing pieces of a heart shaped puzzle, where participants were asked to write the name of the special person who had died on one side, and then write or draw a special memory of that person on the opposite side. The boys were given an opportunity to share their memories with the group, and then members put their separate pieces of the puzzle together to form a heart, symbolizing that everyone shared a broken heart because a special person had died, and that through sharing stories and memories, their hearts might learn to heal. The activity did not work out as planned, and the puzzle unintentionally ended up forming a misshaped heart. One boy profoundly stated, "I guess when someone special dies, your heart might heal, but it will never be the same again." The other boys accepted this, and seemed to benefit from the unexpected outcome of a misshapen heart.

We had planned an activity focused specifically on feelings children experience when someone special dies because identifying and expressing emotions are important steps for bereaved children in processing their grief. The planned activity, Scrunchy Feelings Pie,

emphasized understanding that feelings are not good or bad, they just are, and it is important to recognize and work through them. In this activity members talk about some of the feelings they experienced since the death of their loved one, then choose coloured tissue paper to symbolize various emotions, and glue it to a paper plate in proportion to how much they are felt a particular emotion. The end result is a visual image of their emotional state, intended to help children become more cognizant of their emotions (see photo on p. 65). Our group, however, did not do this activity because they were engrossed in discussing their loved ones. The children were invited to bring in photos of the loved person who had died, and the group discussion stemming from this seemed quite helpful to them, so my co-facilitator and I chose to stay with this instead of moving on to the Scrunchy Feelings Pie feelings activity. When they later saw the other children's creations, the boys did express that they liked the idea, even though they had not participated in that activity.

Because the research literature suggests that children do not grieve in a linear fashion, and may need to use nonverbal methods to express emotions, Dawn incorporates physical activity into the workshop, and encourages the children to use physical activity as a means to discharge some of the emotional energy that may build through discussion about loss. After our group's discussion and sharing photos about the children's loved ones, the boys were given an opportunity to use the gym facilities for 15-minutes, of which 5-minutes was structured time, and 10-minutes was unstructured time. This physical activity break provided an opportunity for the boys to release energy, and take a break from talking about their feelings. The structured activity was a balloon stomp, where members attached a balloon to their ankle with thread, and then tried to burst each other's balloons. The boys expressed that they enjoyed this activity, and asked for more balloons, but unfortunately there were no more left. They then engaged in unstructured

physical activities, including playing soccer and tag. After the energy break, and a good drink of water, they were ready to continue participating in the group grief tasks.

The next activity, called “Memory Maracas”, involved inviting members to write a note on a small piece of paper to the special person who had died, roll it up, and placing it inside an egg shaped maraca, which they filled with either small stones or grains of rice, then sealed it with stickers to identify it and keep it closed. It was interesting to see how some of the children used only a few stickers to close the maraca, while others used as many stickers as possible, and asked to use tape to really seal their secret inside, perhaps as an expression of their need for privacy, or their unwillingness at that time to share everything about their grief. These maracas were used later in a larger group song activity. The boys were very excited to mix a secret communication with their loved one with the creation of a noisemaker, and played with the maracas and shared stories with each other until lunch time.

A lunch consisting of light food, including sandwiches, plain tomato pizza, vegetables and dip, juices, and cookies, was provided free of charge for everyone, funded by the same agency that funds the rest of the workshop. Participants were invited to form a line, and served themselves buffet style, with volunteers on hand to assist in maintaining a good flow of traffic. Ms. Cruchet also wisely assigned a volunteer to monitor the cookie table, because in the past, some children preferred to fill their plates with only cookies for lunch! Participants were allowed to choose their own seats. Some families preferred to sit together and share their experiences of the day, while others prefer to sit in groups with their new friends. Lunch was scheduled to last approximately 45 minutes, and when the children were finished eating, volunteer facilitators were waiting in the gym to supervise anyone who wished to play before the workshop continued.

I watched and played tag with some children, including a few members from the group I was co-facilitating.

After lunch, the large group met once again in the common room, and 3 songs were sung, accompanied by Charles on guitar. The chorus of the first song was written on the board, and all members of the group were invited to participate, either through singing, clapping their hands, or shaking their maracas. The maracas created during the activity before lunch was specifically planned to be used by the children to accompany the bilingual song, “All I Ask/ Tout Ce Que Je Veux”:

*All I ask of you*

*Is to always*

*Remember me*

*As loving you.*

*Tout ce que je veux*

*C'est que tu te*

*Souviennes de moi*

*Et que je t'aime.*

The song, with its simple lyrics and music, evoked emotion in many members, and tears were shed in the group. To lighten the mood, the final song, “Achin Drum” was song. It is a children’s sing-along song in which children shout out various food objects, (e.g., cheese, carrots, etc.) to construct the man on the moon. Charles is an experienced facilitator, and was able to include most of the children’s suggestions into the song, so that no one appeared to feel left out or have their idea ignored.

When everyone was in good spirits and calm again, Ms. Cruchet started the memory project, which was to create a dream catcher (see photo on p. 66). Dream catchers are used by some First Nations people at night to catch nightmares in the webbing, where they are held until morning, when sunlight would melt away the bad dreams. Good dreams, knowing their way to the holes in the center of the dream catcher, filter down to the feathers, an image of power in First Nations traditions, and are held there, ready to return another night to be dreamed once again.

Participants were invited to choose from various colours of leather strips, beads, metal rings, and feathers, and with the guidance of the facilitators, made their own dream catchers to help them catch and keep their good dreams. Facilitators were stationed at various points, and helped dispense the required materials. A glue gun was used to secure the leather straps to the metal base ring, and the leader of the activity explained to the children that only adults were allowed to handle the glue gun due to the risk of burns. Although the children were allowed to sit with whomever they chose, most preferred to stay with the groups they had formed during that day. The children completed the activity at varying rates, and when they were done they drew and/or wrote on the graffiti wall as they waited for everyone to complete their dream catchers. Everyone worked together to help clean up the large room after the dream catcher activity.

Last, each group was given a helium balloon with a marker, and invited to write down the name of the person who had died, and a brief message (e.g. I love you) or their name if they wished (see photo p.68). Everyone collected their belongings, put on their jackets, gathered outside, and together released the balloons into the sky as a symbol of releasing their pain, and sending their thoughts to the person who had died. This was a powerful moment for all members, a sort of group catharsis, and there were shouts, laughter, hugs, and tears as the balloons rose

high into the sky. Some children loitered on the steps, watching the balloons float away. The group then said their goodbyes on the steps, rejoined their families, and departed (see pp.67-70).

There was a team meeting immediately following the workshop to help the group process the day, air any concerns, as well as to provide Ms. Cruchet with feedback in terms of what worked or did not work well, and things she may have missed in the small groups, since in her role as program director, she focused more on the larger picture, and may miss some of the finer details. She also provided feedback on her own observations, including specific behaviors she found helpful or to be avoided. For example, she noticed one facilitator was more directive than Ms. Cruchet preferred, and asked her to use more open sentences in the future. Ms. Cruchet appeared to be very aware of the variety of emotions that may be stirred up when participating in the workshop, whether it is as a facilitator or participant, and opened up the group discussion to any reactions members may have been experiencing. She ended the group with a discussion on how to “be good to oneself”, inviting all members to share one thing they would do to reward themselves for their efforts that day, and help ease any possible tension the day’s activities may have caused. The group broke up, but some members left together in couples or triads, continuing to talk and share, almost reluctant to see the magic of the day end.

### *Photos*

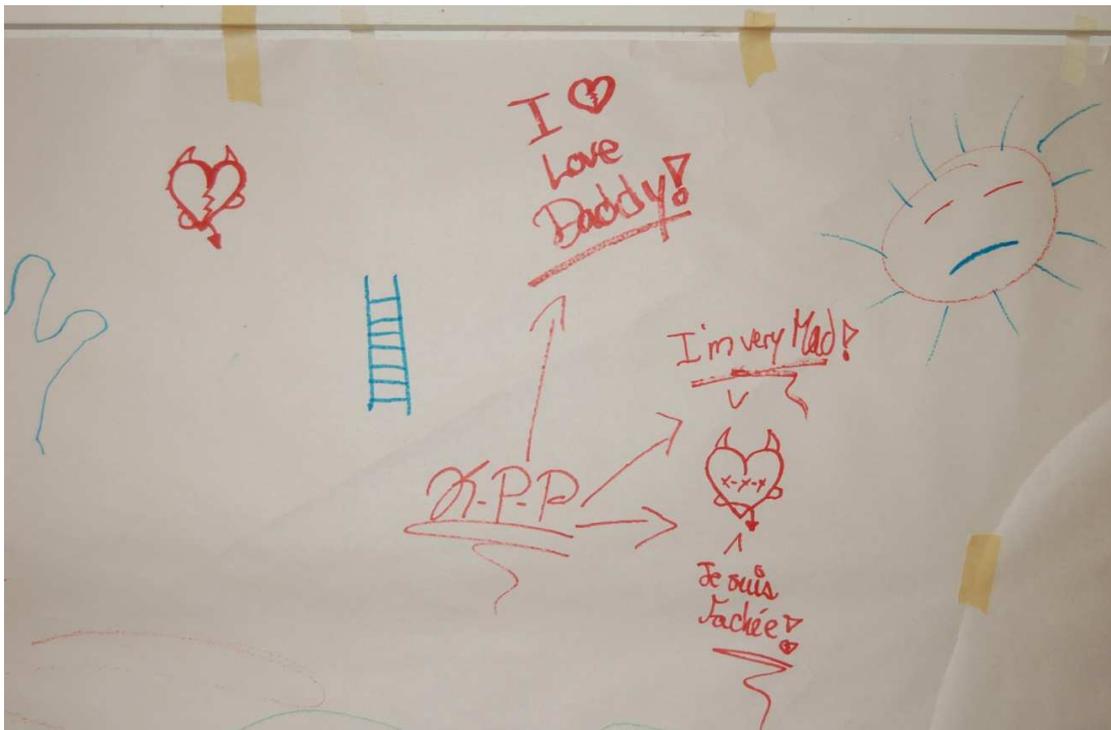
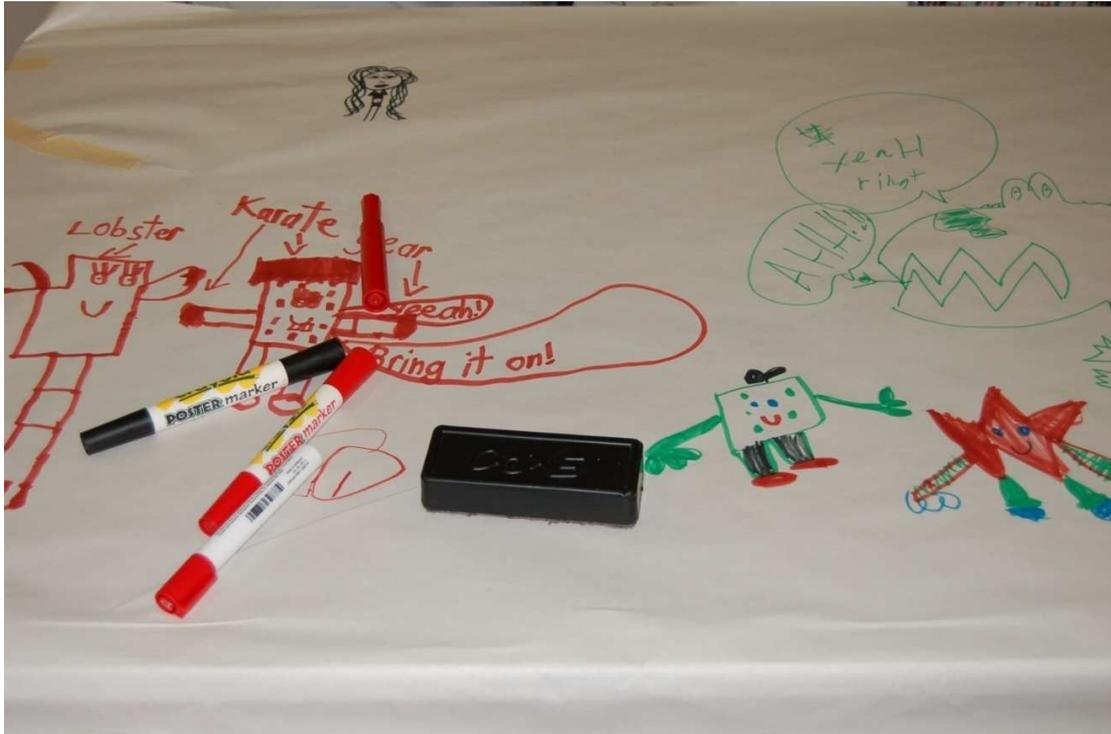
During the workshop day, I had the opportunity to take a few candid photos, with permission, of some of the creative arts activities. Here is a selection of the photos to highlight the previous description through visual imagery.

This is a photo of a table with stuffed animals, also referred to as the “stuffies station”. The toys are donated to the workshop, and each child is invited to choose a stuffed toy, if they wish. All the children at the 18<sup>th</sup> offering accepted the offer, and I observed many playing with

their new toy throughout the day, especially younger children, who cuddled with it when the group sang songs, such as “It’s OK to Cry”.



In the first photo of the “graffiti wall” at the beginning of the day, most of the drawings the children made were superficial in nature, mostly about cartoons and play. Towards the end of the day, as they opened up and expressed their grief, more emotions and memories were drawn.



Although the group I observed and participated in did not have time to make Scrunchy Feelings Pies, I was able to take a photo of one as a way of describing what a creative arts feeling activity

might look like. This involved creating an external representation of an internal state to help bring their attention to the many emotions they were feeling, and how confusing it can be.



Every workshop uses a memory project as a means of memorializing the deceased loved one(s), which is in line with Worden's (2009) Tasks of Grief model. The memory project for the 18<sup>th</sup> Workshop was dream catchers. Here is an example of one completed by a child participant, where the theme was to keep happy memories of the deceased person, and allow the upsetting memories to fade away.



The balloon release involved writing messages to the loved ones on helium balloons, and then releasing them outside as a group as a way to end the day by symbolically releasing their pain. Each group was given a balloon to write on, and then everyone gathered outside for the release.



Participants gather outside the school in a group to release the balloons.



A photo of the balloons as they are released into the sky.



The group watches as the balloons rise into the sky, the workshop day ends, and the group breaks up to go home.





### *Personal Reflections on the Workshop Day*

I observed many emotions arising in the children throughout the workshop day, including sadness, excitement, happiness, confusion, love, friendship, anger, and empathy. As the literature review suggested, the children in my group appreciated having a safe place to talk about their experiences, and seemed to benefit from sharing their grief in a peer group setting. But, they also needed physical and creative arts activities to break up the emotional intensity of discussing and experiencing their grief. When the children gathered in the main room to do the memory project, everyone appeared to enjoy the large group activity, and I saw sharing of materials, stories, and dreams. I observed parents who had just met that day sitting together during lunchtime, and exchanging phone numbers towards the end of the day. New connections formed from the opportunity to share their experiences of loss, and the knowledge that they were not alone in their pain, even though their stories were different, seemed to comfort them.

Interestingly, I was one of three volunteer participants involved in the 18<sup>th</sup> workshop who has experienced the loss of a close member of the family in the two months leading up to the workshop. I discussed this with one participant, Gillian, during her interview, when she shared that although she had over 20-years of experience working in the area of grief, she was still caught off guard by the suddenness of her father's death, and the emotions that came with it: "Going through a grief is not the same as learning about it, but having learned about it before hand, it does help the experience, not be any less painful, but be more able for me to deal with on a more rational level." When I asked Gillian if she thought her recent experience with loss might have impacted on what she brought to the workshop, she responded, "Maybe slightly more empathy." Overall, she felt that her father's death did not undermine her ability to help others with their grief. I would describe my experience to be similar to Gillian's, in that the death of my

brother affected how I approached the workshop and what I brought as a facilitator, but did not undermine my ability to participate.

### **Interviews**

After participating in the fall 2006 offering of the workshop, I contacted individuals who indicated that they would be interested in being interviewed. Fourteen people agreed to be contacted, seven were interviewed, ranging from adolescence to late-fifties in age, and six (four women and two men) agreed to release their data: Penny, Gillian, John, Natasha, Charles and Laurence. All participants were residents of Montreal, and cultural backgrounds included Canadian and European decent. Participants ranged from having attended a couple of workshops, to one participant who had attended all eighteen workshops. In the interests of confidentiality, participants were invited to choose a pseudonym of their choice.

#### *Interviews with Four Group Facilitators*

Penny, a volunteer facilitator in the Good Grief Workshop had attended three workshops at the time of the interview. She became interested in working with grief facilitation following her participation in an adult grief group following the death of her mother, approximately 8 years ago. She had recently completed death, dying, palliative care and bereavement education training to qualify for certification in thanatology. Although her interests were more in working with bereaved adolescents and adults, she appreciated the opportunity to work with children in the workshop.

Gillian had been involved in bereavement facilitation for over 20 years; however, she only joined the Good Grief Workshop facilitator team about five years ago. She prefers to work with parent groups, although she had worked with adolescents previously. Gillian was one of

three facilitators at the 18<sup>th</sup> workshop who experienced the death of someone close in the months leading up to the workshop; her father died one month before. She talked openly about loss, death, the importance of grief work, and working through her own grief.

Charles was the only facilitator, aside from Dawn, to have participated in every workshop since its inception. Currently a post-secondary educator and musician, Charles originally trained in a medical career, and thus brought medical knowledge and creativity to the volunteer team, which allowed children to ask medical questions in a safe environment. The workshop benefited from his musical ability; he was the musical leader in the songs played during the workshops, singing and playing the guitar. Charles has worked with all age groups through the workshops except for the parent groups. He had participated in other grief workshops, including a weekend retreat, and shared his experience and ideas on grief work, especially outreach for children and youth.

Laurence worked as a funeral director for the company that funds the workshop, and became involved as a volunteer facilitator after receiving training from someone offering grief support groups in French. Laurence expressed that she found being involved with the workshop gratifying because it allowed her to play a more active role in the healing following a loss than she could in her role as a funeral director. She was involved with bereavement support groups aside from the workshop, and appreciated bringing what she considered a much needed service to the community, especially with French speaking families.

#### *Interviews with Two Former Child Participants*

John, a former child participant, attended two workshops when he was 10-years-old after being referred to the workshop following the death of his father. At the time of interview, John

was 16-years-old, and had been previously interviewed twice for media discussions on children's grief due to his willingness to discuss childhood bereavement, and his ability to articulate his experience. Self-described as a shy person, John appeared open and forthcoming during the interview, as he was passionate about educating others about how to help those coping with a death of a loved one, especially children and youth.

Natasha, John's sister, was a former adolescent participant in the Good Grief Workshop who, while attending university for a bachelors' degree in psychology, chose to return to the workshop as a trained volunteer facilitator. She had a wide range of experience in the area of loss, from the death of her father when she was 15-years-old, to working for an agency that offered outreach programs for patients diagnosed with terminal illnesses, to working with the workshop team. She participated in the interview, and shared her experiences from her unique dual role of child participant and adult facilitator. She was the only person in the history of the workshop to have experienced both roles.

### **Themes**

Analysis of the transcripts led me to identify eight themes: (a) motivation for participating in the workshop; (b) the importance of finding and creating a safe place, (c) being open in discussing death, (d) the experience of grief as not something you get over, (e) death education in schools, (f) challenges associated with participating in the workshop, (g) the use of music as an emotional release, and (h) ideas for future directions. These themes emerged after repeated readings of the transcripts, and represent what I found to be the main points of what the participants were expressing in their interviews. I did not look at statistical frequency in the interviews, but rather allowed the interview participants' passion to guide the process of

generating themes, as well as what seemed important for others interested in developing similar programs. It was challenging to decide which quotes made it into the Results Chapter, as there were so many poignant points shared. Most importantly, I wanted to capture and represent the participants' words and understandings. I believe that these eight themes do this.

### *Motivation for Participating*

Grieving children and their family members are prompted to participate in the Good Grief Workshop because of a need for help. John, for example, was 10 when he first participated in the workshop, about a year after his father's death following a short and acute illness.

My dad died when I was nine, and I got over the shock when I was ten... (The workshop) helped me because there were other people there just like me. I liked it the first time, so I went again. But after that, I just didn't feel like it anymore, I just outgrew it.

But what about the group facilitators? Why do the facilitators volunteer their time and energies for the workshop? Their contributions are critical to the workshop's success, and thus it is important to understand their motivations, both in terms of understanding some the workshop's dynamics as well as thinking about how one might recruit and identify suitable facilitators for such a program.

John's sister, Natasha, became a group facilitator because of her positive experiences as a child participant six years ago, as well as wanting to augment her educational experience and pursuits.

I went into psychology, and I started studying it, and then I remembered that there was Dawn and the Good Grief workshop, and I remember how I felt, I just remember (thinking) it helped me so much, I just wanted to help people, too. It was an experience for me, too, because I needed experience later on to apply for a Masters (degree), and I found that this would be the best experience.

Once she became involved with the workshop as a facilitator, Natasha found a new inspiration for participating: gaining a sense of well being in knowing that she might be helping children who are going through a difficult time, something she could relate to as a woman who lost her father when she was fifteen years old.

The fact that there are these kids there that come in, and they are all shy in the beginning, you are kind of scared, too. The talking about it and seeing their faces light up after sharing with other kids and doing all the other activities, there is nothing more rewarding than that, to see somebody who is going through such a hard time, yet being able to give them some coping strategies to deal with it, it's just so great.

Penny's motivation was also personal. She had participated in an eight week adult grief group offered by Dawn a number of years ago, following the death of her mother. She was so appreciative of the process that her education and career goals changed, and she moved to the area of loss and bereavement. Penny wanted to "do good" in the world, especially for those who have experienced a loss. She did not expect to see the changes the day of the workshop, but rather envisioned herself as planting seeds for the future.

The rewards are (that) I feel great at the end of the day because I know that at some point, they (the participants) will remember something I've said. So, I know that it does good, I know in the way you know when you did good.

Charles also became involved with the workshop after meeting Dawn; in his case, after attending a lecture of grief that she gave during his third year in medical school. Like Penny, he was also wanted to help others, although he expressed less certainty about the impact of his contribution.

I really enjoy going there. At this point, I would miss it if I didn't do it. I just appreciate the learning, the getting to know the kids, the opportunity to help. I like the contact with people in that I left this helping profession (medicine), and I like going back to purely support people and help them out. I miss it, and I am glad that I get to do it now and then. I have no idea if it is a drop in the bucket or if it is something they will take with them, or how much, or to what extent. It's a total drop in the bucket, (but) it's an important drop,

it's just that little something that they can carry with them. I think that it is really important to have them take something away from it.

Laurence worked in the funeral business, and became involved in the workshop following training that her predecessor had received, and shared with her. Part of her motivation came from her experiences as a funeral director working with grieving families who have few resources and little follow up, and part of it from her desire to teach death education to children, especially to populations she perceives as underserved, such as smaller communities, and the Francophone population.

I started in the (funeral) business, (and) I realized that I preferred that aspect (of) being involved with the family, helping them. So, through the years, I decided that if they (her employers) would offer it to me, I would like to follow up with them (clients), because we see them for just a few days, and after that they are gone, and we don't hear from them, how they are doing, how they are healing. What I like about the bereavement support groups is that I can be more myself than when I am a funeral director. When I am in the bereavement support group, I have more room to be myself, and bring everything I can. I am more involved.

Gillian had over 20 years experience working in the area of loss and grief, and was interested in learning from the workshop. She also recognized the need for resources following her extensive experience and training in the area of bereavement.

I thought it would be interesting to learn, and to see how other people run workshops. I don't feel the need to be rewarded, really, even though I am... I guess the reward is getting the feeling that somebody is benefiting from my experience. It's a part that has brought me a lot more than I ever felt I gave to it.

Motivation for participating focuses on how and why these particular individuals came to be involved with the workshop. All participants had a story, and there were varied reasons. For the facilitators, an exposure to or personal contact with Dawn Cruchet was common, which then ignited further interest such as volunteering to learn more about grief, to build skills, and/or to give back to the community. Child participants enrolled in search of a safe place to express their

grief. Beginning to understand the reasons that brought people to the group could be helpful if someone else were to try to implement this workshop with a reliance on volunteer facilitators.

### *Finding A Safe Place*

It is possible for individuals to relate to feeling the same sorts of emotions as others, even though different experiences may have caused them. Four interviewees shared stories that captured the idea that although grief is an individual journey, experiences of loss can be shared, and the common element was having a safe place to express these emotions. In the workshop, the child participants came in search for a safe place, and facilitators tried to meet that need by establishing a safe and open environment.

For John, one of the aspects he liked about the workshop was being in a group where others understood him and what he was going through. He expressed that before going to the workshop, he felt as though the people in his life did not understand what he was feeling, and being with others who had experienced loss offered a sense of comfort he did not have in other arenas of this life. Before attending the workshop, John felt a wish to be with other children who were going through similar emotions as him, a need to feel as though he belonged because he felt different from his peers. He reflected on how attending the workshop provided him with the opportunity to spend time with other people who had lost someone special, like he did, and how being with people he could relate to offered a comfort he had not found in school.

I felt a sense of belonging, because there were people I could relate to, and talk to, because at school, at the time, nobody had ever lost a parent, so even though people were saying, “it’s ok, it’s ok”, you don’t really know how it feels. But when I was at the workshop, that’s what you’re there for. It helped me because there were other people there that were just like me. I felt a sense of belonging, because there were people I could relate to, and talk to, because at school at the time, nobody had ever lost a parent.

John also expressed how confusing it was for him at the time, especially in elementary school, because although some members of the school community tried to comfort him, he realized that his loss made him different, and that even adults might not understand the life altering significance of what he was going through.

I was in elementary, but there wasn't enough support at school, like teachers told me it was OK. But nobody talked to me, so it just got me more sad. I thought that since they're teachers, they're adults; they should know what it's like. They should know that I'm sad and I'm going through a hard time, it should get through to their heads, but sometimes it just doesn't... it doesn't click with them.

Natasha was in high school when her father died, and during her interview as a former child participant, she discussed how difficult it was for her to grieve in a context where few people had ever experienced a death of a loved one, or understood her loss. Being with peers who were going through the grief process offered her a reassurance that she was not alone, and connected her with others who had gone through grief.

I liked it (the workshop). I liked the fact that I got to see people... just the fact that I saw other people that are going through this, especially since in my school, I was maybe the second person in my grade who ever had some type of loss. I went a second time (to the workshop), I wasn't forced to go, but I went a second time because I wanted to see people again, I still needed the reassurance that I am not alone. It helped me in the sense that it connected me to other people that have gone through it (a loss), even though I never spoke with them again, I just knew at least that they were there.

Gillian discussed the importance of creating a safe space for grievers to express themselves, and how the workshop provided an opportunity for people in need. She expressed how comforting it could be to be in a setting where others have experienced similar experiences, to express themselves and their emotions, and members in the group were in a better position to understand and accept each other, due to the shared experience of loss.

I always find that being with people in similar circumstances tends to ease the load. The most important thing is (the workshop) gives them a space to be with people who have been through a similar experience, and that, I find, is a very comforting aspect. If you

find someone who has had a similar experience to yours, it is easier to talk to them, because you feel that they understand better what you are going through, and what you have been through. And, they are able to really let go of their feelings and cry and know that they are not going to be judged, and I think there is a very great need for that.

Gillian also went on to discuss that the workshop provides a space for griever to understand that everyone has experienced a loss, although their grief is all unique, and that this can create a sense more of a sense of balance in the griever as they listened to how different individuals did different things. As a grief facilitator, she tried to create a setting open to discussion and sharing.

When you listen to other people's stories, I think you are more able to create a balance, knowing that other people have the same, or even different, experiences to their grief. Everybody dies differently, and everybody grieves differently, just as everybody is different.

Charles noted that some participants return for a multiple workshops, and speculated that they must be getting something helpful from the experiences, the children through the opportunity to open up and the parents by learning how to help and support their children. He believed that there is a sense of connection that developed in the group, and knowing that there is a place where griever could discuss their loss, and be welcomed and accepted was very powerful.

You see kids come back every year, it makes you think, OK, they are getting something out of it, and I think it's helpful, too. They connect with each other, they connect with the adults who seem to be interested in them, and trying to help them and support them. The parents are a big part of kids feeling better, so I think for the parents it could be very cathartic. There is an atmosphere where it's OK to talk about these things, they don't have to get over it, I think it just gives them some good messages, and a nice experience about it's OK to be where they are.

When life has been upset by loss, and there are few, if any people or places one may go to for comfort and understanding, the workshop offered griever a safe and appropriate environment when experiencing intense emotions and vulnerability. Facilitators in the group

recognized the need for a safe place, and worked hard to create a sense of openness and acceptance. The child participants felt the benefit, even if only for the workshop day; knowing that they were not alone helped ease part of their confusion, loneliness, and pain. Recognizing the needs of child participants is a key element when developing a group.

### *Discussing Life and Death*

As discussed in the literature review, death is not a topic easily brought up in conversation, with euphemisms often being used to soften the reality of death, or the topic being avoided all together. Four participants felt strongly about this and the importance both providing information directly as well as being willing, open and responsive in hearing their stories.

Natasha expressed that as a teenage griever, she felt a need to understand the grief process, but she was not provided with the opportunity to ask questions and receive information about grief. She expressed that for her, it would have been helpful to have more education and understanding about what was happening, so that she would be better equipped to recognize and deal with it. Ultimately, it was through her contact and visits with Dawn that she learned more about childhood grief, and that she was “normal” to feel the way she did.

I needed to know, or at least to get some knowledge about grief. Just to know, to have some sort of guideline about what it is, because, especially at that age, you don't really know what's going on with you, and you're not an adult, where you will go out and search, and see, oh my God, that's normal, or maybe call someone and say, is this normal? But, getting a paper, or getting somebody to explain to you that it's ok if you feel sad, it's ok if you want to cry in the middle of class, it's ok if your grades go down, it's ok, we understand, it's ok if you lack concentration, I thought I was going crazy. There were times that I wanted to cry in class, there were times when I got anxiety attacks and I didn't know what they were. Just getting that knowledge out to kids in the language they understand would be, I think would be very, very helpful.

Charles studied medicine, and offered children the opportunity to ask medical questions that they may not have felt they were able to previously ask an adult, including questions about

pain or reconstructing the act of dying. He believed that opening up the possibility for questions and discussions, and by providing honest and accurate explanations helped inform children about life and death, and with this information the children might not engage in faulty magical thinking, and blame themselves for events out of their control.

I sometimes try to clarify the medical questions. I found it important to find out what the kids' questions were. I do offer the kids the chance to ask me any medical questions that they may have about what is cancer, and when my mommy was doing this, was she in pain, and when she was breathing heavily and gasping, does that hurt, or when the doctor said this... They come up with explanations for why somebody died, or what happened, or why they couldn't be there, and they often blame themselves, and sometimes you can really explain those things. So, just finding out what's going on in their heads is an important aspect.

Charles shared a concept he learned following a violent tragedy at the education institution he worked at, namely that loss can be disorienting, and open communication is necessary as part of the recovery. Allowing grievors the option to tell their stories, ask questions, and get information to questions about the event is important in remembering, making sense of the loss, and healing. By allowing grieving children the opportunity to share the details of their loss, they can take a closer look at what happened, and work towards understanding the experience a bit more, and finding meaning in it.

It is normal for them to be feeling horrible, it doesn't mean that they are having a nervous breakdown. Sometimes when kids have a traumatic experience, they develop a kind of narrative of it, and it's very superficial, it's the one they tell everybody when they say what happened. I try to go into the details of what was the funeral like, or do you remember where you were, when your parent died did you go to the hospital, not to re-traumatize them or bring it all back up, but sometimes there's this stuff that they would like to talk about, but it's not part of that easy narrative that you just tell any person who asks, but it's more of a very bad event, and sometimes to offer any opportunity to talk about the details of what it was like. That's one thing I found particularly important, to go into a more detailed narrative. I think it is important not to shy away from why they are there and what happened to them.

Part of the fear of discussing death arises from the concern of saying something that will hurt the griever. Some facilitators expressed concern about finding the right thing to say at the right time, the worry of harming rather than helping. Charles articulated this concern, and offered the idea of not trying to find the perfect thing to say, but rather being with the griever, and being a comforting companion on their journey through grief, just being good company.

The basic thing you have to do is just be good company. That is the most important thing. And I try to really be as good company as I can be, and that is just another thing that I keep in mind. And then, once that is done, whatever else happens, it will just sort of be ok.

Gillian was passionate in her plea that people stop portraying death as being something scary, negative or as a punishment, but rather than death become accepted as a part of the life cycle. Gillian shared a story that highlighted how children might have a better understanding and knowledge of death, even if some of the adults in their lives are not very forthcoming about it.

I think it is really important that children learn the word death, and that it is not a horrible word. My abhorrence for capital punishment is that death is looked on as being punishment, and it is not something that is just part of our experience. I think the more familiar children become with death being something that is normal, the better it is, the more healthy it is. (There is) the story about the kid (who) asks, “Where’s grandpa?”, and the grandma says, “He died”, and then the child is talking to the mother, and the mother tells one of the other children, “Well, grandpa has gone to heaven”, and the child goes back to the grandmother, and says, “You are going to have to tell mommy something, because she thinks that grandpa has gone to heaven, but we know that he has died.

Laurence worked with individuals and families facing loss as a funeral director, grief facilitator, and in her personal life, and believed that there is a need for more education about death, including understanding and facing one’s own fears, and learning how to discuss this topic with others. She emphasized the idea that even though one may have training in education or dealing with death, that does not necessarily mean that one will be able to discuss or face the topic easily.

As a teacher, you can be afraid of death, there is nothing to say that you won't. Even in the funeral business, it is not everybody who sees death as I see it, or learn about it and accept that it is part of the life, and death will happen to everybody, and I will grieve some day, too. But, I think that it is something that we have to teach in the community, just to talk about it, and realize that it is a part of life. We don't acknowledge the fact that it is hard to grieve, and it is normal to grieve. So, I think there is a lot of education to do with the adults, and with kids.

Although protecting children from the harsh realities of death might motivate some adults to avoid this discussion, children still feel curious about death, and may need to know more when death occurs. They need to know that it is okay to ask questions. The Good Grief workshop invited participants to share their stories and ask questions so that they might explore their pain, and begin to learn how to cope with their grief. One cannot facilitate a grief group without properly addressing and discussing the topic of grief.

*“You Don't Ever Get Over It”*

A common misconception about grief is that one “gets over” it, but as four study participants shared, the sadness over the loss will always be there, although it does change with time. It was more a matter for learning to adjust to and live with the loss, rather than trying to get over it. This understanding provides a foundation for the workshop.

John shared that there were days where he felt “normal”, and days when his feelings over the loss of his father would return with intensity, triggered by a variety of expected and unexpected things. He acknowledged that he would never get over the death of his father, but he was learning to adjust to the loss. John still felt a bond with his father, and he suggested that one way to maintain a relationship with a parent who has died is to take up a hobby or sport they enjoyed, as a way of continuing a family tradition and maintain a connection.

There are still some times where I'm sad. I don't think anybody ever gets over it. There are some days where I'm normal, and there are some days where I'm just sad because of it. You can be normal for 20 years, and it can come and hurt you again. It's not something you get over. If you love somebody that much and you lose them, you're never, never going to get it off your mind. There are ways to help but it will never... I don't think you'll ever get over it completely. What you could do is if your parent did something as a kid, you should try to do that activity too. Like, if your dad was a big football fan, then maybe you should play football.

Natasha discussed how although time has passed since her father died, her grieving will never end. This was not a never ending crisis for her, and she was able to resolve the more acute moments of grief by acknowledging her emotions, and allowing herself to feel and express them, rather than denying them.

It is still difficult, even now. I always go back, I feel like my grief process, it will never end, but sometimes I just need that good cry.

Natasha also expressed that her work as a facilitator helped her maintain a connection with her father by honouring his memory through her work.

I just feel like I am doing it for my father, like I am honouring his memory by helping others honour their loved ones' memories. He died in order for me to be able to help others, and maybe his death will allow other people to be helped through me.

Charles discussed how the workshop provided grievers, especially children, with an atmosphere where they could connect with others who are genuinely interested in them, where they could talk about their loss, and where "they don't have to get over it". He thought that by facilitators creating an atmosphere of support, grievers might feel a bit of comfort of being where they were in their grief journey.

They connect with each other, they connect with adults who seem to be interested in them, and try to help them and support them. There is an atmosphere where it's OK to talk about these things, they don't have to get over it. I think it just gives them some good messages, and a nice experience about it's ok to be where they are (in their grief). If they feel a little less alone, then that's something.

Laurence appreciated that she was in a position where she was able to honour the dead, not just in her role as a funeral director, but also by helping the bereaved with their grief work, something she considered valiant and comforting for both facilitators and participants.

It's the fact that I can offer something that are not offered everywhere, doing something different for the community, I think it's...valorisant (valiant) knowing that I do something that is really appreciated. You don't have a choice, and even the bereavement, they are in pain, and they are not coming really willingly, they are coming because they have a need, and to feel that I can make a little difference, it's very, very... comfortant pour nous (comforting to us).

The concept of grief as being something more than just something to get past echoes two of Worden's (2009) tasks: processing the pain of a loss, and finding an enduring connection with the deceased. For child participants, they recognized that their loss would continue to affect them for the rest of their lives, but that this did not have to be a never ending crisis. Facilitators recognized this in the child participants, and tried to help foster a sense that they didn't need to try to get over the loss, but rather find ways to cope, and feel comfort in knowing that they are not alone.

### *Death Education in Schools*

My interest in the schools was taken up by three participants who passionately expressed their opinion that there is a need for death education in the school system. The child participants experienced the school as students and one of the group facilitators was a teacher. John and Natasha shared stories about what unhelpful teacher behaviors looked like, while Charles shared what educators could do to assist students recovering from loss.

Natasha's experience in school following her father's death was "terrible" due to the school administration's lack of training in child and adolescent grief. Due to false perceptions about how youth react to loss, Natasha was told she was not reacting "normally" to the death of

her father. She expressed her opinion that schools need to correct this omission, and an effective way to reach educational personal is through their training and education process.

I just want to re-emphasize how bad the school system is, so terrible at dealing with (grief). I am probably the person that would see it the most. Teachers, they just need to get training on this (grief). Here you have this school system telling you that you are not being normal by not getting over it, so you start to doubt yourself. Schools need a whole revamp. I find even if teachers are not going to face the situation, (they) should get some sort of education, while they are getting educated, while in university, they should, they have to get something.

John had similarly negative experiences with educators who did not have adequate education and training in how to assist and work with bereaved children. John suggested discussing death in the classroom before a loss has occurred as a means of educating students, and opening them up to the reality of loss in a context where they might be able to learn and ask questions openly among peers, as well as learn how to appropriately offer helpful ways to treat a grieving student at school.

All of the teachers who have told me “Why don’t you get over it?” they were all... strict. Some of the teachers, they knew what I was going through, but some of the teachers really didn’t care. Maybe teachers should be more open, maybe they should talk about it, even if nobody in the class has lost a parent. Maybe they should just talk about death, because until my dad died, I did not know what it was like, because nobody ever talked about it in school.

However, John was able to recall some positive and helpful experiences with a few teachers, and he shared some of his observations about qualities that helpful teachers exhibited.

They (teachers) are more open minded. If somebody is having a problem, rather than trying to ignore it, they try to solve it. They are not as strict, they are more... not calm but just more supportive of their students. If a student has a problem, they try to help. They don’t say, “Whatever.” So, they’re just more open-minded.

Natasha expressed the need for schools to have open discussions about death and grief. She described her experience in high school as “horrible” because the majority of her peers and

many members of the school staff were unable to understand what she was going through. She suggested that following a student's loss, and with the individual's consent, schools set sometime aside to talk about it with the class, thereby allowing other students to gain some insight, and allow the grieving student to share their experience, inviting an opportunity for vicarious learning.

What they could do is take a day aside, or a class, an hour, and talk about it. I think it would be very helpful if they would say she just faced this (a loss). Obviously they should talk to the student first, or the parent of the student. And then having that student just saying she lost her parent, and let's hear what you have to say about it, how does it feel? And then maybe just being able to say the story in front of other people, and letting other people ask questions. That was helpful. It is helpful for them (students) to know, and it's helpful for them (teachers) to open it up to the class so that people are not scared of you, because I know that people don't know what to say, especially when you are 16 years old. I know it's difficult to deal with. That was helpful, that would be helpful, bringing it up, opening it up to the class.

Many health professionals, including psychologists and school counsellors, do not have much education and training in the areas of death education and grief. Natasha described her experience following a visit to the school psychologist as unhelpful, based on his lack of training and understanding of childhood grief, and this was further compounded when her teachers espoused the same view due to the psychologist's perceived authority.

I was sent to the psychologist, because one day I told a friend that I had had a bad dream about my father, and a teacher overheard this, and she told somebody, and I went and saw (the school psychologist), and even that was bad. The psychologist in that school was terrible. He (told me), "Grieving takes 6 months, it's been a year, how come you are still grieving? You should go see somebody." I got a lot of that, and then I told the teachers (that the psychologist's advice wasn't helpful), and the teachers didn't agree with me because they were like, "The psychologist knows what he is talking about." And then I lashed out at the teachers, and it was really a really terrible, terrible time.

Charles taught young adults, typically in their late teens and early twenties, at the post secondary level, and in the term preceding the interview, there had been a fatal shooting at the

school; thus the topic of how schools might be able to assist youth who had experienced loss was fresh in his mind. One approach Charles used was to open the topic up for discussion with the students, and to let them know he was open to their questions, or hearing their stories. By showing this initiative to open his class up to his students, he believed that he was providing an opportunity to ask questions, share information, and remove some feelings of isolation, fear, and confusion.

(One thing) said that really resonated with me was meaningful talk- don't just say words to them (students). I know sometimes when I get nervous, I can go into saying the right thing, just saying things, but not really backing it up. So, I tried, when I was with my students, I would really try to talk to them, and really try to say something that was really meaningful, and not just empty words, and not just rhetoric. One challenge is just the question of how to get it right, how to really convey that you are there, and that you are interested in how to bring it out of them, without forcing it out of them. I wrote out a questionnaire, which they could fill out or not, but I went over it in class.

Few teacher or school psychology programs offer courses that specifically discuss death, and many educators may lack the background or experience to know how to deal with this natural occurrence in their student population. This educational background can help educators, psychologists, and other school personnel interested in the areas of loss and grief to become facilitators of children's grief.

### *Challenges in Joining the Group*

Everyone who participated in the workshop, whether they were a child participant or adult facilitator, faced challenges as a result of deciding to join the group. As much as members wanted to join the group, there were consequences with membership. Former child participants spoke about having to revisit the painful reality that their father was dead. Facilitators' spoke about time constraints, working through their own emotions and personal circumstances, to having unrealistic hopes such as "fixing" the problem.

Natasha found one of the greatest challenges for participating in the workshop was reawakening feelings she felt when she was a teenager, grieving the loss of her father. She shared that even though years have passed, she still feels the pain of her grief, although she experienced in a different way now. But, she felt that continuing to volunteer in the workshop was the right choice for her now, despite the challenges.

It brings me back to that vulnerable age, where I was 16 or 17, and I remember (what) happened to me. The death was hard enough but I remember feeling very alone, very frustrated, and (for) a good week after, I will feel very depressed. It opens it up, I feel like I am 16 again, and I am grieving again for my father's death. And then I start to worry about my mother... I feel like it regresses me, I become 16 again for that while. It is hard; psychologically it is very, very difficult afterwards. I always go back, I feel like my grief process will never end, but sometimes I just need a good cry. But, I know that I need it. It's challenging, but it's helpful.

Although John enjoyed attending the workshop, he shared that he did have difficulty with some aspects, such as facing painful emotions while discussing loss, even though overall it was helpful for him to attend and participate.

When I was there and other kids were talking about their parents... sometimes I felt I could relate, but sometimes it hurt me a little bit more. It just reminded me (that) I lost a parent. They (the other participants) say, "My parent is never going to be there again", and it just reminded me that my dad was never going to be there, either.

Gillian shared that she found participating in the workshop rewarding because she came away with the sense that others were benefiting, but it did have its challenges. Although the actual participation in the workshop was not difficult for her, she expressed that she found the thought of doing grief work in the workshop uncomfortable, she did not "love doing it", and the time commitment could be a challenge to meet, but felt that because of her ability to help in this domain, she would welcome the challenges.

I can't say that I love doing it. I don't. It's hard. It's not hard in the respect of difficult, doing it... well, sometimes it is. It's the thought of doing it. I feel a kind of social obligation. I feel that we should give back to society. It is something that I don't find difficult, but I find the commitment for time more difficult than I do actually doing it. I don't love doing it. I have to really push myself to do it. So, it's a challenge, but I've always liked challenge.

Penny's challenges in being involved in the workshop came from trying to keep an open mind. She described herself as someone who tends to form strong opinions, and tried to balance this by reminding herself why she was participating and the goals of the workshop to help keep her focused on being a helpful member.

The challenge is always keeping an open mind. I'm very opinionated, I'm very stubborn, I'm very defensive. It's that whole keeping an open mind, being extremely non-judgmental, it's always a struggle, that's the biggest thing for me. And understanding, every single time, understanding what it is I am doing and why I am doing it. Those are the most challenging things. I have to refocus all the time in order to be honourable. I appreciate that it makes me a better person, because I have to keep on remembering my mandate.

Charles described how sometimes personal circumstances made it more challenging for him to participate in the workshops, but looking back he was pleased that he had maintained a consistent level of involvement.

I don't look forward to it, but I appreciate the opportunity to give them (the participants) a little something. Sometimes when you are going through your own things, it can feel heavy to try to help people with their things, but I sort of forced myself through anyways, and I am really glad that I did, because afterwards, I would have really missed it if I had let it go.

Charles also noted that with time, he has learned to engage with others during the workshop, be involved and present during the workshop without being too intense or corny, and end the day without feeling as intense and overwhelmed as he used to.

Other challenges (are) sometimes how to engage, how to not be cheesy, not be corny, not be too intense, how to be just right, just be what they need. I don't know if I have processed my own grief, but I don't feel pulled into their lives the way I used to, I feel

like I am able to kind of just be with them, enter their lives, and when the day is over I feel like I can go home without feeling guilty or overwhelmed as I did before.

Laurence shared that challenges for participating in the workshop included the urge to want to fix an unfixable problem (grief), to do more for griever, and the challenge of not bringing her work, especially the sadness she witnesses, into her own personal life.

As a human person, you really want to fix somebody when somebody is in pain, and I think it is something on a daily basis that you have to remember, that you cannot fix them, you have to just be with them. But then I went through it, and I realized that I didn't need to say anything, I just needed to be there with them. But sometimes it's hard. So, it's hard sometimes, you bring something with you home after, some sadness. Just to realize that it is not your pain, you have to leave that there, you just have to be there with them for the day, play with them, and have kind of fun with them, for them to enjoy the day, and have them come back later, that's all we can do for them. But sometimes you want to do more than that.

Involvement in the group required something of all the participants. For child participants, they had to revisit painful emotions that may have been stirred up with their participation in the group activities and discussion. Facilitators had more personal reasons and circumstances, such as time constraints, or dealing with their own emotional states. Understanding this aspect of being involved is important because it helps anyone interested in implementing such a program become aware of some of the possible obstacles.

#### *Using Music as an Emotional Release*

Using the creative arts, including music, has been shown to be helpful when working with bereaved children. Music resonated in particular with both former child participants. After participating in the workshop, they both turned to listening and playing music as a release following the death of their father, and suggested incorporating even more music-related activities into the workshop.

Following the death of his father, John began playing the drums and listening to darker, heavier music, and he found a comfort in this form of musical manifestation. John felt a sense of belonging through music and creative expression that was lacking with his peer group, and he got comfort in knowing that although songs might be describing different events, other people in the world were singing about emotions that he was intimately familiar with.

What helped me a lot with my dad's (death), going through (the grief) was music. Like learning to play an instrument, it really helps you because you can express yourself through an instrument, express how you feel through music. So maybe in the workshop, as an activity, you should make us play piano or, give them a guitar, just teach them something. I find that if somebody learns to play something, you can express yourself in different ways other than words. There were songs that you could relate to and made me feel better inside because it gave me a sense of belonging, because lyrics... you can do whatever you want with them. You can have a sheet of lyrics, and they could talk about something, but in your head it can be something completely different, which can relate to your own personal feelings and dreams.

Creative expression was a source of relief for Natasha, and she began searching out for and listening to music that might express some of the emotions she was feeling, and writing poetry to channel her emotional energy. She thought that music might be a helpful tool for adults to share with bereaved children as a means of channeling emotional energy, and well as a way to open children up to share and express feelings.

After my father died, I listened to music. (Adults could get) songs that are about grief or about death, and listen to them (with children), and then just saying how do you feel, or do you think music will be helpful to you. I think that would really help, because what helped me the most for my own grief process was the music. It's good to just open up to kids and to parents that there are other ways to channel this energy that you are feeling. Music, poetry...I wrote poetry before his death, but after I found it very comforting to be able to write it on paper. Introducing, or maybe providing kids that could write with a diary, and saying write your feelings in here about your grief, I think that would also be helpful for the workshop.

Dawn deliberately and conscientiously incorporated music as means of expressing grief in a more abstract and less direct way, especially when emotions are strong, and this aspect emerged as a theme because both child participants naturally gravitated to this form of creative expression.

#### *Ideas for Future Directions*

All the participants in the study had suggestions about how the workshop might be improved. Interestingly, most suggestions stemmed from the idea of being able to offer more time and services to children and families, whether it be a weekend retreat or more frequent offering of the workshop, echoing the need for services and education in the area of grief.

Penny suggested a weekend retreat, in the hopes of being able to spend more time with the families, thus having an opportunity to work out feelings as they arise throughout the weekend, as well as to build a higher level of trust and understanding among members of the group.

I would like it to be more like a retreat. I have seen them done, grief retreats, where you can go, and by the end of the weekend, you get there, and you're anxious, and you don't know what to expect. All of you, all of us, everyone, grow together, and in the evening you can wind down together, and understand that it is ok, if you have a bad dream, we are all there together. And then, after the weekend, after the second day, there is a deeper, richer, more multi-layered understanding, and I think that would benefit a lot... that would benefit all of us a lot better.

Natasha was supportive of the study trying to gain an understanding of the workshop, and stated that she would like more studies to look into programs aimed at delivering services to the bereaved, especially examining what they find works or does not work for their grief. She was in the unique position to experience the workshop from both a child participant and volunteer facilitator stance. She offered a few ideas on how the workshop might be improved, or new

directions it might take, namely offering more workshops more frequently, and with more follow-up after the workshop.

Maybe doing it more often. I don't know really if it is because they are kids, if that is why we are not doing it more often, I don't know if it is funding. Whatever it is, though, I think doing it more often would help. Maybe taking the kids that came to workshop "A" in November, maybe asking them to come to a follow up workshop, to see how they are doing, or just calling them, after a month, just calling the parents to see, is it helpful? Do they need any more information?

Charles has had the opportunity to work with Dawn within a few contexts involving grief facilitation, and has witnessed the workshop evolve since its inception. Overall, he expressed that he thought that the workshop worked well in its current format, although he lamented how more frequent workshops might be helpful, perhaps in school settings. The only query he expressed was in the area of following up with participants, which is in line with Natasha's thoughts.

I think it works pretty well as a day thing. I do think it is well structured, I like moving from one activity to another. Dawn has it really well organized, well run, but it would be nice if there was more of them, if there were services available in schools, or a team that would go into schools... just more widely available. My only question would be follow up. I don't know what Dawn does for follow up.

Ms. Cruchet does offer follow up to anyone who feels in need after participating in the workshop, and educates them about what they may experience afterwards. In response to the question of whether the workshop day could be viably extended, Charles expressed that through trial and error, the workshop seemed to work best within its current time frame due to the possibility of fatigue or boredom on the part of the children. The most important factor to be considered was that the children took away a positive experience from having participated in the workshop.

I think if we stretch it past... it used to be longer, and the kids got tired. I think it serves its purpose. I think if they get bored, and start to have negative associations with it, that's

not good. You don't want them to have any negative associations with the day, like that they had to be there, or they were tired, or that they wanted to go 2 hours before they left. I think it serves its purpose, even if it is done (over early).

John repeatedly expressed how helpful he found attending the workshop, as it helped towards his growing to understand and adjust to his grief, and how, after so many years, he was still able to remember a number of the activities. Besides encouraging the use of music with children, his main suggestion for a possible way to improve the workshop was to add more onto the workshop, while maintaining the use of activities as a way of facilitating the expression of grief.

All in all, the Good Grief workshop really helped me. You shouldn't really change anything, more like add on more stuff. Even if you didn't like doing the activity, you could still look at what you did, 10 years down the line, and it reminds you, because you did that back then and you just bring your memories. So, even if the kids don't like the activities, I think later on it's going to help. It helped me.

Gillian had a few ideas on how to improve the workshop, involving the use of youth facilitators, bringing the workshop to a school setting, and involving anyone interested, not just those who have experienced loss.

I think that if you could bring in young people, teenagers, who have been through the program, or who have lost somebody, to be co-facilitators, I think it might help the older children to identify and be more cooperative. The younger children relate to other children better than they relate to adults. And I think it would also help the grief journey, because it never really ends. But I certainly think that we need more young people helping to facilitate, and young school kids, intelligent ones, they are out there, kids that need to focus. Anybody that is interested, not necessarily someone who has lost somebody.

Laurence's ideas on how the workshop might be improved included offering it more frequently, although she did concede that it involves a lot of planning and effort from all those involved. An alternative to this could be creating a grief group for children, just so they have more time to learn about their grief.

If we could offer it more often. I know it's a lot of time, because there are a lot of volunteers, and I know that Dawn is doing a lot of work. But, I guess the families would appreciate it if we could offer it more often, because sometimes I have families that call me during the summer time, and I have nothing to offer until November. So, of course if we could have it, let's say 4 times a year instead of 2, I think it would be an improvement. Or even having some kind of group, because now it is only 1 day, but if we could have something like a week, or a month, it would be better because we would offer more. But, I know for Dawn it is really, really hard, it's a lot of planification, a lot of investment for her too, so it might be impossible to do more than what we are doing now.

She also suggested offering more services in French, because there appears to be fewer services available for the Francophone population, and fostering the spread of training and information to smaller communities, where bereaved children may have less access to services.

Another thing I would like to involve is having more French kids, because Dawn is very involved in the English community, and there are a lot of families that are reached through Dawn, and I am trying to do the same thing in French. I feel that there is a need in French that we can't reach, that we can't offer it as we can in English. If we spread the information, maybe if we spread the ideas, some other facilitators will want to offer something for kids, and I think the more we have, the better it is for the kids. Because now we are in a big city, but let's say you go in a region where there is a little village, there is nothing offered for those kids. They can't have the same resources we have in big cities. So, I think if we spread the information, it might spread around little communities, too.

All the individuals interviewed appreciated and valued the time they spent involved with the workshop, and wanted to see it continue to reach those in need.

### **Personal Reflections on the Interviews**

When reflecting on the interviews, coupled with the extant literature, I was repeatedly struck by the value, uniqueness, and exemplary nature of the Good Grief Workshop, as evidenced in the congruency between the research literature, and data generated in participant-observation, artifact collection, and interviews. In particular, the need for death education was clearly evidenced, as well as the unique features of the program that made it such a strong

exemplary case. Using the creative arts, a group delivery format, offering parent and child concurrent programming, intentionality communicating and interacting with children in child centered, non-directive, and responsive manner, and finding ways to remember and memorialize the deceased are all aspects of the workshop that applied practices found to be helpful by research studies.

### *Death Education*

As mentioned in the literature review, there is a need for death education for health and educational professionals (Wass, 2004). Throughout all the interviews, the participants expressed the need for more services and education, even when there were some basic services available.

John captured this sentiment during his interview:

At my school, my teachers did help me. But when I went to elementary there was no counsellor. In our school, they didn't have one...it would be very helpful knowing that you're talking to someone that that's what they're there for. The teachers are not there to talk to you about that, they're not a counsellor.

John was not so much criticizing the efforts of his teachers than he was offering his opinion that a choice few individuals on the school staff could be helpful if not all educators are trained on how to assist bereaved students. His point of view contrasted with Laurence, who suggested during her interview that death education be introduced into school as a way for children to learn about grief at an early age. She highlighted that adults could use every day life events, such as the changing seasons, to discuss the reality of death with children:

If everybody would do the same thing as I do (discuss death), kids will learn about grief, and as an adult, they will know how to grieve, because there is no school, nobody teaches you how to grieve, and I think it starts with the little ones. I think if you use all those little situations in your life, when something happens, when grandpa or grandma die, they will more prepared. It won't ease its pain, but he will be more prepared to go through the

grief. And I think, if only teachers would use those little situations in their classrooms, it would be more than what we offer now.

This fit well with the research findings that indicate that because death is a natural reality, it should be part of children's cultural education (Lindsay & Elsegood, 1996; Wass, 2004), and that there does not need to be a death to discuss the life cycle with children (De Spelder & Strickland, 2002; Lindsay & Elsegood, 1996). Laurence's thoughts are in line with the literature that has suggested for over 40 years that there is a need for death education for health and educational professionals (Leviton, 1969). She also raised the question of how children would learn to cope with difficulty if they are not given the necessary education and support, and suggested that schools would be a good place to start:

Maybe in schools, it would be a nice way of starting things, if teachers or counselors would be interested in going through that issue (death), because I think that, as a kid, if you don't grieve, what will happen in the future as an adult?

Abdelnoor and Hollins (2004) suggested that bereaved children often experience changes in the school environment, including social and academic behavior, and teacher expectations can influence academic performance and impact on self-esteem. Natasha shared experiences that supported this research finding, as well as highlighted how one teacher did not know how to welcome her back to school:

I went back about four days after the funeral, and I was handed a test that I had missed. I was very bad in math, and after I had just come back she was returning a test and she said, "Even though your father died, you did very well on the test." That was very cold.

For Natasha, this comment, and the expectation that she continue on with her studies uninterrupted as though her whole life had not changed, was distressing to her. Her teachers' unrealistic expectations of Natasha's school performance also led to increased stress following parent teacher meetings, where she had the additional pressure of not wanting to place strain her

bereaved mother by receiving poor feedback on her school performance or the suggestion that something was “wrong” with her:

During the parent teacher interviews, they were telling my mother that “it had been 2 or 3 months, that she (Natasha) should move on, what was wrong with her, she seems a little withdrawn”.

#### *Using a Current Model of Grief*

Natasha’s difficulty at school was further compounded by school professionals’ use of outdated grief models, and their misunderstanding of her needs as a bereaved youth: “(The school psychologist) was like, “Grieving takes 6 months, it’s been a year, how come you are still grieving, you should go see somebody.” I got a lot of that...” The idea that grief has stages and a limited time frame was to Natasha’s detriment. She learned through her participation at the workshop, which employs Worden’s (2009) tasks of grief that it was all right for her to have a variety of feelings, and to memorialize her father in her own way.

#### *Adjusting to a New Way of Life*

Numerous researchers have noted that children suffer from secondary losses (e.g., changes in routines, living arrangements, family structure, etc.), which are subtle or less obvious following the death of someone important (Dowdney, 2000; Goldman, 2004; Lin, Sandler, Ayers, Wolchik, & Luecken, 2004). John shared an experience he had at school that related to this concept, where another student made fun of him because his social standing among students had changed; he no longer had a father:

When I went back to school, there was this girl in a younger grade, (and) she would make fun of me because my father was gone. She (said), “John doesn’t have a dad, John doesn’t have a dad”, and all her friends would tease me.

Not only had he lost his father, but John also experienced the loss of his friends, and how students perceived him changed: “Many of my friends stopped talking to me for a while.” This experience exemplified Silverman and Worden’s (1992) finding that bereaved children are coping not only with the death of a loved one, but also the loss of the way of life had been before the death.

### *Individual Experiences of Grief*

The two former child participants, John and Natasha, expressed that they felt uncertain about how to behave following the death of their father. They had never experienced a loss in either their family or school context, and their situation echoed Aspinall (1996), Cole (2001), and Oaklander’s (2000) findings discussed in the literature review. As suggested by Doka (2000), Goldman (2004), Le Shan (1976), and Sweeney and Homeyer (1999), reactions to loss are unique to the individual’s developmental level, individual temperament, and are revisited as their grief surfaces and resurfaces with varying intensity over time. As Natasha said: “I always go back, I feel like my grief process will never end.” John echoed this sentiment when he stated: “Sometimes I felt that I could relate, but sometimes it hurt a little bit more.”

There is no “normal” or “right” way for individuals to grieve, as previously discussed, despite social expectations (Sweeney & Homeyer, 1999). Gillian further added the idea that grief is normal, even if it is not treated as such: “The whole thing about this (the workshop) is spreading the fact that grief is normal, and it is not treated as normal, and I think the more young people that are brought into the circle, the better.” This reiterated the findings in the literature that emphasized the uniqueness of individual experiences of loss and grief.

### *Importance of Educating and Supporting Parents*

Gilbert (1996) suggested that children require adults who can support them by providing predictability and stability in their lives. In keeping with the work of Doka (2000) and Le Shan (1976), both child participants expressed feeling as though their grief was not socially recognized or supported. Goldman (2004) postulated that when children are grieving, they need responsible and caring adults to help support them, and by educating adults to recognize children's grief, they can help to normalize feelings and experiences. The Good Grief Workshop uses this approach by offering the parents/caregivers a group to share experiences and learn about childhood bereavement.

The literature suggested that children tend to cope better when parents are actively involved in helping their children work through their grief, and school-based and community-based programs are a useful way to teach parenting skills and family communication (Hurd, 2004; Zambelli & DeRosa, 1992). Numerous studies have indicated that adults involved with bereaved children are often grieving themselves, and may require support and information about children's reactions to death and their needs following loss (Baker, Sedney, & Gross, 1992; Pfeffer, Jiang, Kakuma, Hwang, & Metsch, 2002).

The Good Grief workshop offered a concurrent group for parents and caregivers of bereaved children to educate them on children's grief, as well as to provide them with a support resource. Gillian frequently worked with the adult group, and felt that there was a need for them to have their own space to discuss the issues they face, and learn about their children's needs:

They (adults) are able to really let go of their feelings and cry and know that they are not going to be judged, and I think there is a great need for that. Parents and caregivers are so hell bent on the caring of children that they tend to neglect their own grief. The very act

of pretending to be strong for their child is not necessarily always a good thing, just as always crying with a child is not always good. It's a balance.

The workshop recognizes the importance of supporting and helping parents, and this in turn will assist children with their grief. Because grief is a lifelong experience, Silverman, Nickman, and Worden (1992) suggested that when working with bereaved children and youth, emphasis should be placed on negotiating meaning from a loss, rather than looking for an ending or closure to the loss. Worden (2009) further built on this direction with his task of finding an enduring connection with the deceased while going on with life.

### *Communicating About Death*

Using euphemisms for the word "death", although well intended, may confuse or frighten children, and may block the grieving process (Holland, 2001; De Spelder & Strickland, 2002; Goldman, 2004; Wass, 2004). The Good Grief workshop does not use euphemisms, and although they will not force participants to use "dead", facilitators are expected to say it. Gillian's story about one child's confusing discussion with his grandmother following the death of his grandfather, illustrated the importance of using appropriate language: "I think it is really important that children learn the word death, and that it is not a horrible word."

Good communication and attentiveness to the grieving child's needs can be protective factors that contributes to resilience in bereaved children (Aspinall, 1996; Cole, 2001; Hurd, 2004; Le Shan, 1976). Adults can encourage children to share their feelings and reactions by using clear and direct language, and listening to their stories, behaviours can be learned by modeling (Zambelli & DeRosa, 1992). Charles expressed sentiments that echoed these findings:

You want to let them know that you are there, you want to let them know that you are interested in their story, you want them to feel somehow that their feelings are OK, that they are not the only people who feel things like that, although their story is unique as well.

Research also indicated that children need honest and accurate information, provided in age-appropriate language, as this serves as the foundation to build intellectual and emotional meaning to their loss (Baker, Sedney, & Gross, 1992). Open communication about concerns and feelings around loss and death can increase understanding and decrease negative perceptions and feelings (Cox, Bendiksen & Stevenson, 2002; De Spelder & Strickland, 2002). Conceptualizing and communicating about death are important aspects of working through grief, as suggested by Worden (2009).

During Charles' interview, he shared that because of his medical background, he was in a position to answer children's medical questions, and he tried to respond in an open and honest manner, keeping their developmental stage in mind: "I sometimes try to clarify the medical questions." He also described how easy it was for children to become preoccupied with thoughts or questions, and how adults could alleviate this by being open to discussion:

A kid could be totally ripped up inside about something that happened that has a totally simple explanation, and they are totally tortured because nobody ever made them realize that it's not the way they thought it was.

### *Using the Creative Arts*

The creative arts can help bereaved children gain self-awareness in identifying their emotions, and provide them with an outlet to express themselves (Burke, 1991). The creative arts can assist children in expressing painful feelings that may not be articulated easily through words (Schoen, Borgoyne, & Schoen, 2004; Segal, 1984), and lead to thoughts and insights about their loss (Clements, Benasutti, & Henry, 2001). The workshop uses music and other creative arts as a means of recognizing and accessing emotions. John shared how music helped him as he was going through his grief over the death of his father:

Learning to play an instrument, it really helps you because you can express yourself through an instrument, like express how you feel through music. If someone learns to play something, you can express yourself in different ways other than words.

Natasha also found that music helped her with her grief: “After my father died, I listened to music. I still search for music about grief, and I think it helps because you are so alone in your grief, and it helps to express it better when you are alone.” She went on to suggest that perhaps using music in groups might be a helpful approach: “It would be helpful to listen to music as a group, and read the lyrics first, then maybe listen to the song.”

#### *Using a Group Setting*

Providing support service in a group helps children in a familiar near-to-normal context (Barnard, Morland, & Nagy, 1999), and provides an environment that demonstrates that they are not alone or unique in their grief (Lewis & Lippman, 2004; Zambelli & DeRosa, 1992). Groups offer a safe place to talk about what has happened and to share feelings with others and with an experienced facilitator (Lindsey & Elsegood, 1996). The workshop uses a group format to deliver its services. Andrew shared some of his observations on how children functioned in the groups:

I find it important to not be too structured in the workshop. To have a clear workshop, but the kids take the lead. And sometimes, they really do want to talk about things. I have really noticed the need to sort of let the kids decide where things go.

Laurence added to this theme with the idea that a group delivered program offered the opportunity for everyone to see how diversified grief experiences are, and how to appreciate the similarities and differences:

It is fun to have people with different backgrounds, and different grief too, because I think that all your grief (experiences) are helping you to understand what the kids are going through.

### *Responding to Needs*

Many bereaved individuals go through their grief process without the need for professional assistance, suggesting that a blanket approach may not be warranted or helpful (Bonnano, 2004; Brown, Sandler, & Tein, 2007; Doka, 2000; Hurd, 2004). Researchers suggest that the goal of bereavement support should be to increase the potential and capacity for resilience, and not undermine a healthy recovery (Barnard, Morland, & Nagy, 1999; Bonnano, 2004; Brown, Sandler, & Tein, 2007; Perry, 2002). Gillian expressed that she viewed her role as a bereavement facilitator in terms of responding to the griever's needs, not reacting with a universal approach:

For me as a bereavement facilitator, it's a journey, and part of that journey you are traveling with a person, and it's really about identifying their needs, and then responding to those needs. And then, sometimes, the response is nothing, just your presence is enough.

The Good Grief workshop is a responsive program that does not stereotype or assuming anything about death and its meaning; rather, it is client-centered and humanistic, and adapts to suit the needs of the particular individuals and groups at each workshop. It puts aside preconceived notions about individuals, and is open and welcoming to everyone.

### *Death Touches Everyone*

Death really had touched everyone at the Good Grief Workshop. Interestingly, I was one of three volunteer participants involved in the 18<sup>th</sup> workshop who has experienced the loss of a close member of the family in the two months leading up to the workshop. For one facilitator, it was the death of her father following a lengthy illness, and for the second, it was the sudden death of a close cousin in a school shooting. I discussed this with one participant, Gillian, during her interview, when she shared that although she had over 20-years of experience working in the

area of grief, she was still caught off guard by the suddenness of her father's death, and the emotions that came with it:

Going through a grief is not the same as learning about it, but having learned about it before hand, it does help the experience, not be any less painful, but be more able for me to deal with on a more rational level.

When I asked Gillian if she thought her recent experience with loss might have impacted on what she brought to the workshop, she responded, "Maybe slightly more empathy." Overall, she felt that her father's death did not undermine her ability to help others with their grief. I would describe my experience to be similar to Gillian's, in that the death of my brother two months prior to the workshop did affected how I approached the workshop (and the study) and what I brought as a facilitator of the workshop (and instrument in the research), but did not undermine my ability to participate as a workshop member (as a researcher).

The results presented in this chapter were derived from participant-observation, photos, artifacts, interviews, and deliberate reflection on the eighteenth offering of the Good Grief Workshop. The findings are consistent with the research, and lend themselves to study in other directions, as well as for practitioners wishing to implement a similar program. The following chapter discusses this in more depth.

## **Chapter 5: Discussion**

In this chapter the study's main findings are summarized in support of my judgment of the Good Grief Workshop as an exemplary program, then considered in terms of the literature on childhood bereavement, the creative arts, and group delivered programs. The study's context, strengths and limitations are identified following a section on implications for adapting the program for school settings. The chapter concludes with suggestions for future research.

### **Summary of Research**

The Good Grief Workshop is a free, one-day workshop offered semi-annually, in Montreal, Canada, that targets children between four and fifteen years of age who have experienced the death of someone special to them. Offered in English and French, the program uses creative arts activities in conjunction with discussion with the intent of providing grieving children and their families with a safe place to explore and discuss grief, while also educating them about the grief process. The workshop is run with the help of volunteer facilitators, and employs William Worden's (1996) Tasks of Grief theory as a theoretical basis.

The present case study involved myself as researcher undergoing two training sessions for volunteer facilitators, observing and participating in the 18<sup>th</sup> offering of the Good Grief workshop, gathering artifacts, and conducting semi-structured interviews with various participants. Six individuals who were interviewed agreed to release their data: Penny, Gillian, John, Natasha, Charles and Laurence. Four of the participants were volunteer facilitators, one was a child participant, and one was a former child participant who later returned as a volunteer participant.

Themes that emerged from the interviews included: motivation for participating in the workshop, the importance of finding and creating a safe place, being open and able to discuss death, the concept that grief is not something to get over, the need for death education in schools, challenges in joining the group, the use of music as an emotional release, and ideas for new directions.

### *Findings in Relation to Existing Literature*

The Good Grief Workshop has evolved since its inception, using a recognized, contemporary grief model, feedback from participants to adapt its delivery of services, and shifts and adapts with each group that passes through it. It is open to everyone, putting aside preconceptions. The present study was based on the eighteenth offering of the workshop, and reflects the program at that point in time.

Ms. Cruchet designed the workshop based on Worden's (1996) Tasks of Grief model, which is a contemporary model shaped and informed by research (e.g., Attig, 1996; Doka, 2000; Klass, Silverman & Nickman, 1996; Silverman, Nickman, & Worden, 1992). The day clearly reflected these concepts. The first activity is introductions and discussion of why everyone came, which is because someone special died. This starts the day off with the message that everyone shares the fact that someone they loved has died, and offers the participants the opportunity to come face-to-face with the reality that someone special died and is not going to come back, an important step according to Worden (2009).

In keeping with Worden's (2009) task of accepting the reality of loss, the facilitators use clear and direct language (i.e., died, dead, death) throughout the day, and invite questions and discussion about thoughts, feelings, and experiences about the death of the special person. In

groups with younger children, namely four to six year olds, they discuss what it means to be dead physically using props such as dead bugs. For example, if something is dead, it no longer feels pain, and it requires food, sleep, oxygen, or water.

Children and parents alike are able to accept the reality of the loss in a safe and understanding environment. Facilitators use a combination of talking and creative arts activities to help access and process some of the pain surrounding their loss, which is in line with Worden's tasks. The scrunchie feelings pie was an example of Worden's task of experiencing the pain of a loss applied to practice, because it allowed children to access their feelings about the loss through an expressive art piece. Adjusting to a world where a loved one is missing takes time, and the workshop acknowledges that changes have occurred, and allows both bereaved children and adults to talk about how life has changed for them since the death. The use of the broken heart puzzle, or telling the story of the death allows for the opportunity for griever to develop skills to cope, drawing on both the abstract and tangible qualities of the creative arts.

Every workshop has a main creative arts project, and this offers the opportunity for children to memorialize the deceased person, and in the eighteenth workshop, the dream catcher allowed for this. The balloon release works with this task as well, as it allows members to think and write a message to the loved one, and then ends with them releasing the messages, and continuing on with the day after the workshop. These two activities validates their loss, and emphasizes that it is healthy and normal to miss the person that died, but they can still remember them, make or doing things to memorialize and honour the deceased while continuing to have a bond with them, but in the end, they need to go on living their life. Again, the therapeutic aspects of using the creative arts become clear (Carbone, 2003; Clements, Benasutti, & Henry, 2001; Silverman, 2000; Zambelli & DeRosa, 1992).

Findings aligned well with the existing research in terms of incorporating best practices in the research literature, as well as making good use of community resources. I would suggest that the Good Grief Workshop is indeed an exemplary program based on contemporary directions in theory and empirical studies.

### Implications for School Settings

The present study demonstrated how a professional grief facilitator was able to develop a group-delivered grief intervention to children and families, with the help of community initiative funding. By recognizing a need, recruiting and training a group of volunteer facilitators from various disciplines and backgrounds, and spreading the word in the community that this resource was available, Ms Cruchet created a free one day workshop that has run for over 10 years. This raises the question: if one woman was able to bring together people in a community for grief facilitation, education, and support, could this be implemented in the school system?

Perhaps a school board might fund a pilot one-day workshop in a similar format to the Good Grief workshop using supplies readily found in the school class room, and using volunteers willing to participate in this potential program. Even if it were offered once a year, it would open the school up to the topic of death, educate everyone in the school community about loss, normalize and depathologize grief, and help encourage resilience in children. By opening up a class room discussion about death, facilitators and educators can talk about a normal and biological process that everyone will one day face.

The results of the study suggest that there is potential for helping professionals (e.g., psychologists, counsellors, educators, mental health workers) to establish a psychoeducational program in schools. As with the Good Grief workshop, the cost could be kept reasonably low

with the use of volunteers and simple and inexpensive supplies. Through dissemination of the results of this study, and through appropriate education and training, those working in direct contact with bereaved children would have access to tools in order to provide children with the support they require. All participants interviewed perceived the workshop to be beneficial, and if the mandate of helping professionals and educators is to build on personal strengths through education and awareness, then this concept has strong potential for both a marginalized population and for the general population, due to the inevitability of loss.

### *Context of Research*

The present study's design was developed based on models of qualitative research in general, (i.e., Merriam) and case study in particular (i.e., Yin), both well established and accepted approaches to research. As a qualitative researcher, the focus was on understanding how people make sense of their experiences in the world (Merriam, 1998). Because the intent was to contribute to knowledge about a unique phenomenon, a case study was appropriate because it allowed the source of investigation (the case) to retain meaningful characteristics in its own context (Yin, 1994) and I was able to draw on multiple sources of data (Yin, 2003). Since qualitative research focuses on process, meaning, and understanding, qualitative studies are richly descriptive, and comprehensive, incorporating participants' words and artifacts (Merriam, 1998). Researchers engage in inductive analysis and act as the primary instrument in data collection, a human instrument by which the data are mediated, clarified, and summarized (Merriam, 1998). By using a case study approach, I was able to explore the nature of the expression of grief in a particular context, and gain further understanding with interviews about facilitating such a group.

### *Strengths of the Study*

A strength in the present study was the use of a qualitative case study as a means of increasing interest and knowledge about the phenomenon of childhood bereavement as experienced in an actual setting. Using multi-faceted data collection and analysis allowed for a rich detailed description of the Good Grief Workshop. Findings contribute to further understanding about a phenomena experienced by professionals and families in contemporary North American society, and are accessible in a way that I hope will positively impact practice by serving as an exemplar program for others to adapt to their own needs and circumstances.

### *Limitations of the Study*

All studies face limitations in one form or another. Lincoln (1995) argued that positionality recognizes texts are partial and incomplete. The present study focused on exploration, description and understanding. A limited number of informants were strategically selected because their in-depth information provided insight into the Good Grief Workshop. Findings are necessarily particular and partial.

Although the original intent was to interview some child participants, this was not possible. Findings were based on data of four volunteer facilitators who attended the 18<sup>th</sup> offering of the Good Grief workshop, and two child participants who had attended in the past, but not as child participants in the observed workshop. Despite my repeated attempts to contact families who agreed on the day of the workshop to further participation in the study, ultimately none did participate. Perhaps undergoing an interview following a recent loss is too difficult; perhaps there was concern over the possibility of increased stress on bereaved children. Possibly more written information about the study would have been helpful, or maybe waiting a longer

period of time before contact would have been better. One might consider what data might have been gathered with more child participants, and from parents/caregivers of child participants, and this can be an area for future study. In terms of limitations, the present study's findings reflect the perspectives and experience of those participants who were successfully recruited.

Case studies are often heuristic, illustrating the researcher's understanding of the phenomenon, and both readers and authors need to be aware of biases that can affect the final product (Merriam, 1998). Bias can present itself in many forms, from personal and interpersonal, to cultural and educational. By becoming cognizant of this possibility of bias, the work will better reflect its own truths. During this study, I was reflexive, and recognized and discussed my subjectivity, in order to provide as authentic and truth work as possible and relied on member checks, and using rich, thick descriptions in order to be as cognizant as possible of biases and preconceived understandings.

During the undertaking of this study, my older brother Marcel died suddenly and unexpectedly of complications following a cardiac arrest. His death preceded my training as a volunteer facilitator by one month, and my observation and participation of the 18<sup>th</sup> offering of the Good Grief workshop by two months. I have been working through the grief over my brother's death while I worked on this thesis. One factor that may have helped me separate my own grief from unduly impacting on the research was taking the workshops. Ms. Cruchet includes a large part of the training workshop's time on becoming aware of one's own attitudes on loss, and exploring one's own history of grief. This was very helpful in assisting me to separate my own story from the data shared by the participants. To say that I was able to avoid subjectivity would be inaccurate; however, my recent familiarity with the experience of loss,

coupled with the implementation of research strategies (i.e., triangulation, member checks, thick descriptions, etc.), may have lent itself to providing a richer description than otherwise possible.

### Recommendations for Future Research

Importantly, I would like to see future similar programs developed and implemented using an action research design. Further research on the Good Grief Workshop might investigate the perceptions of younger participants and their parents through follow-up interviews with families over time; for example, two months after participating in the workshop, and a year afterwards, in order to gain more understanding of their loss experience, and to see if their needs changed over time. Although no gender differences were discussed in the present study, past research has investigated this area, and therefore a future study might explore how males and females perceived the experience of participating in workshop, both as facilitators and as grievors. An experimental design or mixed methods might be used for program evaluation. For example, an anxiety or depression scale could be used to investigate changes to children's behavior and emotions over time.

### Conclusion

Although there is a need for death education in schools, this topic is fraught with potential challenges, as death often touches upon religious, cultural, educational, and personal value systems (Balk, 2007). If ignored, these can present as barriers to otherwise effective interventions. It is therefore wise for anyone wishing to embark in this area to become aware of their own values, and to be open and tolerant. Judgment of individuals and value systems must be suspended, and all members of the community need to be included in order to address the many aspects of death and the impact of loss on persons as whole and complex beings.

Professionals must explore the unique cultural expectations of each case and understand that even within the same family, different expectations may exist. One should strive to be interpersonal, which is not trying to be culture free, but rather endeavors to be culturally aware (Zulli, 1998).

In the course of carrying out this inquiry, I observed a beautiful requiem formed through the shared experience of the creative arts, and the love, understanding, and sharing born out of loss. To my family, friends, and colleagues, I jokingly became known as the “death girl”, but to the individuals who have experienced the death of a loved one, I aspire to be a symbol of hope that someone might bring light and understanding to the experience of grief. I hope this journey brings understanding and education to those uninitiated to the death of a loved one, and brings support and change to the reality of childhood bereavement.

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## **Appendix A: Ethics Application**

### **Application for Ethical Approval**

#### **1. Name of Researchers:**

Jennifer A. J. Nicol (PhD), Assistant Professor, Department of Educational Psychology and Special Education, University of Saskatchewan.

- (a) Angela-Elizabeth-Grace Wlasenko (M.Ed. Candidate), Department of Educational Psychology and Special Education, University of Saskatchewan.
- (b) Anticipated start date of the research study is October 2006.

Expected completion date of the study is July 2007.

**2. Title of study:** A Qualitative Inquiry of Bereaved Children's Grief and the Use of the Creative Arts: A Case Study of the "Good Grief" Workshop.

#### **3. Abstract**

In North America, 5% of children experience the loss of a parent by age 16 (Stuber & Mesrkhani, 2001), and even more lose a sibling or extended family member, making children's grief a relevant issue in school and counselling psychology. Children's grief differs from that of adults in that they interpret loss differently and utilize different coping mechanisms than adults. The child's age, developmental stage, the circumstances surrounding the loss, and the relationship with the deceased affects reactions and coping abilities. Successful programs for bereaved children require participation and assistance from parents, who are coming to terms with their own loss.

The creative arts have been shown to be a beneficial medium when working with children in a variety of settings. This nonverbal mode of communication has been used successfully in bereavement facilitation. The purpose of the proposed study is to investigate a group-delivered creative arts program for children who have experienced the death of a loved one in order to provide a rich description of the program, with the intent of identifying implications for the school context. A case study research design will be used with data collected from multiple sources – e.g., observation-participation, field notes, semi-structured interviews with various stakeholders, program documents and artifacts – and analyzed to generate a thick description of the "Good Grief" workshop. Implications for adapting the program for school settings will be discussed.

#### **4. Funding**

The student researcher will provide the primary source of funding to support this research, as part of the requirements for a Masters in Education degree.

**5. Expertise:** Not applicable since the study is not above minimal risk.

**6. Conflict of Interest:** There is no potential for conflict of interest in the research study.

**7. Participants:** Potential participants include any of the program's various stakeholders who are interested and agree to be interviewed (e.g., the program organizer, youth clients, their parents and family members, collaborating professionals who refer youth and/or co-lead sessions). The first step in recruitment will be to meet with the program organizer and identify potential participants. She will provide contact information on potential participants in order to distribute a letter (see Appendix A, B) describing the research project and providing the student researcher's contact information. Those interested will contact the student researcher directly.

**8. Consent:** Informed consent will be obtained from those agreeing to participate in an interview. Written consent will be obtained at the beginning of the interview using a consent form (see Appendix C). Youth participants less than 18 years will sign assent forms (see Appendix D), and their parents/guardians will sign consent forms (see Appendix C). Consent/assent forms clearly outline the details of the research project, and participant rights and obligations, including the right to withdraw consent without penalty at any point during the project. Signing the form will signify participants' understanding of these rights and obligations, and will be accepted as consent to participate. Participants will receive a copy of the consent form to keep for their personal records.

**9. Methods/Procedures:** Data generation will include participatory observation, where the researcher will be trained as a volunteer and participate in the workshop while keeping field notes, and individual semi-structured interviews with stakeholders interested in participating after the workshop. We anticipate interviewing the program's director prior to the workshop, and other professionals co-facilitating the program either before or after, depending on their decision to participate. Youth participants and their family members will likely be interviewed after the workshop, in 20-60 minute individual interviews with a follow-up meeting for a transcript summary review and data release signature. A mutually convenient meeting will be scheduled between participants and the researcher. First, the consent form will be read and reviewed. It will be signed after any questions or points raised for clarification are discussed to the full satisfaction of the participant. Then, if they have consented, the audiotape will be turned on. Interviews are expected to last between thirty to ninety minutes, and will be audiotaped and transcribed verbatim. Interview questions will be developed prior to the interview (see Appendix E). Following the interview, a second meeting will be held for adult participants to peruse and modify the transcript in any way. Participants will indicate their satisfaction by signing a data/transcript release form. Other potential data sources include reviewing pertinent materials (e.g., program public relations information, program forms, client artifacts, audio-taped improvisations, and artwork that have been appropriately authorized for use), and possibly the use of photographed art work.

**10. Data Storage:** All information obtained during the study will either be stored in locked filing cabinets, or stored on computer hardware that is protected appropriately. Following the completion of the study, and in accordance with University of Saskatchewan regulations, data will be securely stored in a locked filing cabinet for a minimum of five years upon completion of the study. Dr. Jennifer Nicol will be responsible for the safeguarding and storage of the data.

**11. Dissemination of Results:** The data collected from this study will be used as partial fulfillment for the requirements for a Master's of Education degree in School and Counselling Psychology. The data may be used for publication in scholarly journals, and/or presented at conferences.

**12. Risks, Benefits, or Deception:** This is a minimal risk study, and there is no deception involved. However, some potential risks may involve discomfort or negative feelings when recalling grief experience. Consent forms, tailored to participant's level of language and understanding, will be reviewed and signed prior to the interview. In the case of child participants, parental consent will also be obtained, and assent forms, using language at the child's reading level will be reviewed and signed. Children do not require parents to be present during the interview, but may have a guardian attend if they prefer. Participation is strictly voluntary, and participants maintain the right to withdraw at any time, for any reason. At all times participants will be free to determine what they want to discuss; they can end a discussion or refuse to answer any question, and can ask the tape recorder to be turned off at any point. If participants feel agitated or upset during or after the interview, participation may be terminated if they decide they want to end their involvement in the study. If they do experience anxiety or any other negative outcomes as a result of participation, referrals to appropriate professionals, including those involved in the workshop, will be provided for them.

Steps will be taken to minimize the possibility of harm or discomfort resulting from the potential loss of anonymity or confidentiality. For example (a) a locked filing cabinet will be used to store all relevant information during the course of the research; (b) a coding system will keep participant names and contact information separate from data collected during the research and this data link will be destroyed upon completion of data collection; (c) potentially identifying information will be altered; and (d) adult participants will have the opportunity to review final transcripts, transcript summaries, and audio-tapes, if they wish. Participants will also sign a data release form and/or audiotape and photograph release form authorizing use of the data in future presentations and publications.

**13. Confidentiality:** As previously mentioned, measures will be taken to protect participant privacy (confidentiality and anonymity) by (a) using a locked filing cabinet to store all relevant information during the course of the research; (b) using a coding system to keep participant names and contact information separate from data collected during the research and this data link will be destroyed upon completion of data collection; (c) altering potentially identifying information; and (d) giving all participants the opportunity to review pertinent data (i.e., final transcripts, transcript summaries, audiotapes). Tapes and transcripts will be identified by a code that will be known only to the researcher. Excerpts of the interview will be included in the final study, but no identifying information will be used. Participants will sign a data release form and/or audiotape release form authorizing its use in future presentations and/or publications. Participants will maintain the right to request that certain information collected not be included in the thesis. If release forms are not signed, the data will be destroyed.

**14. Data/ Transcript Release:** Following completion of the interviews, child participants will be offered the choice to sign off then, while adult participants will have the opportunity to review final transcripts and interview summaries of their own interviews, and will sign a data/transcript release form affirming that the transcript reflects what they said or intended to say, and authorizing the data's use for the thesis and in possible future publications. If a release form is not signed, the data will be destroyed.

**15. Debriefing:** Following the interviews, participants will be verbally debriefed and thanked for their participation. An e-mail distribution list will be compiled for those interested in receiving information on the research study once it is completed.

## 16. Required Signatures

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Angela-Elizabeth-Grace Wlasenko

M.Ed. Candidate

Educational Psychology & Special Education

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Dr. Jennifer A.J. Nicol

Assistant Professor

Educational Psychology & Special Education

---

Dr. Sam Robinson

Acting Department Head

Educational Psychology & Special Education

## 17. Names and Contact Information

Angela-Elizabeth-Grace Wlasenko

M.Ed. Candidate

XXX Hadley

Montreal, QC

H4E 3P6

(514) XXX-XXX

Fax: (306) 966-7719

[angela.w@usask.ca](mailto:angela.w@usask.ca)

Dr. Jennifer A. J. Nicol

Educational Psychology & Special Ed

College of Education

28 Campus Drive

Saskatoon, SK, S7N 0X1

(306) 966-5261

Fax: (306) 966- 7719

[jaj.Nicol@usask.ca](mailto:jaj.Nicol@usask.ca)

## **Appendix B: Ethics Application Addendum**

November 2006

Behavioral Sciences Ethics Board

University of Saskatchewan

Room 304 Kirk Hall, 117 Science Place

Saskatoon SK S7N 5C8

Fax: (306) 966-2069

RE: Ethics Approval Certificate Beh 06-223

To Whom It May Concern:

I am writing to request a change to an approved ethics application. The request is for children's interviews (not other stakeholders) to complete a data release form at completion of interview, rather than in subsequent follow up second interview after reviewing a transcript and/or transcript summary. I am requesting the change in order to help minimize the risk to child participants because revisiting/remembering potentially sensitive interview content may be upsetting to them.

I am also writing to request approval for photographing as an additional source of data collected for the research project "A Qualitative Inquiry of Bereaved Children's Grief and the Use of the Creative Arts: A Case Study of the "Good Grief" Workshop". Currently, the project has approval for audio-taping and /or observation of the workshop. I would like to modify the consent/ assent forms such that photographs of work are an option for data collection (see attached forms with revisions highlighted).

Please advise if further information is necessary to approve this modification of the original ethics application.

Sincerely,

Angela-Elizabeth-Grace Wlasenko

## **Appendix C: Poster for Dawn Cruchet's Training Workshops**

### **Good Grief Training Workshops**

**Dawn Cruchet BN, MEd, CT**

**Fall 2006**

The following workshops are designed for social workers, teachers, physicians, psychologists, nurses, childcare educators, spiritual animators, counselors, behavior technicians, clergy, volunteers and anyone working with people to understand loss, the process of grieving and the dying process. Participants will explore personal attitudes and learn strategies and interventions for helping adults, children and adolescents who are coping with dying and grieving.

#### ***#1 Good Grief Tuesday October 17, 2006***

***Participants of this interactive, experiential workshop will:***

- Learn about the process of grief
- Clarify personal thoughts, feelings and beliefs about grief
- Explore personal attitudes
- Identify interventions that are helpful to a griever
- Identify risk factors for complicated grief

#### ***#2 Helping Children and Teens Deal with Death Friday October 20, 2006***

***Participants of this interactive, experiential workshop will:***

- Learn about the process of grief
- Learn how child and teen grief differs from adult grief
- Identify common grief reactions in children and teens
- Clarify personal thoughts and beliefs about grief and children
- Learn helpful interventions with grieving children and teens

**Workshops take place at The Grief Center**

**Queen Elizabeth Health Complex**

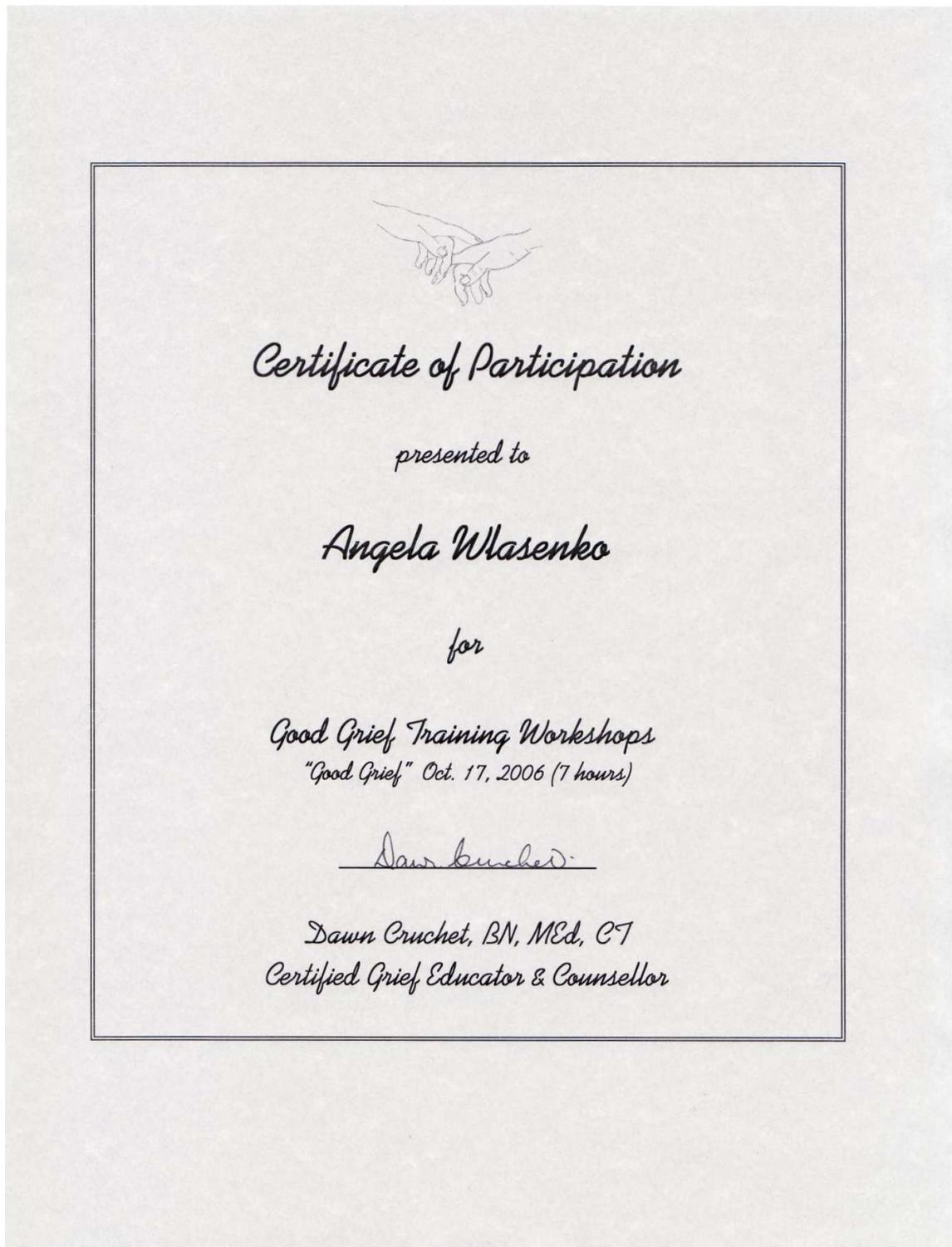
**Suite 443, 2100 Marlowe Ave.**

**Montreal, QC, H4A 3L5.**

**Cost per workshop= \$125.00 (incl. taxes and snacks). All workshops will take place 9 am- 4 pm**

**[dawncruchet@sympatico.ca](mailto:dawncruchet@sympatico.ca) or 514.xxx.xxxx Visit my website! [www.dawncruchet.com](http://www.dawncruchet.com)**

**Appendix D: Training Workshop Certificates**





*Certificate of Participation*

*presented to*

*Angela Wlasenko*

*for*

*Good Grief Training Workshop*

*"Helping children and teens deal with death Oct. 20, 2006 (7 hours)"*

*Dawn Cruchet*

*Dawn Cruchet, BN, MEd, CT  
Certified Grief Educator & Counsellor*

## **Appendix E: E-mail From Dawn To the Volunteer Team**

October 2006

Hello to you all,

Here we are approaching our 18<sup>th</sup> workshop! I would like to have an idea exchange at this year's Team Bonding Meeting. Please come with your thoughts about our workshop, re. the hours, activities, age groups, etc.

Here are this year's significant dates: Please note that the Training workshops are for anyone you might know who is interested in working with grieving children.

***Fri. Oct.17, 2006 09 - 4 pm Good Grief Training Workshop***

***Fri. Oct.20, 2006 09 - 4pm Training Workshop - Helping Grieving Children and Teens***

***Sat. Nov. 11 0930 - 12 18<sup>th</sup> Workshop Team Bonding meeting***

***Held in Board Rm. @ X Complex***

***Mon. Nov.20 6:00 - 9pm Planning meeting***

***Held in Board Rm. @ X Complex***

***Sat. Nov. 25 0930 - 2pm 18<sup>th</sup> Good Grief Workshop for Children and Adolescents at X School***

It is a pleasure for me to know and work with each of you and I am always happy to hear from you even if you can't make the workshop.

I look forward to your reply about your availability for this workshop.

You can reach me at: 514- xxx-xxxx or email.

Best regards,

Dawn

## **Appendix F: Letter of Invitation to Family Stakeholders**

Dear Parent/Guardian:

My name is Angela Wlasenko and I am a graduate student at the University of Saskatchewan. I am contacting you about a research project looking at the effects of the use of the creative arts with childhood grief. The purpose of this research project is to advance understanding about childhood grief and the use of the creative arts, in order to increase the services available.

Your child will be involved with a program that has been chosen for this study. The program director running the Good Grief workshop is passing along this letter to invite the involvement of yourself, your child and any other interested family members. Speaking with different stakeholders (e.g., the youth, their families, the program director), observing sessions, and reviewing program documents will give me a detailed understanding of the program. I hope that you will be able to contribute to the research project.

If you are interested, arrangements will be made to talk with you about the workshop. This can be an individual interview that lasts anywhere from 30-90 minutes. Interviews will be audiotaped and transcribed, and you will have the opportunity to read the transcript and a summary of the transcript in order to make any changes or corrections. If your child is interested, and with your permission, I would like to speak with your child as well.

If you and/or your child would like to participate, please contact either myself, or my research supervisor, Dr. Jennifer Nicol at 1-306-966-5261 or [jaj.nicol@usask.ca](mailto:jaj.nicol@usask.ca) any time you like. I will be responsible for doing the interviews.

Thank you for considering this request.

Sincerely,

Angela Wlasenko, Graduate Student

Jennifer A. J. Nicol (PhD, MTA)

Assistant Professor

University of Saskatchewan

Saskatoon, SK, S7N 0X1

## **Appendix G: Letter of Invitation to Non-Family Stakeholders**

Dear Volunteer:

My name is Angela Wlasenko and I am a graduate student at the University of Saskatchewan. I am contacting you about a research project looking at the effects of the use of the creative arts with childhood grief. The purpose of this research project is to advance understanding about childhood grief and the use of the creative arts, in order to increase the services available.

You will be involved with a program that has been chosen for this study. The program director running the Good Grief workshop is passing along this letter to invite your involvement. Speaking with different stakeholders (e.g., the youth, their families, the program director), observing sessions, and reviewing program documents will give me a detailed understanding of the program. I hope that you will be able to contribute to the research project.

If you are interested, arrangements will be made to talk with you about the workshop. This can be an individual interview that lasts anywhere from 30-90 minutes. Interviews will be audiotaped and transcribed, and you will have the opportunity to read the transcript and a summary of the transcript in order to make any changes or corrections.

If you would like to participate, please contact either myself, or my research supervisor, Dr. Jennifer Nicol at 1-306-966-5261 or [jaj.nicol@usask.ca](mailto:jaj.nicol@usask.ca) any time you like. I will be responsible for doing the interviews.

Thank you for considering this request.

Sincerely,

Angela Wlasenko, Graduate Student

Jennifer A. J. Nicol (PhD, MTA)

Assistant Professor

University of Saskatchewan

Saskatoon, SK, S7N 0X1

## **Appendix H: Consent Form for Individual Interviews with Adult Participants**

You are invited to participate in a study entitled “A Qualitative Inquiry of Bereaved Children’s Grief and the Use of the Creative Arts: A Case Study on the “Good Grief” Workshop”. Please read this form carefully and feel free to ask any questions you may have.

**Researchers:** Angela Wlasenko (M.Ed. Candidate), & Dr. Jennifer Nicol (Thesis Supervisor), Department of Educational Psychology and Special Education, University of Saskatchewan (email: [jaj.nicol@usask.ca](mailto:jaj.nicol@usask.ca); phone: (306) 966-5261)

**Purpose and Procedure:** The purpose of this research is to collect information about professionals, clients, and client family members who are involved with the Good Grief Workshop. Please note that participating or not participating in the research has no impact on your inclusion in the Good Grief Workshop. You are being invited to participate in one interview designed to gain a better understanding of your experience with the Good Grief Workshop with a short follow-up meeting to review a summary of the interview transcript and authorize the use of the interview data. I would like you to talk freely about your experiences and perceptions during the interview, which I estimate interviews will be 45-90 minutes. All interviews will be conducted at a mutually convenient and appropriate place and time. Each interview will be transcribed and the transcription used to generate summaries. You will receive copies of the transcript and transcript summary, and asked to read and respond to these materials’ accuracy. The short second meeting will be held in order to ensure an agreement on the transcript’s content and its intended meaning. Corrections and changes can be made to increase confidentiality and anonymity. A data/transcript release form will be signed once the transcript and transcript summary are reviewed and approved by the participant.

**Potential Benefits and Risks:** Taking part in this study will enable us to more fully understand the value of the use of the creative arts with bereaved youth, and broaden our knowledge in this area, thus having a positive impact on the practice of helping professionals.

Any risk associated with this research is minimal. Participation is strictly voluntary, and you have the right to withdraw at any time. Coding and altering any personally identifying information will be used to maximize your confidentiality and the provision of privacy. It is possible that you may experience some discomfort when recalling certain events. At all times, you are free to determine what you want to discuss, and you may end a discussion or refuse to answer any question, or turn off the tape recorder at any time. In the unlikely event that participating in the study leaves you feeling upset and in need of further support, Dawn Cruchet has agreed to be available to you. As well, a list of local resources will be provided.

**Storage of Data:** In order to protect the confidentiality and privacy of participants, all information obtained during the study will be stored in a locked filing cabinet. Following completion of the study, data will be kept for 5 years in a locked filing cabinet in Dr. Jennifer Nicol’s office, and then destroyed.

**Confidentiality:** Participant and third party privacy (confidentiality and anonymity) will be protected by: (a) using a locked filing cabinet to store of all relevant information during the course of the research; (b) using a coding system to keep participant names and contact information separate from data collected during the research and this data link will be destroyed upon completion of data collection; (c) altering potentially identifying information; and (d) giving participants the opportunity to review the final transcript and summary, and sign a data release form authorizing its use in thesis research, and in future presentations and publications.

**Right to Withdraw:** You may withdraw from the study at any time, for any reason, without penalty or loss of services. You are also free to not answer individual questions and to stop the tape-recorder at any time, should you wish. If you choose to withdraw from the study, any data that contributed by you will be destroyed.

**Questions:** If you have any questions about the research, please feel free to ask at any time. Should any questions arise in the future, you may contact myself, my supervisor, or the University of Saskatchewan Behavioral Sciences Research Ethics Board (see contact information below). The University of Saskatchewan Behavioral Sciences Research Ethics Board has approved this study on (insert date once approval is received). Any questions regarding your rights as a participant may be addressed to this committee via the Office of Research Services at 306-966-2084. Out of town participants may call collect. Results of this study can be obtained by contacting myself at [angela.w@usask.ca](mailto:angela.w@usask.ca), or by calling my thesis supervisor Dr. Jennifer Nicol at (306) 966-5261.

**Consent to Participate:** I have read and understood the description provided above. I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I consent to participate in the study described above, understanding that I may withdraw this consent at any time. A copy of this consent form has been given to me for my records

---

Signature of Participant

---

Signature of Researcher

---

Date

## **Appendix I: Guardian/Parent Consent Form for Youth Interviews**

Your child is invited to participate in a study entitled “A Qualitative Inquiry of Bereaved Children’s Grief and the Use of the Creative Arts: A Case Study on the “Good Grief” Workshop”. Please read this form carefully and feel free to ask any questions you may have.

**Researchers:** Angela Wlasenko (M.Ed. Candidate), & Dr. Jennifer Nicol (Thesis Supervisor), Department of Educational Psychology and Special Education, University of Saskatchewan (email: [jaj.nicol@usask.ca](mailto:jaj.nicol@usask.ca); phone: (306) 966-5261)

**Purpose and Procedure:** The purpose of this research is to collect information about professionals, clients, and client family members who are involved with the Good Grief Workshop. Please note that participating or not participating in the research has no impact on your inclusion in the Good Grief Workshop Your child is being invited to participate in an interview designed to gain a better understanding of their experience with the Good Grief Workshop. We estimate that interviews will last 20-60 minutes. All interviews will be conducted at a mutually convenient and appropriate place and time. Corrections and changes can be made to increase confidentiality and anonymity. A data release form will be signed once the interview is over.

**Potential Benefits and Risks:** Taking part in this study will enable us to more fully understand the value of the use of the creative arts with bereaved youth, and broaden our knowledge in this area, thus having a positive impact on the practice of helping professionals.

Any risk associated with this research is minimal. Participation is strictly voluntary, and participants have the right to withdraw at any time. Coding and altering any personally identifying information will used to maximize confidentiality and the provision of privacy. It is possible that participants may experience some discomfort when recalling certain events. At all times, participants are free to determine what they want to discuss, and may end a discussion or refuse to answer any question, or turn off the tape recorder at any time. Should participating in the study leave participants feeling upset and in need of further support, Dawn Cruchet has agreed to be available for follow-up support. A list of local resources will be provided also.

**Storage of Data:** In order to protect the confidentiality and privacy of participants, all information obtained during the study will be stored in a locked filing cabinet. Following completion of the study, data will be kept for 5 years in a locked filing cabinet in Dr. Jennifer Nicol’s office, and then destroyed.

**Confidentiality:** Participant and third party privacy (confidentiality and anonymity) will be protected by: (a) using a locked filing cabinet to store of all relevant information during the course of the research; (b) using a coding system to keep participant names and contact information separate from data collected during the research and this data link will be destroyed upon completion of data collection; (c) altering potentially identifying information; and (d)

giving participants the opportunity to review the final transcript and summary, and sign a data release form authorizing its use in thesis research, and in future presentations and publications.

**Right to Withdraw:** Participants may withdraw from the study at any time, for any reason, without penalty or loss of services. They are also free to not answer individual questions and to stop the tape-recorder at any time, should they wish. If participants choose to withdraw from the study, any data that they contributed will be destroyed.

**Questions:** If you have any questions about the research, please feel free to ask at any time. Should any questions arise in the future, you may contact myself, my supervisor, or the University of Saskatchewan Behavioral Sciences Research Ethics Board (see contact information below). The University of Saskatchewan Behavioral Sciences Research Ethics Board has approved this study on (insert date once approval is received). Any questions regarding participant rights may be addressed to this committee via the Office of Research Services at 306-966-2084. Out of town participants may call collect. Results of this study can be obtained by contacting myself at [angela.w@usask.ca](mailto:angela.w@usask.ca), or by calling my thesis supervisor Dr. Jennifer Nicol at (306) 966-5261.

**Consent to Participate:** I have read and understood the description provided above. I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I consent for my child to participate in the study described above, understanding that I may withdraw this consent at any time. A copy of this consent form has been given to me for my records.

---

Signature of Participant's Parent or Legal Guardian

---

Signature of Researcher

---

Date

## Appendix J: Assent Form for Youth Participants

**Project Title:** A Qualitative Inquiry of Bereaved Children’s Grief and the Use of the Creative Arts: A Case Study on the “Good Grief” Workshop

**Researchers:** Angela-Elizabeth-Grace Wlasenko (M.Ed. Candidate); Dr. Jennifer Nicol (Supervisor), Educational Psychology & Special Education, University of Saskatchewan

**Introduction:** You are being asked to take part in a research study because you went to the Good Grief Workshop. This study will be describing the Good Grief workshop so that we can understand and develop more programs using the creative arts to help children who experience the death of somebody they love. This form tells you what it means to be involved in this study so that you can decide whether you want to do it or not. If this form uses words that you do not understand, please ask Angela to explain.

**Description of Study:** We would like to talk with you about the Good Grief Workshop and what it was like for you. The conversation will be taped so we can listen to it later and learn from it. If you decide to participate in the study, you will meet with Angela at a time and place that is good for you. You can meet with Angela by yourself or if you like, have somebody you trust be there as well. Angela will ask you questions about what you did at the Good Grief Workshop, and what it was like to do those things. You’ll talk with Angela for 20 to 60 minutes. You can decide how long you want to talk and what questions you want to answer. You can ask questions, too.

You decide whether or not to participate in the study. If you decide not to take part in the study, no one will be upset or angry, and nothing bad will happen to you. If you say yes, but then change your mind later, you can say “no” and that will be O.K. You don’t have to answer any questions you don’t like. If participating in the study leaves you feeling upset and wanting more support, we will arrange for you to meet with Dawn from the Good Grief Workshop or somebody else who may be able to help you feel better.

**Confidentiality:** Everything you say will be kept private and not told to your friends, family or teachers. Reports based on this study may be presented for scientific presentations and publications. Your name will not be on any of these things. Rather a secret code or false name that you can choose will be used

**Assent:** I have read this paper or have had it read to me. I understand what I have to do in this study and I agree to take part in it.

\_\_\_\_\_  
Child’s Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian’s Signature

## **Appendix K: Guardian/Parent Consent Form for Use of Youth Creative Work/Photography**

Your child is invited to participate in a study entitled “A Qualitative Inquiry of Bereaved Children’s Grief and the Use of the Creative Arts: A Case Study on the “Good Grief” Workshop”. Please read this form carefully and feel free to ask any questions you may have.

**Researchers:** Angela Wlasenko (M.Ed. Candidate), & Dr. Jennifer Nicol (Thesis Supervisor), Department of Educational Psychology and Special Education, University of Saskatchewan (email: [jaj.nicol@usask.ca](mailto:jaj.nicol@usask.ca); phone: (306) 966-5261)

**Purpose and Procedure:** The purpose of this research is to collect information about professionals, clients, and client family members who are involved with the Good Grief Workshop. Please note that participating or not participating in the research has no impact on your inclusion in the Good Grief Workshop. Your child is being invited to share some of the creative work he or she made during the workshop. This may include taking photos of or making copies of some of the pictures, artwork, writing, etc. that your child wishes to share with the researcher. At no time will your child be forced to share anything they do not wish to share, and they may change their mind at any time.

**Potential Benefits and Risks:** Taking part in this study will enable us to more fully understand the value of the use of the creative arts with bereaved youth, and broaden our knowledge in this area, thus having a positive impact on the practice of helping professionals.

Any risk associated with this research is minimal. Participation is strictly voluntary, and participants have the right to withdraw at any time. Coding and altering any personally identifying information will be used to maximize confidentiality and the provision of privacy.

**Storage of Data:** In order to protect the confidentiality and privacy of participants, all information obtained during the study will be stored in a locked filing cabinet. Following completion of the study, data will be kept for 5 years in a locked filing cabinet in Dr. Jennifer Nicol’s office, and then destroyed.

**Confidentiality:** Participant and third party privacy (confidentiality and anonymity) will be protected by: (a) using a locked filing cabinet to store all relevant information during the course of the research; (b) using a coding system to keep participant names and contact information separate from data collected during the research and this data link will be destroyed upon completion of data collection; (c) altering potentially identifying information; and sign a data release form authorizing its use in thesis research, and in future presentations and publications.

**Right to Withdraw:** Participants may withdraw from the study at any time, for any reason, without penalty or loss of services. If participants choose to withdraw from the study, any data that they contributed will be destroyed.

**Questions:** If you have any questions about the research, please feel free to ask at any time. Should any questions arise in the future, you may contact myself, my supervisor, or the University of Saskatchewan Behavioral Sciences Research Ethics Board (see contact information below). The University of Saskatchewan Behavioral Sciences Research Ethics Board has approved this study on (insert date once approval is received). Any questions regarding participant rights may be addressed to this committee via the Office of Research Services at 306-966-2084. Out of town participants may call collect. Results of this study can be obtained by contacting myself at [angela.w@usask.ca](mailto:angela.w@usask.ca), or by calling my thesis supervisor Dr. Jennifer Nicol at (306) 966-5261.

**Consent to Participate:** I have read and understood the description provided above. I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I consent for my child to participate in the study described above, understanding that I may withdraw this consent at any time. A copy of this consent form has been given to me for my records.

---

Signature of Participant's Parent or Legal Guardian

---

Signature of Researcher

---

Date

## **Appendix L: Interview Questions**

### **Interviews with Children**

What kind of activities did you do during the workshop?

What activities did you like? Can you give me an example?

Were there any activities you didn't like? Can you give me an example?

Did the "Good Grief" workshop help?

How did it help?

Would you like to come back to the Good Grief Workshop? How come?

What do you think children like you who have lost a loved one need most?

Do you think that people at school could be helpful? E.g., teachers, principal, counsellor

### **Interviews with Program Volunteers/Facilitators**

How long have you been involved with the Good Grief Workshop?

How did you find out about the Good Grief Workshop?

What made you decide to become involved with the Good Grief Workshop?

What are the rewards for you when participating in the Good Grief Workshop?

What are the challenges?

What did you appreciate about the program?

What do you think might improve this program?

Is there anything else you'd like to tell me about your thoughts and experiences with the program?

## Appendix M: Data/Transcript Release Forms

### Data/Transcript Release Form

I, \_\_\_\_\_, have reviewed the transcript and transcript summary of my interview in this study, and have been provided with the opportunity to add, alter, and delete information as appropriate. I acknowledge that the transcript accurately reflects what I said in my interview with the researcher. I hereby authorize the release of these transcripts and interview summaries to Angela Wlasenko and Dr. Jennifer Nicol to be used in the manner described in the consent form. I have received a copy of this Data/Transcript Release Form for my own records.

I, \_\_\_\_\_, have been provided with the opportunity to add, alter, and delete interview information as appropriate. I acknowledge that the summary discussion accurately reflects what I said in my interview with the researcher. I hereby authorize the release of the interview data to Angela Wlasenko and Dr. Jennifer Nicol to be used in the manner described in the consent form.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

### Session Audiotape Release Form

I, \_\_\_\_\_, authorize the release of my transcript to Angela Wlasenko and Dr. Jennifer Nicol to be used in the manner described in the consent form. Although I am assured that steps will be taken to maintain my privacy and confidentiality, I also recognize and accept the increased possibility of identification associated with the audiotape. I have received a copy of this audiotape Release Form for my own records.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

## **Appendix N: List of Local Resources**

Dawn Cruchet BN. MEd, CT

E-mail: [dawn@dawncruchet.com](mailto:dawn@dawncruchet.com)

The Grief Center

Phone: (514) 486-0550

Montreal Children's Hospital Psychology Department

Phone: (514) 412-4449, ext. 23295 (intake coordinator)

Sainte Justine's Hospital Pediatric Psychiatric Center

Phone: (514) 345-4654