Literature Review

Effect of a Group-Style Intervention, for Children Suffering Grief and Complicated Grief.

Introduction

The current study relates to children who have experienced the loss of a person through death, violent death, abandonment, divorce, or the incarceration of a loved one. This review of the literature was conducted as a function of the proposed thesis that inadequate approaches to the children effected by grief and complicated grief have been reported on. With such a lack in the literature it was considered that an approach to this cohort be developed that would fulfill their needs. An approach was developed by (Paradise Kids, 2010). However, an unpublished report by this author found inconsistencies in the approach established and used by Paradise Kids (Jones, 2009) that may have had an effect that was not beneficial on outcomes for the children in that sample.

It has been suggested that rather than grieving as a matter of course following the loss of a loved one, such as through death; that individuals need to be given the right or have permission to grieve (Peskin, 2000). Grief may be described as a “deep or intense sorrow” (Burchfield, 1986); and according to Peskin (2000) may be ranked according to where the grieving person stands in the social chain as this relates to the form of attachment they had with the deceased person (Bowlby, 1973). Thus, a person who enjoyed a closer attachment to the deceased is likely to grieve more than an individual who was not so close (Peskin, 2000).

As well as ranking grief as a function of attachment style (Bowlby, 1973); it has also been suggested that the way in which the loss occurred may influence the form that grief takes. For example, the loss of a loved one following a chronic illness such as cancer may present with greater or lesser intensity of grief than another individual, whose loved one dies in suicide (Thompson & Kyle, 2000).

As this discussion relates to intensity of grief, three important elements related to some forms of grief are the presentation of intrusive mental images (IMI), numbness Boelen and Van Den Bout (2007), and insomnia (Hardison, Neimeyer, & Lichstein, 2005). According to Boelen and Van Den Bout, intrusive thoughts and numbness in a grieving person are prime indicators of Complicated Grief (CG). They suggest, also, that when an individual experiences these distinctive symptoms it is more likely that the deceased has died violently, therefore, differentiation must be made between CG and Posttraumatic stress disorder (Boelen & Van Den Bout, 2007). Posttraumatic stress disorder (PTSD) according to Boelen and Van Den Bout (2007) is also diagnosed as a function of these symptoms.

Death is inevitable, with over half a million deaths occurring annually from natural causes in the United Kingdom alone. Also inevitably, grief will follow for the mourners left behind (Syme, 2009). It is important to realize, however, that death is not the only reason that individuals suffer grief. It has been shown for example that when family members live a great distance from one another, particularly as siblings mature, that grief may ensue due to loss of relationship (Taylor, Clark, & Newton, 2008). Thus grief may become a characteristic of life for those family members (Taylor, et al., 2008). Similarly a United Kingdom study found that if particular attention is not paid to preparation before the move, employees and their families, who re-locate to another part of the country, are likely to suffer symptoms similar to grief (Martin, 1999).

Little appears to have been reported in the literature as a function of articles related to the effects of imprisonment on the children of the imprisoned. It has been found, however, that such children are significantly, negatively effected following the loss of parents under these conditions (Bocknek, Sanderson, & Britner, 2009). These researchers found that the children in their study reported high levels of symptoms normally associated with PTSD. It was further stated, that the majority of children of incarcerated parents have experienced trauma. Such

trauma includes witnessing the arrest of their parent(s). Other traumatic events have been identified as: domestic violence, substance abuse and couples conflict (Bocknek, et al., 2009). As noted above, there appears to be a convergence of symptomology between PTSD and CG. The differences between these conditions is important to note because the recognized treatment approaches for CG (Cox, Bendiksen, & Stevenson, 2002) are different to those of PTSD (Clark & Ehlers, 2006). It is, therefore, important to investigate differences between PTSD and CG.

PTSD has been indicated in a number of fairly recent studies following a major disaster. For example Vijayakumar, Kannan, and Daniel (2006) conducted a study of $N = 230$ children affected by the 2004 tsunami in southern Asia. Of these children, 9.1% actually witnessed a death(s); and 7.9% (18) lost a parent or sibling through death. However, it was shown that 106 children suffered either moderate or severe symptoms of PTSD with the remainder reporting no PTSD symptoms (Vijayakumar, et al., 2006). Clearly, for the majority of children with PTSD in this sample; something other than the death of a close relative is indicated in the diagnosis of PTSD.

Bhushan and Kumar (2007) in another study following the 2004 tsunami report that from 23% to 30% of children $N = 130$ developed symptoms of PTSD within 6 months of the disaster. Clearly this report does not support the findings of Vijayakumar et al. (2006) who found that 46% of participants reported symptoms of PTSD. Bhushan and Kumar (2007) also suggest that the level of symptoms reported, are a function of the level of social support received by the sufferer. Thus, children with a greater level of support reported lower levels of symptoms, and girls reported higher levels of symptoms overall; though these authors did not suggest a reason why this is the case (Bhushan & Kumar, 2007). As this relates to personal loss of a loved one, these authors report that 27.54% (36) of boys in their study and 11.48%

(15) of girls were grieving a violent death. Thus 39% of this sample compared to 7.9% of the Vijayakumar et al. (2006) study were grieving a death.

As discussed earlier PTSD and CG sufferers may both encounter IMI (Boelen & Huntjens, 2008). According to Raphael and Martinek (1997), however, the IMI associated with PTSD are associated with scenes from a traumatic event (Raphael & Martinek, 1997); whilst IMI associated with CG are a function of visions of the deceased (Raphael & Martinek, 1997). According to Prigerson, Jacobs, Rosenheck and Maciejewski (1999); a further distinction between PTSD and CG symptoms lies in the response to symptoms. According to these authors, whilst IMI as a function of PTSD is distressing, IMI as a function of CG is more often a source of comfort. As reported above, Boelen and Huntjens (2008) confirmed these findings. Of this sample, the most frequent type of IMI were positive memories of the lost person. This was followed by fantasies re-enacted, images of the death event, and finally negative scenes related to the future (Boelen & Huntjens, 2008).

It has been reported that a greater sense of cohesion, care toward family members, and strength occurs when a family encounters a traumatic event (Lindgaard, Iglebaek, & Jensen, 2009). Lindgaard et al.'s (2009) study investigated how families perceived change since the Southeast Asian tsunami in 2004. They found that two distinct groups were identified. The first group reported positive changes in their families, as indicated above. The second group who reported negative emotional experiences, were found to have memories about the event rather than people caught up in the event (Lindgaard et al., 2009). It would appear, therefore, that the two groups questioned by Lindgaard et al., may have suffered CG and PTSD respectively. Lindgaard et al. (2009) also report that two and a half years after the disaster some members of the negative group had experienced losses within the family and this had changed their outlook to that of the positive group. In other words, they became more human relations oriented exhibiting more care toward family members (Lindgaard et al., 2009).

Based on this study, it may be inferred that when a family experience a death, they are likely to overcome their grief through positive thoughts and communication etc. about the lost person, but when the negative experience relates to an event per se, such as a war or a tsunami, they are less likely to easily overcome their pain through this form of intervention.

Clearly where individuals experience different conditions for example; a traumatic event, compared to the loss of a loved one in a traumatic event; the intervention required for therapy is likely to be different. It has been shown above, that victims of CG are likely to be helped through support of family members. Victims of PTSD on the other hand may require another approach. According to Clark and Ehlers (2006), cognitive interventions for PTSD include dealing with the avoidance strategies in which sufferers engage, such as avoiding places and people that remind them of the event. PTSD victims may also engage in selective attention to reminders of the event or dissociate as a result of the trauma (Clark & Ehlers, 2006).

Current study

The current study relates to children who have experienced the loss of a person through death, abandonment, divorce, or the incarceration of a loved one. Death may be violent or non-violent and be a result of natural or non-natural causes. It appears that when death is of a violent nature the grieving person is more likely to suffer CG. When the death is from natural causes the individual is more likely to suffer normal grief. Following abandonment it is clear that an investigation into the circumstances of the abandonment needs to be conducted to ascertain the type and depth of grief that may be suffered. When a divorce or separation occurs; or when a parent is incarcerated; investigation must also occur. Thus children who have experienced any of these events may be assessed and the most appropriate intervention administered.

Because the purpose of the current research is to investigate the therapeutic effect of a new, group-style intervention for children suffering grief and complicated grief (CG); it is

important that assessment is conducted to differentiate grief and complicated grief from PTSD. CG is said to produce yearnings, preoccupation with the deceased person and disbelief at the death (Boelen & Van Den Bout, 2007). Sufferers may experience intrusive thoughts and images related to the loss of the person (Boelen & Huntjens, 2008). These symptoms need also to have been present for at least six months and caused impairment to normal functioning (Boelen & Huntjens, 2008). Ordinary grief as well as CG may include intrusive mental images (IMI) when fragments of specific autobiographical events, or extensions of these events contain sensory qualities and enter awareness suddenly and without intention (Hackmann & Holmes, 2004).

The ability to measure for complicated grief is currently an area of extreme difficulty. This is because the understanding of CG is in its infancy. Although CG may readily be measured in adults (Jordan, Baker, Matteis, Rosenthal, & Ware, 2005), there are currently no psychometric tests of CG in children, possibly because of the difficulties that are experienced in gaining information from children who are emotionally numbed (Yule, 2001). PTSD on the other hand has been researched more thoroughly in children and may easily be measured. For example the Children's Revised Impact of Events Scale (CRIES) (Perrin, Meiser-Stedman, & Smith, 2005) has been identified as an instrument of high validity and reliability for the measurement of PTSD in children (Bhushan & Kumar, 2007). More recently the Child Post-Traumatic Cognitions Inventory (CPTCI) (Meiser-Stedman et al., 2009) is gaining prominence. It is reported to have good test-retest reliability $r = 0.78$, $p < 0.0001$, excellent internal consistency α = between 0.87 and 0.93; and readily differentiates youths who do not have PTSD (Meiser-Stedman, et al., 2009).

Because of the excellent psychometric properties of the CPTCI reported by Meiser-Stedman et al. (2009) it was decided that this instrument should be used as a screening tool for participants prior to the current study. Thus, children who respond to questions such as "I

have to watch out for danger all the time", "I will never be able to have normal feelings again", or "Not being able to get over all my fears means that I am a failure", in the affirmative will likely be screened from this program and offered an alternative program designed for sufferers of PSTD.

The work conducted at "Paradise Kids" (PK) may be considered integrative (Paradise Kids, 2010). Over a seven week course a number of interventions are reported by this organisation (Paradise Kids, 2010). These are: The use of Gant charts; art therapy; telling of stories by the therapist, in an attempt to induce story telling by the children; music therapy; and clay work. During a study into the Paradise Kids program; Jones (2009) using data collected from pre and post tests of the Child Behaviour Checklist (CBCL) (Achenbach, 1991); found from a sample of $N = 10$, using a multivariate analysis of variance (MANOVA); that the main effect for this group was significant F [10.29] = 7, p = 0.015. An analysis of variance (ANOVA) on each dependent variable on the problem scale found that a significant effect occurred between Pre-test and Post-test reports for the following behaviours: Externalising = F [10.294] = 1, p = 0.015; Internalising = F [9.947] = 1, p = 0.016; "Other" = F [9.736] = 1, p = 0.017. It was found, however, that the effect size for each of these measures may only be suggested to be moderate (R = 0.595, R = 0.587, and R = 0.582).

Based on the effect size found in the Jones (2009) study and the findings from the literature discussed above; it was decided to design a new program of intervention for the cohort in question. Clearly children in grief and CG require a high level of support. From a therapeutic perspective it was considered that this support should come from within the family and from a client centered approach by the therapist.

The Paradise Kids model assumed that children in that study received the level of support that they required from the surviving parent and/or other family members. Because other members of the child's family may also be experiencing negative psychological feelings,

emotions, and cognitions due to the loss; it may not be assumed that these family members are able to give the child in question the appropriate level of support. On this basis, intake questions for the current study will establish any requirement for parental or other family counselling that may be deemed necessary in this project. In response to the establishment of need, counselling for parents and other family members will be offered.

The basic design of Paradise Kids program is to be implemented, but with significant modifications. These modifications are to include longer periods of client centered counselling to help children to tell their stories. This approach is also expected to compliment any deficiencies that the child experiences in family support. Rather than art therapy per se, the use of Adlerian Art Therapy (AAT) will be used to bring greater understanding and, thus greater behavioural change as this relates to unsocial behaviour. (Froeschle & Riney, 2008). Art therapy as discussed by such authors as McNamee (2005), and Stephenson (2006), helps to promote self expression and thereby recognize strengths. The use of bi-lateral approaches to art therapy are speculated to incorporate neural integration, thereby affording the possibility for neural change based on the therapy (Stephenson, 2006). It is expected, however, that the use of AAT in the context of grief and CG will compliment the current model in a more integrative manner. It is thought that while client centered approaches help the client deal with emotional deficiencies; AAT helps them understand how their behaviours have changed as a function of their grief or CG. In this way changes in emotional and behavioural deviances are integrated.

The inclusion of stories such as Badger's parting gifts (Varley, 2002) is expected to help the children bring closure to the loss as a function of the trauma, whilst engendering comfort through the positive memories related to the deceased person (Paradise Kids, 2010). This element of the Paradise Kids model will only be changed to incorporate more readily available books as a function of the market in the UK.

The final element of the Paradise Kids model that will be changed for the new model is related to relaxation and meditation. Meditation as practiced at Paradise Kids clearly has a spiritual element and is used in the context of mantra meditation, yoga, tai chi, qigong, and mindfulness meditation (Wisner, Jones, & Gwin, 2010). Meditation is becoming more widely reported with positive findings in a variety of genres including middle school students (Nidich et al., 2011) and older adolescents (Wisner, et al., 2010). It has been shown, however, that individuals who have a desire to take up meditation as part of their lifestyle, rather than those who are not; are more likely to derive benefit from meditating (Tanner et al., 2009). This finding supports earlier work that reported greater benefits are a function of first learning the art of meditation; which may take at least one year to accomplish (Compton & Becker, 1983). Other studies have compared the effects derived from meditation and relaxation and found that when either of these approaches are engaged for reasons of distress, the effect sizes are large and comparable (Jain et al., 2007). It was decided, based on these apparent conflicts that the new program under investigation would incorporate relaxation rather than meditation.

Developed initially by Jacobson (1939), progressive muscle relaxation has been found to be effective in lessening the effects of anxiety and stress related disorders through the successive tensing and relaxing of 16 muscle groups (Berstein & Borkovec, 1973). So effective is this intervention that is has been shown to have a significant effect in one session (Vancampfort et al., 2011).

Expected outcomes

It is expected that children who take part in this study will complete the program with a greater sense of inner peace and that the feelings associated with this peace will be reflected in a higher level of socially acceptable behaviour. Thus, externalizing and internalizing behaviours as described by Achenbach (1991) will be found to have been normalized resulting in lower post test scores compared to pre test scores (H_1). It is also expected that the

children's subjective accounts of their experiences during the program will be positive, thus supporting the expected findings from the behavioural measures (H_2). Jones (2009) reported that the outcomes from his study were not influenced by the gender of each child. Neither were they influenced by elements of family background such as socio-economic status or size of family, number or gender of siblings. Jones (2009) further reports that neither race nor cultural background influenced his findings. It is, thus, expected that the present study will not find any significant score differences as a function of gender (H_3), family background (H_4), or ethnic/cultural background (H_5).

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