

THE USE OF PUPPETS IN CHILDREN'S GRIEF GROUPS:
AN EXPLORATORY STUDY

by

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A Research Paper

Submitted In Partial Fulfillment of the
Requirements for the
Master of Science Degree
With a Major in

School Counseling

Approved: 2 Semester Credits

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August, 1999

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Abstract

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An Exploratory Study on the Effect and use of Puppets in
 (Title)

Children's Grief Groups

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<u>August, 1999</u>	<u>68</u>
(Month/Year)	(No. of Pages)

Publication of the American Psychological Association, 4th
 (Name of Style Manual Used in this Study)

Edition, 1994

This exploratory study examines the effectiveness of children in grief groups using puppetry as a therapeutic tool. It addresses the following three specific questions: 1.) What types of feeling words do the children use when they act as puppeteer? 2.) Do children use more feeling words to express their grief when they use act as puppeteer versus when a facilitator acted as puppeteer? 3.) How can puppetry be used to develop new ways of helping bereaved children heal?

In the review of the literature, these questions are examined by looking at how children grieve; therapeutic

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interventions currently used; how the cognitive and developmental stage of the child affects their grieving; the family dynamics of grieving; as well as the major contributions of play therapy and puppetry as therapeutic interventions. An example application of this therapeutic intervention is applied and reviewed. Finally, suggestions are made for further research in this area.

DEDICATION

This paper is dedicated to the loving memory of my father, Joseph L. Feeney, Sr., who died while I was in the process of this paper. His dying wish for me was to complete this paper. You taught me so many lessons in life. You taught me so many more lessons about death and grief. Every day I am still learning from these lessons. Finally, Dad, you can rest in peace. I'm finished.

ACKNOWLEDGEMENTS

I wish to extend my warmest thanks and appreciation to Dr. Denise Skinner. Her wisdom assisted me every step of the way. Her direction, encouragement, and perseverance, allowed me to grow through this experience. And, most of all, her belief in me kept me going during the times when I was most discouraged. I am ever grateful for her gentle guidance and support. You are truly more than an advisor to me, you are my friend.

To my husband Bob, and children John and Suzanne, thank you for your constant unconditional love and support while I was physically and mentally away from you during this endeavor.

I also need to express my sincere appreciation for the rest of my very patient and loving family. There are too many to mention here, but you all know who you are and how your belief and encouraging support sustained me through this project. I love all of you.

I want to thank The Healing Place for the opportunity to work with grieving children. Thanks, Juliet Steenson, for your assistance and experienced guidance during these sessions.

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CHAPTER ONE Introduction

The research and literature available on how a child expresses the loss of a loved one indicates there are several dynamics going on in the child's life at the same time. There are many factors to consider, then, when evaluating and developing a therapy plan for working with grieving children.

Many treatment methods are developed by looking at how the child is grieving (whether they are acting out their emotions or not expressing their emotions at all), the developmental stage of the child, the cognitive level of the child, and the child's family dynamics. Selecting which therapeutic tools and methods to incorporate becomes an important part in the overall intervention and treatment program. Not only selecting which tools to use, but specifically how these selected therapeutic tools are used becomes an important factor in measuring the success of the therapeutic application.

Much of the research to date has focused on the use of a young child's creativity to express their feelings of grief non-verbally. Young children, have learned to express grief through drawings (McIntyre & Raymer, 1987), developing memory books and boxes, written expression (O'Toole, 1991), and through play therapy "playing it out rather than talking it out" (Axline, 1969).

Other research has focused on the use of puppets to help children verbally express their grief. Puppet therapy is an application of play therapy. It is used in this mode to provide an opportunity for children to freely express their grief in both a verbal communicative way; and, it is used as a physical dramatic way but in a symbolic fashion. Stephanie Carter (1987) states that when "some children feel too uncomfortable (too angry, too afraid, too distrusting) to talk directly, play therapy using puppets can become an effective channel for children to express themselves. Puppet therapy is a natural form of play and a comfortable form of expression that allows children to act out whatever is on their minds" (p. 12).

Adults have used puppets as their representative to discuss what they think "children should and should not hear" and to enable them to discuss their feelings (THE CAVE OF FEAR, 1997). Puppets have also been used to help individual children act out their feelings successfully (Carter, 1987). There is little research on the use of puppets in child-directed group therapy in which children, who have suffered a loss of some kind, come together and create for themselves a story to help each other through the grieving process with the use of puppets.

What is missing from the research and available literature is a more in-depth comparison and study of the therapeutic value of having grieving children acting as puppeteer. When therapist

or facilitators are acting as puppeteer, they are introducing specific therapeutic strategies and techniques to help the children identify their experiences and emotions. However, when children act as puppeteer, the ownership of the experience becomes personal and viable. Perhaps idealistically, a multidimensional approach combining and using both modalities of puppet play therapy will be the most effective approach to aiding a grieving child through the healing process.

Statement of the Problem

The purpose of this investigation was to observe how children ages six to twelve, who have suffered a recent loss of a family member, express grief through the use of puppetry. During the last two sessions (of six grief group sessions), the children were allowed to use puppets in a dramatic context to explore and express their emotive feelings. The children were able to engage in the process of expressing their grief. Additionally, of particular interest to the facilitators, were the opportunities to make observations of the effectiveness of puppet therapy when the child acts as puppeteer (child directed) rather than the therapist or facilitators acting as puppeteer (facilitator directed).

Of particular interest was the expression of feeling words during therapeutic activities. Specifically, this investigation

explored whether more feelings words were used by the participants to express their feelings of grief using a non-directive play therapy puppetry approach versus the responses facilitators observed during other grief group activities during the six sessions where the facilitators were using a directive therapeutic approach.

Research questions

The following research questions provided a framework for the study:

1. What types of feeling words do the children use when they act as puppeteer?
2. Do children use more "feeling words" to express their grief when they use puppetry as compared to other facilitator directed sessions using different therapeutic tools (i.e., memory boxes, Bear Den story time)?
3. How can puppetry be used to develop new ways of helping bereaved children heal?

CHAPTER TWO

REVIEW OF THE LITERATURE

Grieving children may not verbalize their pain, frustration, fear, and needs after a loss for a variety of reasons. One of the reasons they may not verbalize their pain is that parents and other family members may also be grieving this loss. Children may be expressing an emotion they are more familiar with, anger, at being forced into a new role. Another reason is the child's developmental and cognitive level of understanding at the time of the loss. Another important factor to consider is the family system functioning. Everyone (parents and children) has emotions that are in a state of chaos. (Cassini & Rogers, 1993; Heegaard, 1992).

According to Metzgar (1995), grief is defined as a time of pain and confusion. It is a universal experience with many similarities and differences. For every individual grief is a natural reaction to loss (O'Toole, 1991). Grief can be the result of death, whether it is expected, traumatic, sudden, or the result of suicide. It can result from a physical loss such as illness, injury, disability, or aging, and can also be associated with divorce and job loss. Silent losses, such as loss of innocence, infertility, still birth, miscarriage, abortion, and loss of dreams are also associated with grief. Grief doesn't have to be associated with negative and traumatic

losses; but may be common with positive losses such as job promotion, moving, children going off to college, or retirement (O'Toole, 1989).

Children who have lost a loved one to death often exist in a state of confusion. This confusion may be manifested and displayed as normal or abnormal behavior. Examples of normal behaviors that suggest caution and attention include: emotional pain, difficulties with eating and/or sleeping, feelings of "going crazy," verbalizing that they are hearing or seeing the deceased, and wide mood swings. Whereas, abnormal behaviors indicate a stronger degree of concern, and are manifested as hyperactivity, avoidance of communicating about the loss, demonstration of symptoms similar to those experienced by the deceased, a drastic change in relationship styles, continuous hostility, apathy, and cutting off of established relationships. In some cases, children have no resources available to help them cope with their grief and may turn to alcohol and/other drug use. Especially older children because they fantasize and romanticize death (Fitzgerald, 1992). According to Fitzgerald (1992):

Teenagers are fascinated with death and often spend time fantasizing about their own deaths, often to the dismay of their parents...They may even find themselves challenging death by fast driving,

experimenting with drugs, taking unnecessary risks, or engaging in other potentially dangerous activities.

(p. 57)

Grief is different for everyone. While grief can affect everything from our emotions to our spirituality, there are many other factors that help explain our responses to grief, and they can help us understand why different people grieve differently. How we grieve depends on the following: number of times we've grieved, the type of grief, our personality, gender, age, and life experiences. Grief is unique to ourselves. It is not dictated by rules or absolutes. When experiencing grief it is no better or worse than others going through it. No two people can experience grief in the same way (Metzgar, 1995). "Grief takes as long as it takes" (Metzgar, 1995, p. 12). The key is to help children facilitate the grief process experience and expression of their grief.

Children grieve more sporadically than adults do. They will grieve with more intensity at first, then continue to grieve over a period of years. Children are also more capable than adults in putting grief aside. It is the big events in their lives (i.e., sporting and academic accomplishments, holidays and birthdays) that will bring them in touch with their grief as they grow into adulthood (Fitzgerald, 1992).

According to Fitzgerald (1992), there are five feelings children experience as a normal reaction to death or loss. They are: denial, anger, guilt, depression, and fear. It is important to be aware that one or all may appear at any given time, and children need help expressing their feelings. Very young children have problems because they have not yet fully developed their language skills to adequately express their emotions and may become frustrated or withdrawn. This inhibits their ability to cope with their feelings during the grieving process. They simply cannot find the words to express the new feelings they are experiencing.

The inability to effectively express themselves often has lasting ramifications for children. Studies on children and death indicate the loss of a loved one impacts children deeply both now and for the rest of their lives. If the loss or death happened young enough, they have no words. Still they remain buried alive in kinesthetic and visual memories. Losses which are not acknowledged and grieved can diminish life. Ungrieved losses are not buried dead. They accumulate in the psyche of the child (Schneider, 1989).

The natural reaction to loss, called grief, is a process unique to each individual. Going through the grief process is important to all, but how poignantly the need is felt for children. Their very beings are charged with life "longing for

itself" (Gabran, 1969) yet they are often stunted by ungrieved losses. It is imperative, therefore, for children to have outlets, or channels in which to express their emotions and to fully experience their bereavement. When a child cannot express him/herself, it is important that a facilitator provide a medium for expression to aid in the therapeutic grieving process.

Facilitators can assist children on a one-to-one basis or in groups. Grief groups are one means of providing an environment for facilitation of the grief process in which a group of children with similar feelings can interact with each other. Through interactions with other children experiencing loss of a loved one, grief groups take children a step closer to resuming the process of living without the loved one. Sharing similar experiences and acting out emotions in group settings with their peers, allows children to express their feelings.

When members share their loss with the other members of the group or circle, they are becoming an integral part of the group. They are beginning the process of working together toward healing. As stated by Manning (1985):

A grief seminar needs to be there for those who have experienced loss recently enough that they want to work on recovery. If each person in the group fits this description, the group can work together, aiming at this one need and seeking to discover methods of recovery (p.61).

COGNITIVE DEVELOPMENT

To understand how a child grieves, their cognitive development must be understood. Children do not fully understand the implications or finality of death and dying, especially if they are at a very young age developmentally. A child's cognitive level, how he/she thinks about the world around them and interprets information obtained, directly influences how a child will react during the grieving process. Cognitive development typically develops in a series of widely accepted stages first identified by Piaget (1954). Piaget's (1954) four stages of development in the acquisition of cognitive functioning are):

- 1) Sensorimotor stage-occurs at birth. During this stage the infant learns to coordinate *sensory* experience with *motor* behavior by interacting primarily with actual physical objects, such as a nipple, hand, or rattle.

2) Preoperational stage-occurs at about two years of age.

As they start to develop symbolic processes, such as language.

3) Concrete operations stage-occurs between about seven to

twelve years of age. Children can use their symbolic systems to think logically, but this is restricted mostly to *concrete* problems that are within their immediate environment.

4) Formal operations stage-occurs from twelve on.

Children's logical abilities may be applied to abstract and hypothetical problem situations.(J. Armstrong & E. Sarafino, 1980, p. 113)

Children from birth to two years of age are in the sensorimotor stage. In this stage children's reactions are reflexive and instinctive in nature, they also have the ability to imitate actions seen without a model present, and to represent absent people and objects. Sensory and physical experiences coordinate to begin to shape a young child's understanding of the world around them.

Children in the pre-operational stage are two to seven years of age. The pre-operational stage is identified by further development of symbolic function, language development, physical

problem solving, and categorization. Words and images begin to represent the world. Thinking is characterized as egocentric and irreversible.

Krementz's (1991) work with children and grief is a good example of these stages.

Gail Gugle's (age 7) daddy was killed in an automobile accident. She explains her younger brother's perspective on death like this: Greg is littler than I am and he thinks daddy didn't really die—that he's in Italy or Iowa and that he's going to come back...Last summer when we came back from vacation, he thought daddy would be in the house waiting for us when we come home. (p. 108)

Gail's perception is as follows:

I think my dad's in heaven. He's probably an angel. God tells him stories about me and then Daddy watches me from overhead. A neighbor said Daddy would come to live in our hearts so he would keep living with us but in a different way. (p. 109)

The final, or fourth stage of cognitive development is formal operations. Children twelve years or older have the ability to use abstract thought and complex reasoning. Thinking is more flexible, and children can begin some mental hypothesis testing of newly acquired information.

Krementz (1991), found this about the reactions of older children:

David Harris, age 15, lost a mother to cancer. His thoughts were: I suppose my mother's death has probably made me more independent. I just have to rely on myself more. But a lot of my friends are also very independent because they don't get along with their parent—their parents don't like them and they don't like their parents—and that's had an effect similar to losing a parent (p. 105).

And, an excerpt from Laurie Marshall, Age 12:

My father died two months ago in a plane crash. He was a sports-medicine doctor and he and a few of his associates were going up to the U.S. Olympics in Lake Placid...In some ways it's easier for me that my father died the way he did—all of a sudden—instead of having to go through a lot of pain and suffering. The way I think of it is that someone good came down and picked him up because it was his time. (p. 3)

With each stage of development, children perceive death differently. The child's cognitive stage determines his/her capacity for systematic, logical thinking, and the development of language used to understand death and dying (Shapiro, 1994).

Children younger than the age of six or seven years of age do not fully understand the finality of death and dying. A preschool child cannot comprehend the word "forever". They do not accept the finality of death. Preschool children cannot comprehend the idea of forever. You can tell a preschool child that someone has died and will be gone forever, and later the child will come back and ask when the person who has died will be back. To a child in the preschool years, one hour can be forever (Fitzgerald, 1992). Children at this stage need consistent answers to their questions about death (Fitzgerald, 1992). Children in this pre-operational stage see death as a reversible process.

As children move into the concrete operational stage, they begin to realize that death is final, irreversible and universal. Concrete operations begin at the age of seven through age eleven. School-age children are beginning to learn that death is real. However, if they have not experienced death in their circle of family and friends, they are likely to be caught up in a magical way of thinking and feel that if you are smart enough, you can avoid death (Fitzgerald, 1992). They believe death is a reversible phenomena. Children begin to develop logical thought, and categorize information into hierarchial and seriation categories. Thinking in this stage is characterized by conservation, decentration, and reversibility. Children are now

able to mentally reverse information. Kremenz describes this experience:

Jack Hopkins' (age 8) dad committed suicide on Easter Sunday. This is what he said about his loss. It's better for me not to think about it too much because when I think about my father I know there's nobody like him and I don't know why he did what he actually did. So I just say "Jack, you might just as well relax and don't think about him and just live your life." So that's what I try to do. I can't say it isn't hard, because it is...(p.15).

Generally school-aged children have heard about death at school and through the media. They often feel guilty about the death and take on the responsibility of feeling that somehow they could have prevented the death from happening. Children at this age, ordinarily feel that death happens only to old people. They seek out information about death from their parents. They are trying to determine whether a person is "old".

Older school aged children think death takes on a tangible form such as a ghost, hooded figure, or spirit. At this stage, they think death happens to other people. About the age ten they have real fears that a parent might die. By this time, children have experienced a loss of some form—a pet, relative, or acquaintance. This is the stage where children can be given some

responsibilities as far as the death-related "rituals", especially when it is directly related to them, such as the loss of a pet.

Children in their teenage years are fascinated with death and often spend time fantasizing about their own deaths. They are still not really in touch with the finality of death. Death is romanticized in the books they read and through movies and television. They may challenge death by fast driving, drugs, alcohol, and taking unnecessary risks (Fitzgerald, 1992).

Along these same lines, older children may be afraid to communicate with others due to fear of revealing themselves and their current vulnerability. "Children often lack the resources, cognitive ability, and experiences to deal effectively with a significant loss" (O'Toole, 1991). Regardless of age, all children need to be able to communicate to caring people their feelings about the death or loss they are experiencing.

DEVELOPMENTAL THEORY

Understanding the aspects of normal development is crucial to understanding how children of all ages can be helped through the grieving process. Once we can explain and predict behaviors, we can use that knowledge "to control problems in childhood and foster effective behavior" (Sarafino and Armstrong, 1980).

Havighurst (1952) identified *developmental tasks* as:

A task which arises at or about a certain point in the life of the individual, successful achievement of which leads to his happiness and success with later tasks, while failure leads to unhappiness in the individual, disapproval by society and difficulty with later tasks (1952, p.2).

Developmental tasks for infancy and early childhood, middle and late childhood, and adolescence are listed below:

Havighurst's Developmental Tasks

Infancy and Early Childhood (0-6 years)

1. Learning to walk.
2. Learning to take solid foods.
3. Learning to talk.
4. Learning to control the elimination of body wastes.
5. Learning sex differences and sexual modesty.
6. Forming concepts and learning language to describe social and physical reality.
7. Getting ready to read.
8. Learning to distinguish right and wrong and beginning to develop a conscience.

Middle and late Childhood: 6-12 years

1. Learning physical skills necessary for ordinary games.
2. Building wholesome attitudes toward oneself as a growing organism.

3. Learning to get along with age-mates.
4. Learning an appropriate masculine or feminine social role.
5. Developing fundamental skills in reading, writing and calculating.
6. Developing concepts necessary for everyday living.
7. Developing conscience, morality, and a scale of values.
8. Achieving personal independence.
9. Developing attitudes toward social groups and institutions.

Adolescence: 12 to 18 years.

1. Achieving new and more mature relations with age-mates of both sexes.
2. Achieving a masculine or feminine social role.
3. Accepting one's physique and using the body effectively.
4. Achieving emotional independence of parents and other adults.
5. Preparing for marriage and family life.
6. Preparing for an economic career.
7. Acquiring a set of values and an ethical system as a guide to behavior—developing an ideology.
8. Desiring and achieving socially responsible behavior.

One important aspect of normal development is that the process is irreversible. Life continues to proceed, but can vary in its speed of development (Sarafino and Armstrong, 1980). Life experiences continually shape and become an integral part of our normal development. It is important for the therapist to analyze what developmental stage the grieving child is at and whether they are "stuck" at an inappropriate place.

FAMILY DYNAMICS

Another critical piece to understanding the child's grieving process is looking beyond the child to what is happening to the family system and its structure during this grieving period. One way grief can be perceived is as an "interdependent developmental process" (Shapiro, 1994). Families provide their members with a sense of belonging and balance.

As systems, families develop mechanisms to maintain balance or *homeostasis* in their structure and operations. Each family has

it's own rules and implied agreements that organizes their structure and guides their conduct. These implied rules apply both to the family as a unit and to the individual members. Family homeostasis is maintained to the extent that all members of the family adhere to a limited number of rules or implicit agreements that prescribe the rights, duties, and range of appropriate behaviors with the family (Hepworth & Larsen, 1982).

Accordingly, Hepworth and Larsen(1982) describe the family in a manner adaptable to this study. Our definition of family is not limited to nuclear families (i.e., first-marrying couples with children). Recognizing that nuclear families represent only 40 percent of the households in America (Hartman, 1981), our reference to families includes one-parent families, reconstituted families (remarried couples), couples without children, and all other forms of households that consist of members with emotional bonds and mutual obligations who define themselves as families.

Families operate as a group. The therapist must consider the change in the family dynamics when a person dies and causes a member of the family to exit. Virginia Satir (1972) compared the family system to a hanging mobile.

In a mobile all the pieces, regardless of size and shape, can be grouped together and balanced by changing the relative distance between the parts. The family members, like parts of the mobile, require certain distances between

each other to maintain their balance. Any change in the family mobile—such as a child leaving the family, family members forming new alliances, hostility distancing the mother from the father—affects the stability of the mobile.

This disequilibrium often manifests itself in emotional turmoil and stress. The family may try to restore the old equilibrium by forcing its "errant" members to return to his or her former position. Or it may adapt and create a new equilibrium with its members in changed relation to each other. (DeVault & Strong, 1989, p.71)

According to DeVault & Strong (1989), these are the assumptions of the family system approach:

- Interactions must be studied in the context of the family system. Each action affects every other person in the family. The family exerts a powerful influence on our behaviors and feelings just as we influence the behaviors and feelings of other family members. On the simplest level, an angry outburst by a family member can put everyone in a bad mood. If the anger is constant, it will have long-term effects on each member of the family, who will cope with it by avoidance, hostility, depression, and so on.

- The family has a structure that can only be seen in its interactions. Each family has certain preferred patterns of transactions that ordinarily work in response to day-to-day

demands. These patterns become strongly ingrained "habits" of interactions. These patterns or habits make change difficult. A warring couple, for example, may decide to change their ways and resolve their conflicts peacefully. They may succeed for a while, but soon they fall back into their old ways. Change requires more than changing a single behavior; it requires changing a pattern of behavior.

- The family is a purposeful system; it has a goal. In most instances, its goal is to maintain itself intact as a family. It seeks homeostasis, that is, stability. This goal of homeostasis makes change difficult, for change threatens the old patterns and habits to which the family has become accustomed.

- Despite its resistance to change, each family system is transformed over time. A well-functioning family system constantly changes and adapts to maintain itself in response to its members and the environment. The system changes through the family life cycle, for example, as partners age and as children are born, grow older, and leave home. The parent must allow the parent-child relationship to change. A parent must adapt to an adolescent's increasing independence by relinquishing some parental control. The family system adapts to stresses to maintain family continuity while making restructuring possible. If the primary wage earner loses his or her job, the family adapts to the loss in income; the children may seek work,

recreation is cut, lifestyles change, and the family may be forced to move.

Shapiro (1994) states the following about the family grieving process:

The goal of this book is to introduce readers from a variety of theoretical and clinical practice perspectives to an integrative, systematic developmental model of grief. For grief counselors, and therapists accustomed to working with individual children or adults, the book provides a review of new work in the fields of family systems and relational developmental perspectives that can expand their understanding of individual grief in a family context and grief as an interdependent developmental process. (p. 7)

Because families play key roles in meeting (or failing to meet) the needs of constituent members, it is vital that practitioners be skilled in assessing the functioning of families (Hepworth & Larsen, 1982). Paramount with this assertion, one must look at the definition and structure of the family as a system.

Shirley L. Zimmerman (1980) referring to families in the context to the field of social work, supports this perspective noting that therapists need to see the paramount significance of

the family as "the ecological system that nourishes the individual." (p. 145)

PLAY THERAPY

One effective method used in children's grief groups is Play Therapy. Stephanie R. Carter (1987) describes play therapy as a useful medium for working with children because they are so comfortable with toys. Through play, toys allow children to be the first ones to own their feelings and to express them as they have hundreds of times before. It also allows the freedom for the child to progress at their own comfortable pace; to control the issues; and at the same time provides a deep feeling of safety (Carter, 1987).

Oppenheim clarifies the importance of play in the following way:

But play stimulates more than muscle development. It involves the mind and the emotions. Children don't just jump, bang, run, or bounce. They jump with joy, bang with anger, they run with fear, they bounce, with pleasure. They play out their emotions and thoughts. Through play, they recreate their real life experiences (p.2)...Play is by its very nature educational. And it should be pleasurable. When the fun goes out of play, most often so does the learning (Oppenheim, 1984, p.3) Playing has value throughout our life span. Naturally the games we play change as we grow older. But the physical, mental, and emotional benefits are there at every stage (p.4).

This study looks at the dynamics of the child's loss and the use of puppetry as an effective intervention tool. Koppitz (1982) recommends the use of materials (i.e. puppets, play doh, toys or clay) to assess children who have trouble expressing their feelings or attitudes verbally or through drawing. This technique is called the "Manipulative Technique".

Missing from the research and literature on the use of puppetry in children's grief groups is the method of having the children act as puppeteer versus the facilitator or therapist acting as puppeteer. Therapists and paraprofessionals working with grieving children need to constantly seek out more effective ways to help their clients. It is important to study whether puppets can be an effective medium for some children to express their feelings when dealing with grief. We know that children need to express their feelings; perhaps having them use puppets will aid in the healing process.

Grief groups are ideal for introducing play therapy as a medium to express feelings. Play therapy is a channel or an outlet, which gives children the opportunity to experience some relief from the grief problem. They are able to explore their bereavement in detail in a neutral and non-threatening environment.

Puppets can be an excellent therapeutic tool to encourage dialogue between the child and the deceased. The dialogue is usually chosen by the child and can help take care of unfinished business between the child and the deceased (Fitzgerald, 1992). Another reason to use puppetry in play therapy is to allow children to express their emotions through "disassociation" of self. That is, children communicate and express themselves through the puppet medium without associating it as being directly connected to their own feelings and/or emotions.

Puppet shows for each other and for the family parties continue to be of interest as a vehicle for dramatic expression and storytelling. The impromptu show of the past may now become a scripted adaptation of a TV show, familiar story, or an original play.

Though puppets have been used in many educational and therapeutic environments, there is little documentation verifying the benefits of puppet therapy strictly relating to bereaving children. Because so many children have the occasion to grieve, it is important to determine if using puppets will become a therapeutic tool to aid them in communicating their feelings. By communicating their feelings, children will experience and understand their grief in a way that prepares them for future experiences involving grief.

There is growing evidence that puppetry could be an effective therapeutic tool for use in grief groups with children. First, in reviewing this approach, there will be a review of children's communication in the environment of play therapy. Second, will be the incorporation and the use of puppetry as another communication technique in play therapy. Finally, the focus will be narrowed to the actual use of puppets to further facilitate communication of feelings in the grief therapy process.

Play Therapy

For the purpose of understanding play therapy, its technique, and its relevance for use with children's therapy, it is important to know the definition of play therapy and the significance of play for children. In 1947, Axline stated the following about play:

Play therapy is based upon the fact that play is the child's natural medium of self-expression. It is an opportunity which is given to the child to "play out" his feelings and problems just as, in certain types of adult therapy, an individual "talks out" his difficulties. (p. 9)

She then described two types of therapy which may be incorporated in play therapy. One type is "directive" in nature--meaning that the therapist or facilitator assumes responsibility for guidance

and interpretation. The other type is known as the less structured or "non-directive" therapy--meaning that the therapist may leave responsibility and direction to the child. Non-directive therapeutic techniques are most often used with puppetry in play therapy.

Another way of presenting these two distinctive types of play therapy techniques was given by Carter (1987) as structured and unstructured approaches. In structured approaches (Axeline's Directive approach), the counselor designs the activity, chooses the play medium, and makes the rules. In unstructured play (Axeline's Non-directive approach), the child selects from items (such as puppets or other toys), sets his/her own rules, and uses play things and the time as she/he wish.

Lloyd and Marzollo (1972) pointed out that play is the natural way a child learns. Most recently, Schaefer (1993) contributed a summary reference of play therapy in the following manner: "Play therapy can be defined as an interpersonal process wherein a trained therapist systematically applies the curative powers of play to help clients resolve their psychological difficulties" (p. 3).

Play and laughter are elusive subjective forms of behavior that infiltrate human communication. Communicative play, which combines elements of play and laughter, punctuates and

facilitates thought and communication--but does not impede it
(Peyton, 1997).

Puppetry

Arnott (1964), defined "Puppet" as coming from the Latin "pupa", meaning doll. A puppet is a jointed representation of a human, an animal, or, abstract figure. He said, "A puppet can be manipulated to give an illusion of life..." Jeffrey L. Peyton (1991) on puppetry,

The simple act of human mimicry represented in the existence of the puppet itself propped, as it were, like a mirror of consciousness, is a distinct form of behavior. When use of a puppet is involved, the group tends to identify, follow, and communicate with the symbol. As a species typical display greeting, puppets exert a strong effect on children. (p.7)

Puppets first appeared in religious rites. They were used as moving effigies of the gods; and possibly used for replacement for human sacrifice. Puppets can be found in many countries and cultures throughout the world. American Indians have long used

them in ceremonial rituals. Europeans such as the Greco-Turkish Karaghiozis use puppetry for satirical fare. Italians have used puppets for Shakespearean works and children's entertainment. Asians have used puppetry as a medium for freedom of speech without satirical comment. Americans, such as Edgar Bergen, Mr. Rogers, Shari Lewis, and Jim Henson have used their puppets to educate and entertain the world via television and film (Arnott, 1964).

The materials used to make a puppet, how it is operated, and even specific cultural adaptation, define puppet categories. There are various forms used worldwide. The most familiar are: hand puppets, shadow puppets, and rod puppets (marionettes).

Puppetry is effective with individual therapy and with groups. Virginia Axline used both techniques in her Play therapy sessions. She contended that puppets are used to "allow children to play out their problems" (Axline, 1973, p. 29).

In the book, *Learning Through Play*, Lloyd and Marzollo (1972) used this analogy:

Children blossom with chatter when called on to provide speech for puppets they have made. When a child plays with a puppet, he has a chance to act out both sides of a conversation. He has a chance to put the stories he knows into his own words...chances are he'll need little or no direction once he has the finished puppet in hand. (p. 38)

Puppetry in Grief Groups

Puppet therapy could be an effective tool to use with grieving children. Counselors and facilitators have the option of incorporating it both in individual children's grief sessions and in children's grief groups. Stephanie R. Carter, a doctoral student in the Department of Counseling Psychology, University of Miami, Florida successfully incorporated puppetry with individual child clients. She described how one eight year old client, Steven, who had witnessed his father's murder, used puppets. Carter (1987) stated:

Steven freely chose puppets in a neutral play atmosphere that was unstructured and nondirective and began to break through his defenses of traumatic anxiety, to understand his feelings, and finally to experience the full range of grief and its accompanying anger. (p. 211)

Hassl and Marnocha (1990) have the children perform puppetry using grief themes in their wrap-up activity in children's grief groups. At the beginning of the session, a community member, puppet expert, or the facilitators themselves, act as the puppeteers. After the presentation, each child is selected to puppet role play using suggested feelings or situations. The other group participants are then asked to guess what the feeling or situation is.

Hassl and Marnocha's method of including puppets in children's grief therapy groups is an effective means of getting grieving children to communicate feelings and emotions. In this proposed study, the children would portray the role of puppeteer. This would provide them the power to take a more "directive" role in their play therapy healing process. The facilitator provides the non-directive, safe environment in which the children can freely express their inner most thoughts and feelings.

CHAPTER THREE

Methodology

Introduction

This chapter will define the research questions, the subjects used within the study, the method of subject selection, instrument selection, data collection and analysis procedure, and limitations encountered.

Research Questions

The following research questions provided a framework for the study:

1. What types of feeling words do the children use when they act as puppeteer?
2. Do children use more "feeling words" to express their grief when they use puppetry as compared to other facilitator directed sessions using different therapeutic tools (i.e., memory boxes, Bear Den story time?)
3. How can puppetry be used to develop new ways of helping bereaved children heal?

Description of Subjects

The subjects were three boys and one girl, ages 6 to 12. Two other subjects had attended the first grief session but never returned to subsequent sessions. The puppetry and observations were held at the Healing Place during two of the

regular weekly grief sessions. The Healing Place is associated with Sacred Heart Hospital, Eau Claire, Wisconsin. The parent or guardian brings the child to the session, but does not remain as an active participant in the session. Information regarding the grief group sessions was publicized in the Sacred Heart Hospital newsletter, The Catholic Times Review newspaper, and several local newspapers. Subjects were identified from referrals made by parents and/or teachers to participate in bereavement and loss groups scheduled during the summer of 1997. All participants had experienced a loss of a significant family member (parent or sibling) within the past two years.

Facilitators

There were four facilitators for this grief group. Of the facilitators, three adults and one high-school senior, two were graduate students in the Guidance and Counseling Program at the University of Wisconsin-Stout. One facilitator was a speech-language pathologist familiar with the development of young children. The youngest facilitator was a high-school senior, interested in working with children through the use of art and music therapy.

Data Collection

In the fourth grief group session, two of the facilitators performed puppetry using a developed script that presents a dialogue concerning death and loss of a loved one.

All group participants attended the demonstration. At the end of this session, each child drew a slip of paper with a written scenario describing a bereavement situation from a "feelings" box (See Appendices H and I). He or she was then asked to choose a puppet from a listing presented to them by a facilitator and then asked to develop their own puppet dialogue with their chosen puppet for another weekly grief session.

For the children's presentation, each child was paired with one other child or adult in the group to present their dialogue to be held at the next session. They were each given 15 minutes to practice with their partner. Frequency counts were used by the facilitators to assess the number and type of feeling words were used. Verbalizations were charted on the "How do you feel?" forms (See Appendix F and G).

Data Analysis

Frequency counts were used to assess the number and type of feeling words used by the children during their puppet demonstration as observed by the facilitators. A check mark was placed next to each child's "feelings word" sheet each time the child spoke one of these words during their puppet presentation. Feelings words not on the sheet were recorded at the bottom of the sheet and recorded as "other" feelings.

Limitations

There were several limitations that may have impacted outcomes of this exploratory study. They are:

1. The small size of the group inhibited the study.

Larger numbers would provide more opportunities for comparisons amongst the participants. For example, were the responses of the male participants greater or lesser than the female participants? More children would allow more ideas and interactions with each other.

2. In future studies, it would be helpful to look at the age differences of the participants and include cognitive and social differences in the data collection and analysis.

3. There were limitations to the number of opportunities the participants and facilitators had to rehearse their selected scripts. Allowing the children more opportunities to practice their scripts could have allowed them to develop a more comfortable relationship with their puppet partner and the selected puppets.

Grief Group Agenda

An agenda was typed in advance for each session (See Appendices A-E).

Purpose and Objective of Each Group

1. **To establish a safe environment**-consistency and safety are key to developing trusting relationships with children, therefore, we followed the same agenda and group format so the children participating knew what to expect from session to session.
2. **To clarify general introductions**-the facilitators introduced themselves and told about their personal experience of losing a loved one. Next, each child was then given the opportunity to introduce themselves to the group and tell who the loved one was that they lost. The purpose of these introductions was to form a connection with these children who have experienced a loss of a loved one; and they were united by sharing of a common experience. A "feelings" chart was placed at the entrance of the meeting room. The children signed-in by drawing a happy face or sad face next to their name depending on the week they had.
3. **To allow the children to make up the group rules**-the purpose of this method of rule making was to allow ownership of this group and the rules that mandated it. The children were asked to make the rules that would govern this group. The children were told that the rules would be repeated every week at the beginning of the session. The facilitators used a flip chart and magic markers to record these group rules. These rules were then taped on the wall of the group gathering room where the children could see them every week

upon their arrival to the grief group. Children not following the rules as posted were instructed they would be removed from the group for a short period of time by a facilitator.

4. To form a "Talking Circle" and use of a Talking stick-The

group adopted this concept from a "Talking Circle" exercise that I took part in during an Ojibwe Lifeways course that I attended on the Lac du Flambeau Reservation in Lac du Flambeau, WI. The purpose was to allow each child to speak and share feelings without interruption from others in group.

This was their time for individual expression. When their turn came, children had the choice to speak or pass. Some children would pass at first, then attempt to speak as the stick passed by them the second time (One boy typically would pass, and was not pressured to speak at all, just given the chance to express feelings if desired). During the third session, he broke down crying and shared his anger at losing his dad to death.

5. To release pent-up energy through physical activity-the

children moved out of the gathering room and went to a vacant room in the Healing Place center. Here we played games with balloons, held relays, and released pent-up energy. The physical activity was incorporated in the grief group to divert from the intensity of the grief agenda. It was considered a break in the action. Children chose activities they enjoyed. There was absolutely no focus on grief or

sharing their issue of grief during this time. This time gave all group participants a chance to interact with each other without structure. Some of the games the children chose were balloon races, and keeping a balloon in the air. For both of these activities, kids worked in partners or groups with other children or adults. The purpose of this activity time was to provide a relaxed and lighthearted diversion for a short period of time during the grief session. This physical activity was projected to help further develop group cohesiveness.

6. **To provide a structured group hands-on activity-**the children made a Memory Box to keep treasures and memorabilia of their lost loved one. The boxes were made with shoe boxes that we decorated with lace, stamps, glitter, pictures, drawings and other craft items. The purpose of this activity was to provide a future connection for the children with their loved one. The box would provide the kids a "treasured" place to keep special momentos of their lost loved ones in. The children and facilitators brought special items to put into their memory boxes that they would share with the rest of the group during the last session. This activity also provided a sharing experience for the children and facilitators to talk about the special qualities of their lost loved one. The boxes were worked on for approximately 20 minutes through the first six sessions. During the last

session, the children and facilitators shared their boxes and its contents with the group and other family members in attendance.

7. **To provide session closure through sharing story and snack time**—at the end of the weekly sessions, the group was moved to another room for sharing a snack and story time. The children and facilitators each found a teddy bear to snuggle down with for the story and snack time. The Healing Place had three giant teddy bears in residence and the facilitators provided other teddy bears to use. The children really liked to crawl on and curl up on larger bears. Snacks were provided, all relaxed while a children's book with a **grief theme** was read to the group. Family members were encouraged to join in activities at this time. After the first session, the group named this room "The Bear Den" and this became a place where family and other Healing Place staff were welcomed to joined in for story time. Each child received a book to keep for the first closing story. It was called "Sad Hug, Mad Hug, Happy Hug." For subsequent closing sessions, the books selected for reading had a theme of grief and loss. These were children's books written specifically to help with the grief process and learning to say good-bye to loved ones. Children were encouraged to listen to the story and share their ideas with the rest of the group. Following story time and snacks, the children helped clean

up, put the bears away and went home.

CHAPTER FOUR

Results

Introduction

The purpose of this chapter is to describe the outcomes and findings of the exploratory study of using puppetry with children in grief groups as related to the research questions presented in Chapter One. First will be a brief description of each child's presentation. While the children were giving their presentation, the facilitators counted the number of feelings words (frequency counts) each child incorporated into their puppet scripts using the "How do you feel?" feelings form (see appendix G).

These descriptions will be followed by a table showing the outcomes of the feelings words used by the children during their puppet presentation. The table is structured demographically by age and gender.

Puppet Presentations

The first two puppet presentations were held during the fourth grief group session and were done by two of the grief group children. These participants were a brother and sister, ages six and nine, who had experienced the loss of their father to a heart attack. The other two members were unable to attend due to a family obligation. The second puppet presentations were held during the fifth and final grief group session by the two brothers who lost their brother

between their ages to cancer.

First presentation

The first was the nine year old female. She selected script number 12 (see appendix I). It was: "Your new kitten was hit by a car and died. She was very special to you. Your parents helped you bury her, but you want to make a special marker for the grave. Talk with someone about your ideas." Her selected partner was one of the adult facilitators. The puppets she selected to use during the presentation were a kitten, a raccoon, and a female chimpanzee. This subject had made a grave marker for the presentation. The "feelings words" that were selected during from the feelings sheet for her presentation are: hurt, lonely, happy, and satisfied. She also used the word comfortable to describe the kitten's feelings following its death. The facilitators opted to place this in the "other feeling" category in the table.

This participant was a member of the grief group because of the death of her father earlier that year from a heart attack. Complicating this grief and loss issue was the fact that her parents were also separated at the time of the death. This relates back to O'Toole's description of grief being associated with things besides death. This young girl had been having difficulty with the divorce possibility when her father died. Understandably, she was dealing with

multiple loss issues during this time. Cognitively, she was aware that her dad was not coming back. What she was concerned about was whether he was "comfortable" and not "sad" anymore. She was very verbal during many of the other grief activities, however, the facilitators noted that she became animated during her puppet presentation.

This participant did not use more feelings words during her presentation compared to other grief group activities. What was noted, however, was how dramatically she expressed the death of the kitten to the audience. She made sure the audience understood the kitten was dead by having the imaginary vehicle run over the kitten twice.

Second presentation

The second presentation was done by the six year old male brother of subject number one. This subject selected script number 14. (see appendix I). It was:

Your dog Max is very old. He has difficulty eating, and is in great pain when he walks. Your parents tell you they have decided to put Max to sleep. Discuss with them what this means, and how you feel about it.

His selected partner was one of the adult facilitators, Apryl. The puppets he selected to use during the presentation were an alligator and a dolphin. The "feelings words" that he used during the presentation from the feelings sheet were: sad and scared. He also incorporated these

"other feelings" words: dumb, dudee head, peaceful, and painless.

As in the previous subject's description, this boy lost his dad to a heart attack during a parental separation period. It was quite apparent this subject was not as cognitively developed as the other members of this group. His vocabulary was limited to simple descriptive words like sad or hurt, which is congruent with Piaget's description of this age group. His six year old expressions are more physical than verbal. This was clearly apparent during many of the structured grief activities when he would try to draw attention to himself rather than staying on task. He also had the most difficult time expressing his grief during any of the activities. He seldom gave input during his participation in the talking circle. During the second to last session, he broke down sobbing but would not verbally express himself even then.

During the puppet activity, however, he clearly vocalized verbally, and demonstrated his feelings of loss and grief. Interestingly, he never actually would say the word die or dead. When he described Max, the dog, being ill, and having to be put to sleep, he was very emotional. He clearly disassociated himself with expressing his feelings of death. By using the puppets to express his loss, he was able to demonstrate his feelings of loss and grief.

Third presentation

The third presentation was done by the nine year-old male subject. He is the brother of the eleven year-old male participant. He selected script number 11 (see appendix I).

It was: "A friend has just suffered a loss very similar to your own. Talk with him/her about how you dealt with your loss. His selected partner was one of the adult facilitators, Jackie. The puppets selected to use during the presentation were an elephant and a chipmunk. The "feelings words" that were used during his puppet presentation were: frightened, happy, hurt, and sad. The "other feelings" words used were: embarrassed, and crying.

This young boy certainly was the most vocal member of the grief group. He did not have any difficulty talking about his brother or his experience with the death. During many of the grief group activities, he spoke for his older brother when he knew it was emotionally difficult for him to talk. He was the member that was able to talk about his emotions. He talked about crying, anger, fear, sadness, and heaven more than any other member of this grief group. He was also the one who would initiate conversations about death, ask questions about death and loss issues, and volunteered first for most of the group activities. Interestingly, this boy was the only member that spoke about death as not being final but rather the person going to a

better place to prepare for him when his life was over.

Fourth presentation

The final puppet presentation was presented by the 11 year old male subject. He is the brother to the nine year old described above who lost their brother to cancer. This participant was the only one that was resistant to do a puppet presentation. Finally, one of the facilitators convinced him to present as a way to help the other children in the group learn about death. He asked if he could make up his own puppet script topic rather than select from the script choices. His script was listed as "Things I do to be glad, not sad." The puppets initially selected to use during the presentation were a penguin and a turtle. During the presentation, however, he spontaneously reached into the puppet trunk and brought out several other puppets to use. These puppets were: raccoon, dolphin, and the alligator. The "feelings words" he used during the presentation were: angry, guilty, happy, sad, and scared. He also used other "feelings words". They were: thrilled, cheerful, overjoyed and furious. A special note on this presentation was that at the very end of his presentation, all of the other children in the group spontaneously got up and ran to get a puppet to join the presenters at the puppet stage. The finale was everyone singing "Happy Birthday" to the deceased puppet that was being talked about.

This boy clearly had the most difficulty vocalizing his loss. He willingly participated in all the grief group activities; but often would choke up with emotion when he talked about his dead brother. Clearly by the choice of his puppet script, he was more comfortable talking about the future and dealing with the loss, then recalling the pain of the loss. Cognitively, he was the most mature member of this grief group as demonstrated by his vocal expressions during his various group activities. He was the only one to use descriptive words such as "furious", "overjoyed" and "thrilled" during his presentation. His more advanced thought processes were demonstrated through his higher levels of thinking and questions about illness, death and the hereafter.

Table 1

Feeling Words Reported by age and gender

Feeling Words	Male #1 Age 9	Male #2 Age 6	Male #3 Age 11	Female #1 Age 9
Aggressive				
Angry			X	
Anxious				
Apologetic				
Bashful				
Bored				
Confident				
Curious				
Determined				
Disappointed				
Enraged				
Frightened	X			
Frustrated				
Guilty			X	
Happy	X		X	X

Hurt	X			X
Lonely				X
Puzzled				
Sad	X	X	X	X
Satisfied				
Scared		X	X	
Shocked				
Other	X	XXXX	XXXX	X

Findings

During the puppet presentation, all four of the participants used the word "sadness" to describe death and grief. Three of the four participants used the word "happy" to talk about memories of their loved one. Two of the participants used the word "hurt" to describe internal feelings associated with the loss of a loved one. Two unrelated male subjects identified feelings of being "scared" about their loved one dying. The oldest participant, the 11 year old, described anger and guilt associated with his loved one dying. He also used four other descriptive feelings not on the feelings list during the puppet presentation. All of the children spoke more feelings words to describe their grief when they were using puppets during their individual puppet presentation than was observed when they did other grief activities such as the talking circle, memory boxes, or The Bear Den story time sharing.

CHAPTER FIVE

Discussion, Summary and Conclusions

This section will provide a brief review of the exploratory study on whether the use of puppets in children's grief groups is an effective treatment method in grief therapy. The findings are discussed within the context of prior research and theory. Finally, the implications of this study for future grief group therapy are presented.

This exploratory study looked at whether puppetry was a good therapeutic medium for use with grieving children. The specific research questions that provided a framework for this exploratory study were:

1. What types of feeling words do the children use when they act as puppeteer?
2. Do children use more "feeling words" to express their grief when they use puppetry as compared to other facilitator directed sessions using different therapeutic tools (i.e., memory boxes, Bear Den story time)?
3. How can puppetry be used to develop new ways of helping bereaved children heal?

The comparison of the types of feeling words used by the children during their puppet presentation in relation to the other therapeutic activities were words that would be most likely associated with strong emotions of loss or grief. For

instance, all four participants used the word "sad" during their puppet dialogue. Further, three of the four incorporated the word "happy" in their puppet dialogue when relating their emotions to their lost loved one. The contexts for the word "happy" were in both worrying about their emotional well being as well as that of the deceased loved one being pain free and in a happier place. Also, words like scared, guilty, hurt, furious, embarrassed, lonely, and crying, came out in their puppet dialogues. All of these words are frequently categorized therapeutically as moderate to strong affect emotion words. In a therapeutic context, the use of these words would be indicative of their current fragile emotional state. With the exception of happy and sad, most of these words were seldom if never used by these same participants in the other facilitator-guided activities throughout the five sessions.

During the facilitators' puppet presentation, the children were not interactive. They were more observational during this process. The follow-up conversation of this presentation was more of a generic discussion about death and loss than relating it to their personal grief and loss experiences. The frequency count findings of this study indicate that children do use more "feelings words" to express their grief when they were doing the puppetry versus the facilitator puppet presentation. Considering two of the

four participants had very difficult times expressing their grief during other activities and sessions, this therapeutic tool could be considered a success in getting them to verbalize their emotions. Clearly the findings in this study back previous research in verifying that the older and more cognitively and physically developed children used more advanced language skills and puppetry techniques. The eleven-year old in this study used by far the most advanced level of language and drama skills.

To address the last research question, and looking at how puppetry can be used to develop new ways of helping bereaved children heal, several ideas come to mind. First, controlling the words and the body of the puppet allows the child to express their inner emotions without the threat of judgement placed upon them. It allows them to "disassociate" themselves physically and vocally while still expressing their emotions through the puppet. At the same time, it gives the child ownership of their feelings and their individual healing process.

Secondly, the literature findings indicate and substantiate puppetry as a recommended family therapeutic tool for talking about important issues such as the death and how it will affect the family system and the its' relationships. Utilizing puppetry as a therapy form could help the therapist detect pertinent grief issues and assist

the family in the healing process.

Thirdly, because of children's creative nature, puppetry can easily be incorporated into the formal grief therapy sessions. Children relate to each other and adults through play. It is their work. It is their familiar medium of expression where words often fail them.

Lastly, the applications of puppetry can be used in other therapeutic applications during the grief therapy sessions. For instance, one session could include an activity where the participants make the actual puppets they will use. Another could utilize dialogue with the puppets representing the loved one who has passed on. The dialogue possibilities are endless because each is unique to the child presenting.

Conclusions

As evidenced by the participation and verbal expressions during the puppet presentation by each group member, it would appear that the technique of using puppetry to aid in the emotional expressions related grief and loss is an effective therapeutic tool. Although the group size for this study was much too small to provide conclusive evidence, this exploratory study does illustrate there are many possible uses and effective ways of incorporating puppetry as one therapeutic approach in working with children experiencing grief and loss.

Recommendations

Perhaps future research studies could explore more possibilities of working with puppetry and children in grief groups such as the following:

- Use of a larger sample size.
- Provide a group activity where children learn feeling words.
- Do a comparison study using frequency counts between puppetry and one other activity to see whether children use more or less feeling words during the puppetry or the other activity.
- Explore whether different genders use specific types of feeling words during the puppet presentation.
- Allow the children other opportunities to do puppetry during grief group sessions to become more comfortable with using puppets.
- Invite the family to attend the puppet presentation so other family members learn what grief issues their child/children are experiencing.
- Study what happens when incorporating puppetry in family systems therapy in grief and loss cases to allow more emotional expression.

- Study how age factors in on the emotional expressions? Did the older participants express more or less than younger participants?
- Explore whether human puppets would be more or less realistic to the children participating in the puppetry? Or, does using the animal puppets allow more disassociative therapeutic expression?
- Explore what would happen when giving participants more than one opportunity to present their puppet scripts. Would this facilitate more emotions to be expressed?
- Look at the difference of children's expressions when there are both male and female facilitators in the group?
- Parent participation in the grief therapy puppetry session. Parent involvement would teach them about this therapeutic approach and train them to use puppets as a tool to help their children share their feelings.

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APPENDIX A

Children's Grief Group Agenda
for July 11, 1997

- 9:00-9:30 a.m. *Marion and Apryl meet to discuss today's session
 *Apryl makes up attendance board
 *Marion makes copies of "Feelings" sheets
- 9:30-10:00 *Group leaders arrive and discuss their role in today's session
 *Marion describes the "Feelings" record keeping of Group Leaders
 *Marion reads preface from Waving Goodbye Manual
 *Supplies set out for today - markers, name tags, Talking Stick, balloons, Mad, Sad, ...children's story hour books (teddy bears are kept in back room until story time)
- 10:00-11:00 *Upon arrival, parents will be asked to fill out necessary forms , Jean will answer questions and see if there is interest for parent meeting time during these sessions
 *Name tags made up for each child as they arrive
 *all convene in small group room for formal introductions
 *Making and posting group rules
 *talking stick circle group introduction
 *Name the Orangutan
- 11:00-11:30 *Balloon activity in large group room
- 11:30-12:00 *Get Teddy's and reconvene in small group room for story, snack, and sharing time.
- 12:00-12:30 *Children leave
 *Facilitators and Leaders meet to discuss today's session and generate ideas for next week

APPENDIX B

Children's Grief Group Agenda
For July 18, 1997

- 9:00-10:00 *Marion and Apryl meet to discuss with leaders to discuss today's session
*Generate two questions for talking circle
1. One good memory of the deceased person is...
 2. Some of the things I liked most about the deceased person are...?
- 10:00-10:15 *Children arrive
*attendance, name tags, and reading of group rules
*children draw their feelings expression on their attendance chart
- 10:15-10:30 *Talking circle forms
*We welcome new members and describe the "talking" circle process, confidentiality and respect for every other group participant and this facility
*Name the Orangutan-(Buddy was the name chose by process of numbering the names the children made-up; and then having a group leader think of a number- the number closest to this number won)
- 10:30-11:00 *Feelings activity
-generate a list of "feeling" words (over 150 words were chosen and posted in the group room)
- 11:00-11:30 *Go to activity room for physical activity
-balloon pass was played using the "feeling" words generated in precious activity
- 11:30-12:00 *Go to "Bear Den" for story/snack time
*Dinosaur book was selected for today's story
*Story discussion, questions, sharing time
- 12:00-12:30 *Children leave
*Clean up "Bear Den"
*Facilitators and leaders meet to discuss today's session and next week's agenda

APPENDIX C

Children's Grief Group Agenda
For July 25, 1997

- 9:00-10:00 *Marion and Apryl meet to discuss with leaders and go over today's session
- 10:00-10:15 *Children arrive
*Name tags
*Review group rules
*Generate talking circle questions
1. When I think of...(the person who dies), I think about or wonder if...?
 2. It is hard to say goodbye to my loved one because...?
- 10:15-11:00 *Apryl and Marion do puppet presentation (Adaptation from Dancing with Feelings)
*Children choose partners, puppets, and script vignettes
- 11:00-11:30 *Memory box activity
- 11:30-12:00 *Get Bears and reconvene in the "Bears Den" for story/snack and sharing time
- 12:00-12:30 *Children leave
- *Facilitators and leaders meet to discuss today's session and generate ideas for next week's agenda

APPENDIX D

Children's Grief Group Agenda
for August 1, 1997

- 9:00-10:00 *Marion and Apryl meet with leaders to discuss today's session and plan next week's final group session
- 10:00-10:30 *Children arrive
*Name tags
*Fill in attendance board
*Review group rules
*Talking circle - questions
1. One thing (symbol, words, song, event, etc.) that always reminds me of my loved one is...
2. If I could have one more day to spend with my loved one, I would...
- 10:30-11:00 *Children/and partner do puppet presentation using their own developed script and chosen puppet(s)
- 11:00-11:30 *Memory box activity
- 11:30-12:00 *Get Teddy's and reconvene in "Bear's Den" for story, snack, and sharing time
- 12:00-12:30 *Children leave
*Facilitators and Leaders meet to discuss today's session and finalize ideas for next week's group closure session

APPENDIX E

Children's Grief Group Agenda
for August 8, 1997

- 9:00-10:00 *Marion and Apryl meet to discuss with leaders today's session
Generate two questions for talking circle
- 10:00-10:15 *Children arrive
*attendance, name tags, and reading of group rules
- 10:15-10:30 *Talking circle forms -
*we welcome new members and describe the "talking" circle process, confidentiality and respect for every other group participant and this facility
1. One good thing I have learned about grief here in the talking circle and at the Healing Place is...
 2. When I am really sad and miss the person who has died, I can ... to help me through this rough time until I feel better?
- 10:30-11:00 * Talk about last week's puppet presentation with members who were not here last week
*Puppet show by two remaining members
*Finish the memory boxes
- 11:00-12:00 *Share memory box contents
*closing ceremony with candles, music, memories
*Story, snack, sharing, in bear den
- 12:00-12:30 *Children leave--clean-up "Bear Den"
*Facilitators and leaders meet to discuss today's session

APPENDIX F

APPENDIX G

APPENDIX H

