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## Using Orff-based techniques in children's bereavement groups: A cognitive-behavioral music therapy approach

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### Abstract

Children affected by the death of a loved one can face multiple challenges including difficulties identifying and dealing with emotions, impaired social interactions, distorted thoughts, and behavioral problems. The inclusive and engaging nature of music-based therapeutic experiences provides children with a developmentally appropriate way to address a variety of needs. This article describes the use of Orff-based music therapy interventions in a cognitive-behavioral framework to assist children through the grieving process. The Orff-based music therapy program provides opportunities for emotional healing, building positive social relationships, cognitive reframing, and decreasing behavioral problems. The philosophy of cognitive-behavioral music therapy is articulated, and session goals and objectives are stated. Sample Orff-based music therapy sessions are provided with a rationale for their use.

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Grief and bereavement is an experience that everyone encounters at some point in the life process. While this can be a difficult experience at any age, it can be particularly trying for children to cope with the loss of a loved one. The literature is sparse regarding the use of music therapy for grieving children, however, there are many articles addressing bereavement needs and other forms of interventions. This article provides a brief background regarding some of the literature that is available on this topic and presents a clinical method for utilizing music therapy and Orff-Schulwerk techniques for addressing the needs of grieving children in the context of an 8-week, group therapy format.

### Coping with grief

Wolfelt (1983) described common behaviors of children as they experience the grief process. These may include developmental regression, tantrums or acting-out behaviors, complaints of somatic concerns, engagement in caregiving behaviors, and decline in school performance. Some children may have disorganized thinking and can display strong emotional outbursts. Coping strategies among children vary, particularly during the grief process, creating an increased need for a broader range of coping mechanisms (Dowdney, 2000).

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Stack (2003) studied bereavement in the pediatric intensive care setting and noted that children's grief responses vary depending on factors such as age, maturity and previous exposure to the death of a loved one. Children under the age of 5 are typically unable to grasp the permanency of death. In contrast, children at around age 11 typically respond in a more adult-like (modeled) manner. The variety of reactions among children, as well as the response and modeling of the support system, affects the coping abilities of the child.

Robb (1999, 2003) describes coping strategies of children at various developmental stages as related to hospitalization. Though this article focuses on hospitalized children, the stages and coping strategies synthesized and outlined parallel, in many ways, those of grieving children. For example, both hospitalized and grieving children seek support from trusted individuals. These children may also acquire information about the situation through observation or choose a tactic of distraction or avoidance to temporarily "escape" the situation. The desire for trust, autonomy and supporting the child's initiative are essential in their developmental progression and their ability to cope with loss.

Dowdney (2000) notes that there is currently no conceptual research framework to test the hypothesis regarding coping and treatment of individuals who are grieving. As a result, the many variables and outcomes involved in supporting grieving children have not been sufficiently explored. The author goes on to suggest a more qualitative approach as the best method for testing and articulating the needs and outcomes of these individuals.

### **Curricula and grief support groups**

There are limited curricula available for addressing childhood grief. Black and Adams (1993) provided a school-based model using the expressive arts in children's bereavement. The model employed the use of art interventions such as sculpting, painting, and body drawing. Cassini and Rogers' (1994) manual provides assistance for school teachers in helping grieving students and encourages the use of active listening and the provision of basic death education concepts. A similar guide to helping grieving children was provided by Goldman (1994). Training programs for parents of grieving children have been devised and used to facilitate parental knowledge and support for grief work among children (Hare & Skinner, 1988). Manuals and programs for grief counselors encourage the use of a variety of interventions to facilitate remembering, emotional support, and problem solving (Knope, 1989; Seager & Spencer, 1996).

These various programs utilize developmentally appropriate play-based interventions including visual art activities, movement, children's literature and films, and recorded music to address the needs of grieving children. There is currently no body of literature that investigates overall efficacy of a particular curriculum, nor does it support one type of intervention more than another. The focus of the small body of research literature available regarding children's bereavement services addresses overall efficacy in either school- or community-based programs.

Wassef, Collins, Ingham, and Mason (1995) investigated the efficacy of both school- and community-based programs in research literature that addressed the emotional and behavioral issues of students. The researchers found 29 articles in the educational, psychological, and psychiatric journals in the 5-year period prior to publication of their study and analyzed the merits of each based on the article's results. Of the studies evaluated in this work, only one addressed the needs of grieving children and adolescents. However, several additional studies discussed feelings or behaviors that may apply to grieving children or for which they may be at-risk.

The single grief study discussed in Wassef et al. (1995) included only 16 subjects (8 adolescents and 8 children) in a grief support group that ran once per week for 8 weeks. Participants were inner-city students that experienced the death of a family member within 2 years prior to the study. Results indicated a decrease in the somatic symptoms of children in the group, there was no change in reported depression of either group (Opie et al., 1992). In a similar study (1992), Tonkins and Lambert (1996) evaluated psychotherapy techniques in the treatment of children's bereavement. Results of this study indicated that participants in sessions during an 8-week curriculum displayed a significant reduction in grief symptomatology as measured by parents and teachers.

Wassef et al. (1995) concluded from the various articles reviewed that school-based support groups may provide the most effective means for identifying and reaching students. Results also supported the need for early intervention and management of emotional and behavioral issues in the context of students' educational environment. Recommendations included comprehensive outcome measures comprised of student perceptions of change, behavioral measures, and school records and reports.

In an effort to educate and stimulate the interest of teachers and school administration in identifying and addressing the needs of grieving students, Lawhon (2004) outlines facts and reactions of children who are grieving in addition to

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