



Remembering Together:

Facilitating
Community Grief
Processes Through
Play Therapy

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CLINICAL EDITOR'S COMMENTS:

Play therapists can facilitate community grief by honoring children's, adolescents', families', and professionals' processes creatively.

Each year, many children die, some in hospitals, some unborn, some at birth, some in their later years, and all too early. Their loss creates a tsunami of grief that sweeps the ground from under a whole community of people who live through this tragedy. In my community grief work and play therapy practice, I have worked with parents, siblings, and medical personnel on issues pertaining to child death and grieving processes. Each person grieves individually, but by remembering together, the community grief process can be facilitated through play and expressive arts, offering healing for individual pain.

A program I have helped organize and facilitate at the Cantonal University Hospital in Vaud, Switzerland (CHUV) brings all of these parties together year after year to remember and mourn the loss of a child in a hospital/community setting. Each party has its own considerations to take into account, and by participating in a community ritual, the participants enable each other to grieve and heal through a formalized program of creative design that combines music, speech, creation time, and a play therapy process of recognizing and honoring each person's unique experience within the collective undertaking. I describe a blueprint of this program to help readers consider how they may use their play therapy skills to facilitate something similar in their own communities.

Bereaved Parents

Parents frequently report feeling distressed, traumatized, and annihilated in the aftermath of their child's death. All too often, parents leave the hospital grieving, feeling internally destroyed and often angry, asking themselves what could have been done, whether something was missed, or if their child's demise could be due to human error. As a result, their faith in science, in doctors, and in hospitals may be damaged. Because each partner may experience the grief process differently, in an asynchronous fashion, their romantic relationship may be negatively impacted (Fauré, 2018). Consequently, divorce rates are found to be moderately higher among bereaved parents (Finnäs et al., 2018; Lyngstad, 2013).

Though a paucity of research exists, authors have more recently noted more severe negative health outcomes for parents who

experienced child death in the first year after neonatal intensive care unit (NICU) hospitalization. Youngblut et al. (2013) found several negative health outcomes, such as depression, posttraumatic stress disorder, increased risk for cancer development, diabetes, psychiatric hospitalization, and suicide. Likewise, extended family and friends are often left speechless, and not quite sure how to be present and supportive to families grieving the loss of a child. Even language is inadequate for describing such grief: Children whose parents die become *orphans* and partners become *widows* or *widowers* when their spouse dies. However, there is no word to identify a parent who loses a child; it is often too unthinkable and unnamable.

The death of a child is unnatural, and both family and professional systems are impacted by it. There is a need to make sense in the non-sense of a child's death, to remember the child, to let them stay present.

Bereaved Siblings

Similarly, siblings are often greatly impacted by the death of a brother or sister. Professionals involved in grief work with children can attest that children report feeling lost, alone, and guilty. They try to survive as best they can, with big emotions that may go largely overlooked, perhaps a product of the efforts they make to reduce stress on their hypersensitive parents (Genoud-Champeaux, 2015; Silverman & Kelly, 2009). After the death of a sibling, the family system will never be the same: It has lost a member, and the roles and functions of the remaining members have to be redefined so

a new family identity can unfold, requiring support to understand what is happening to them and how they can adjust (Déchaux et al., 1998). Without additional support, the adjustments required could result in a dismantling of the family over the long term.

Siblings are often “forgotten grievors” (Rostilla et al., 2017, p. 1253). They experience their own and their parents’ grief (Fletcher et al., 2013), and may fall prey to inattention from “parents absorbed in their own grief and posttraumatic reactions” (Rostilla et al., 2017, p. 1252). The sibling relationship tends to be the longest and the most intimate in families; thus, the death of a sibling can be a devastating life event (Yongfu Yu et al., 2017). Researchers indicate there are potential adverse effects linked to the loss of a sibling, especially close in age or of the same sex, such as higher depression rates, deterioration of health behaviors, and increased risk of mortality in the short and long term (Rostilla et al., 2017; Yongfu Yu et al., 2017).

Bereaved Professionals

Comparably, healthcare professionals frequently report experiencing “professional distress” stemming from the therapeutic relationship developed with the family or the individual patient and the circumstances surrounding the death (Keene et al., 2010). Beyond facing a defeat, a lost battle against a death, medical professionals reported “witnessing the parents’ pain” significantly contributes to their own distress (Keene et al., 2010, p. 187). Professionals working with grieving individuals/families reported experiences of mourning

in silence, feeling helpless, and compartmentalizing their feelings (Kellogg et al., 2014), requiring the development of coping skills to palliate the grieving process for them to continue to provide supportive care for current and future patients (Gerow et al., 2010).

Researchers reported that medical professionals who participated in bereavement debriefing sessions fared better in managing their grief and in maintaining their professional integrity than non-participants (Keene et al., 2010). Participants described appreciating hearing how co-workers from other disciplines viewed what happened from their own perspectives (Keene et al., 2010). According to Papadatou (2000), grieving health professionals need to be offered informational, clinical, and emotional support, as well as opportunities for meaning making. Rituals of remembrance utilized in hospitals provide such opportunities to assist families and professionals in meaning making.

Caring for a Hurting Community

The death of a child is unnatural, and both family and professional systems are impacted by it. There is a need to make sense in the non-sense of a child’s death, to remember the child, to let them stay present. Often, the threat of oblivion drives families to hold rituals, commemorations that allow for social recognition of their loss, which can serve as a reminder that their child will not be forgotten (Fauré, 2018).

French psychiatrist and psychoanalyst, Dr. Michel Hanus, who specialized in grief work, research, and post-graduate professional training, noted that grief impacts the individual, the family system, and the social group (Déchaux et al., 1998). Although grief is a lonesome journey, as personal as one's connection to the "lost" child, it should not be experienced in isolation. Collective rituals decrease isolation and provide social and public recognition to the important place this child had for many (Déchaux et al., 1998).

In Lausanne, Switzerland, the CHUV chaplains supporting the pediatric and maternity services observed the traumatic repercussions of a child's death on families and among the hospital staff. Consequently, the chaplains were instrumental in offering a healing space on hospital grounds for this hurting community. Personal invitations to an annual event are extended to parents, siblings, and medical personnel who have experienced the death of a child in the hospital within the past three years. The hospital has made a concerted effort to acknowledge that grief processes may need time and that hospital doorsteps may be difficult to cross right away for bereaved families.

Once hospital management approved the project, an interdisciplinary group, comprised of a hospital representative, chaplains, parents seeking to bear witness to their survival path following their child's death, and professional grief specialists serving grieving families and children, was nominated to prepare an interactive, meditative remembrance celebration, open to all faiths and to atheists. The organizers drew inspiration from similar experiences held in Swiss and Canadian hospitals.

The present author, a professional grief specialist proficient with grieving families and children, is also a trained and experienced play therapist. Therefore, play therapy modalities were creatively integrated into the overall program to allow for sibling inclusion and participation in the remembrance ceremony with their parents, extended family, and the hospital staff concerned.

A Remembrance Celebration

Ritually, these celebrations take place on the first Saturday of December, from 5:00 pm to 6:30 pm. Families may attend the event as many years as they need or would like to. These celebrations follow the same general structure each year:

- *Live music* is played to pace each moment.
- *Welcome words* open the ceremony, given by a chaplain and a professor or doctor from the pediatric or maternity service.
- *Presentation of the celebration's theme* is offered by a chaplain.
- *Testimonies* from one or two parents describe how they have begun to recover from their loss. Parent testimonials provide encouragement to families at the beginning of their grieving process, serving as a helpful example that they too will be able to navigate their own grief journey in their own time and in their own way.
- *Self-paced workshops aligned with the theme* are introduced. The grief and/or play therapist invite participants to move,

interact, share, and act upon their grief process to break their felt sense of powerlessness. During these activities, participants may make a symbolic object in memory of the child for whom they are grieving.

- *Public ritual* of naming the deceased child by a family member/medical professional who then deposits the symbolic object created.
- *Message and meditative moment* is led by one of the chaplains.
- *Closing words* are offered by an organizer or chaplain.
- *Invitation for further informal sharing* over food and drinks is extended to all participants and organizers.

Play and creative art therapists who work in bereavement programs for groups or families, in school-based play therapy, or other community-based multi-generational programs have solid knowledge of how projective materials can allow catharsis in specific social groups (e.g., Drewes & Schaefer, 2010; Lowenstein, 2006, 2010; Thompson & Neimeyer, 2014). As a play and art therapist specialized in bereavement work, having been involved with hospitalized children for many years, the author pooled resources to organize workshops aligned with the theme "Crossing... remembering together." An excerpt of the introductory words (translated from French to English) will help readers imagine the process:

We invite you to experience a crossing by walking across the open space on the first floor. You will walk through different desert-like sceneries and encounter contrasting experiences: aridity, harshness, monotony, solitude, hidden dangers, deprivations, but also an oasis and refreshing moments.

Crossing through these landscapes will allow you to realize the path you have already journeyed and will invite you to welcome the emotions that may emerge today with self-compassion.

Just like your grief path, there is no right or wrong direction to this crossing, and it may feel chaotic or inspire back-and-forth movements. You can choose the paths you need to take today, where you wish to stop, and the time you need at each place.

Children are invited to walk the crossing with their parents. The activities in each landscape have been designed to offer an opportunity for sharing what emerges together.

At the foot of the stairs leading to the upper floor, you will find baskets containing a ball of modeling clay. Everyone is invited to take a clay ball that you may mold, deform, reform, and shape with your hands, letting your hands follow your inner resonance. In the workshop landscapes, you will find various materials that you may incorporate into your clay sculpture. You may engrave the name of the child you are grieving into it.

When you hear the music, walk back to your seat and deposit your sculpture in the center part of our celebration space.

We will conclude our journey with a joint remembrance ritual wherein each missing child will be named. After the celebration and sharing time, you are welcome to take your sculpture home. For those who wish for their creation to remain here, they will be put into the hospital chapel and can be reclaimed any time until the end of August, after which time, it will be disposed of.

Outcomes

Participants especially appreciated that they could move and be active during the ceremony. They reported it helped them to release anxious feelings and tense sensations.

Organizers observed very poignant moments of interaction and sharing between children and parents. They noted that the grief ceremony encouraged a sharing of each other's way of coping with their grief and provided the children an avenue for expressing their feelings, which the adults acknowledged openly.

Notably, adolescents reported they did not quite find a space that suited them, neither during the ceremony, nor in their daily lives. They acknowledged their parents' tendency to overprotect them following the loss and shared their need for distance from their parents' reactions and to adequately process their own grief in preferred peer relationships. As a result, the play therapist specialized in grief work and the chaplain created a peer group for adolescents to grieve their siblings in a convenient location outside of the hospital. They named themselves "Surfers," and explained that they felt like they were surfing the waves and turmoil of life.

Finally, healthcare professionals reported this ceremony offered them a public opportunity to share their feelings with their patients' families and be recognized as griever in their own right. Organizers realized the value that shared mourning and celebration can have on each individual's grief journey and how crossing and remembering together can clear paths to healing for all involved.

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