

Case study of a therapeutic work with a child after loss

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Summary

This case study is on the work with a thirteen-year old boy, brought into psychotherapy by his mother after a traumatic loss of the father. It aims to show the process of grieving, an unopen topic of loss in the family, cooperation with parents and inclusion in the psychotherapeutic process, to allow herself, but also the child, to express grief as a consequence of a great loss. The work with a grieving child brings us into contact with our own grieving and grieving processes, so it is essential to be aware of the counter-transfer reactions. The case study shows an integrative approach to work with children, loss and the specificity of working with children.

Key words: *loss, grieving process, expressing emotions in children*

Sažetak

U studiji slučaja bit će prikazan rad sa trinaestogodišnjim dječakom kojeg na psihoterapiju dovodi majka nakon traumatskog gubitka njegovog oca. Rad će prikazati proces žalovanja kroz koji dječak prolazi i značaj teme gubitka koja se nije otvarala u porodici. Također rad prikazuje važnost saradnje s roditeljima i mogućnost uključivanja u psihoterapijski proces, kako bi i sebi, ali i djeci mogli dati "dozvolu" da izraze tugu koja je posljedica velikog gubitka. Rad s djetetom koji žaluje dovodi nas u kontakt i sa vlastitom tugom, ali i sa vlastitim procesima žalovanja, tako da su kontratransferne reakcije veoma značajne i kojih je važno, biti svjestan u radu. Studija slučaja prikazat će integrativni pristup rada s djecom kada je u pitanju gubitak, ali i specifičnosti rada s djecom.

Ključne riječi: *gubitak, proces žalovanja, izražavanje emocija kod djece*

Introduction

It is a fact that children and adolescents do not behave the same way in the grieving process as adults, which brings most people to conclusion that they do not experience it as “deeply” as adults or that their grieving lasts shorter. Not only that, but there is also a conviction that children do not go into grieving process at all.

It is important to know that children process information differently than adults and that at a given moment they can “digest” only a small amount of data. However, at the same time, it does not mean that losses do not cause suffering in them and that the grieving process is not hard for them (Vulić-Prtorić, 2003). Different way of data processing, in comparison to adults, is conditioned by still underdeveloped thought processes and linguistic abilities, which are also in the developmental phase, and it cannot be changed before its due time. There is a conviction among experts today that children, just like the adults, go through a grieving process, but that its characteristics are set by the level of the child’s cognitive, emotional and social development (Janković, 2004) but we must not forget about the large influence of the environmental factors bare.

Aim of the work

The aim of this work is to show therapeutic work with children with a delayed grieving process after a traumatic loss, but also to show integrative approach in working with children and adolescents.

Case study (anamnesis)

Boy N. is the first and only child in the family. Birth and development passed all in order and had the usual flow. The conversation with the mother and the boy reveals that spouses functioned well together and the boy’s mother had a great support in his father. The father was very involved in the boy’s life and upbringing, he organised family free time, which they spent on picnicks, at the sport event, in play with the boy, etc. The mother says that she relied completely on her husband, who had a special energy and was a great initiator and support to his family and friends. The boy started going to school at the age of six and he was an excellent student. After his father got sick, he started withdrawing and getting lower grades in school, unlike before. Several times the class-teacher informed the mother on conflicts with two of his class peers. In contact with the mother and the boy, the boy talks about two friends who do not have parents. Even though she speaks of support by her mother, brothers and sisters after the husband’s death, the boy’s mother does not share her sadness with them because she is convinced, they do not understand her.

Sessions with the mother and the boy indicated grieving after a traumatic loss of the father, through which process they did not go through after the death. We could say that the grieving was delayed in a sense that the loss was not talked about not were emotions recognised or identified.

As if the phase of denial, characteristic for grieving and loss, has never been moved away from. Symptoms of depression can be seen in the mother, for what a psychiatric evaluation and a complete psychological examination should be done. After the first session, it was recommended that the boy's mother starts with personal individual psychotherapy with a colleague of mine. Mother talks about his problems and disputes with peers, with occasional aggressive behaviour, and long periods of time boy spends playing games leading to weaker academic performance.

Therapeutic work and discussion

The goal of the therapeutic work is for the boy to go through the grieving process, recognise and identify emotions, share experience of loss in a safe, protected context. Of course, aims are establishing better social relations in school, regular school attendance and functional behaviour, as mother particularly expressed to be the important goals. At the beginning of the psychotherapy, the psychotherapist estimated and recognised that one significant goal is to help the boy understand his emotions, go through the process of grieving and integrate it in his life and experience.

After establishing a relation of trust between the psychotherapist and the boy, in the following sessions topics of death and loss of the father were open. It is familiar that after the age of ten, the notion of death becomes more abstract for children and they can better understand long-term consequences of loss. At this age, children think more about justice and injustice, faith and parapsychological phenomena.

At the beginning, the child spoke of death with reserve, pointing out that he did not mention the death of his father mostly because of family members for whom it was very difficult.

He says it was truly difficult for everyone so he and mom avoided mentioning it. There is a strong need to keep the event at distance and gradually let it in. Due to inability to tolerate strong reactions, the child can spend a long period of time avoiding thoughts of death and behave in a usual way. Anxiety reaction is usual for a child his age. Guilt is common, as is identification with the deceased person, different regressive behaviours, outbreaks of aggression, and depressive symptoms. The boy began isolating himself from peers, daydreaming and became incapable of sharing emotions with adults and peers. It seems that the ability to deny or suppress through various methods increases with the age.

Projective technics were used in further psychotherapeutic work with the boy and he started to express his emotions through modelling clay and drawing. Noticeably he expresses and recognises emotions and verbalises them. Besides grief and anger he feels due to loss, increasingly perceptible is the feeling of shame from the class peers, with whom he does not speak of his loss. The occurring shame, often happens in the adolescence in which the boy is now. The feelings of shame and embarrassment are most often associated with fear of rejection by peers.

The key change in therapy occurs through boy's understanding that tension and grief in him are not expressed and that unexpressed emotions create additional fear and confusion resulting in aggressiveness towards the others. In psychotherapeutic work, it can be seen that playing games represent an escape from reality for the boy, but also a contact with the father, who installed those games for him and played them with him. The boy starts to talk about the father, which he did not do before, remember their picnicks and travels; he starts to talk about him with the psychotherapists and father's friends and the mother who is starting to understand that the boy needs to talk about him and that it will not additionally harm him.

Mother joins that psychotherapeutic session for the last twenty minutes when they openly talk about their emotions. Since they have not yet adopted social rules of conduct, after the loss, children can become very aggressive, breaking things, hitting people around them etc.

Due to its unacceptability, the mentioned reactions are usually condemned rather than attributed to the true meaning, i.e. seen as reactions to loss (Arambašić, 2005).

Precisely that was could be seen in the boy. Due to aggressive behaviour, many peers avoid him and his behaviour was considered as insolence by peers and teachers. This further lead to his withdrawal and closure. What can also be noticed is that schools are also unprepared for the loss of children's parents and the boy was not provided proper support and understanding. It alone tells of how reactions to loss, in terms of denial, silence, and a collective deflection, are not characteristic only for individuals, families, but also educational institutions that should also play a significant role in the grieving process.

When it comes to grieving the death of a parent, the most influential factor is the functioning of the surviving parent; the worst it is, the process of child's grieving is harder and longer. It is, of course, not related to temporary dysfunction occurring immediately after the loss, but on a long-term dysfunction and adjustment problem of the surviving parent (Whitfield, 2007).

As for the techniques applied in the next phase of psychotherapeutic work, those are "box of memories" and "farewell letter". Various things can be placed in the box of memories that remind the grieving child of the deceased. These may be photos, letters, or items that a child received from a person who is no longer present. By using this technique, the loss can become more real because they relate the dead person to specific items.

Another technique often used in working with children who survived the loss of a close person, is a farewell letter written to the deceased person. In this way, the child writes what they would like to say to that person but for which they do not have chance any more. What is important for the application of these, and all other, techniques is to respect the readiness of the child and not to rush them in that process.

After applying these techniques and the talk about the loss, the boy started to talk more openly about the death of the father and changes that occurred afterwards. In this phase of psychotherapy, the mother stopped bringing the boy to sessions. It seemed that she was not ready to open the topics of the loss and grieving that the boy started opening not only in sessions, but also in his family context. For those reasons, it was not possible to enter the final phase of the psychotherapy.

The end of the therapy may include fear, arousal, or a mixture of all emotions. It is important to always look back on the what they have gone through together, difficulties and successes, the realised and unrealised changes (Erskin,2015).

This is how the optimal end of psychotherapy looks like but often it is not possible to reach it in psychotherapy. It is especially emphasised in work with children because their parents decide for them, who sometimes out of the best intent do the biggest mistake, and slow down or interfere with the therapeutic course. For that reason, in working with children and adolescents it is the most important to have parents as associates and involve them in the therapeutic process (Dalos, 2012).

Counter-transfer feelings in the work with this client were from gentleness, care, joint grieving with him for his father, to sincere respect, belief in the boy's strengths and potential every child has. That place seems to be very significant, a place of a true faith and hope the boy will go through the grieving process.

Among the laity there is belief that the process of child's grieving always ends successfully, i.e. that children and adolescents do not have severe and long-term consequences of the suffered loss.

However, in some research a quite firm connection is established between depression in adult age and characteristics of the grieving process in childhood (Dyregrov,2001) it was shown that, for example that depressive disorders are more frequent in people that loss parents in childhood, than when the death happens to an adult. That connection is explained by difficulties in the grieving process or by the child having the so-called complicated or difficult grieving, usually due to insufficient and inappropriate support of the adults.

What is extremely important to point out in children's grieving is the responsibility to show such support is on the adults and they cannot free themselves of it. the job of the adults is to continuously start a conversation on the deceased person, on how the child feels about it, but also to accept rejection at the same time. That does not mean that

children and adolescents do not need adults but that they do not feel the need for the contact with them at that moment. Task of the adults is to constantly send a clear message to children and adolescents who have suffered a loss that they are available but also ready to respect their decision that they will use that “availability”. It is not an easy task, but it can be successfully done and if they face difficulties, it is their duty to find another adult to help them in it. adults find helplessness especially difficult because they cannot remove the child’s pain and suffering and it is hard to see them in such state.

Since losses and grieving are universal phenomena, it is not possible to be in contact with grieving person and that even professionals cannot avoid feeling feel like them, to some extent. In such situation the biggest (and sometimes the only) award to the professionals is when they see that someone is feeling better thanks to their support. However, there are people who only poorly recover from the loss, or it seems that they have not recovered at all. Even people who work with others in the grieving process can be severely reminded of their own losses they did not get over but for which they thought they had “forgotten” a long time ago. Even they then need support from the people in their environment and/or professionals, even when they are professionals themselves.

Conclusion

The first writings on children’s and adolescents’ grieving are found in the works of Sigmund Freud and John Bowlby. Sigmund Freud belied that grieving has an important psychological function because it enables the child to separate from the dead person. This process has always been painful and represent an inner fight because there is an intensive desire for the lost close person and, on the other hand, they should face the fact that the person is gone. In psychotherapeutic work with the boy, intertwined and recognised were the desire and the need to accept the loss of father. What was especially important was involvement of the parent to their own psychotherapy so that the parent would accept own sadness and loss. The boy had a chance to express his emotions in a safe environment, in a way acceptable to him. Despite its importance, especially when the topic of loss is in question, the final phase of the psychotherapy was not reached. This work reminds us once more how important parents are in working with children, and their support, and how significant they are as collaborators. Changes and process the children go through in the psychotherapeutic context, are necessary to be supported and recognised by the parents, which often does not happen, and what represent an additional challenge for psychotherapists. As far as the wider social context is concerned, it can be said that in today’s society there is no awareness of the need to recover but also of the need for support in that recovery. In other words, support in grieving happens within institutionalised denial, in time when rituals are given much less significance than before but education on losses and grieving is lacking on all levels.

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