

CREATIVITY AND SOCIAL SUPPORT FOR BEREAVED CHILDREN

DR THERESIA K.KINAI

**AFFILIATION: DEPARTMENT OF EDUCATIONAL PSYCHOLOGY
KENYATTA UNIVERSITY**

Mobile +254721343236

Email:terrykinai@yahoo.com

ABSTRACT

The purpose of this paper is to :i) Investigate the article children's reactions to parents' death ii) Highlight the causes of children's difficulties in their grief work iii) Describe the importance of normalizing grief iv) Discuss various expressive arts, play therapy and grief counselling techniques that may be applied to facilitate grief work among bereaved children. v) Explain psychosocial support is necessary for grieving persons. The death of parents causes pain and chaos and plunges children into a dark word filled with loneliness and unpredictability. It results in lack of emotional support, stability, security and parental guidance. HIV/AIDS parents' death because it is associated with immorality, and may lead to shame, guilt and embarrassment among the orphans. Adolescents may respond to parents' death by becoming delinquents or becoming 'over-achievers' by taking up uncommon tasks or responsibilities in the family. Eclectic approach to facilitate the healing process includes expressive arts therapy, play therapy, listening, talking about the loss and grief counseling. Some of the creative activities such play, painting, drawing, writing, singing, dancing, role play and direct imagery.

Key terms: Bereavement, expressive arts, play therapy, grief counseling and orphans.

INTRODUCTION

Children expect the world to be filled with security and love but the contrary happens when they experience different types of losses such as the death of parents, siblings and friends. The death of loved ones causes pain and chaos and plunges them into a dark world filled with loneliness and unpredictability. They are emotionally affected by bereavement and cannot understand what is happening in their lives. They grieve and mourn when beloved one dies, despite this many people do not realize that children grieve because of the prevailing practice that they should not be told the truth about death (Oyugi, 2008). It is a normal practice for relatives and friends to console the surviving spouse and ignore the do children. This is unfortunate because the death of a parent or sibling causes distress and psychological trauma in children that need to be addressed by informing them about the death, consoling them, involving them in funeral preparations and burial rituals (Crenshaw, 1995).

As discussed earlier children are affected by the death of beloved relatives and friend just like adults. They grieve and mourn when bereaved, therefore they need to be involved in funeral rituals and to get psychological support. The strategies used are listening to them, normalizing their grief, participating in expressive arts therapy and in play therapy. They can also be offered sessions in individual and group grief counselling.

CHILDREN'S REACTIONS TO PARENTS' DEATH

This is the greatest loss for children. It results in lack of emotional support, stability, security and parental guidance. Children thinking about death may get nightmares and have difficulties in falling asleep. They are sad cry over loss of their lost one and long to unite with the deceased. They may isolate themselves, become withdrawn or closed. They are very sad when they see other people who are happy. Small children roam from room to room looking for the deceased. They may regress and return to earlier behaviours such as sucking thumbs or angry behaviour. They are angry with God, adults, others and with even themselves for not preventing death (Hockey, 2001). Adolescents may respond to parents' death by becoming delinquents or becoming 'over-achievers' by taking up uncommon tasks or responsibilities in the family. If their emotional problems are not addressed they have an increased risk for suicide.

Children's difficulties in their grief work is evident in HIV/AIDS parents' death because it is associated with immorality, can create such shame, guilt and embarrassment to the orphans. This may make the children remain silent for fear of being stigmatized can create such shame. They

may not get the traditional social support to sustain them as they grieve (Doka, 1989). There is a likelihood that the interpersonal mourning process will be hindered because of its association with anti-social and stigmatizing behaviours including homosexuality, and promiscuity. This may cause disenfranchising grief among the orphans.

Children should be protected from social ostracism, discrimination and ridicule because this may lead to failure to work through the various stages of grief. They may not achieve resolution of their grief, hence increases their likelihood to be vulnerable to physical, psychological and emotional stresses. Counsellors should therefore, provide for the psychosocial needs of bereaved HIV/AIDS orphans to give them an opportunity for stability in life.

Other children's difficulties in grief work may arise due to lack of support in a non-cohesive dysfunctional, chaotic homes where children's needs are not met, and where there are no opportunities for the children to work through grief. In addition, melancholic children brood and think about their problems, day in day out and so lose the social support, which is very unfortunate. Therapists should help children to grieve their painful losses in order to avoid complications of pathological grief (Musyoki, 2011).

NORMALIZING GRIEF

Involves allowing children to express their grief, by talking freely about what they feel and asking questions. Venting their emotions acts as catharsis. The counselor should work to reduce stress in the children's life. He or she should encourage them to return to regular daily activities such as going to school and praising the children for least effort they make. The children should not be forced to do anything they do not want. The therapist should explain to the children about the family rituals; include them in deciding how they will participate. Group work with other bereaved children can help "normalize" their grieving process. Bereavement groups offer a child with a valuable experience with children with similar feelings. This is therapeutic for children. Bereavement groups are not recommended by children bereaved by a suicide since they feel stigmatized by the nature of death (Kyriacou 2003).

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If the child is not helped to mourn or grief he or she may experience post traumatic disorder which manifests in the following behaviours: (i) Sad all the time, become aggressive and withdrawn. (ii) Inability to engage in activities that interested them before the death. (iii) Experience nightmares (Ibid, 2003).

CREATIVITY IN PSYCHOSOCIAL SUPPORT OF ORPHANS

Creative activities such play, painting, drawing, writing, singing and dancing are adapted to the interest of the orphans. They give opportunities to the orphans to express originality, fluency and flexibility in the various activities. These activities can be done either in the mornings or in the afternoons when they are out of class. They help the orphans express their grief, discover their talents and cultivate new interests.

Expressive arts therapy

This was initiated by Virginia Axline (1969) worked with vulnerable children and recommended the arts and play therapy for them. Expressive arts and play therapy have a relaxing effect and therefore, have been found to enable children to attain psychological growth and maturity necessary for satisfactory school work (Ibid, 1969). It involves the use of creative arts such as painting, drawing, writing, singing and dancing. Expressive arts are used to portray children's emotions because their verbal communication is inadequate.

Writing of faire well un-posted letters to the deceased: The bereaved persons are provided with an opportunity to express their feelings and thoughts by writing letters or poems to the deceased. This gives them a chance to say good-bye and to release the departed person. It is necessary for children to say good-bye to their departed dear ones because it gives them an opportunity to make their requests, promises and to send their best wishes. This gives them a chance to release the deceased. After reading the letters or poems they can be burned or kept as memorials.

Drawing: The helper may ask the children to draw something, maybe a person or whatever they feels like drawing then ask them to describe what they have drawn. This helps them to reveal what would not have been revealed through mere talking because describing the drawing provokes the thought process and facilitates communication. Through this they are able to talk about their feelings and facilitate their grieving process.

Painting: Helps children to express their thoughts and feelings. As the paint flows, so does the emotions, therefore they are expressed in a socially acceptable way. After the children have finished painting, the counselor asks each child to talk about their picture and share their feelings.

Play therapy: Play occupies the child's mind and has a relaxing effect. During play therapy the children are helped to explore their feelings, attitudes in order to release their pent up emotions (Virginia Axline, 1969). It involves the use of creative child games such as role play or burial play, sand tray play, clay/ dough play, puppets, weapons, construction materials, cars and means of transport, dolls and doll houses and looking at picture albums.

Role play or burial play: By using sand, toy crosses, toy chapels should children to express their feelings. This is closely related to **sand tray play**. Play gets to unconscious mind of the children and helps them to express fears and fantasies that are difficult to talk about Allen (1998) points that the common stages in a series of sand tray scenes are chaos, struggles and resolutions to recovery process.

The counselor should help the clients to take up roles they feel are difficult to do. They are also encouraged to perform the tasks they fear doing because they used to be done by the deceased. This helps the bereaved to grow, get confidence and acquire life skills (Kyriacou, 2003). It was noted that grief is mastered by adapting what was fundamentally important in the relationship and rehabilitating it. According to Marris (1986) cited in (Corr, et al., 2006), grief is simply a process of psychological reintegration of the memory of the deceased into the life of the survivor. To stop grieving one has to change his or her personality to incorporate the traits of the deceased person.

Clay/ dough play: Provides the child with a lot of choices on how to use it to express different feelings e.g. sadness, anger, worry and to release tension. The therapist can actually see what is happening, which is a good link between verbal non-verbal expression of emotions.

Puppets: These are a rich source of symbolic play. They helps shy children to talk behind puppets. They provide the distance and so they feel safer to reveal some of their innermost thoughts. Children can use puppets to talk about sensitive issues like HIV/AIDS and sexuality.

Weapons: These are aggression related toys such as toy guns, water guns, knives and toy soldiers. Children's tendency to play with weapons may be an indication of anger in them. They should be helped to change their negative emotions.

Construction materials: Playing with building blocks, plastic saws, plastic hammers and nails should enable the children to use their imagination and creativity portray their feelings. They are

recommended for children with disability or emotional disturbances. To achieve their catharsis effect the counselor needs to have a healthy relationship with the children.

Cars and means of transport: Tendency to play with trucks, boats, motorcycles, trains, army tanks, planes and ambulance, a police car, a fire engine and a school bus can communicate children's needs and situation in their life such as witnessing an accident, fear of certain transport materials or even a desire to go to school. The counsellor should find out why children make the choice of the toys and give professional help.

Animals: Play using animals may bring out a lot of unconscious material for the children. These help children who experience nightmares to feel the scary creatures in a less frightening environment. Playing with toy animals helps them to reduce the fear.

Dolls and doll houses: Children may play dolls and doll houses to demonstrate their family experiences by expressing various emotions such as anger, love and tenderness. The counselor should observe the children playing in order to get the meaning of their interactions and offer appropriate guidance and counseling services.

Direct imagery

The clients are asked to close their eyes and imagine scenes with the deceased, which may be beautiful or ugly, appealing or threatening. This helps them to visualize their life with person they have lost. They can visualize the lessons learned from the deceased, which can help them to get meaning of the loss (Corr, et al., 2006)

Use of memory books, picture albums

The therapist encourages the client to use of memory books, picture albums and personal belongings of the deceased because these resources motivate the bereaved persons to remember and to meditate about their old sweet memories. The use of symbols such as some clothes of the deceased, photographs, love letters and gifts from the departed or anything attached with the deceased facilitates the grieving process (Kyriacou, 2003).

Situations and behaviors that require expressive arts and play therapy

(i) Experiencing trauma e.g. death of a loved one. (ii) After a painful or frightening medical procedure. (iii) After witnessing a crime violence or abuse. (iv) After exposure to disasters such as accidents, fire, flooding, tribal clashes, droughts and famine. (v) During terminal illness and when living with a terminally ill parent. (vi) After divorce or separation of parents. (vii) When there are relationship conflicts e.g. between parent and child, siblings, teachers and peers. (viii) When there is change of environment e.g. school, residence and country. (ix) When the child is experiencing development issues such as teenage pregnancy or pubertal changes.

Other instances when play therapy may be used

(i) When showing positive regard and respect for the child. (ii) When expressing interest in understanding the child's feelings. (iii) When helping the child to clarify and verbalize feelings. (iv) When presenting alternatives and choices to the child. (v) When using and maintaining a sense of humour.

GRIEF COUNSELLING

Listening is an essential component of grief counseling. Listening to troubled bereaved children has been found to have therapeutic effects because a 'problem shared is half solved'. It requires adults listen carefully to children's thoughts, feelings and concerns and respond clearly and objectively with statements at the youngsters' level of understanding and give them short and simple answers. It is useful to be prepared for the questions children are likely to ask. This gives orphans a chance to discuss the problems they face. The counselors and adults assist them to defuse and resolve their impasses.

Listening is curative because "a problem shared is half solved". During grief counselling the therapist practices different aspects of listening to enter into the world view of the bereaved persons who are yearning for an ear that will listen. The therapist uses **incarnational listening** to assist in building rapport with the bereaved person. The clients feel understood and are able to open out for help. After winning the confidence of the client the counsellor uses **reflective listening** to facilitate the bereaved persons to think about their issues and to repeal their repressed hurts of the loss. They expose their emotional injury so that healing can occur. The counsellor practices **empathetic listening** by trying to get into the clients' world and identify with their experiences and the feelings, consequently, they feel understood and open up for professional help. In addition, the counsellor applies **supportive listening** by encouraging the bereaved persons to engage in self-discovery process in a safe environment in order to acquire self-awareness. They are helped to feel that the loss can be integrated and life can have meaning again (Mwiti, 2003).

Talking about the loss

The bereaved persons are encouraged to talk and answer the following questions. Where did the death occur? How did it happen? Who told you about it? Where were you? What did you do after getting the sad news? Why did you do that? Answering these questions helps the bereaved person to think the loss and to ventilate his or her emotions. This helps in the grief healing process.

Thought control and cognitive restructuring

The therapists should help the clients to monitor their thoughts and to think rationally, and to avoid negative thoughts. They are taught how to conquer stressful thoughts by: Identifying thoughts that cause fear and anxiety. Detecting and stopping wicked and cruel thoughts. Being aware of the circumstances and persons who are likely to trigger negative thoughts. Learning to stop negative thoughts and replacing them with positive ones and trying to create mental peace by praying, reading encouraging literature and listening to soothing music.

Grief counselling sessions may be offered to individuals or to groups. Counselling is recommended because it guides and encourages the bereaved children in their trying moments. Allowing them to express their sorrow is necessary for their healing process. Grief that is expressed has a potential for healing, it can strengthen and enrich life. Grief that was so acute and painful in the early stages of bereavement wears out as the months and years pass and the survivor accepts the reality of the loss. Therefore, there is need for orphans to be assisted to mourn or grieve for their parents and siblings because the consequences of not going through the mourning process may result in very serious, long term problems.

Grief counselling should assist bereaved persons to: (i) Accept the reality of loss and explain without confusion what happened. (ii) Experience the pain of grief i.e. anger, guilt and loneliness that accompanies the absence of the loved ones. (iii) Adjust to the new environment without the deceased. (vi) Investing in new relationships (Kyriacou 2003).

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