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CHILD GRIEF: THE VALUE OF CLEAR COMMUNICATION AND PHENOMENOLOGICAL-EXISTENTIAL PLAY THERAPY AS A UNIQUE OPPORTUNITY IN THE ELABORATION PROCESS

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Abstract: The theme of death and its nuances is a fact that brings suffering to every individual in the biological, social and psychological spheres and, since childhood is a phase of development that builds the life cycle, there is theoretical and scientific evidence that the child experiences a grieving process for parental loss. Therefore, this article focused on legitimizing the premise that phenomenological-existential play therapy can become a way to facilitate the process of elaborating grief in children through play. For this, a bibliographical research was carried out.

Keywords: Childhood, Death, Mourning, Phenomenological-Existential Ludotherapy.

INTRODUCTION

The idea for writing this article was centrally focused on bringing knowledge to the public about the theme of death and the child's experience in relation to grief, as well as investigating play therapy as a facilitating resource for the elaboration of parental loss. And finally, with the knowledge of how childhood, being a phase of human development, experiences the grieving process, helping those responsible to have a clear communication of death for each stage of it.

In the Western culture of the 20th century, efforts were made to minimize rituals in the face of death, with only the attitudes necessary to bury the body. Ceremonies must be minimalist and avoid overflowing emotions. The good death is the cursed death of the past. A good death is one that does not disturb society, which occurs discreetly (ARIÈS, 1981).

To debate the finitude of life is a difficult task in Brazilian culture. The subject causes restlessness, fear and anxiety. The knowledge that one has about death, while being a characteristic that differentiates human beings from other existing beings, also provides questions about life (BELLATO and CARVALHO, 2005). Mourning is considered a process of resolving a real or imagined loss, which all individuals experience at different times in life, to a greater or lesser extent, characterizing a moment of crisis (CARNEIRO; SILVA; ZANDONADI, 2017).

To play is universal and is part of health, playing promotes growth and, thus, well-being, leading to group relationships and being a form of communication in psychotherapy (WINNICOTT, 2005). The phenomenological-existential approach brings the world view of death in a different way, as it understands that remembering finitude makes you think about living your own life, becoming aware of who you are. Inquiring about the subject aroused his interest in the fact that the awareness that everything has a beginning and an end can make human beings better able to deal with the frustrations and losses that surround them on a daily basis.

Given this, the theme of this work is relevant both in the personal and scientific spheres. The research carried out enabled us to write this article and to contact a reality that aroused our curiosity about how grief occurs in children and how play therapy contributes to the elaboration of this childhood grief. We start from the hypothesis that ludotherapy is a facilitating method for children and promotes interventions in order to facilitate the autonomy of solving problems in life, such as parental loss.

METHODOLOGY

Scientific research is divided into several modules, each of which is the bibliographical research that will be presented in this article, weaving all the steps that must be followed in its execution. This type of research is understood by multiple authors, including

Lakatos and Marconi (2003) and Gil (2002). Bibliographical research is addressed mainly in the academic environment and aims to improve and seek knowledge, through a scientific investigation of works already done.

RESULTS AND DISCUSSION

Childhood is a specific cycle that everyone experiences, however, it has always been questioned what was the exact period covered by childhood and how this child was perceived (LINS et al., 2014). The understanding of this specific period of human development for the introduction of this work has become of great importance for the approach of other themes, which refer to childhood and which will be discussed throughout the execution of the same.

The perception of childhood and how children are understood has changed throughout history. According to (LOYOLA, MOURA and VIANA, 2013), in ancient Greece, the father was the highest authority. In ancient Rome, the family was, for the child, its educational and cultural base. The formation of the moral character of individuals was emphasized as an element of differentiation between one person and another. In the Middle Ages, the child was mistaken for a mini-adult and treated as such, participating in situations involving violence and sexual acts. With the passage of time and the Christianization of customs, the look at the child and the value given to it changed, so it became impossible to lose or replace it without it becoming a reason for great pain. Therefore, to understand how childhood is seen today, it is necessary to know how it was conceived throughout history, in order to understand the child's thinking in relation to death and mourning.

Death is part of the life cycle from an early age and lasts throughout life. Despite being part of a natural process, talking about human finitude has never been easy. The attitude of contemporary man towards death and dying can be considered the result of a long process of changes that spanned time (GOMES and SOUSA, 2017). Rituals have the function of helping to elaborate losses in a constructive way.

For Kovács (2012), the child is a member of the family, so it is important that he participate in the proposed rituals. The social context of the rituals promotes balance in the acquisition of meanings, this way the children have the opportunity to say goodbye to the deceased, having their feelings recognized. Over the centuries, the understanding of death has changed. In the Middle Ages, it was seen as a ceremony involving the family and it was up to the patient to say goodbye to it. In the 18th century, death acquires a dramatic character in which the family becomes the main character and no longer the dead person, the seriousness of the situation was omitted from the patient with the intention of sparing him. With the rise of the hygienist revolution, death began to occur in the cold and isolated environment of the hospital. Thus, understanding the history of the vision of death and dying over the centuries, how funeral rites took place and children's participation in them, becomes important for understanding the death that we have today and how it happened. change in the grieving process in individuals.

In the phenomenological-existential approach, mourning is not a linear process, determined by stages or initial and final phases, but it is a new existential condition into which the one who has lost someone who is significant to him is thrown. Understanding existentially the process of bereavement, therefore, concerns understanding the ways of being experienced in the experience of a radical and definitive rupture in the life-

world of the bereaved in its intersubjective character (MICHEL and FREITAS, 2019).

Psychiatrist Elizabeth Klüber-Ross (2005) defines the following stages in the grieving process: denial, anger, guilt, negotiation (often impossible requests), depression and acceptance (recovery phase). According to Kovács (2016), children also experience the stages of mourning, described above, just as adults do, if they are aware of the situation and have received clarification about the fact, without failing to consider their cognitive levels and possibilities of understanding.

The way children understand death and dying varies according to their developmental stage. Franco and Mazorra (2007), based on studies by Piaget (1995), point to the fact that children only understand the irreversibility of death when they reach the concrete operational mode of thinking, around seven years old. The greatest difficulty in understanding the irreversibility of death can make the process of working through the loss difficult.

For the authors Nunes et al. (1998), the relationship of irreversibility, non-functionality and universality components with the concept of death is identified. She notes the existence of three stages: in the first (up to 5 years) there is no notion of definitive death, which is understood as separation or a dream and as a gradual and temporary event. In the second stage (5 to 9 years), there is a strong tendency to personify death, which is perceived as 'someone' who comes to take people away. It is understood as irreversible, but avoidable, and also as something that happens to everyone and especially to herself. Only in the third stage (9 to 10 years old) does the child recognize death as a cessation of body activities and as inevitable. From this, understanding the child's view of mourning in the biopsychosocial sphere is essential for parents to be aware of how to effectively communicate death to the child.

When it comes to bereaved children, family processes are crucial determinants of healthy or dysfunctional adaptation to the loss. Intrafamilial communication is vital in the course of the child mourning process, since the elaboration of grief in children is strongly influenced by what and how those responsible talk to them, by the way they deal with their emotional expressions and, in the case of the death of a child, one of the parents, by the way the surviving parent reacts and expects the child to react. (KOVÁCS, 2012).

When the family is functioning well, mutual support for its members contributes to a process of adaptive adjustment to the loss situation. Freedom of communication and expression of feelings and thoughts, family cohesion and constructive resolution of differences of opinion are the main requirements for a functional family to face stressful life situations, because when family functioning is more limited, its members have greater difficulties to adapt (DELALIBERA, et al., 2015).

Therefore, when talking about death with children, their cognitive level and developmental stage must be taken into account. From 3 to 5 years old, the child still does not have the concept of irreversibility of death, attributing it to sleep. The understanding of this concept begins at 7 years of age, from 9 to 10 years the child attributes death to the cessation of body activities, but still links it to old age or illness.

Psychotherapy with bereaved children is presented as a form of care, since children's communication is not restricted to oral form, communication is fundamental and requires a special way of listening to the child and accompanying him in his games, this way the contact must be free of censorship or previous judgments, providing a space for the expression of feelings, since the child feels welcomed and understood and realizes that

his feelings are being respected (BARRETO and ROCHA, 2015).

According to Castelo Branco (2020), in the existential-phenomenological approach, the psychotherapist's interventions will be based on the phenomenological reduction as the method by which the psychologist will seek meaning in what the client is saying. It is in this aspect that 'listening and speaking' come together, becoming the psychotherapeutic process. While developing his work at the clinic, little by little Rogers discovered a new way of dealing with the child, with his family members or their substitutes and, through this experience, he began to develop a non-directive therapeutic approach, in which the child guides the therapist, and not the other way around.

Playing and ludic activities help the child in the process of elaborating grief. It is divided into two distinct types: recreational and psychotherapeutic. Recreational play has as its central objective pleasure and distraction, with the child's spontaneous participation, not being structured. Psychotherapeutic play refers to activities directed by a professional, being structured, aiming at the emotional and physical well-being of the child-client (SOUZA, 2018)

The child arrives at the service bringing the representations of their daily life to communicate, therefore, ludotherapy created conditions to enjoy the important moments of this children's daily game. The assumption is that the child strives to throw out his problems if given this opportunity (BARRETO and ROCHA, 2015).

Axline (1972) highlighted, as basic principles of ludotherapy, the following 8 (eight) proposals:

> The therapist must develop a good relationship with the child to establish rapport; Accept the child completely; Establish a feeling of permissiveness; Recognize and reflect feelings; Maintain respect for the child; The child points the way; Therapy cannot be rushed; The value of the limits (p.87).

Colovini and Bertolin (2012), state that the play therapist must not, nor need, direct the child's actions or conversations. The client points the way and the therapist follows. The therapist does not offer suggestions or ask probing questions. He does not give praise in order not to induce the child to act in a way that will get more praise. It does not offer criticism of what the child does, so the child does not feel discouraged or inadequate and can more easily find new alternatives. The playroom and materials are at the child's disposal, waiting for their decision.

For Castelo Branco (2002), ludotherapy is a process that takes place through the human relationship that develops between the therapist and the child, and the intersubjectivity that is present, the meanings that emerge from this relationship. And this human relationship formed between them is of a specific type, where the child is valued for what he is being at the moment. The therapist expresses an attitude of deep respect for her through empathic understanding, congruence, and unconditional positive acceptance. The therapeutic process is understood by Axline (1972) as a gradual process that must not be rushed; it must be noticed by the therapist in its singular event.

Unconditional positive consideration corresponds to the attitude of acceptance towards the client, whoever he is, what he feels and what he is experiencing at the moment, thus providing acceptance and creating an atmosphere of human warmth, welcome, esteem and respect on the part of the therapist (Rogers, 1997). Unconditional positive regard also refers to the confidence that the client is able to organize himself and find personal alternatives to his issues.

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Rogers (1997) states that potentiality only happens in an intersubjective relationship, when there is a facilitating environment for the client's expression when he feels accepted and welcomed by the therapist. This potential is called 'updating trend'.

Axline (1972), when reporting on the complete acceptance of the child, highlights the discussion on a key point, in Carl Rogers' approach, of unconditional positive regard: the importance of not making value judgments (both good and bad). Acceptance is intertwined with everything the child manifests in care. The psychologist must be patient and friendly, never impatient. "He also needs to 'control' (AXLINE, 1972, p.101) his reactions to the child he cares for".

The therapist needs to develop a positive relationship, which is honest with the child for the rapport orientation, so that the child wants to be there for himself, as well as needs to accept the child completely, the way he presents himself, always manifesting a relationship of permissiveness regarding the toys chosen by the child during the session (NORONHA and BARREIRA, 2016).

Regarding the therapeutic environment, Axline (1972) states that it must be conducive to the child's growth, offering a 'good ground' (p.10) for the child to develop; an environment in which she feels free, with permissiveness for her to develop autonomy, in which there is an atmosphere that also facilitates openness to oneself.

The arrangement of materials in the room, when talking about permissiveness, these must be on display, not stored in a closed cupboard. This way, the child can choose alone, enhancing their autonomy, as they do not need the therapist's help to find what they want (BRITO and PAIVA, 2012).

For Moura and Venturelli (2004), identifying and expressing feelings are important skills for the child to discriminate the hidden effects that the contingencies to which he is exposed have on him, as well as to respond in a more socially appropriate way, such as verbalizing how you feel, rather than just crying or lashing out. Training the emotional expressiveness of children in therapy can be a previous step towards the development of several other repertoires such as assertiveness, interpersonal relationships and problem solving, which can have an important impact on overcoming initial problems (MOURA and VENTURELLI, 2004)

Recognition and understanding of feelings are two entirely different things. However, it is difficult to tell them apart. The child's game symbolizes his feelings and, whenever the therapist tries to translate the symbolic behavior into words, he will be understanding because he wants to show what the child is trying to say with his actions (AXLINE, 1972).

According to Virginia Axline (1972) the play therapist must maintain a deep respect for the child and his ability to deal with his own problems when given the opportunity. A possible behavioral change, for it to become lasting, must have the child himself as the center of evaluation. The play therapist tries to make the child understand that he is responsible for himself. The psychotherapist's responsibility when he enters the child's world is to be careful not to be invasive, so that the child is not blocked by the intrusion of his personality when playing. It is important to be attentive to its signs and indications of paths, leaving the therapist in the condition of accompanying it.

To maintain respect for the child means allowing him to do whatever he wants during the session, be it playing, sitting or simply talking to the therapist (AXLINE, 1972). When the therapist gives the child responsibility for his process of gaining insights and possible changes, he becomes the center of therapy.

Brito and Freire (2014) point out that it is possible for the therapist to grant the child responsibility because of the respect he has for her, believing in her ability to resolve her issues. For the child to show the direction they want to give to their therapy, they need to perceive this respect and feel secure about the trust that the therapist places in them. This relationship makes the child trust himself, so that his communication with the people around him can change (BRITO and FREIRE, 2014).

Colovini and Bertolin (2012) state that the therapist does not try to shorten the duration of therapy. He must be willing to accept whatever pace the child chooses, without trying to rush or delay any aspect of the therapeutic process. The process must be recognized as gradual. This way, the child perceives that the therapeutic hour belongs to him and, therefore, he feels safe enough to relax his defenses and experience the sensation of acting without them. The therapist trusts that when the child is ready to express his feelings, he will. It is important that the therapist does not anticipate concerns and establishes only the limitations necessary to ground the therapy in the world of reality and make the child aware of his responsibility in the relationship. Do not give the child, in advance, limitations based on the therapist's anxieties, or based on preconceptions imposed by family members, caregivers or whoever referred the child to therapy. (COLOVINI and BERTOLIN, 2012).

Castelo Branco (2002) mentions that by accepting the whole child, with their difficult questions and problems, during the moment that they manifest them in play, the child will remain feeling safe and autonomous. The role of child-centered play therapy is to identify the particular emotions that are important in the child's play and story, thus facilitating that child to actively recognize and express a wide range of human emotion.

Some children may present at a different pace, which may mean that they are not using the appointment time properly. The therapist must avoid this type of judgment, as the child must be seen from the child's point of view. If the therapist is in a hurry to make the child come into contact with an issue, he must contain himself in his hurry (BRITO and FREIRE, 2014).

In the session, there are limits that are necessary, such as the start and end time of the meeting, care with equipment that can put the child at risk, such as plugs, the risk of swallowing small objects and others. This feeling of permissiveness does not extinguish all the limits that are necessary, but it offers the freedom for the child to make his choices, find his alternatives, speak or not about certain subjects, feel free to bring his demands in his time (COLOVINI and BERTOLIN, 2012).

The limits provide consistency and security to the child (BRITO and PAIVA, 2012). Regarding the limits for the manifestation of the client's feelings, the therapist does not establish limits regarding the verbal expression of feelings of a child.

FINAL CONSIDERATIONS

Death is inherent to every human being and its implications are diverse in the lives of those who remain. Assuming that mourning brings adversities in children's daily lives, this work aimed to answer the question of how the ludotherapist can come to have an effective communication about death with the bereaved child.

The view of death, in turn, has also undergone several transformations throughout history, such as, for example, in the Middle Ages, it was seen as an approximation of the living with the dead,

since they were buried in the courtyards of the church where they took place. festive balls and this promoted an interaction. With the hygienist revolution, funeral rites, which were previously celebrated in homes where children also participated, began to be celebrated in the cold environment of the hospital, changing the way mourning inferred in people's daily lives.

To play is part of children's specificity, it provides children with opportunities for their development and the search for their completeness, their knowledge, their knowledge and their expectations of the world. As it is important for children, playful activities and their multiple possibilities can and must be used as a learning and development resource (SOUZA, 2018). In particular, phenomenological-existential ludotherapy is a way to make the child able to take the ludic to their day-to-day activities and provide elaboration resources to deal with internal sufferings as well as the use of relationship management. Finally, it can be concluded from the present study that the communication of the death with the child must be made by the parents, taking into account the children's nuances and their totality. And the ludotherapy setting is a facilitating environment in the development of child mourning.

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