

Honors Senior Thesis

Play Therapy for Parental Loss in Children: A Comprehensive Review of Interventions and
Outcomes

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Abstract

Play therapy is a therapeutic approach most often used with children to help them cope, prevent and resolve psychosocial challenges (Association For Play Therapy, n.d). Using play therapy, children who experience grief are able to learn positive coping mechanisms. Previous research has demonstrated that play therapy benefits grieving children. The following literature review will review how play therapy interventions can be utilized for the loss of a parent during childhood. Parental death will be shown in parents who died due to suicide, substance use disorder, serving in the military, terrorist attacks and natural disasters. Regardless of the circumstances, childhood grief of a parent is challenging. However, different play therapy interventions can be utilized, creating positive outcomes for a child's coping mechanisms in various contexts of death.

Keywords: Psychology, Play therapy, Childhood Traumatic Grief, Coping

Introduction

Death is an unavoidable reality. When experiencing loss, finding healthy ways to cope is not an easy task. For a child who is unable to completely understand the concept of death as a whole, the negative emotions death brings can become heightened (Menendez et al., 2020). One in seven children aged 10 and under will experience the death of a caretaker or loved one (Green & Connolly, 2009). Children ranging from preschool to middle childhood do not have these coping skills implemented into their daily lives yet (Menendez et al., 2020). Different developmental periods affect the extent to which a child understands the meaning of death (Boyd Webb, 2011). Children rely on adults to build their understanding of death and many parents state that children will start asking questions about death as early as three years old (Menendez et al., 2020).

Prior research did not consider death to be understood by children until they reach the age of nine or 10 (Menendez et al., 2020). However, death is a multifaceted concept that can be looked at through four different lenses: “Universality (all living things die), finality (death is final and irreversible), nonfunctionality (death involves the cessation of biological and psychological processes), and causality (death can be caused by different factors)” (Menendez et al., 2020). In looking at death through these different subcomponents, research has found that children can acquire more of an understanding of death at earlier ages than previously predicted. By five years of age, the majority of children can comprehend that death involves the termination of different bodily functions, and by age six children can understand that death can be caused by other factors not limited to old age (Menendez et al., 2020).

Due to children understanding death differently from adults, the grieving process can look different in children relative to adults. Grief and bereavement are complex emotions;

generally, grief “is defined as the emotional, psychological, cognitive, and behavioral reactions to the death of someone significant” (Diane & Heather et al., 2020). However, for grieving children we can look at grief through a more specific definition. Childhood Traumatic Grief (CTG) is “a condition in which unresolved grief and post-traumatic stress disorder (PTSD) symptoms are present, often accompanied by depressive symptoms” (Jordan et al., 2011). A child’s bereavement symptoms vary depending on the nature of the death and without treatment, PTSD and other depressive symptoms may worsen over time. After a child loses a parent or caregiver, the surviving parent is managing their own emotional responses to the loss of a partner while also helping their child through the grief process (Seymour, 2014). Oftentimes a child will mirror the surviving mourning parent (Moody & Moody, 1991). When looking at Childhood Traumatic Grief, an analysis of the child’s history of attachment and closeness to the caregiver who has passed away is utilized when figuring out the best course of treatment (Seymour, 2014).

Due to a child’s underdeveloped lexicon, it can be difficult for them to verbalize their feelings about the death of a parent. Play Therapy allows a child to express how they feel and process the loss without having to speak. The use of play therapy is a course of treatment that has been shown to work in grieving children. Play therapy is a therapeutic approach used mostly with children that uses play to “help children prevent or resolve psychosocial difficulties and achieve optimal growth” (Association For Play Therapy, n.d). One example of play therapy is the use of certain toys that can demonstrate different play themes in traumatic loss. For example, the use of large rescue vehicles and ambulances can play a critical role in a rescue theme play. Using these toys can allow for a child to have some kind of closure in the death of their parent(s), especially when it was sudden and unexpected.

When looking at the use of play therapy with grieving children, therapists often need to utilize creative interventions, such as art and storytelling (Diane & Heather et al., 2020).

Typically in a play therapy setting art materials will be present. The use of art in play therapy has a long history of being used as a means of expression. Art is a medium of play that benefits children and allows for them to create artwork in a form of self-expression. Other common interventions seen in play therapy include but are not limited to sandplay, emotion-focused play, memory boxes or collages, photo-elicitation, narrative therapy techniques, therapeutic games, creating art, use of displacement, roleplaying, and the use of music and movement.

Photo-elicitation allows children to process and express their feelings through photographs. (Diane & Heather et al., 2020). This form of play therapy has been seen to work in households where someone who served as an individual the child looked up to and lived with passes away (Diane & Heather et al., 2020).

Another intervention involves sandplay. When using sandplay the counselor provides a space for sand creations, where the child's thoughts, feelings and unconscious conflicts are represented within the tray. The feeling of the sand and this being a tactile experience can allow for the child to feel grounded if any anxious feelings arise. With sandplay being a tangible experience, it can provide a child with a form of closure through reflecting upon the loss in a tangible setting (Green & Connolly, 2009). Sandplay is also found to help lessen a child's irritability, social withdrawal, hypersomnia, insomnia, and feelings of guilt (Green & Connolly, 2009). A child may be hesitant to draw or paint due to fear of judgment. However, with sandplay, a child may feel more comfortable creating in the sand as they feel less constrained.

The creative approaches play therapists use allow a child to work through their grief through using different interventions. The use of play allows a child to express their experiences

without having to speak. This allows for a better understanding in the child's grief processing because a child may not know the words or emotions that they are feeling. Depending on the type of parental death a child experienced, different toys and scenarios may be used.

Previous research has demonstrated that play therapy benefits children experiencing grief. The following literature review will demonstrate the benefits of play therapy interventions with grieving children who have experienced a parental death. Parental death will be shown in parents who died from suicide, substance abuse, natural disasters, serving in the military, and terrorist attacks. Although each type of death presents its own challenges, different interventions of play therapy can be used to help a child learn coping mechanisms that can be used in the different contexts of death.

Play Therapy Interventions and Outcomes Across Different Contexts of Death

Death by Suicide

Suicide is defined as “death caused by self-directed injurious behavior with intent to die as a result of the behavior” (*National Institute of Mental Health, 2024*). Suicide is among the leading causes of death in the United States. In 2020, suicide was the twelfth leading cause of death overall in the United States, taking the lives of over 45,900 individuals (*National Institute of Mental Health, 2024*). After losing someone to suicide, feelings of guilt and shame often arise. In children, this often looks like feelings or beliefs that they are not good enough and not worthy of love (Turner, 2020). Younger children are “susceptible to internalizing the shame of suicide and homicide because they are cognitively unable to differentiate from the actions of others” (Turner, 2020). Due to this, children may develop patterns of perfectionism to compensate for feelings of inferiority and low self-worth. However, children may also adopt a tougher persona, demonstrating increased aggression, anger, and acting out more (Turner, 2020).

Working through the loss of a parent due to suicide is a difficult process. However, the utilization of specific play therapy interventions can help the child cope. Suicide can be difficult for a child to grasp due to its violent nature. Understanding the loss can be especially important when a child is witness to the death or was present upon finding the parent who passed away. Play therapists can provide functional materials and toys related to their death to assist children in processing the death when they witness the death. For example, items such as bandages, gauze, a stethoscope and/or a heart rate cuff, can all be used to assist the child with processing their emotions (Turner, 2020). This can lead to children immersing themselves in pretending to be emergency medical workers. Additionally, using things like doctors' coats and surgical masks can create a feeling of realism for the child. With suicide, most commonly it is committed through self-inflicted gun wounds and hanging (Turner, 2020). We see the use of specific toys in Melissa who lost her father, Howard, to suicide when she was three years old (Heikes, 1968).

Melissa was the youngest of her three siblings who were 12, 10, and five. Howard's wife and Melissa's mother, Angie, was using different substances throughout the year before his suicide and he had become the primary caretaker of the four girls. The girls would witness their fights that would typically end in a physical altercation. The summer before Howard's suicide, Angie had been planning a divorce and separated from him. Angie's presence in her daughter's life was unpredictable and inconsistent (Heikes, 1968). While Howard and Angie were separated, Angie had gone to Howard about the status of their relationship; Melissa was home during this time. During this argument Howard had taken a gun from his car, which he originally used to threaten his wife but then ended up using to shoot himself. While it is unclear if Melissa saw the shooting, she definitely heard what happened and witnessed the aftermath (Heikes, 1968). Angie was deemed unfit to parent the children following Howard's death and Melissa was

separated from her sisters. The children were moved multiple times until social services decided to place the three oldest children with their aunt and uncle in another state. Melissa stayed behind to live with her grandparents so she could be entered into a treatment program.

Melissa was placed in a program, located at a therapeutic preschool that lasted for a total of seven months (Heikes, 1968). Melissa presented with behavioral issues due to her traumatic grief including her having extreme separation anxiety making her clingy, random aggression, unprovoked mood swings and having temper tantrums (Heikes, 1968). Behaviorally, Melissa was withdrawn; she would kick, bite, scream, push tables over, destroy toys, and constantly cry (Heikes, 1968). For five half-days each week the children met with an assigned play therapist who additionally provided services to the caregivers. Due to the messages from the adults in her life it was not acceptable for her to verbalize her feelings about her father's death, it was difficult for Melissa to be open about what had happened. Melissa's mother and grandparents had both stated to the therapist she had not cried about the death of her father. Melissa's grandparents had noticed that when she would play alone, her dolls would be using toy guns. This caused guilt among her grandparents, and they struggled to allow Melissa to continue to play in this manner. Having the play therapist work with the child gave a safe space for Melissa to play however she needed to in order to cope and understand the loss of her father.

Due to Melissa's reactions when entering the play sessions and her being emotionally "shut down," spontaneous free play did not occur. The play therapist utilized Developmental Play Therapy. Developmental Play Therapy allows for a child to develop a greater sense of self; this is done when a child experiences touch in a safe manner (Heikes, 1968). Through touch in developmental play activities, the goal is that a child can begin to understand what it is like to hold a relationship with another person. The child can also begin to understand and develop

awareness of themselves. In doing so, the therapist holds space for the relationship with the child and is not just an observer of their behavior. Initiating the touch includes the following steps: “(1) noticing the child, which is often expressed verbally by the therapist, (2) touching the child briefly, (3) responding to the child’s cues, and (4) bringing to the child’s attention the presence of an adult who cares” (Heikes, 1968). It is important to note that boundaries are still relevant here and the use of touch can be controversial to use in sessions. For example, a tap on the child’s nose or using hand games with the therapist may be used to bring awareness to the child’s self and others.

An example of an intervention used is the “Hello Game”. In this game the clinician sings “hello” to different parts of the body; for instance, the therapist may sing, “I’m saying hello to your ears” and as the child becomes more comfortable and responds, the clinician may start to touch these parts of the body while singing “hello”. This game helped Melissa become more comfortable with her therapist and as they continued she became less hesitant to be constricted in play and used more symbolic play. Melissa continued to move forward in the developmental play activities and played out the different occurrences that had happened in her life to help her better understand. In the early sessions with her and the therapist it was seen that Melissa would play with her dolls in a way that would show her looking for her mothers and sisters. She would also express a fear that her mother was going to die by suicide or that she was already dead (Heikes, 1968). This demonstrates the continued anxiety, trauma and impact the death of her father had on her everyday life.

Melissa had lost trust in the idea that her caregivers could keep her safe. In later sessions it was discovered Melissa had not seen her mom in the five weeks before entering treatment and had also not had contact with her sisters, all adding to her anxiety. Melissa’s mother was part of

the process of the treatment program and when the placement was made with her grandparents through the state, the agreement was that Angie would enter a substance abuse program and be reunified with the children within the year. In working with the family and getting the state to agree to bimonthly visits with the mother, the safe relationship between the play therapist and Melissa had transferred on to her home life with her caregivers. The play therapist worked closely with all parties involved (Heikes, 1968).

Melissa is a prime example of a success story in the use of play therapy interventions used in a grieving child whose parent died by suicide. Melissa faced the challenge of losing her father to suicide at the age of three, but she learned positive coping mechanisms and how to express her emotions in a healthy way at the conclusion of her play therapy sessions. In the beginning she had faced challenges in feeling safe and secure in her environments, but the use of games such as the “Hello Game” during developmental play sessions allowed her to form a trusting relationship. This transferred to her feeling more secure in her home life with the other adults around her. In being able to process her fears and unresolved emotions, she became resilient. Melissa’s story shows the positive impact that play therapy interventions have when it comes to fostering a space for her adjustment to losing a parent to suicide.

Death From Substance Use Disorder

Children who have a parent or parents who struggle with addiction tend to show signs of anxiety, depression, and increased chances for having a psychiatric condition more than children who come from non addicted parents (Okasha et al., 2020). Substance Use Disorder “is a disease that affects a person’s brain and behavior and leads to an inability to control the use of a legal or illegal drug or medicine” (*Mayo Clinic*, 2022). When a child lives with a parent who has trouble with substance misuse “the child may also internalize a lot of emotions (e.g., sadness and worry)

as well as externalizing emotions, such as aggression (Okasha et al., 2020). During a play therapy session a child may use “real-life items such as a plastic medicine syringe (used for infants and small animals) and real pill bottles (label removed) in the medical kit to facilitate the processing of death by drug overdose” (Turner, 2020). In using items such as the ones listed, it can allow a child to comprehend the loss of their parent from substance misuse.

We can see the effects of losing a parent to substance misuse and the use of play therapy interventions on Joseph. At the age of six, Joseph’s father, Norman, who suffered from addiction to heroin, had been relapsing for over two years. His father entered a rehabilitation center, but due to finances and the distance to the treatment center, Joseph had not seen his father in the previous years. Norman unexpectedly died of a heart attack while in the rehabilitation center, which the coroner reported stemmed from a drug overdose. Kathleen, Joseph’s mother, had taken him to a “licensed marriage and family therapist, a registered play therapist-supervisor, and a practitioner of Jungian child psychotherapy” (Green & Connolly, 2009), who used Jungian Family Sandplay (JFS) to help Joseph cope. Jungian Family Sandplay uses nonthreatening images to show emotions and difficulties that are associated with the loss. In order to ethically conduct JFS, play therapists must undergo “years of personal analysis themselves and be supervised by a competent and appropriately credentialed supervisor in clinical practice in play therapy, sandplay, family systems counseling, and analytical psychology” (Green & Connolly, 2009). Before incorporating JFS with the play therapist, a child will only partake in the play therapy sessions (Green & Connolly, 2009).

Kathleen described Joseph during the intake session, which was about two months after Norman’s passing, as experiencing psychosocial difficulties in relation to grief. Joseph had lower self esteem, disordered behaviors, issues with boundaries, perfectionism and separation anxiety.

His disordered behaviors presented as things like not going to bed at a specific hour. Joseph was unwilling to spend a night away from his mom, and his separation anxiety presented as him sleeping in his mother's bed ever since Norman had left to receive treatment. In addition Joseph, engaged in class clown-like behaviors at school and was a perfectionist when it came to academics. With this information the therapist initiated a treatment plan that involved an extended developmental assessment which lasted a few sessions, in which they created a behavioral treatment plan involving the use of expressive therapies (Green & Connolly, 2009).

During one of the sessions, the therapist asked Joseph to create a world in the sand tray. Joseph has appeared to be joyful and excited, and approached this request with interest. Joseph seemed to be proud of his work as he expressed comments about liking its appearance. The sand tray showed a war scene with a theme of aggression. The figurines placed in the sand tray carried weapons, and as Joseph had placed them he would make shooting sounds or do certain movements when placing them. Moreover, Joseph had a motion theme with the presence of eleven vehicles, a horse, weaponry, a waterway, and two bridges which showcased the movement. In creating a motion theme, Joseph had also been counting the number of soldiers and vehicles on each side of the war, stating multiple comments about wanting it to be fair. Furthermore, Joseph had included fire trucks, police cars and ambulances representing helping features. Through using specific toys, Joseph had the ability to visually show his emotions without having to speak.

Joseph demonstrated his desire to be part of the rescuing crew in his play sessions. We see in later sessions Joseph starting to talk more about the death of his father and the impact it has on him; however, Joseph would not talk about his homelife. In the sixth session Joseph and his mother are instructed to use any of the figurines to create a world while being silent. The

therapist stated that there is no correct way to create this; doing this allows for an open discussion about the world they create upon completion. Joseph was visibly less anxious during this creation when he would create a scene individually; he had been reluctant to make eye contact with both his mother and the therapist (Green & Connolly, 2009). Joseph's mother struggled with wanting to control Joseph's actions and emotions. For instance, when waiting for Joseph to finish creating scenes she would often sigh or would try to talk about unrelated things with the therapist.

The therapist had asked Joseph to create a world of his mother's emotions in the sandtray; this would reveal how Joseph felt in relation to his mother. Joseph had created a world where a boy figure was on the outside looking at a mother figure who was circled by soldiers. Joseph had described this to the therapist by saying that because the boy was acting out, the mother was running away. Additionally, Joseph stated that he does not want the mother to be killed and he is trying to get her back. Joseph then buried the different figures and became quiet (Green & Connolly, 2009). We can see from this Joseph's fear of losing another parent in addition to the loss of his father. In this same session, Kathleen was asked to create a world to show how Joseph felt. Kathleen had chosen to use figurines related to sports that Joseph had played prior to the passing of his father. When Kathleen had made comments on her scene, Joseph told a story about his dad. Joseph had said how it was after he had won a soccer game and his dad told him he was proud. However, his mother became angry with this story stating that his dad was never proud of anything other than his drug use to which Joseph responded by burying his mother's creation with the sand.

Joseph's desire to be heard by his mother was not being met and in burying her scene we see the representation of him dismissing his pain and hurt by her (Green & Connolly, 2009).

Over the next few months, Joseph's sessions, both individually and with his mother, continued. Joseph was able to talk more freely about Norman with his mom. Kathleen had become more patient with Joseph and understanding about what he needed from her. Joseph was able to return to sleeping in his own bed. He slowly became better at dealing with the concerns happening at school as he was starting to alter his class clown behaviors.

Through the use of play therapy both Joseph and his mother became better able to cope with the loss of Norman. The feelings of guilt, anger, denial, and confusion were all addressed through using the sandtray. Having the play be somewhat directed while still giving Joseph choices allowed him to understand his emotions better. We see Joseph become more comfortable when it comes to disclosing details about his father's passing in using a sand tray with the play therapist. Rationales behind play therapists using sand trays have many benefits seen in children. It allows for the use of different figurines that the child can use to express themselves with a therapist to witness the child's understanding of the loss. Joseph and his mother both benefited from using the sandtray in the play setting (Green & Connolly, 2009). Overall, Joseph was able to learn how to express his emotions about the passing of his father, and his mother was able to learn how to become more patient with Joseph.

Death from Military Service

In military families, a common saying is that "when one person joins, the whole family serves" (Sories et al., 2015). We see that children of those who serve in the military often experience not only normative stressors but also non-normative stressors. It can be an emotionally taxing experience for all parties involved, however the impacts in children are significantly greater. If the parent returns from service, reintegration of the parent can become difficult for the child. Emotions when a parent returns from the surface may result in joy and

relief but also confusion, stress, and distress (Sorries et al., 2015). Over 3,700 military children 18 years old and younger since 2001 have dealt with the loss of a deployed parent and more than 41,000 children have experienced having a parent who served and became wounded, injured, or ill (Sorries et al., 2015). In 2018, 37.3% of active military members had children (Villarreal-Davis et al., 2021). Children are faced with adjusting to the deployment of a parent and sometimes will deal with the unexpected death of the parent who is killed while deployed (Sorries et al., 2015).

Military children will typically ask when the parent is “coming back” after the passing of the parent, especially when the parent has come back from previous deployments. These children are typically seen to experience a feeling of fear, horror, and helplessness due to the death being sudden and violent (Sorries et al., 2015). There is a significant increase in psychiatric medications being prescribed to cope with the mental health concerns due to military deployments.

Additionally, various studies have shown that when a parent is deployed, behavioral and academic concerns can arise (Villarreal-Davis et al., 2021). Children tend to want to fill in the gaps for details in recreating images or scenarios of the death of the parent, which is seen in many children who experience childhood traumatic grief. The child may ruminate on this and become “stuck” on the details as the images can sometimes be shocking or graphic. Behaviors such as defiance, anger, frustration, or the desire to seek revenge may become present when others don’t understand or share the experience with the child (Sorries et al., 2015).

With grief comes different types of loss all of which can be distressing. Ambiguous loss is one of the most common types of loss seen when the parent is not physically dead but there is a sense of loss. Although this is not the same as the death of a parent, this loss in particular is difficult to cope with because a key family member, the parent, is causing a form of stress when they are typically the ones who help aid in coping with stress (Sorries et al., 2015). In a military

family, ambiguous loss can look like being physically absent but psychologically present, meaning that the soldier is deployed, missing in action, or killed. Although they are not there physically, the thought of them is continuously in the family's thoughts. Ambiguous loss can also be seen when they are physically present but psychologically absent. This is seen when the soldier returns home but there is a struggle to adjust to the social norms of society.

With all of the stressors that come with this kind of loss and the typical stressors from today's society, military children are in need of specific treatments to help overcome and treat these presenting problems (Sories et al., 2015). Including military-connected toys in the play space allows for the child to convey symbolic meaning. For example, "the inclusion of military symbols, combat-related items (tanks, soldiers, guns), military uniforms (different types of camouflage gear), dog tags, old military uniform patches, and medic and medical supplies" can allow a child to process the loss of the parent (Villarreal-Davis et al., 2021). Furthermore, military ribbons, patches, folded flags, and gold star pins can also be utilized by the play therapist. Symbolic play leads to countless positive outcomes, allowing the play therapist to see the child's perception of the loss. The use of this guides the therapist in different play interventions to use with the child (Villarreal-Davis et al., 2021). When working with children of military parents, oftentimes family play therapy is utilized in hope to restore and rebuild familial relationships (Smith, 2011).

While the Family Bereavement Program (FBP), which "approaches grief from a systemic perspective and actively involves bereaved children's caregivers" (Sories et al., 2015), can be successful for the family as a whole, play therapy is a key treatment used in military children. Unlike FBP, where the focus is to ease the child's adjustment to the death, play therapy can be

more customizable to fit a broader spectrum of issues and different situations can be created to help with processing (Sories et al., 2015).

Five-year-old Billy, who lost his father in combat in Iraq, engaged in filial therapy. Filial therapy utilizes non-directive play therapy within the family systems (Sories et al., 2015). Billy had been experiencing nightmares and separation anxiety to the point where his mother always had to be in his sight, especially when outside of their home. Joan, Billy's mom, along with grieving, felt guilty and shameful that she was not able to meet her son's needs in the way she thought he needed. Using this specific form of play therapy, which is defined as "a psychoeducational family intervention in which the therapist trains and supervises parents as they hold special child-centered play sessions with their own children" (Sories et al., 2015), has a positive outcome for both Billy and Joan. When Billy had nightmares, Joan would become anxious and would have trouble calming herself to be able to comfort Billy. When Billy would cling to her during the day she would become frustrated and more impatient, making Billy become more clingy (Sories et al., 2015). These behaviors were seen until the utilization of play therapy after which they gradually improved.

Bob, Billy's dad, had been deployed to combat zones three different times for at least nine months at a time. Joan tried her best during these times to support and comfort Billy with his fears that his dad would not come back (Sories et al., 2015). When Billy's fear came true, Joan took Billy to the pediatrician, who referred them to a social service agency which offered filial therapy with a play therapist. Joan was hesitant about being involved in Billy's treatment process. Joan had expected for Billy to work alone with the play therapist as she had her own therapist whom she was working with to help process the grief. When Sue, the filial therapist, explained the treatment process, Joan agreed to give it a try.

During the first session, Sue examined Billy's presenting issues when his mother was present. Sue explained to Joan that the treatment would help lessen Joan's frustration and anxiety towards Billy and allow her to learn how to comfort Billy more during the night. Additionally, the treatment would give Billy more structure when expressing his anxiety and fears through freely playing while being validated by his mom and receiving support from his therapist.

One of the most important parts of filial therapy is having 20 minutes of non-directive play for Billy in Sue's play therapy space. During this time as Billy played, Joan watched quietly, examining Sue's role. Sue sat on the floor at a comfortable distance from Billy inviting him to play in "his world," showing him that he would lead the play. Billy went straight to the dollhouse, finding a set of small soldier puppets and placed them around the dollhouse. Billy then placed two male puppets inside the dollhouse. At this point, Sue states what Billy is doing and reflects upon the stress heard in his voice and body as he places the puppets and soldiers in and around the dollhouse. Billy used the terms "good guys" and "bad guys" while playing with the dollhouse. The "bad guys" were placed in hiding positions inside the house and the "good guys" outside the house. Billy presented as anxious during this moment screaming, "I am scared of the bad guys" and moving himself away from the house (Sories et al., 2015). Sue validated his anxiety using empathetic reflection as he walked away from the dollhouse. Sue followed Billy to the art supply box where he drew scribbles in mainly black crayon for the rest of the session. Billy went back to a baseline and became more relaxed as he scribbled on several papers.

A week later, during the second session, Joan had told Sue Billy's nightmares occurred less. Billy used the dollhouse again, but this time he put a barricade around the two male puppets he used in the previous session. Billy again stated how the soldier puppets would kill the "good guys" inside the dollhouse. However, during this session, Joan played the role of Sue, as Sue

watched. Joan had expressed anxiety about doing what Sue did last session. Post-session she felt more relaxed and while expressing her anxiety Billy came up to his mom and gave her a “big bear hug” (Sorries et al., 2015). From this we can see that the structure of the play session allowed for both Billy and Joan to experience their grief in a safe space without being overwhelmed by emotions. The play sessions would continue once in Sue’s office and twice a week at home. In addition to the play sessions, pre- and post-session reflections were done. Billy’s nightmares had almost completely gone away and he became less clingy. He was able to go back to doing half a day at school. Through the play therapist utilizing the filial therapy model, Joan had become more patient with Billy and they both were able to work through and process their grief.

The Guerrero Family also showcases the benefits of play therapy when a parent passes away due to military service (Villarreal-Davis et al., 2021). Rosalie, a 29-year-old female, brought her eight-year-old son, Josue, to a play therapist after losing his father. Josue’s father, Antonio, was 31 years old when he passed away after serving in the United States Army in Afghanistan 6 months into his third deployment from an improvised explosive device (Villarreal-Davis et al., 2021).

Josue had been experiencing nightmares, separation difficulties, whining behaviors, aggression towards others, academic challenges and refusal of sleep, all of which did not present prior to the loss (Villarreal-Davis et al., 2021). Additionally, he had been present during Rosalie being notified of the death of her husband, seeing her saddened reaction. Rosalie had to miss work often to pick up Josue due to his behavioral outbursts at school. She struggled to discuss the loss with her son and did not know how to navigate his questions about how his father died.

During the intake session, the play therapist deemed that using the filial therapy model and Child-Parent Relationship Therapy (CPRT) would be the best way to repair and restore her relationship with Josue. CPRT helps address the disruption of attachments for Jouse's relations with both his mother and father who passed away. In looking at CPRT through a military culture perspective, it is structured in a shortened time period and in this case it was a total of 10 sessions. Since Rosalie had been thinking about moving back in with her parents due to the financial strains she faced from missing work and Josue's behavioral concerns this model worked perfectly (Villarreal-Davis et al., 2021).

The first three sessions involved Rosalie learning the basics of CPRT so she could better respond and reflect rather than react to Josue's feelings and behaviors. For instance, when he would state how he wished his father was alive, she would no longer respond as overwhelmed but rather reflect on his emotions. Prior to this intervention she would become angry and yell how Josue's father was not coming back, which would lead Josue to become more reactive. Moreover, in these sessions she learned the foundations of what the 30-minute-play based parent-child sessions would look like. The focus was to rebuild the relationship between them, for Josue to process the fractured relationship between him and his dad, and to overall restore the relationship between Rosalie and Josue (Villarreal-Davis et al., 2021). Although Josue was not present for these sessions, in using this approach we see the benefits of working with Rosalie first in the next seven sessions.

In the following three sessions the supervised play sessions began. Josue stated how he looked forward to this time with his mother and would ask when the next play session would happen. Although not many details were disclosed on Josue's play in these sessions, in the last four sessions of CPRT we see a shift in Josue's play. Josue started by playing with a more

nurturing and relational-themed play. For example, he would use a doctor's kit to check on his mom, would create a "pretty picture" for her, and/or play card games with her. The play shifted from this to a rescue focus. Josue would create battle scenes that involved death and dying but he would rescue the soldiers. For instance, a soldier would get shot in his play scene by the "bad guys" and another soldier in the same uniform would come over and give "CPR" to save him. In another play session Josue had come dressed in a soldier costume and presented himself as a soldier saying how he wanted to be a "hero" like his father (Villarreal-Davis et al., 2021). This followed by Josue asking his mom about his dad and her being able to respond to his emotions and comfort him in his confusion.

We see the child-led play sessions with Josue's mother allow Rosalie to become better equipped to help her son cope. Josue had been referred to the play therapist after stating to the school's Military Family Life Counselor how he wanted to be in heaven with his father. Prior to the sessions Josue had presented as anxious and aggressive in his play. Josue had now shifted to having a rescue theme present. Rosalie has stated how Josue was doing well and their relationship had shown improvement. Josue had begun to sleep on his own again, she was able to assist him more in understanding the death of his dad, and Josue had also begun to call his dad a "hero" (Villarreal-Davis et al., 2021). With the help of the play therapist and the intervention of using CPRT Josue repaired his relationship with his mother, gained the ability to process the loss of his father and see things in a different light.

The fluidity in military families which involve frequent relocation, deployments, recovery from serving and sometimes the death of a parent can bring many challenges (Villarreal-Davis et al., 2021). Differing play therapy approaches in military children who experience parental loss has great benefits. We see in both case studies that through the use of

play and working with the surviving parent a child can learn to cope and heal. In Billy's case we see the use of filial therapy. In the play therapist utilizing soldier puppets and generic toys like the dollhouse, we see Billy's nightmares had almost completely disappeared and he was able to return to school. In Josue's case not only did he experience the loss of his father but his relationship with his mother also suffered. The utilization of CPRT in the play therapy setting not only benefited Josue but also his mother.

Death Due to Terrorist Attacks

During the World Trade Center Attacks, 3,051 children lost a parent. Families had to deal with the unthinkable question of carrying on without their spouses and parents guidance with their children, love, income, and protection (Webb, 2007). As children get older, their ability to comprehend danger increases and when the 9/11 attacks happened, a massive source of stress stemmed from the threat of unknown danger. Some children were "told that the 'bad guys killed your daddy and a lot of other people,' the world must have taken on a very dangerous ambiance" (Webb, 2007). Children rely on their parents for survival, love, and safety and when this is taken away the child's development is impacted (Webb, 2007). Many children had seen this event and the impact on television and could not comprehend that after the attacks had occurred, they were not recurring but being replayed in the media.

Brett is a four-year-old boy whose father, Gerry age 37, had passed away during the attacks and who was left in the care of his mother, Diane. In April of 2003, almost two years after the attacks, a referral was made for Brett to see an Art Therapist. Diane had been partaking in a bereavement group with her two older children since November of 2001, but during this time Brett was described as being difficult with his mother. While Brett went to an art therapist, play was utilized throughout the entirety of the sessions.

During the first session, Diane was in attendance without Brett present. When speaking about Brett, she described him as rambunctious. Brett has learned about guns three months prior to this initial session with the therapist. He had become excited about war and was physically strong, starting to hit his mother. Diane could not stand to be around him anymore as he was loud and he was a “good boy” in Diane’s eyes prior to the loss of his father. Over the past year and a half, Brett had gotten worse. Brett had no issues when at school or in one-to-one situations. Brett was close to his father, Gerry would take him out every weekend and was home early in the afternoon on the weekdays so he would see him a lot everyday.

During Brett’s first session when his mother was present, Brett would go back and forth between clinging to his mom and playing with the toys. In this session we see Brett color in one space with lots of red and orange, possibly representing blood. Additionally, we see Brett play with the dollhouse. Putting furniture in different rooms and a fireman figure in a bed, Brett then puts them in the dumpster taking them all out of the house. Brett takes the fire-trucks, and police cars and races them up the house, throwing all the people out of the house. Brett states “they’re all going to die. I’m done” (Webb, 2007). We can see this represents a destruction of the family system and home life. We see Brett continually play with the dollhouse in the future sessions either throwing the people and furniture out of the house or stating the house was on fire. In one of the sessions the therapist had asked if Brett had seen the firemen in the World Trade Centers, to which he responded how the firemen were all inside. Furthermore, in some sessions Brett would create his own household with his mother and father lying in a bed and him in the middle. He put two girl dolls (representing his sisters, Jenny who was almost nine and Christy who was seven) in separate twin beds stating that this was when it was good, with a smile on his face.

Directly after this statement he would then throw everything into the dumpster stating “the girls got dead” (Webb, 2007).

Brett continually played out his “confusions in an attempt to comprehend a traumatic event and reduce anxiety” (Webb, 2007). Brett was only two and a half when his father had passed away and struggled to comprehend the meaning of death. Repetitive play therapy sessions helped him grasp and understand what happened to his father. We saw in the case study that Brett showed repeated themes of death. Diane had learned to be more patient with Brett and waited for him to ask for help, letting him direct how involved she was throughout the sessions. When the therapist had followed up with Brett’s mother a year after the play therapy sessions concluded, Diane had told the therapist that his teachers called him a leader and loved him. Brett had even asked Diane if she would get married again, and if Brett would call this individual dad. Diane had told Brett it would be up to him. Brett had asked about his dad about two or three times a month, sometimes even drawing pictures. The pictures would show his father smiling up at the Twin Towers, represented in a photo the mother previously showed the therapist while the sessions were still in place. Brett is a success story on how the use of play helps a child process the death of a parent when it comes to acts committed by terrorists.

Conclusion

Overall, play therapy is seen as effective across a diverse array of contexts of death. When a parent passes away when a child is still growing, it deprives them of a primary source of attachment, socialization, and companionship (Webb, 2007). Previous research has demonstrated that play therapy benefits grieving children. When conducting play therapy, few resources are physically required; however, having certain toys can be helpful when working with grief. For example, when working with children who lost a parent due to military service, having

combat-themed toys (guns, tanks, camouflage gear, toy soldiers, etc.) can be beneficial (Villarreal-Davis et al., 2021). Having various toys allows the use of play therapy across different contexts of the loss of a parent. If the play therapist does not have access to specific toys, using pen and paper, an assortment of crayons and colored markers can also be used to achieve meaningful therapeutic results. Each family, treatment plan, and approach is different and depends on the child's needs (Green & Connolly, 2009).

Due to the fluidity around play therapy interventions, there are several future directions that research can take. Future studies can include the death of a sibling, death due to homicide, coping with terminal illnesses for children or a child's parent, and multiple losses in the family at once. This research also does not have to be limited to death and dying. Play therapists can also be a great resource for children who are experiencing anxiety, improving communication skills, modifying different behaviors, and improving the ability to problem solve. Overall, the utilization of different play therapy techniques can help them decrease trauma symptoms and improve familial interactions. In conclusion, through case studies, previous research has shown that play therapy for children who lose a parent in a variety of circumstances.

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