Play Therapy in Dealing with Bereavement and Grief in Autistic Child: A Case Study

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Abstract: Autism is a Neuro Developmental Disorder affecting socialisation and communication with stereotype behaviours. A single case of an Autistic child is studied in dealing with grief using Play Therapy and Cognitive Behaviour Therapy. Play Therapy of directive nature is used with dolls, light and sound toys to communicate and deal with emotional problems of the child. Operant Conditioning was used to make the child understand the dolls and theme. Eleven sessions of 20 minutes duration was held. Through dramatic play using dolls and toys the child was made to understand cognitively about death. The child before treatment was depressed, angry and dull and believed that father was alive. But after the treatment accepted that her father is dead and will not return back. The child understood the concept of death and this healed the child.

Keywords: Autism, Grief, Operant conditioning, Play Therapy

1. Introduction

Autism is one of the five Neuro-Developmental Disorders under the umbrella of Pervasive Developmental Disorders (PDD). Autism is associated with three primary behavioural characters: 1) Delay in communication, 2) Repetitive and stereotypic behaviour patterns, and 3) Delay in speech and language abilities. A child with Autism often has problem understanding the connection between mental states and actions. Autistic children have difficulty in understanding emotions.

Death and Grief affects adults and children alike. Children react in different ways to grief according to their developmental level and age. Autistic children with limited emotional reactions have problem in understanding and accepting the loss. If the child has not understood about the death, the absence of their loved one causes them more stress, anxiety and sometimes depression.

Play Therapy is a technique of dealing with emotional problems using play as a tool to communicate, understand and deal with the problems of children. There are two types of Play Therapy, Directive and Nondirective. In Non Directive Play the therapist lets the child play first but in Directive Play the therapist chooses a theme and directs the child.

Dodd, Dowling, and Hollins (2005) found that Bereavement and loss have distinct effects on the mental health, behaviour and emotional lives of people with IDs (Intellectual Disabilities). Following bereavement, symptoms of depression and anxiety increase, and general behaviour is altered.

Dodd et al (2008) conducted a study in people with Intellectual Disabilities to examine the occurrence of symptoms of grief, and to explore the relationships between complicated grief and bereavement experience. The study has revealed that bereaved individuals with ID experience complicated grief symptoms following the death of a parent, with one-third of the bereaved group experiencing 10 or more clinically apparent symptoms. In addition, complicated grief symptoms were more likely to occur with higher rates of bereavement ritual involvement.

Webb (2011) in a study on Play Therapy for bereaved children states that it is a highly adaptable treatment method that can be modified according to children’s ages, circumstances, and settings in which counselling occurs. Play Therapy may be used in schools, community settings, and homes to help children following the death of a significant other. After reviewing basic developmental factors that affect children’s ability to comprehend the meaning of death, the article discusses the special circumstances of grief in different situations. They are community-based counselling after Hurricane Katrina, school-based group Play Therapy following a teacher’s death and conjoint parent-child Play Therapy after a father’s death in a terrorist attack. Increasing the acceptability and effectiveness of Play Therapy, professionals must consider and incorporate family and community traditions and beliefs. Additionally, professionals are encouraged to support teachers and parents in utilising play-based activities to facilitate children’s expressions of grief.

From review of literature we can understand that both normal and autistic children grieve like adults and Play Therapy is effective in dealing with bereavement and grief. A single case of treating grief in Autistic child is studied using Play Therapy and Cognitive Behaviour Therapy.

2. Case History

A. R is a female child of 11 years age who is diagnosed of having Autism and is attending the special school for the past four years. She is the second child of her parents with an elder brother. Her developmental milestones are delayed especially speech and language. The child has history of seizure and is under medication.

A.R was admitted to special school at the age of 7 years with a diagnosis of Pervasive developmental disorder, Autism. At the time of admission she had impairment in the use of non verbal skills, had echolalia, lacked social and emotional reciprocity, used two word stereotypic long active sentences, and had no social or imaginative play. The child has scoliosis. She insists on sameness and is obsessive with paper balls, old bottle stuffed with paper, etc.
After four years training in the special school the child is able to follow instructions, speak in sentences, independent in self-help skills. She has achieved emotional attachment and can read emotions. She has good memory, has the ability to sing songs and loves to listen to music. The child attends school regularly, and recognises every one by name.

The child lost her father 6 months back, after that incident the child has become more adamant, her attention and concentration is affected and does not smile or interact with others. Even now the child enquires as to when her father will return home. She keeps asking this to all her family members and also to her father’s colleagues when they visit her. She cries, hurt others, is not willing to come to school, does not like to eat, prefers to be left alone in her own world and is depressed after the loss of her father.

3. Method

Using directive Play Therapy and Cognitive Behaviour Therapy eleven sessions of 20 minutes duration each was held to treat her. Play Therapy is used to easily communicate with the child.

4. Materials

A set of toys including dolls, light and sound toys are placed in the therapy room and child is initiated into play and in the process is taught the theme of the play using operant conditioning. Reinforcer used is light and sound toys and in the background flute recital by Hariprasad Chaurasia is played.

5. Procedure

In the first session the child was left to play with the dolls and light and sound toys to identify her preferred toy. She preferred light and sound toys in particular she liked a hand mike shaped toy with light and sound. After establishing rapport with the child she was asked about her father and she told that he has gone to office. When mother tried to correct her saying her father is dead she got angry threw the doll held in her hand and hit her mother. She told her mother that father has gone to office in two word sentence. The child often called her father in her mother tongue during the sessions. She took his photograph kissed it and hugged the toy called by her father’s name. On entering the therapy room she used to his photograph kissed it and hugged the toy called by her father’s name. On entering the therapy room she used to always tell till the eighth session that father is not dead father has gone to office. The child was not corrected till the eighth session but after that in each session the child was asked where her father is. The reply was modelled to her saying he has gone up to the God to cognitively change her behaviour. Every time she told it wrongly she was corrected and correct response was reinforced by smiling and clapping and wrong one was ignored by not looking at her. In the tenth session the child was relaxed but after the final session the child was the same smiling happy child but who often repeated “Acha, office illa, mollil poyi”. At home also after the eighth session the family members were asked to correct her statement about her father. Though initially the child refused, she accepted it in the tenth session. After the child cognitively accepted it the session ended. Flute was played in the background to make her relax during all the sessions. Each session was held for short duration of 20 minutes to make it effective.

In the fifth session the photograph of her father was pasted on the doll and the scene was enacted.

In the sixth session, father falling sick and taken to hospital is enacted.

In the seventh session hospital scene is enacted with the dolls.

In the eighth session death scene and the funeral session is enacted using the dolls and is told that father is dead and will not come back.

In the ninth session the child is told that father is dead and has reached God. This is repeated many times to cognitively make changes.

The tenth session is held after a gap of three days. The child is made to repeat that father is dead, has gone up and reached God. This was asked to be repeated at home by the mother and all other family members.

The final session was held after five days.

6. Results and Discussion

The first session was focussed on rapport building and also to know the type of toy the child preferred to be used as reinforcer. The child preferred hand mike shaped light and sound toy. The child was asked about her father only in the first session but in the following sessions she was taken tour of the pleasant days with her father and she enjoyed those moments. In the first session when the mother told the child that father is dead she got angry, threw the doll held in her hand and hit her mother. She told her mother that father has gone to office in two word sentence. The child often called her father in her mother tongue during the sessions. She took his photograph kissed it and hugged the toy called by her father’s name. On entering the therapy room she used to always tell till the eighth session that father is not dead father has gone to office. The child was not corrected till the eighth session but after that in each session the child was asked where her father is. The reply was modelled to her saying he has gone up to the God to cognitively change her behaviour. Every time she told it wrongly she was corrected and correct response was reinforced by smiling and clapping and wrong one was ignored by not looking at her. In the tenth session on entering the room, the child told that father has gone to office but corrected herself and told that father (Acha in Malayalam) and pointed her fingers upwards and told gone (Poyi in Malayalam). Finally the child accepted cognitively that father is dead and he will not return. After the eighth session the child was relaxed but after the final session she was the same smiling happy child but who often repeated “Acha, office illa, mollil poyi”. At home also after the eighth session the family members were asked to correct her statement about her father. Though initially the child refused, she accepted it in the tenth session. After the child cognitively accepted it the session ended. Flute was played in the background to make her relax during all the sessions. Each session was held for short duration of 20 minutes to make it effective.

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7. Conclusion

Autistic children have problem in understanding the social and emotional situations. They cannot be counselled through other psychotherapeutic method as it is difficult for the therapist to communicate with them, so dramatic play is used. The principles of reinforcement were used to make the child understand the names of the doll and using dramatic play the message that the child’s father is not alive is communicated to the child. Healing takes place through these sessions and the child is back to her normal self.

References