

*Section: PPT cases***POSITIVE PSYCHOTHERAPY FOR BEREAVED PARENTS OR PARENTS. 'ON THE WAY TO "BEING PARENTS OF ANGELS"'****Nadezhda Mileva**

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Abstract

The purpose of this article is to present the use of Positive Psychotherapy in group work with parents who have lost a child due to an oncohematological disease, to help with the more recent adaptation and development of a new mental homeostasis for the entire family environment. The article will examine how the principles and approaches of Positive Psychotherapy are applied to guide parents and family who have experienced the loss of a child through the stages of grief and mourning reactions. The three main principles of Positive Psychotherapy were used: The principle of hope - "how to rediscover the meaning, to look at my suffering from another angle in my difficult current situation"; The principle of balance, as "where I direct my energy, how I cope" and the principle of consultation, as "help for self-help" in the five-step model of work in Positive Psychotherapy, created by Nossrat Peseschkian.

Keywords: Positive Psychotherapy, grief, loss of a child, oncohematological disease, group therapy

Introduction

According to IARC (International Institute for Research on Cancer), between 165,000 and 215,000 cases of childhood cancer are registered worldwide each year. In Bulgaria, between 150-200 children, aged from 0 to 18, suffer from this disease (IARC, 2000).

The sudden appearance of the disease, the severe and long-term treatment (from 6 months to 3 years, and sometimes a lifetime), the high mortality rate (between 15 and 20%), cause the stress, fear and difficulty in which children and their families surprisingly find themselves. It is also the background story of parents who lose their child after a hard and exhausting battle

with cancer, accompanied by intense feelings of partial hope, alternating with despair, fear, sadness, guilt and anger. These experiences lead parents to moving away from "healthy" families, with healthy children, and to closing in on their tragedy and dooming themselves to loneliness. Therefore, choosing a group format to work with these families restores a sense of normalcy, brings them together with their peers, and at the same time, through the observation and encouragement of others, allows them to distance themselves from their own sense of hopelessness. The group helps these parents cope with the pain of loss in this macro-traumatic event, to find the lost meaning of their

lives and continue their functioning (Noel B., Blair P. 2008)

Building a supportive community enables bereaved parents to navigate the many layers of painful grief.

Psychotherapeutic support aims to help families to:

- overcome the diagnostic shock;
- identify their feelings of unreality - anger, rage, guilt, sadness, grief, fear and hopelessness.
- progress through the stages of mourning.

The group works within the "Rehabilitation Center for Children with Oncohematological Diseases" (<https://childrenscancercenterbg.org/>) at the "Association of Children with Oncohematological Diseases". The group has a supportive character. Participants meet once per a month, for one weekend, with group sessions on two days of 3 hours each. The group is open to all parents who have lost a child, regardless of when it happened. Participants can be a couple or a single parent. The total number of participants in a session is limited to 20 people. The project may not meet the criteria for a therapeutic process, given the fact that users are housed overnight, come once a month and also use recreational and art therapy, but it is more than a rehabilitation process and has its own therapeutic character.

Methodology

The interventions with the group were based on concepts and techniques from Positive Psychotherapy, developed by Nossrat Peseschkian:

- Positive interpretation – where one experiences immense pain, there has been immense love;
- Distancing with metaphors – proverbs, legends and fables – shown as examples in all the 5 stages;
- Working with the primary and secondary capacities – for example, how an overdeveloped capacity to expect justice from the world all the time actually amplifies the feeling of guilt.
- Working with the balance model to illustrate the energy distribution among the four life dimensions and how to relieve the pain by redistributing this energy;

- Working with the Model dimensions of the past to research the key concepts that govern the actual situation now and how the bereaved parents experience the loss of their child – distinguish which expectations are their own and which come from family or society;
- Working with the basic conflict (beliefs and ideas about death and loss of a child) and internal conflicts to overcome the pain and slowly move the group participants to the stage of acceptance and adaptation to the new life without their beloved child.
- It was used the 5-stage model of Nossrat Peseschkian for structuring the whole process (Peseschkian, 1987).

David Kessler's concept of the six needs of grieving was also utilized. (Kessler, 2005)

Case presentation

The 5-stage model of Nossrat Peseschkian will be used to present the case.

3.1. Observation/distancing:

There is a legend that talks about people and their burdens that they have accumulated over the years. Over the generations, the excruciating pain and suffering had become more and more unbearable. A magical white snake was watching from the clouds, felt sorry for the people and came down to the Earth. She swallowed everything bad and tried to hide, but the weight of suffering was so great that she could not move and turned into stone.

The legend aims to describe through the tools of Positive Psychotherapy, namely stories/parables and language cards, the burden and pain of parents who have lost a child.

According to Yalom, children's ideas about death are truly terrifying and they feel compelled to find ways to calm their minds. Regardless, they grow into adults and as adults use the two main bulwarks against death. One is the denial or deep belief in one's personal integrity and in the existence of a uniquely personal, supreme savior. Although encouraged by explicit parental and religious upbringing with myths about life after death, the notion of an all-protecting God, and the efficacy of personal prayer, these beliefs

are also based on the infant's early life experiences. The other is the idea of a person that he or she is special. The belief that each of us, first as a child and then as an adult, adheres to the irrational conviction of his/her own specialness. Boundaries, aging, death may refer to "them, but not to me." At a deep level, a person is convinced of his personal invulnerability and inviolability. The origin of this primitive belief (or "ur-za-protecta" as Jule Maserman called it) can be found at the dawn of life. For each of us, early life is a time of intense self-centeredness. The baby is the universe: there are no boundaries between him and other objects. Every idea of the baby is satisfied by others without any of his efforts: his wish leads to another's deed. The baby is modeled with a sense of specialness and further gets used to this ready faith as a shield against death anxiety (Yalom, 1980).

Imagine living with the ruin of these two main supports after losing a child.

Each of the group participants may be at a different stage of grief. Some have lost their child very recently. For others, a little more time has passed but their sharing shows similar, overlapping emotional lines and manifestation of capacities:

- anger towards the hospital system and doctors - ambivalent feelings from "we are angry with this doctor" to "we are terribly grateful to that doctor or nurse for their attitude towards us" - wandering between affection with a feeling of gratitude and anger;
- anger towards God - the sense of injustice "Why do you take the lives of children? Old people must die before children.";
- indifferent attitude towards religion, lack of faith - "After God or the Universe allowed my child to die, I no longer believe in anything, I can't believe"; feeling like they are pushing the day or week away, lacking long-term meaning for living;
- isolation - after the loss of their child, their close friends "disappear" from their lives. It's as if they feel that not everyone can withstand their immense pain and withdraw from them - "Just when we needed our friends the most, they disappeared. We were no longer the merry company for them. A lot of people dropped out."
- the need for contact with the child - to see

him/her in one's dream or in pictures that show the clouds in the sky, in a random sign - his/her favorite book, song, sentence, color, clothes, game;

- the very low levels or lack of hope.

What unites the group is grief, or how to get through the inconsolable pain of losing their children. Experiencing the severe macrotrauma of loss of a child is the current situation in which the members of the group all find themselves. The capacities justice, love, faith, trust (in God) are affected. The symptom is the deep pain and emptiness felt at the level of contacts (isolation, problems with the partner), body (vegetative existence, insomnia), fantasy (loss of meaning). The only area of life which they still have in which to process their energy is in the area of activity: organizing and fighting for their own causes, planning what they will do on the weekend so that they know there is something to look forward to, indulging in gourmet cooking and such.

3.1. Inventory:

Death, present in all cultures and beliefs, has both similar and individual aspects of the experience. Generally speaking, when a loved one leaves this world, each person close to him or her has an individual reaction. It is different when a child dies: such a tragic event provokes a categorically similar grief, sadness and anxiety in all relatives.

In an old gypsy tribe, there is a belief that by sending the body of the deceased to the ground, each of the relatives expresses everything negative that he associates with the person or events around him. So by sending the deceased, they also send those thoughts that weigh on them and free up space for all those memories with a plus sign.

One of the leading Bulgarian concepts regarding the attitude towards the deceased is that one should say "either good or nothing" about the dead. Its power is so condemning that a person is instantly guilty if he thinks or says anything negative about the deceased person or events surrounding him/her.

In group therapy, one works with a similar event for all participants in the group. Here it is the biggest macrotrauma - the loss of their

children, which is among the top stressful events on the scale of (Holmes and Rahe. Holmes, T. N., R. H. Rahe (1967).

Micro-traumatic experiences are hidden in everything that reminds them of the child - the room; the things; the memories; the empty chair at the dinner table; meetings with other children his/her age or parents whose children have survived; the absence - everyday life without him/her.

In the Model dimension of the past are embedded concepts that strongly rule.

Me: "Be strong!", "I'm doing everything for you!", "You have to keep going!"

You: In the idea of the partner, there is a pattern of demanding "mandatory" support on the principle "If he has gone through the same thing, he should experience it my way".

We: "People don't understand!", "Friends are for fun, we're alone in our suffering!" Another concept comes from society's expectations that one overcomes one's loss, move on, and for the sake of the child one has lost – "I know that he wouldn't want me to cry all the time and wear black, he doesn't want to see me sad" - prohibition against being sad. Also "Don't talk about it because the subject is scary and scares people" - prohibition against speaking so as not to burden others.

Primal-We/Tradition: "To bury one's child - this does not heal"; "There is nothing scarier than outliving your child"; "It's a curse"; or concepts related to justice and the order of things - for whom and - when does death come: "The oldest die first".

Somewhere in these concepts, the basic conflict can be found - "The worst thing happened to me. It is unfair that children die. I can't accept it. On the one hand, I don't give myself the right to grieve and show it, and on the other - I want to remain loyal to my sadness - the opposite will mean that I have really detached myself, that I have let my child go."

Bereaved parents feel disorganized and hold a deep belief that the grief of their child's death should never go away. This disorganization is directly damaging to the social role of "parent". Grief can be felt physically, emotionally and socially. Feelings of brokenness, abandonment, loneliness and isolation, of disappearance are expressed.

3.2. Situational encouragement

In Paradise there were two angels who were responsible for the relationship between God and people and for carrying their messages. One was constantly flying up and down, and the other was resting on a cloud. One day the one who still had no job asked the other:

- "What are you doing, so you don't stop at one place? You keep circling up and down?"...

- "I bring to God the prayers of people that begin with 'Help me, Lord...'. And you, what are you doing? Why are you always resting? Have you nothing to bring to the Lord?"

- "I bring him the messages of the people that begin with 'Thank you, Lord...'"

In the lives of bereaved parents, part of the grieving process is the rollercoaster-like ups and downs of their emotions. This is because the parents recently had a child, but today it is in the past, and now - the present and the future are going to be without him. Therefore, it is vitally important for most bereaved parents to talk about their pain, to talk about what happened, to ask questions, sometimes over and over again, in order to be able to put the puzzle of their lives back together.

Situational encouragement in the group comes in the form of self-help assistance. Going through the stages of grieving accompanies this - thoughts, feelings and emotions are processed in their own way, which is unique to the individual.

The group itself enables search, recognition and naming of resources to deal with the pain of: "Guys, it won't stop hurting, but we have to keep living. If our children could see us now from the sidelines, they would want to see us happy." The bolder parents in the group begin urging the quieter ones to join in as well. They support them through their experience: "Talk people, cry, it will help you".

The capacity of some of the participants to go on in their own way, to cope and find new meaning and hope becomes part of the group's overall capacity to cope and move forward. Participants in the group often became excited about a pregnant mother, as well as discussing the plan of two participants to create of a foundation to support children suffering from a rare oncological disease. For the group, this provides visual examples in the form of situational encouragement – how someone like

them copes with 'moving on' by working through the Activity dimension.

3.4. Verbalization

Story of the man who wanted to see God

The man whispered: "Lord, talk to me!".

And the woods and meadows sang. But the man did not hear them.

The man exclaimed: 'Lord, tell me something!'. And thunder shook the sky. But the man did not hear it.

The man looked around and whispered: "Lord, let me see you!". And a star shone brightly in the sky. But the man did not notice it.

The man insisted: "Lord, show me a miracle!". And a newborn child cried. But the man did not understand.

The man cried out desperately: "Lord, touch me! Show me you're here!" And God approached the man and gently touched him.

But the man waved his hand and drove the butterfly away.

David Kessler, an author who writes extensively on the subject of grief, says, "Nothing will heal loss. The only thing left for us is to learn to live with it, to integrate it. It will always hurt, but in time it will be in a different way." (Elizabeth Kubler-Ross and David Kessler, 2005). The same author, in a number of his seminars, talks about the "6 needs of the grieving" (grief.com):

1. The need for someone to witness my pain

For the person experiencing a loss, it is important that their loved ones are there for them while they bear their pain, not to try to make them feel better. But to accept the sadness of the other goes with the readiness to be sad, too. Therefore, in the group, the participants have the opportunity to sincerely and completely share their pain, as well as to empathize with the pain of others, to connect with other people's suffering, but also to "look around" at it, to differentiate their own experience, to look at themselves in it and to give it an individual dimension, not on the scale of an all-encompassing experience.

In the sessions the question of how much and how angel parents allow themselves to grieve often arises.

Participants give different examples:

"We need to talk, we need someone to hold onto our suffering without avoiding us or thinking we're crazy, and in fact, if we're not "crazy" now, on what other occasion should we be?"; "I do not need to hear: "You have to be strong" or "this, too, shall pass"; "Have another child. Why don't you adopt?", as if that would fix everything. "I just want to give in to my grief. "I can't be happy right now and that's my right and choice."

2. The need to express feelings

In their social interaction, all bereaved persons has encountered rejection, even fear of their emotions. As a result, they often make an effort not to show what they are going through. In the group, a protected space for expression is given through a positive approach and the opportunity to distance oneself from one's self and empathize with others. For this purpose, various art therapeutic, psychodramatic, game, psychodynamic approaches or self-sharing are used in therapeutic work in the group. This gives many opportunities for expression and communication, especially for people who find it difficult to express their thoughts and feelings in a verbal way.

3. The need for release from guilt

Guilt is everywhere during the Tribulation. Guilt is about control. "I'd rather feel guilty than think that we live in a world that might take our loved ones away so suddenly that it's so unfair. Our minds would always rather be guilty than helpless." "I want to believe that if I had acted differently, my loved one probably would have been saved."

4. The need to heal and release old wounds

In the group, efforts are made to transform traumatic wounds into "precious wounds," shifting the perspective from viewing the wound as an enemy to seeing it as an old friend seeking help. The pain or wound is neither wrong nor right.

5. The need to integrate pain and love.

Participants in the group are supported to focus on small steps and small acceptances. The pain is illustrated and discussed, emphasizing that everyone carries it. Sessions frequently address and apply the principle of positum, which posits that where there is great pain, there is also great love.

6. The need to find meaning

How do I move from the past to the present? Finding meaning is an ongoing process. The meaning is in us, in our attitude to what

surrounds us. People usually look for the Big Meaning. They need it because this is how they will most quickly and easily compensate for the Great Loss, to them, only something really big and significant can be a worthy response to the huge injustice they have experienced.

In the group, participants are given the opportunity to normalize their experience and measure their need. We limit the meaning to the "here and now" - we help the group find it in the small moments of connection, of sharing. Whatever they share in the moment can be of great benefit to anyone else in the group. Meaning is also about a decision – a decision to live again.

Internal conflict is addressed within the group, focusing on the universal experience of "The worst thing happened, but I'm still alive. Why?" This explores the tension between meaning, love, faith, trust, hope, and justice, encapsulated in the belief that "There is an order to death. Children should not die!"

3.5. Expansion of goals

In one room four candles burned quietly and calmly. It was so quiet that their entire conversation could be heard along with the crackling of their flames:

"I am Peace," said the first. - "But unfortunately, people don't know how to protect me. They don't value me or aspire to me. I think I have no choice but to shut down."

The sooner she said this, she passed out.

The second candle said:

– "My name is Faith but I guess nobody needs me either. People don't want to hear about me, so there's no point in burning anymore."

And this candle also went out.

Sorrowful, the third mumbled:

"I am Love, but I don't have the strength to burn anymore. People moved away from me and forget me. They know neither how to give love nor how to receive it."

And the third candle went out.

At that moment, a child entered the room, saw that three of the candles were extinguished and began to shout:

"But what are you doing? Why don't you shine? I'm afraid of the dark!"

Then the fourth candle, whose flame flickered in the darkness, spoke in a low but confident voice:

- "Don't be afraid... Don't cry... While I'm burning, you can always light the other three candles. I am Hope."

It is difficult to comprehend the magnitude of the grief and the pain of a parent who has lost a child. The road to overcoming pain is hard to find and slow to walk. For the group of "Parents who have lost a child due to oncohematological disease" or as they themselves called it "Parents of Angels", the expansion of the goals was like the promise /Hope/ that they will see each other again. What they get is supportive contact and a sense of being helped. Some of the couples share that they plan their lives from one date to the next.

The group dynamic is maintained outside of the therapy sessions as well, with a Viber group where everyone can share photos of various fun times while at the Recovery Center and this quite naturally diverts the group's energy to other, more painless areas.

Results

The group has been meeting since January 2022, and as of May 2024, more than 24 sessions have been conducted. Participants are steadily progressing towards acceptance. The readaptation process varies in duration among individuals, but observations so far indicate:

- 1) Improved emotional state: most of the parents are able to speak freely about the death of their child and details around it without losing breath or bursting into tears; They were far from this emotional stability in the beginning of the process;
- 2) Improved physical state: most of the participants started paying better attention to their body dimension through sport and diet; the Contacts dimension also was energized as they found some new friends and soul mates among the group. The activity dimension is no longer the only focus toward which to direct the energy.
- 3) The capacities frequently addressed include justice, faith, trust, and meaning. Most of the participants now have better and more balanced understanding of these capacities, which actually helps them approach life and people around them more gently and

with balanced expectations.

- 4) Rediscovering capacities of love, connection, spontaneity, time wakes up a little bit of joy in their lives. They get more and more used to this ambivalent reality for them, in which they can simultaneously experience pain, but also manage to enjoy life. They blame themselves less and less for the moments in which they allow themselves to relax and allow joy into their hearts.
- 5) Over the years of working with the group, two New Year celebrations, numerous anniversaries of lost children's births and deaths, parents' birthdays, and family celebrations were encountered. These occasions were inevitably challenging for all, as they would never be the same without the lost child. However, those were also moments to test the new readaptation skills they have learned and how the new perspective can help them go through this painlessly. Brook Noel and Pamela Blair describe this process with the nicest words: 'Next year it will hurt a little less - next year there will be a little more joy in your life. You may hear the music next year. Next year maybe you have more to give. Next year, you might even be more willing to help out someone else. Wherever you are in the grieving process, there is an opportunity for new life. We know that is hard – and we also know it's getting less hard. Next time when special occasion, anniversary or holiday, you will feel a little more controlled, a little less hurt, the situation will be a little less difficult and you will begin to celebrate life again - one step at a time, one day at a time.' (NOEL B., BLAIR P. 2008) This 'philosophy' is basically the point where the group 'Parents of Angels' had reached to now.

Conclusions

Positive Psychotherapy as a method offers a comprehensive approach and toolkit for working with traumatic experiences, even with such a difficult experience as the loss of a child.

Distancing through parables, legends and metaphors helps group participants to look at their experience from the observer's point of view, to outline and accept their emotions as they are without judgment. Working in a group gives the feeling that they are not alone - precisely "among themselves" they can allow themselves to enter without masks, explanations and justifications, and we, the therapists, meet them where they are. Working with the abilities in the concept of the positum allows us to see inconsolable pain as a pole of immense affection and love, or a traumatic wound to become a cherished wound - an integration of pain with love. In a moment of disorientation, the four areas of psychic energy processing provide the opportunity for choice—where to proceed—both for much-needed short-term coping and for the long-term meaning that comes step by step. The concepts that govern us, viewed through the diamond pattern-dimension, , help clients rationalize by explaining, understanding, and empowering themselves to accept or reject their past beliefs and make room to try new ones. The transcultural approach in group work is manifested through the way each of the participants copes in his/her own world and thus becomes a resource for the others. "We work with what's available" is an expression that we, the specialists in the field of Positive Psychotherapy, often mention among ourselves. What is available here is the immense pain associated with an immense love and the still burning candle named Hope.

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