

Systematic review about bereavement and occupational therapy^{1,2}

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Abstract: Introduction: Bereavement has variable effects on people since the feelings and behaviors generated by the death of are influenced by society. In this way, bereavement is a subjective and social process that impacts various dimensions of life, including the occupational dimension. Objective: To identify, in the national and English literature, studies of occupational therapists related to the process of bereavement. Method: Systematic review, using the descriptors “occupational therapy”, “grief”, “mourning” and “attitude to death” and the respective English words “occupational therapy”, “grief”, “mourning” and “bereavement” in five databases. Afterward, thematic analysis was performed. Results: Seven studies were included, six in English and one in Portuguese. All articles presented qualitative approaches: autoethnography (3), interview (1), thematic analysis (2), narrative (1). Three categories were created for thematic analysis: 1) “*The relationship between the study participants and the deceased person*”, which refers to the bond of the bereaved with the deceased and the impact of this bond in bereavement; 2) “*The impacts of bereavement in occupations*”, which identifies how bereavement interferes with the occupations of those who experience it, and 3) “*The occupation as middle and end of the occupational therapy process with the bereaved person*”, which seeks to understand the use of occupations as a possibility of care with the mourner. Conclusion: It was concluded that the production of occupational therapists with bereaved subjects is short, but it is understood that this professional can contribute to the care of the bereaved, and other studies are needed that point to evidence, to strengthen this professional performance.

Keywords: Occupational Therapy, Grief, Bereavement, Attitude to Death

Revisão sistemática sobre luto e terapia ocupacional

Resumo: Introdução: O luto tem efeitos variáveis sobre as pessoas, devendo ser entendido de forma individualizada e relacionado a um processo social, visto que os sentimentos e comportamentos gerados pelo luto são influenciados pela sociedade. Dessa forma, o luto é um processo subjetivo e social, que impacta várias dimensões da vida, inclusive a dimensão ocupacional. Objetivo: Identificar, na literatura nacional e anglófona, estudos de terapeutas ocupacionais vinculados ao processo de luto. Método: Revisão sistemática utilizando os descritores “terapia ocupacional”, “pesar”, “luto” e “atitude frente à morte” e os respectivos em inglês “occupational therapy”, “grief”, “mourning” e “bereavement” em cinco bases de dados. Após, foi realizada análise temática. Resultados: Incluíram-se sete estudos, seis em inglês e um em português. Todos os artigos apresentaram abordagens qualitativas: autoetnografia (3), entrevista (1), análise temática (2), narrativa (1). Foram construídas três categorias para análise temática: 1) “*A relação entre os participantes do estudo e o ente falecido*”, que refere sobre o vínculo do enlutado com o

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falecido e o impacto deste vínculo no luto; 2) “*O impacto do luto nas ocupações*”, que identifica como o luto interfere nas ocupações daqueles que o vivenciam e 3) “*A ocupação como meio e fim do processo terapêutico ocupacional da pessoa enlutadas*”, que busca compreender a utilização das ocupações enquanto possibilidade de atuação com o enlutado. Conclusão: Concluiu-se que a produção de terapeutas ocupacionais com sujeitos enlutados é escassa, porém entende-se que este profissional pode contribuir na assistência ao enlutado, sendo necessários outros estudos que apontem evidências, a fim de fortalecer essa atuação.

Palavras-chave: *Terapia Ocupacional, Pesar, Luto, Atitude Frente a Morte*

1 Introduction

Freud (1996) was the first author to highlight bereavement as a relevant theme for its understanding as a psychic process. In his famous work “Mourning and Melancholy” the author describes bereavement as a non-pathological psychic process that occurs after the loss of a loved one.

From the existential point of view, bereavement can be understood as a typical experience in situations of abrupt transformation in the interpersonal relationship with the deceased. Bereavement is experienced as the death of a relationship between the dead person and the bereaved, resulting from the intercorporeality rupture (FREITAS, 2013).

With the suppression of the other, there is a loss of sense of the world-of-life with a demand for new meaning (FREITAS, 2013).

Mohr (2011) corroborates with this idea and understands that although bereavement is seen as a natural event of life and that everyone will experience it someday, it has different effects on people and should be understood in an individualized way.

Matos-Silva (2012) reports that bereavement is an individual process and directly linked to a social process since the society in which the bereaved person is inserted influences the feelings and behaviors generated by the death of a person.

Thus, the coping with bereavement is linked to the way a social group thinks about death and behaves before it.

Neimeyer (2001) states that to understand all the dimensions of loss, including private aspects, it is necessary to be clear how the social context interferes with bereavement, once can assisting the bereaved or simply ignoring the experience of bereavement, leading to the need for changes in the bereaved person.

Aries (1997) points out that, in the twentieth century, death came to be an untimely rupture in Western societies, which generates a pain felt as intolerable.

Reactions to the loss of a significant person often include temporary impairments of day-to-day functions, stopping social activities, intrusive thoughts, and feelings of yearning and numbness that may continue for some periods of time (KERSTING; WAGNER, 2012).

Kovács (2007) reports that the reactions and the feelings are generally involved with suffering and psychic disorganization at different levels.

For Neimeyer (2001), a common denominator of most traditional bereavement theories, such as Bowlby, Parkes and Worden, is the identification of a series of stages or phases of adaptation, beginning with the actual or imminent death of a loved one and pursuing a journey through different types of emotional reactions until the affected individual finds recovery, reconciliation, or similar end.

Neimeyer (2001) proposes a bereavement model based on the theory of constructivism or the narrative reconstruction of meaning, after the occurrence of a significant loss, which means the search and the construction of personal and singular meanings attributed to the loss. It is necessary to understand the social context, in which one relies, opposes or ignores experience and the need for change to understand all the dimensions of loss, including private aspects. The reconstruction of meanings after the loss should consider the relationships established with other real, symbolic and personal resources of the bereaved persons. The task of changing identity is faced to redefine the symbolic connection with the dead person while maintaining the relationship with those who are alive.

For the author, with the loss through the death of a person with a significant bond, bereavement interrupts the self-narratives of survivor and usually puts them in an involuntary search for the meaning of loss and their changed lives (NEIMEYER, 2001).

For Stroebe and Schut (1999), bereavement is a cognitive process of coping with loss, which consists of building strategies and styles for managing the bereavement situation. For the authors, the damages to physical and mental health are reduced if there is coping, because coping that happens every day

and includes all the life tasks of the bereaved person, whether watching television, reading a book or talking with friends.

These authors proposed the Dual Process Model of Coping with Bereavement that emphasizes coping to understand this process, focusing on the construction of meanings and occurring from three perspectives: loss-oriented coping (focused on the search for the lost person and centered aspects related to the dead person); the restoration-oriented coping (focused on how to deal with the arrangements of life without the loved one), and the oscillation (which is the alternation between one and the other) (STROEBE; SCHUT, 1999).

According to the authors, the loss-oriented coping involves the search for affective bonds, denial, and avoidance of the reality of death. Also, the acceptance of the reality of loss, the elaboration of bereavement, the need to recall the figure of the dead person, to see photographs, to talk about the deceased loved one and the yearning for their closeness are part of this process (STROEBE; SCHUT, 1999).

Restoration-oriented coping involves restoring one's day-to-day tasks, doing new things, distracting and having fun without blame, or worrying about betraying the dead entity (STROEBE; SCHUT, 1999).

Finally, the oscillation must be healthy and necessary so there can be a reorganization of the new reality, the construction of a new assumptive world, shaken by the loss of the loved one (STROEBE; SCHUT, 1999).

Bereavement is defined as a crisis, as there is an imbalance between the amount of adjustment needed at one time and the resources available to deal with such an imbalance. The impact of death causes a systemic demand on the family, both emotional and relational. The crisis comes from the need to continue to play their roles, with the overload of bereavement from other members of the family, aggravated by the reactions of individual grief (BROMBERG et al., 1996).

Understanding bereavement as a complex event, with different repercussions for each individual and different in each society, the need to research how occupational therapists understand bereavement was identified with significant implications in occupations bereaved persons.

2 Method

This is a systematic literature review, defined as a form of research that uses scientific productions on a given topic as a source of data. This type of

research provides evidence related to a specific intervention strategy, through the application of explicit and systematized methods of searching, critical appreciation and synthesis of the selected information (LINDE; WILLICH, 2003). Systematic reviews are considered secondary studies, with their data source in their primary studies. Primary studies are the scientific papers that report the recent and unpublished research results (GALVÃO; PEREIRA, 2014).

The model for systematic reviews proposed by Sampaio and Mancini (2007) was followed. The guiding question of the work was "how do occupational therapists understand and/or intervene in the bereavement process?" It was aimed to identify studies of occupational therapists related to the bereavement process in the national and English literature.

Five databases were used to perform the search Scopus, CINAHL-EBSCOhost, Medline, PubMed, Pepsic. The descriptors identified were "terapia ocupacional" and "pesar" or "luto" or "atitudes frente a morte" in Portuguese and "occupational therapy" and "grief" or "mourning" or "bereavement" in English.

The inclusion criteria established were: articles in English or Portuguese, with the complete study available online and with articles related to the bereavement process for death. Articles from other languages that reported the bereavement of the health team due to death of patients, grief for functional losses, and anticipatory bereavement were excluded from the study since the focus was on the experience of bereavement for death. Also, articles that were not fully available or articles that did not refer to the keywords were excluded.

Due to the small number of articles found, there were not refinements by date of publication.

The search was conducted in the second half of 2016 by two independent examiners with estimated time of seven days between searches. The results of the searches by the two researchers were compared and no difference was noticed in the number of articles or the inclusion/exclusion of articles in the searches.

After the comparison between researchers and the inclusion of the articles, a full reading of the papers was done, and the results were analyzed according to the second thematic content analysis proposed by Minayo (2001, p. 316) that "consists in discovering the nuclei of meaning that make up a communication whose presence or frequency means something to the analytical objective".

3 Result

The number of articles found and included per database is presented in Table 1.

Table 2 shows the articles by author (s), title, year of publication, journal, type of study and language.

Table 3 shows the articles by title, instruments for data collection and the results of the studies.

The main results identified were: shortage of studies of Occupational Therapy with bereaved people; all articles included in the review had qualitative approaches; (3), case studies (2) and

Table 1. Number of articles found and included by databases.

| Database | Found | Included |
|------------------|-------|----------|
| Scopus | 77 | 1 |
| CINAHL-EBSCOhost | 22 | 1 |
| Medline | 43 | 1 |
| PubMed | 41 | 3 |
| Pepsic | 1 | 1 |
| Total | 184 | 7 |

Table 2. articles by author (s), year of publication, journal, type of study and language.

| Author (s) | Title | Year of Publication | Journal | Type of study | Language |
|---------------------------------|---|---------------------|--|------------------|------------|
| Hoppes | Meanings and Purposes of Caring for a Family Member: An Autoethnography | 2005a | The American Journal of Occupational Therapy | Autoethnographic | English |
| Hoppes | When a Child Dies the World Should Stop Spinning: An Autoethnography Exploring the Impact of Family Loss on Occupation | 2005b | The American Journal of Occupational Therapy | Autoethnographic | English |
| Souza; Corrêa | Compreendo o pesar do luto nas atividades ocupacionais | 2009 | Revista do Núcleo de Pesquisas Fenomenológicas da UFPA | Case study | Portuguese |
| Forhan | Doing, Being and Becoming: A Family's Journey Through Perinatal Loss | 2010 | The American Journal of Occupational Therapy | Autoethnographic | English |
| Scaletti; Hocking | Healing through storytelling: An integrated approach for children experiencing grief and loss | 2010 | New Zealand Journal of Occupational Therapy | Case study | English |
| Hoppes; Segal | Reconstructing Meaning Through Occupation After the Death of a Family Member: Accommodation, Assimilation, and Continuing Bonds | 2010 | The American Journal of Occupational Therapy | Exploratory | English |
| Rosenwax; Malajczuk; Ciccarelli | Change in carers' activities after the death of their partners | 2013 | Support Care Cancer | Exploratory | English |

Table 3. articles by title, instruments for data collection and results.

| Title | Instrument for data collection | Results |
|---|--|---|
| Meanings and Purposes of Caring for a Family Member: An Autoethnography (HOPPES, 2005a) | Annotations, emotional recall, discussion, and systematic reflection | It reports on the personal trajectory of caring for the father, the re-signification of family relationships and the need to deal with problems with the loved one to minimize the impacts of bereavement. |
| When a Child Dies the World Should Stop Spinning: An Autoethnography Exploring the Impact of Family Loss on Occupation (HOPPES, 2005b) | Annotations, emotional recall, discussion, and systematic reflection | It proposes four stages of occupation during bereavement: 1) maintenance of occupation: occupation is maintained while denying the severity of the loss; 2) occupational dissolution: daily and family occupations become devalued and may lose their meaning; 3) occupational ambivalence: antagonistic feelings are experienced in formerly routine occupations; 4) occupational restoration and adaptation: occupations are restored and adapted to the new condition, plans are resumed and the future is envisioned. |
| Compreendo o pesar do luto nas atividades ocupacionais (SOUZA; CORRÊA, 2009) | Interview and expressive activity | The study identified that bereavement is a psychic manifestation that influences the quality of expression and satisfaction of occupational human activities. However, Occupational Therapy assistance does not yet invest in the understanding of occupational demands in the face of the various processes of loss and bereavement possible to be experienced throughout life. |
| Doing, Being and Becoming: A Family's Journey Through Perinatal Loss (FORHAN, 2010) | Annotations, emotional recall, discussion, and systematic reflection | The author describes four stages experienced by her and her family after the child's perinatal loss: 1) starting the journey: moment before the birth until the news of the child's death; 2) perceiving the loss: moment at which the loss is perceived and the dismissals begin; 3) moving forward: initially marked by intense suffering, need for social support and ending with the re-signification of loss and the establishment of hope; 4) resumption: marked by the balance between the need to recognize the existence of the child and his absence. |
| Healing through storytelling: An integrated approach for children experiencing grief and loss (SCALETTI; HOCKING, 2010) | The creation of a story by a sandtray | It reports that the creation of a story in an illustrated book allows children to repeatedly tell the story, to the real or imaginary public, enabling to integrate the feelings arose. Thus, behavioral manifestations of sadness and anger decreased as children developed greater occupational competence, observed at home, at school, and in interactions. They identify grief group therapy and the use of a sandtray as meaningful strategies for working with bereaved children. |
| Reconstructing Meaning Through Occupation After the Death of a Family Member: Accommodation, Assimilation, and Continuing Bonds (HOPPES; SEGAL, 2010) | Semi-structured interview | The study shows three different occupational processes that were central to the reconstruction of meaning in their lives after the loss of a family member: 1) Occupational accommodation: it refers to the transformation of occupational patterns in response to changing reality; 2) Occupational assimilation: it refers to the adaptations in occupations as a way to confront the loss; and, 3) Continuation of ties: it refers to the performance of occupations as a way to continue the ties with the deceased person. The areas of occupation investigated were: work, leisure, and social participation. |
| Change in carers' activities after the death of their partners (ROSEWAX; MALAJCZUK; CICCARELLI, 2014) | 1) Activity Card Sort–Australia (ACS–Australia) 2) SF-36 Health Survey v2 (SF-36v2) 3) Multidimensional Scale of Perceived Social Support (MSPSS) | The study shows that caregivers engaged more in domestic activities by buying the period before and after care, but there was a decline in the engagement of social and leisure activities two years after the death of the family member who needed care. |

exploratory study (2) and the identification of three main categories for the thematic analysis.

4 Discussion

Regarding the shortage of material produced by the Occupational Therapy with bereaved people, Hoppes and Segal (2010) affirmed that the occupational answer to bereavement receives surprisingly little attention in the Occupational Therapy literature. In Brazil, this attention is even lower, indicating the emergence of studies that collaborate with the theoretical foundation and the practical approach in occupational therapeutic care to the bereaved person.

Occupational therapy assistance does not yet invest much in the understanding of occupational demands in the several processes of bereavement that can be lived through life (SOUZA; CORRÊA, 2009).

In their qualitative approaches, Neimeyer and Hogan (2001) identified the possibility of exploring socially and subjectively constructed realities, with the objective of discovering unique and common perspectives of people, instead of generating incontestable "facts". When understanding grief as an individual and social phenomenon, it is believed that qualitative approaches tend to better contextualize it in its complexity.

The qualitative perspective in bereavement research tends to provide an alternative paradigm for the investigation of the topic since it has the potential to deepen to the evaluation of the bereavement process through the use of a wide range of techniques, analysis and interpretation of the data (STROEBE; STROEBE; SCHUT, 2003).

Regarding autoethnographic studies, Ellis and Bochner (2000) reported that autoethnography allows the researcher's involvement, the narrative of his thoughts and his opinions, to the study in which he is inserted; it enables the entire author's emotional experiences to be included in his study, revealing hidden details of private life. For this, the description of social life and its relationships must be as complete and engaging as possible. The reflection in the autoethnography contextualizes the voice of the individual and the group in the lived experience. The researcher analyzes the cultural and social aspects in which he is inserted (outward) and after performing an internal analysis of his individual (inward), becoming vulnerable to cultural resistance and interpretations.

For the thematic analysis studied, three categories were listed for this discussion: 1) the relationship between the study participants and the deceased

person; 2) the impact of bereavement in occupations; and, 3) occupation as the means and end of the occupational therapy process with the bereaved person.

4.1 The relationship between the study participants and the dead entity

All studies were performed with individuals who experienced the death of relatives.

Hoppes (2005a) reported his entire trajectory of caring for his father from the beginning of his dependency process to his death, reflecting on the importance of the re-signification of the relationship with his father and the impact of this re-signification in facing his own bereavement.

Hoppes (2005b) reported the family itinerary after the loss of a child, in this case, his nephew Marc. He talked about his experience as an uncle but he also highlighted about the organization of Marc's grandparents, parents, and siblings.

Forhan (2010) talked about her story of perinatal loss and all the feelings involved in three hours she spent with her son Quinn. She addresses the workings of her family after the loss, especially in dealing with the bereavement of her other two children, Jessica and Benjamin.

Scaletti and Hocking (2010) described the coping process of Emily. She is an 8-year-old child who lost her father in a car accident and began to display feelings of anger, sadness, and out-of-control behaviors, especially at school. She refused to go to class, avoided contact with her family, and she said she felt sick, expressing desire to stay in bed full time.

Hoppes and Segal (2010) conducted a study of thirty-one people with a history of family loss: 18 participants had lost one parent, 5 had lost their children, 4 had lost their grandparents, 2 had lost their spouses, 1 had lost one brother and 1 had lost two nieces.

Rosenwax, Malajczuk and Ciccarelli (2014) evaluated 40 women who were primary caregivers of palliative care patients two years after their death.

From the existential point of view, it is a typical experience in situations of abrupt transformation in the interpersonal relationship with the deceased. In this way, the sense of loss and the relationship are fundamental elements for the understanding of this experience, especially when it comes to a loved one (FREITAS, 2013).

From the occupational point of view, the relationship established with the dead person was mediated by the occupation often shared and performed with other individuals. Occupations that involve two or more people may be called co-occupations (AMERICAN..., 2014).

When there is a disruption in the performance of co-occupations, there are changes in the way of life, the removal of roles or the impossibility of carrying out activities with, and/or for the dead loved one. In these conditions, the absence of previous activities directed to those who died, the removal of occupations and a “not knowing what to do” were observed (SOUZA; CORRÊA, 2009).

Souza and Corrêa (2009) reported the void of loss as the absence of the other and the occupations shared or directed to it. In bereavement, the bereaved person questions what he will do without the presence of the loved one, having to leave or assume new functions. In these conditions, the process of bereavement does not occur only because of the remission of the deceased person, but also because of the lack, the loss of the condition to develop such a task related to the person who has gone. Thus, it will be necessary to leave old and pleasurable shared activities, rebuilding their world and adapting to other activities that have replaced what is known by the new: other doings, another reality, no longer the real presence of the loved one (SOUZA; CORRÊA, 2009).

In this way, the relationship that is established in the performance of occupations and co-occupation after death of a closer person is altered by the absence of the other. This situation offers an unprecedented experience in which the bereaved will have to reestablish his occupational performance, reorganize his routine, review his occupational and social roles and re-signify the experience of bereavement in his everyday life.

4.2 The impact of bereavement in occupations

Hoppes (2005a) stated that the experience of caring for the father and participating in the family during the illness and death process of his loved one involves contradictory feelings, but also provides learning and therapeutic values for coping with bereavement since it enables the bonds with the deceased person.

Hoppes (2005b) did a theoretical correlation with the phases of Rando's bereavement: the avoidance phase, the conflict phase, and the accommodation

phase. From them, Hoppes (2005b) characterized four stages of occupation during bereavement: 1) maintenance of occupation: occupation is maintained as long as loss severity is denied; 2) occupational dissolution: family and daily occupations become devalued and may lose their meaning; 3) occupational ambivalence: negative feelings are experienced in previously routine occupations; 4) occupational restoration and adaptation: occupations are restored and adapted to the new condition, the plans are resumed and the future is envisioned.

Forhan (2010) used the stages identified above to describe the impact of perinatal loss on her own occupations: in the occupational maintenance phase, the author stated that she continued to perform professional and personal tasks inherent in her role as an occupational, medical care, wife and mother; in the second phase, she reported that she questioned the interest and ability to return to work; in the third phase, she pointed out the feeling of guilt and the anger felt for the loss of the son; and finally in the fourth phase, she recognized the therapeutic power of resuming daily activities with her family.

Souza and Corrêa (2009) found the absence or the low motivation to perform occupations and social isolation in bereaved family members as factors causing the development of the significant day-to-day activities. They reinforce that the occupational therapist must realize the detachment of people from their occupations, including those related to the care of their own body, for the maintenance of their life: the bereaved person could no longer take pleasure in maintaining his personal care (bathing and feeding) in addition to the isolation and social remoteness that generated great changes in the performance of work activities, social participation, and leisure.

Scaletti and Hocking (2010) described that after the loss of the father, the child started with behaviors out of control, especially in school. He also refused to go to school, to participate in family activities, he felt sick and just wanted to stay in bed. He also had feelings of anger and sadness. Such difficulties presented by the child hindered their participation in occupations for their age.

Hoppes and Segal (2010) have reported that the experience of losing a family member led to a process of reflection on the life and nature of their participation in life, changing occupational performance. When no change occurred in a particular area of occupation, the loss was assimilated into previous schemes. If the experiments caused some change in areas of occupation, the loss was accommodated.

Rosenwax, Malajczuk and Ciccarelli (2014) identified that the level of activities of caregivers of terminal patients changes before and after the period of care. The study pointed out that, after two years of grief, there was a decrease in social and leisure activities, while domestic activities, social and leisure activities, previously associated with health and well-being were reduced or abolished after death.

Thus, it is clear that grief tends to produce changes in the daily life and occupational performance of the bereaved person, since losing someone produces a singular and unique movement of re-signification of life.

4.3 The occupation as the means and end of the occupational therapy process with the bereaved person

The word occupation is understood as the involvement in life constructed by multiple activities. Thus, both occupations and activities are used for the interventions of occupational therapists. Participation in occupations is considered the end result of interventions and professionals use occupations during the intervention process as the means to the end (AMERICAN..., 2015).

Francisco (2004) stated that human activity is also understood as a resource to create, recreate, and produce a human world, full of symbolism, intentions, wishes, desires, and needs. This fact justifies the use of occupations as a means. In this aspect, it is possible to use them as material for data collection in research, as well as to identify issues that may be interfering in occupational performance as an end.

When reporting his own process of perinatal loss, Dias (2015, p. 27) used writing as a form of coping: "In this nothing that is present, I write. I write not to lose myself in the empty excess of talk when the unspeakable is imposed".

Souza and Corrêa (2009) and Scaletti and Hocking (2010) reported data collection from the study and a therapeutic intervention using expressive activities to understand bereavement in occupations. In the first study, the authors used workshop for free expression, while in the second study, they used story building through the sandtray.

The use of expressive/creative activities and storytelling to help children solve psychosocial problems is endorsed in the literature on occupational therapy to support children to tell their story of suffering and loss by provoking their interpretation of events and helping them to make sense of the experience (SCALETTI; HOCKING, 2010).

Through a workshop for free expression, Souza and Corrêa (2009) identified the difficulty of the bereaved person in resuming the occupations and the suffering by the absence of the co-occupation with the dead entity.

Scaletti and Hocking (2010) used the narrative created by the child using the sandtray. It is a therapeutic strategy of non-verbal projective modality, recommended to help children to externalize their suffering. It is a therapeutic approach in which children are invited to choose between a range of miniature figures and objects to construct or perhaps undo from what disturbs them (JEFFREYS, 2005; TAYLOR, 2009; ZARZAUR, 2004; SCALETTI; HOCKING, 2010). In the narrative constructed in the study, it was possible to identify and treat behaviors that were interfering in the occupations of education, leisure and social participation of the bereaved child.

Thus, the authors have identified that storytelling is a powerful strategy that therapists can harness for therapeutic purposes, aiming to help children tell their stories by providing the therapist with insights from the content drawn from the perspective of children. These contents can be shared with family and colleagues. Telling and retelling the story of loss and bereavement helped the child to build meaning and integrate his experiences and feelings (SCALETTI; HOCKING, 2010).

In the studies by Hoppes (2005a, 2005b), Forhan (2010), Hoppes and Segal (2010) and Rosenwax, Malajczuk and Ciccarelli (2014), the term occupation is used as an end, since the findings are related to the occupations.

Hoppes (2005a) related occupations inserted in his routine, after beginning the care of the father. He reported on the re-signification of the father-son relationship and his own story, the construction of new looks on this relationship and on his own life and the importance of co-occupations in this process. The text ends by stating that

a few months into the grieving process, meanings and purposes of caring for my father and socially participating with my family have begun to crystallize. In sorting through memories and emotions with hopes of understanding more about the "interaction between occupational form" and my "developmental history" (HOPPEs, 2005a, p. 268).

Hoppes (2005b) told about the trajectory of his family after the loss of a child in the family. He talked about the reorganization of his routine, such as restarting cycling, gardening and walking

with the dogs, as well as teaching activities. He reported that family activities (family dinners, boating, watching a baseball game) were important for family strengthening in the bereavement process.

According to Giannini (2011 apud FREITAS; MICHEL, 2014), the most successful families in the bereavement process in the USA are those who have social support, even experiencing a closer bond within the family.

Delalibera et al. (2015) found that family malfunction during bereavement is related to greater psychopathological symptomatology (anxiety, depression and excessive stress). It is also related to a more complicated process of bereavement, greater psychosocial morbidity, and worse social functioning.

The aforementioned study also pointed out that family malfunctioning is associated with little or no social support, difficulty in resorting to community resources, impediments to seeking spiritual support, and reduced functional capacity at work. Thus, the occupational therapist must identify family functioning to potentiate meaningful family occupations that contribute to family coping of bereavement, minimizing possible emotional and/or social harm to its members.

Forhan (2010) described her family journey after a perinatal loss. She identified the difficulties of maternal bereavement, the defacing of plans and the construction of memories of the dead son. She narrated her experience with bereavement from the phases described by Hoppes (2005b). The occupation becomes an end when she reported her and her husband return to work, the return of the children to school and the construction of new plans and hopes for the future.

Freitas and Michel (2014) show maternal bereavement as “the greatest pain in the world” because when a child is born a mother is born, but what to say when a mother loses her child? In other ways, the social status of the bereaved changes from married to widower or from child to orphan, but the mother does not get a new place. She is still a mother, but now she is the mother of a dead son. In this way, the occupational therapist needs to identify the peculiarities in the process of confronting a bereaved mother, since this process has singularities and it is a unique condition of existing.

Hoppes and Segal (2010) analyzed three occupational areas: work, leisure, and social participation and found that 16 of the 31 participants described occupational accommodation in at least one analyzed area. This means that participants have transformed their occupational patterns in response to changing reality.

Participants in the study experienced occupational accommodation when previous occupational patterns became unsustainable or irrelevant after the death of a family member. An example of this was a 33-year-old woman whose mother died of breast cancer. After engaging in unsatisfactory administrative work, she left to work for “The Race for the Cure” as part of a fundraising fund dedicated to education, treatment, and pursuit of a cure for breast cancer.

Hoppes and Segal (2010) also reported that all participants were assimilated into the occupations analyzed. Assimilation refers to adaptations in occupations as a way of coping with loss. As an example, there was the performance of leisure activities immediately after the death of a family member, which included maintaining important routines such as a weekly family dinner, continuity in class and taekwondo for boys after the death of one child, maintenance of physical exercise routines, sports like golf and handball.

As a conclusion of the study, there was an emphasis on the participants’ comments regarding the importance of restarting to work, maintaining and strengthening social participation as factors that had a positive impact on coping of bereavement.

Rosenwax, Malajczuk and Ciccarelli (2014) analyzed the participation of caregivers of terminally ill patients two years after their death in domestic, social and leisure activities and identified that domestic activities were maintained than leisure and social activities. The authors believe that maintenance of activities could be facilitated by the participation in community services, recreational groups, and other support and interest groups both during and aftercare.

5 Conclusion

It is concluded that bereavement interferes in occupations and occupational performance of bereaved persons in a significant way and the occupational therapist must compose the support teams for bereaved people, providing spaces of speech, re-signification, and reflection to reduce occupational losses.

It was also possible to identify the therapeutic power of the occupations, either as a means or as an end, and the occupational therapists should observe, identify and evaluate the influence of bereavement on occupations to assist bereaved persons in this process.

Finally, additional studies are necessary and urgent to provide evidence for the theoretical-practical

construction of occupational therapy with bereaved persons.

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Author's Contributions

All authors also contributed in all the phases of the study: text design, sources organization and/or analysis, text writing and necessary reviews. All authors approved the final version of the text.

Notes

¹ The work is part of the doctoral research of the first author

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