Designing Virtual Reality Games About Grief: Reflections from Psychology and Healthcare Professionals

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ABSTRACT

Narratives about grief are popular in video games and serious desktop games for medical staff training. However, a virtual reality game approach to storytelling about grief is not widely accessible in therapeutic gaming, and few studies involve psychology and healthcare experts in the design process. In this paper, we introduce a design framework that includes a modular narrative with embodied interactions for a virtual reality game based on Kübler-Ross' five stages of grief. Furthermore, we provide qualitative reflections from twelve (N=12) professionals in the fields of behaviour science, mental health, and social work who have played and evaluated the game. Our findings show positive attitudes toward adopting virtual reality and ludic mechanics in therapy and bereavement support. Additionally, we find that such games can support emotional learning for children and neurodivergent individuals

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who may benefit from safe and gamified exposure to difficult conversations related to grief. Lastly, we define five transferable design guidelines for VR grief games intended to supplement grief therapy and support groups.

Keywords

Grief, virtual reality, serious games, bereavement support, wellbeing

INTRODUCTION

Game studies have long explored loss, mourning, and themes of absence and post-life, from *That Dragon, Cancer* (Auxier, 2018; Schott, 2017) to *Spiritfarer* (Wilde, 2025) and *Gris* (Chowdhury, 2022). These works demonstrate how grief becomes a narrative and procedural theme, represented through emotional tension, cycles, and metaphorical symbols. In virtual reality (VR), the possibilities for such representations expand further, as embodied interaction, spatial presence, and symbolic materiality allow players to perform and interact with emotional states through game mechanics (Dourish, 2001; Van Loon et al., 2018).

Understanding how grief becomes playable and how emotions are mapped onto mechanics, gestures, scenes, and spatial transitions is an emerging question at the intersection of game and VR design. Designing grief in VR presents a set of unexplored design challenges that extend beyond traditional concerns around cybersickness or interface design.

This paper investigates the design of *The Road to Acceptance,* a VR game that adapts the five stages of grief as a gamified storytelling with embodied interactions. We examine how VR's affordances shape gameplay through epistemic actions and game mechanics related to emotional states. We then analyze how psychology and healthcare experts reconstruct meaning about grief through the game. The following research questions drove our work:

- **RQ1:** How do we design a narrative with embodied interactions for a VR game about the five stages of grief?
- **RQ2**: How do we evaluate this game with professionals who work with grief?
- **RQ3**: What insights can we extract for the accessible design of similar games?

To explore these game dynamics, we conducted a qualitative study with twelve (N=12) practitioners who work with grief across mental health, hospice, palliative care, behavioral science, and social work. Their insights provide a view into how experts interpret the proceduralization of grief in VR, how symbolic actions are read (or misread), and what tensions arise when emotional states are translated into embodied mechanics. Their reflections highlight the possibilities and constraints of designing accessible VR grief games.

Through this work, we contribute to ongoing discussions in game studies about mental health, meaningful play, and accessible VR design. Our primary contribution is a set of five transferable design guidelines for VR grief games, derived through *The Road to Acceptance* as a generative design probe and grounded in qualitative evaluation with twelve grief and healthcare practitioners. We additionally argue that

grief games should be understood as expressive, ritualistic, and embodied systems that require careful attention to human connection and accessibility.

Background

Grief in Psychotherapy and Counseling

Grief is a fundamental human experience. Despite its universality, grief remains stigmatized and frequently unspoken in contemporary societies (Ivy, 2022). Kübler-Ross and Kessler (2005, 2009) frame grief through five stages: denial, anger, bargaining, depression, and acceptance. While influential in popular and clinical discourse, the five-stage model has been widely critiqued in contemporary bereavement scholarship for its implication of a fixed sequential progression. Empirical studies show that individuals rarely move through these stages in order; instead, they cycle through emotional states recursively, in varied intensities, and often return to prior states long after periods of apparent resolution (Currier et al., 2012; Szuhany et al., 2021; Bonanno & Kaltman, 2001). We adopt the five stages as a shared vocabulary that practitioners and the public broadly recognize, and that affords legible game modules without committing to a linear theory of recovery. As we describe in the Game Design section, our modular structure is designed to support recursive, non-sequential engagement, treating the stages as available, non-linear game levels.

Psychotherapy and counseling approaches to grief often focus on cultivating empathy. Empathy can be understood as the capacity to share and understand the emotions of another (Kuypers, 2018). Brooks (2025) further describes it as the practiced ability to feel with others, understand their inner world, and be moved to support their wellbeing. Empathy functions as both a therapeutic practice and pedagogical tool, as it facilitates connection between clients and clinicians, supports recognition of the non-linear trajectories of mourning, and reduces stigma by normalizing emotional responses to loss. Narrative medicine similarly underscores empathy as a framework for reflection and trust in therapeutic contexts (Charon, 2001).

It is also important to recognize that neurodivergent individuals may encounter grief differently (Bonanno & Kaltman, 2001; Mancini & Bonanno, 2011). Emotional learning needs (such as processing time, sensory regulation, or alternative modes of expression) may shape how they engage with counseling or therapeutic tools. Designing interventions that accommodate these needs is crucial to ensuring inclusivity in socio-emotional care.

Grief in Games

Video Games

Commercial video games provide compelling examples of how interactive systems can transform grief into ritualized play, metaphorical landscapes, and symbolic acts of farewell. These games often use mechanics, narrative structure, and aesthetic design to externalize the complex emotions associated with grief. These embodied encounters create spaces for reflection and emotional catharsis.

One of the more straightforward examples is *That Dragon, Cancer*, a 2016 autobiographical video game by Ryan and Amy Green that tells the story of their son's battle with terminal cancer through a series of interactive vignettes (Green & Green, 2016). The game prioritizes narrative testimony over conventional gameplay. Instead of challenging players with puzzles or skill-based tasks, it invites them to witness the family's journey of caregiving, faith, and mourning. In doing so, *That Dragon, Cancer* presents grief as an experience to be shared, not solved, and demonstrates how games can operate as interactive memoirs.

While *That Dragon, Cancer* offers an autobiographical account, *Gris* (Nomada Studio, 2018) shifts toward abstraction and metaphor. *Gris* is a platform-adventure game about a young girl experiencing the five stages of grief. The game is set in a watercolor world whose colors, mechanics, and environments correspond to each stage of grief. As players progress, they move from muted grays to vibrant hues, from stumbling movement to graceful gliding, mirroring emotional recovery. Through its evolving mechanics and environmental storytelling, *Gris* demonstrates how games can deconstruct the emotional complexities of loss by embedding grief directly into level design and visual language.

Building on this metaphorical approach, *OMORI* (OMOCAT, 2020) pushes deeper into the psyche by presenting grief not as a linear recovery but as a fractured and surreal confrontation with trauma and memory. OMORI explores grief and trauma through surreal RPG mechanics, representing depression, memory suppression, and psychological fragmentation as systems of play. If *Gris* offers symbolic abstraction, *OMORI* dramatizes the instability of loss through RPG mechanics that oscillate between denial and painful revelation.

Spiritfarer (Thunder Lotus, 2020) additionally expands the scope from personal or family grief to collective ritual. As players ferry spirits to the afterlife, they participate in relationship-building, farewell rituals, and acts of letting go. Each departure not only marks closure for the characters but also invites players to reflect on the universality of loss. Research papers on *Spiritfarer* likewise show that non-clinical games can provoke reflective dialogue on mortality and remembrance (Eum et al., 2021).

Serious Games

While commercial titles often introduce grief through metaphorical and narrative play, a parallel body of work has focused on the design of serious games to support therapists and mental health professionals in their practice (Johnson, 2016). These projects are concerned with scaffolding therapeutic skills, fostering empathy, and providing structured opportunities for professional reflection.

Apart of Me[1] exemplifies this field as a mobile game co-designed with bereaved young people and clinicians. The game provides a safe space for adolescents to explore coping strategies and rituals of remembrance, while also serving as a resource for therapists to better understand the needs of grieving youth. Similarly, *Shadow's Edge* (2017) engages adolescents in journaling and art-based play to foster

[1] https://www.apartofme.org/

resilience when facing trauma or loss, making it a complementary tool for grief education.

Serious games have been used to address emotional needs related to grief, such as depression and resilience. *Lonely Days* (Lepe-Salazar et al., 2024) applies mindfulness principles within a serious game framework to support university students experiencing depression. A randomized controlled trial demonstrated its potential for reducing depressive symptoms and increasing mindfulness. While not focused solely on bereavement, *Lonely Days* illustrates how games can cultivate emotional literacy and preventative care, offering models for designing supportive, accessible mental health interventions.

These claims are reinforced by systematic reviews of serious games for mental health support. When carefully designed, such games can foster emotional regulation, reflective learning, and therapeutic engagement (Li et al., 2022). Together, this body of work establishes early evidence that games can serve as educational and therapeutic complements to traditional grief support.

Grief and Virtual Reality (VR)

Virtual Reality (VR) offers distinctive affordances for socio-emotional learning through immersion, presence, and interactivity (Zhang et al., 2023). In particular, Virtual Reality Perspective-Taking (VRPT) has been shown to enhance empathy by allowing users to inhabit perspectives different from their own, whether across racial, disability, or socioeconomic backgrounds (Van Loon et al., 2018). While VRPT has been applied to train healthcare professionals, comparatively little research has addressed its potential for public education on grief and mental health.

Clinical reviews further suggest that VR's affordances of presence, immersion, and controlled exposure can support emotional processing, with parallels to therapeutic approaches in trauma and anxiety treatment (Maples-Keller et al., 2017). For instance, the VR experience *5Days* was designed to convey the intricacies of grief to medical students and personnel (Roth et al., 2019). These serious games allow therapists-in-training to practice difficult conversations, reflect on their own affective responses, and rehearse strategies for providing compassionate support in controlled environments.

More experimental projects explore how VR can stage grief as a site of therapeutic intervention. One example is *Eidolon* (Tomé et al., 2025), a VR experience designed to address prolonged grief. Players engage in staged interactions that dramatize cycles of trauma and release. Here, immersion and interactivity function not as entertainment, but as structured design interventions for emotional processing. Such prototypes highlight how VR can move beyond memorialization toward therapeutic exploration of grief's complexities.

At the furthest end of this progression are ethical considerations about the ontological status of the dead within VR. These concerns resonate with Fisher's (2021) analysis of posthumous personhood in mixed reality (MR), which foregrounds the ethical, ontological, and thanatological implications of simulating the dead. As VR systems increasingly intertwine with artificial intelligence, designers must consider how memorialization practices might unintentionally retraumatize users or

commodify grief. Ethical design in this space requires boundaries that prioritize consent, inclusivity, and the recognition of mourning as a sensitive, diverse, and highly personal experience. Together, this background work informs our game design and addresses the gap in designing serious VR games and experiences about grief.

Game Design

This section outlines the design goals, narrative framework, and interaction mechanics of our game, articulating how it maps grief theory to embodied VR play. By detailing the narrative structure, modular progression, and interaction design, we present the game as a technical and experiential artifact that responds to RQ1. Given the affordances of VR for embodiment and immersion, we have set several design goals for our game:

1. Reflect each stage of grief as a game module within a cohesive narrative.
2. Break down each module into VR embodied interactions.
3. Embed symbolism and metaphors in multisensory spatial storytelling.

These goals situate our game within traditions of serious game design, procedural rhetoric, and VRPT, while maintaining sensitivity to grief as a deeply personal and non-uniform experience.

Narrative Design

The narrative of *The Road to Acceptance* (Alvarenga & Kobenova, 2024) is structured as a fantasy allegory for bereavement. Players embody *Eldevu*, a grieving spouse who has destroyed the world as a consequence of their unresolved loss.

The experience opens with an audio-visual cutscene (Figure 1) that establishes Eldevu's relationship with their partner, the events surrounding their partner's death, and Eldevu coming home to the news. Following this loss, Eldevu becomes overwhelmed by feelings of injustice and despair and, in their anger, assembles the *Staff of Power* (Figure 3). This is a symbolic staff with 5 jewels, each representing a portal to a stage of grief. The cutscene concludes with Eldevu realizing that in annihilating the world, they are not honoring the memory of their loved one, but deepening their hurt. This realization initiates the central quest of the game to restore the world.

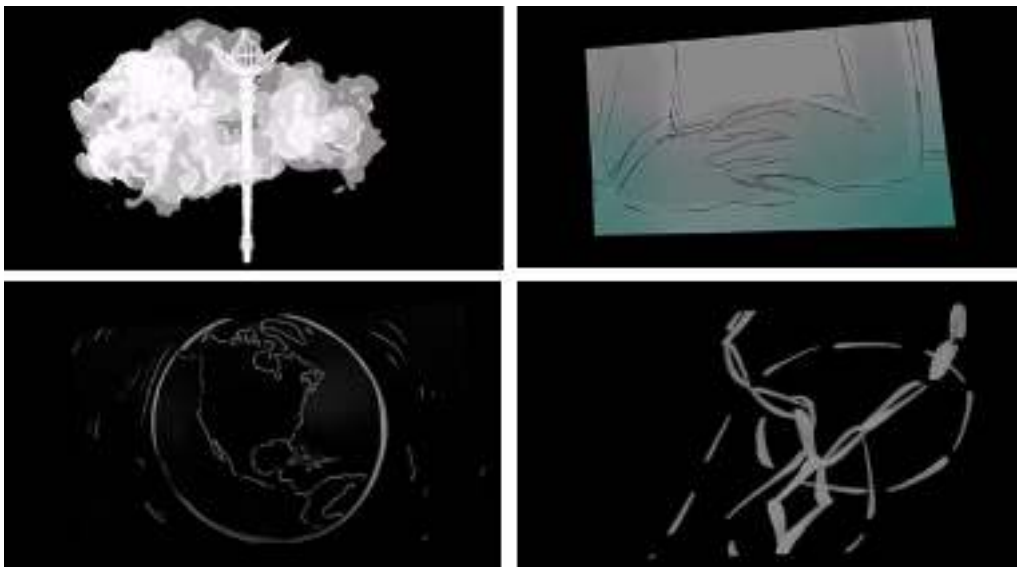

Figure 1: Snapshots from the opening cutscene.

Following the cutscene, the player enters a ruined village that serves as both the game's central hub and a symbolic representation of Eldevu's emotional state (Figure 2). The game's objective is framed as an act of restoration. Eldevu must restore the world by dismantling the staff and returning its enchanted jewels to their plinths. Each jewel functions as a metaphorical portal to a specific stage of grief, embodied as a themed mini-game. This framing establishes a redemptive gameplay loop, in which the final stage of grief, "acceptance", is achieved through engagement, embodiment, and reconstruction of the world. Completing all stages culminates in a restored version of the village, serving as an environmental metaphor for acceptance.

Figure 2: The destroyed village that serves as central hub (top left) and the repaired world (top right); a play snippet (bottom).

Modules and Interaction Design

Mental health research presents agency as an empowering framework to process trauma and loss (Lorimer et al., 2022; Warner et al., 2020). Serious games in VR aim to design for user agency, interactivity, and feedback (Nguyen, 2025; Tanenbaum & Tanenbaum, 2010). As such, gaming contextualizes agency for those coping with grief and learning about it. Our research seeks to incorporate this framework into interaction design.

Our game is designed as an open-world narrative experience that symbolizes non-linear understandings of grief in its navigational structure. The open-world design grants the interactor freedom to enter, exit, and re-enter stages in any order. Players can return to a stage they have already completed, leave a stage mid-mini-game and visit another, or repeat stages as they choose. This recursive accessibility is a deliberate response to bereavement literature's critique of stage models (Currier et al., 2012; Szuhany et al., 2021).

The central hub of the game is structured as a ruined village with four gated pathways positioned at its edges, each leading toward one of the stages of grief. The core navigational mechanic centers on grabbing one of the enchanted jewels, each explicitly tied to a specific stage. Upon grabbing a jewel, the player unlocks the

corresponding gate and gains access to the associated mini-game, which symbolically embodies that emotional state. This spatialized navigation allows the interactor to determine when to navigate between denial, anger, or acceptance in a manner that reflects their personal emotional trajectories. By allowing players to choose their path, the experience prioritizes agency as a therapeutic principle, encouraging exploration and self-directed pacing.

Figure 3: 3D models of the Staff of Power (left), jewels (center left), the plinth on which to return the jewel (center right), and a snapshot of the player grabbing for one of the jewels (right).

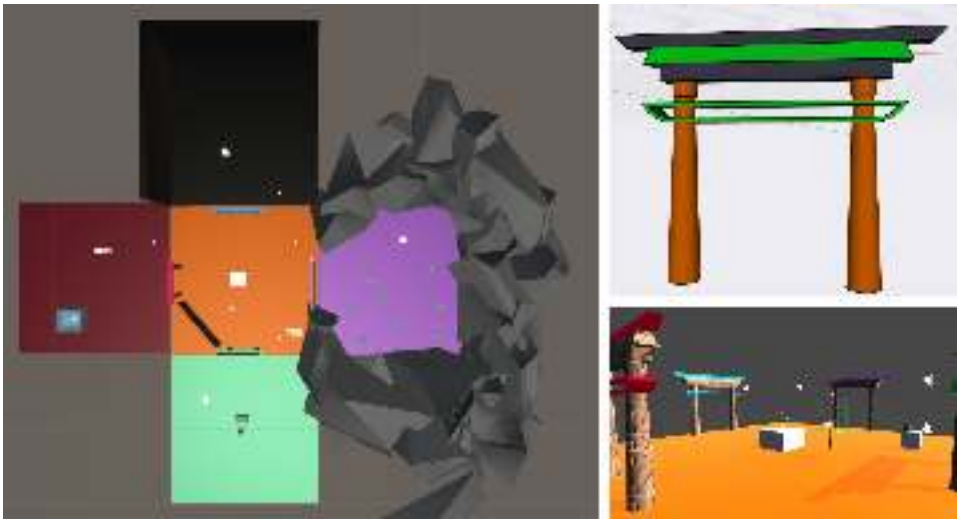

Figure 4: Spatial layout of the five stages of grief within the game world (left): Anger in red, Denial in purple, Depression in black, and Bargaining in green, with the main hub and Acceptance area in orange. The 3D model of the gate leading to the Bargaining stage (upper left) and an early prototype of the main hub (bottom right).

The stage of grief is represented through a self-contained mini-game (scene), where interaction mechanics metaphorically enact the corresponding emotional state. Each stage of grief is enacted through a distinct embodied interaction, designed to map emotional states into sensorimotor experience. These mini-games present a task and

offer the user words of encouragement and feedback through voiceover narrations. The following section details the design rationale underlying each stage.

Scene objective breakdown

Introduction Animation	[illegible]
Lobby	[illegible]
Denial	[illegible]
Anger	[illegible]
Bargaining	[illegible]
Depression	[illegible]
Acceptance	[illegible]

Figure 5: Gameflow chart and scene objective breakdown.

Denial

In the Denial stage, the interactor is presented with multiple visually identical gems placed on separate pedestals, only one of which is correct. The player must repeatedly pick up, inspect, reject, and replace gems until the correct one is discovered. This design externalizes denial as a form of cognitive looping and refusal of finality. The mechanic intentionally produces: (1) repetition without closure, (2) perceptual ambiguity, and (3) low-stakes but persistent frustration. These affordances mirror denial as an affective state characterized by disbelief, oscillation, and postponement of acknowledgment. The absence of clear feedback early in the interaction forces the interactor into trial-and-error persistence, embodying the emotional labor of "not yet accepting." Voiceover reinforces this instability through statements of doubt and resistance. Additionally, this stage avoids punishment or

failure states. Progress only emerges through continued engagement, reinforcing denial as something worked through rather than defeated.

Anger

In the Anger stage, the gem is locked beneath three layers of breakable glass, with a bat placed nearby. The interactor must perform repeated, forceful striking motions to access the gem. This interaction translates anger into: (1) high-intensity, high-effort physical exertion; (2) audible rupture visibilized through a shattering sound. This puts the grief-associated emotion into a symbolic "container" and allows the player to channel it safely within the game environment. The glass layers create escalating resistance, requiring commitment and sustained motion, which models anger as something that builds, escalates, and exhausts rather than instantly resolves.

Bargaining

The Bargaining stage is structured around an interaction with a non-playable character (NPC) who has hidden the plinth on which the player must return the jewel. Progression requires the interactor to retrieve a personal object, a necklace belonging to Eldevu's partner, and offer it in exchange for returning the jewel. This design symbolizes bargaining as a relational and transactional mode of grief. The required sacrifice transforms bargaining from a purely verbal or cognitive hypothetical into a material loss. The interactor must physically retrieve and relinquish an object that is tied to the deceased. This interaction externalizes the psychological structure of *"What would I give to undo this?"* by forcing that question to be answered through embodied action instead of internal rumination. Additionally, this stage introduces social entanglement and moral ambiguity, emphasizing that bargaining is a process shaped through imagined and real negotiations with others and self.

Depression

Upon entering the Depression stage, the environment shifts and fades to dark. The ambient sound is reduced, and the jewel appears drained of color. Attempts to immediately return the jewel result in rejection as it is expelled from the plinth. To progress, the player must locate a well and submerge the jewel to restore its color. This stage is intentionally designed around: (1) reduced sensory stimulation; (2) environmental constriction; (3) low-velocity movement; and (4) delayed gratification. Unlike prior stages that emphasize effort, impact, or negotiation, Depression requires quiet, sustained care. The act of physically dipping the gem does not "fix" the environment explosively; instead, it produces a small act to be able to return the gem. This mirrors how depression is often navigated through small, non-dramatic acts of maintenance. The expelled-jewel mechanic models the feeling of being unable to "just move on", even when intention is present. Progress here requires presence and patient navigation.

Acceptance

Acceptance is treated as a symbolic and ritualized act of return. After all other stages are completed, the final jewel must be brought to the grave of the loved one. Once

placed, the jewel shines white and disappears permanently, and the world is restored. Key design principles here include: (1) irreversibility, meaning that once placed, the jewel cannot be retrieved; and (2) slowness of motion with gradual transition, symbolizing the passage of time. The Acceptance stage is presented as release and relinquishment, where meaning is generated through subtraction and surrender. The final environmental transition to the restored village with bright sky and ambient music functions as the resumption of inhabitable space after disruption.

It is important to mention that the Acceptance stage is structurally gated. While it is visible from the beginning, it cannot be meaningfully completed until all other stages have been engaged. Attempting to interact with the final jewel prematurely triggers voiceover responses such as "*I am not ready,*" reinforcing acceptance as an emergent condition.

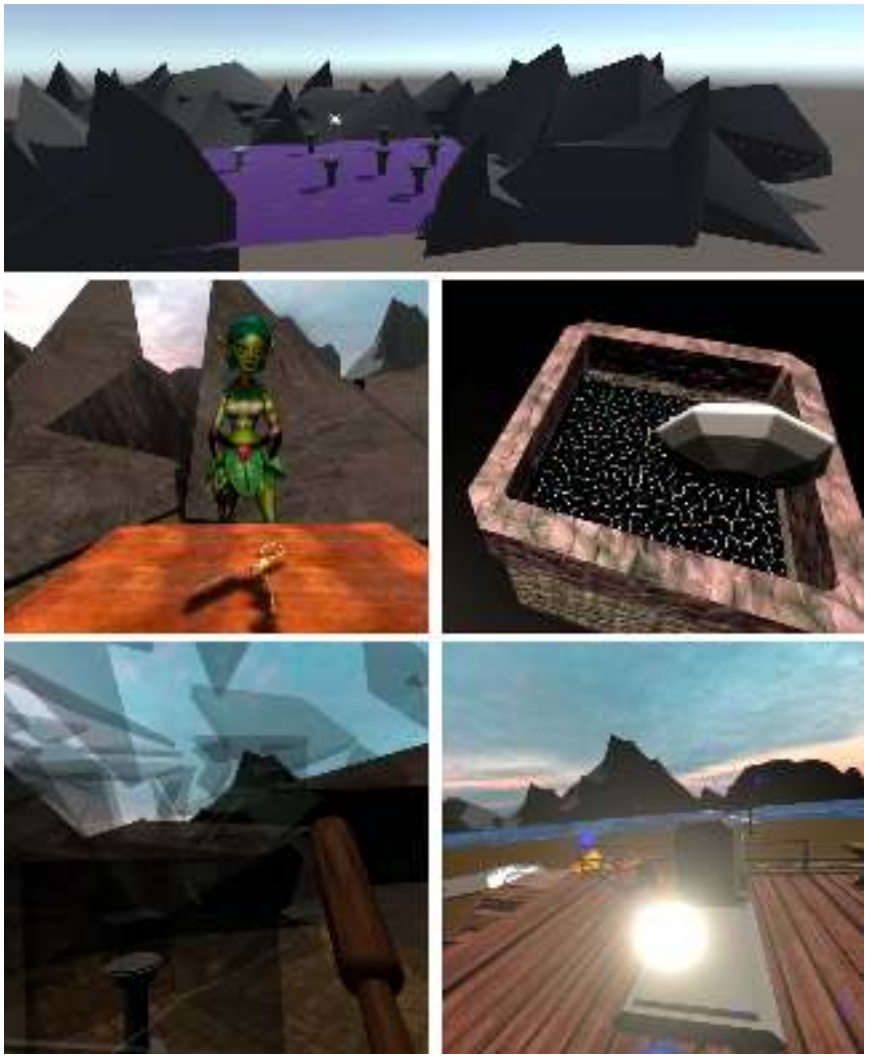

Figure 6: Representative in-game snapshots of the five stages of grief: Denial (top), Bargaining (center left), Depression (center right), Anger (bottom left), and Acceptance (bottom right).

Voiceovers and Monologue

Voiceover audio plays a central role in aligning player action with emotional meaning. Functionally, voiceovers are framed as Eldevu's inner voice consisting primarily of reflections and musings. Through these monologues, we give players access to the character's emotional processing at each stage of grief.

This design choice deliberately blurs the boundary between player and avatar, encouraging players to not just observe Eldevu but to temporarily embody them through aligned perception, action, and cognition. This leverages VR's capacity to place the user inside a character's mind, fostering a more intimate player-to-character relationship (Murray, 2017). In doing so, the system reinforces perspective-taking by coupling the embodied, symbolic interaction of each stage with the character's narrated interiority. This allows emotional understanding to emerge by bridging action and reflection.

Voiceover thus serves three design functions: (1) instructional, to communicate gameplay objectives; (2) reflective, to articulate emotional states and doubts; and (3) relational, to establish intimacy between player and character. By pairing narrated introspection with embodied action, the game situates emotion as something that must be enacted, resisted, negotiated, and restored through the character's musing and the player's interaction.

Game Evaluation

To answer RQ2 and RQ3, we ran an evaluation study with twelve (N=12) professionals from behavioural analysis, social work, and psychotherapy who work with children and adults experiencing grief, loss, and distress.

We received the IRB approval from our university to run the game evaluation. Participants were recruited through information flyers, cold emails, and university newsletters in Northern California and Northern Ireland, and were compensated with a $75 USD (or a £55 GBP equivalent) Amazon voucher for their time. Each study lasted around 60-90 minutes, was completed in-person, and adhered to the following structure:

1. Game introduction and a VR tutorial.
2. Pre-experience survey.
3. VR play session.
4. Post-experience survey and interview.

Figure 7: Captures from the VR play sessions.

Our survey and interview questions are included in the Appendix. The participants' interviews underwent qualitative thematic analysis (Braun & Clarke, 2023; Terry et al., 2017) conducted by the research team. Two members of the research team independently coded the transcripts and resolved disagreements through discussion. The findings of our proposed study are discussed as a set of design implications and a framework recommendation for serious games exploring grief and coping with loss.

Findings

Participants and Demographics

The twelve participating professionals represented a wide span of grief-related practice, ranging from early-career social workers to clinicians and educators with 15-25 years of experience (see Table 2 in the Appendix for details). Their backgrounds included hospice and palliative care, community mental health, family systems therapy, bereavement education, autism and behavior analysis, and child and adolescent grief support. Several participants held advanced specialisations, including doctoral-level training in clinical psychology and decades of hospice practice.

Across interviews, participants consistently emphasized therapeutic orientations grounded in active listening, normalisation, and supportive presence, particularly within individual grief counseling, grief groups, and family-based care. Participants also referenced evidence-based modalities commonly adapted for grief contexts, including Cognitive-Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Dialectical Behavior Therapy (DBT), as well as somatic and mindfulness-aligned approaches.

Many participants noted the influence of systemic and relational perspectives, drawing attention to the layered social and family dynamics surrounding grief. Several emphasized that grief interventions must account for spirituality, worldviews, and cultural conceptions of loss, describing grief not only as an individual emotional event but as part of a broader community ecosystem of rituals, traditions, and support networks. We outline several design implications related to this in the subsections below.

Baseline Use of Technology and Games

Despite their extensive experience supporting grieving individuals, participants reported minimal integration of interactive technologies into therapeutic practice. Technology use was largely restricted to documentation or resource sharing, with very limited implementation of digital interventions. Most had little or no exposure to VR in clinical contexts, though a few had engaged with VR for research, medical training, or educational simulations.

Personal familiarity with digital games ranged from casual console play to almost no gaming experience. This variability sometimes translates into barriers to navigating VR headset and controllers. Still, all participants expressed curiosity about the potential for immersive media to support emotional learning, provided that adequate onboarding, comfort-building, and facilitator presence were in place.

Several emphasized that without careful preparation and familiarisation, the novelty of VR could overshadow the game experience.

Post-Play Interviews

Realism, symbolism, and abstraction

Participants recognized several moments in the experience as strongly aligned with emotional realities of grief, particularly scenes representing anger, shock, and the physicality of overwhelm. Many clinicians identified the "shattering" game mechanic as a realistic expression of rage and disorientation ("*that real sense of loss and anger… people feeling frustrated or just sort of disoriented*," P6). Others described the opening animation sequence of returning home to the news of a loved one's death as resonant and grounded in client experiences (P1). At the same time, several participants noted that the game's sequential, stage-based progression risked oversimplifying grief, which they described as cyclical, non-linear, and variable across clients ("*they cycle in and cycle out… not sequential,*" P9). Symbolic or fantastical elements were appreciated by some but left others feeling emotionally detached, highlighting the tension between abstraction and realism in designing grief-based VR.

Interactions, embodiment, and metaphors

Participants emphasized how VR's physicality created meaningful forms of emotional engagement unavailable in traditional talk therapy. Actions such as lifting a bat and breaking a barrier were described as "*safe ways of expressing anger*" and a "*physical way to process feeling constrained*" (P4, P11). Symbolic mechanics such as letting go of a pendant or interacting with a guiding light were repeatedly referenced as effective metaphors for continuing bonds and meaning-making after loss (P9). Frustration, expressed as an inability to find the right gem, was also found meaningful by one participant (P12). They described it as "you never finish it… it takes a while," and felt this resonance was emotionally appropriate. These forms of embodied symbolism helped some participants articulate how VR could scaffold emotional processing, particularly for clients who benefit from experiential or sensory learning.

VR game as a catalyst

Participants showed strong consensus that VR grief experiences could be highly beneficial for certain populations. These populations often included children, young adults, or those already familiar with games ("*teenagers… would love that,*" P4; "*young adults definitely embracing newer technology,*" P10). VR was seen as particularly valuable for people who struggle to verbalize emotions or who avoid traditional talking-based modalities. Several experts also described value in educational contexts, helping students develop empathy or understand grief when they have not experienced personal loss (P6). Across interviews, VR was universally framed as a supplement to traditional tools that could "*unlock*" or normalize emotions but still requires conversation and processing with a trained professional: "*you come in here to play a game, and then we talk about the game*" (P12). P9 also framed it as therapy "homework" to be completed between sessions and discussed afterward.

Technology barriers

While emotionally rich for some, the experience also surfaced significant barriers for VR novices. Several participants described struggling with the controls, interface, or puzzle mechanics, which reduced their ability to connect with the narrative ("*I was spending more of my energy on working the technology rather than engaging with the content,*" P8). Puzzles such as locating the correct gem, while symbolic and metaphorically aligned with grieving for some, were described as "*confusing*" or "*frustrating*", undermining content engagement (P6). These responses illustrate how unfamiliarity with VR can shift cognitive effort away from emotional reflection, suggesting that therapeutic VR may require simplified mechanics, onboarding, and headset calibration for different user groups. P12 additionally recognized that older adults would likely struggle with interacting with VR. Several practitioners distinguished their own discomfort with VR from clients' likely experience, repeatedly noting that younger and gaming-familiar users would engage more readily (P1, P7, P8, P9, P10).

Game content

Content about grief can be triggering, especially for individuals who are actively grieving. Participants articulated clear expectations for how VR should be integrated into grief care with safety. They emphasized the need for content signposting, explaining what each scene represents and how it relates to emotional states (P3). Additional narration and grounding before and after intense moments were recommended to prevent confusion or overwhelm (P6). Other recommendations included protocols such as the ability to pause or exit, facilitator oversight, and careful screening for sensory sensitivity or emotional readiness. In addition to psychological comfort, some participants outlined cultural concerns regarding the game material itself. For example, P9 and P3 both raised character and avatar customization requests, while P7 raised religious-worldview risk for some audiences. These findings reinforce the importance of designing VR grief interventions as clinically and culturally embedded practices or part of grief and bereavement support groups.

Post-Play Survey

Across the twelve participants, the 7-point Likert-scale (1 as *Strongly Disagree* to 7 as *Strongly Agree*) responses reflected generally positive attitudes toward the VR grief experience. Scores for narrative engagement ($M \approx 5.15$) and immersion were consistently high, indicating that the game's storytelling and spatial design were perceived as emotionally consistent across the five stages.

Participants also rated the experience as emotionally meaningful without causing undue distress ($M \approx 5.0$), suggesting that the symbolic and embodied design supported exploration of grief metaphors without overwhelming users. Perceived therapeutic or educational value ($M \approx 4.69$) and sense of agency in emotional processing ($M \approx 4.77$) were moderately strong, pointing to openness toward integrating such tools as adjuncts to traditional care.

Notably, the highest agreement emerged around support for further exploration of VR-based grief interventions ($M \approx 6.23$), reflecting strong professional curiosity

about the game's potential. The lowest ratings, primarily from a single outlier who scored most categories at the minimum, appeared in questions about recommending the tool to clients (M ≈ 4.54) and the game's fidelity to commonly experienced grief stages (M ≈ 4.69), highlighting both individual variability and the necessity of contextualizing VR within broader therapeutic frameworks.

Figure 8: Likert results from the post-play survey (from 1 'Strongly Disagree, to 7 'Strongly Agree'), N=12.

Discussion and Implications

When reflecting on their own grief counseling methods, participants framed digital games as an augmentation to traditional therapy approaches rather than replacements. They described grief as an ongoing, relational process that unfolds in dialogue and within the broader context of a client's familial, cultural, and social world. As such, any VR encounter would need to be woven into a larger therapeutic plan. Across the sample, practitioners emphasized the importance of:

- Grounding strategies before and after VR exposure;
- Opportunities to pause, exit, or seek support mid-experience;
- Content warnings and informed choice;
- Structured debriefs to help clients process emotional responses;
- Individualized suitability, especially for older adults and those with sensory or visual disabilities;
- Real-time emotional regulation strategies to support clients experiencing rising distress or potential re-traumatisation.

Many described group-based grief rituals, support circles, and family-centered interventions as core to their practice. This aligns with their interest in VR's potential for shared grief activities, particularly for youth groups or clients who may struggle to articulate feelings verbally.

Several participants explicitly affirmed our non-linear design choice. P9's reflection that grieving clients "*cycle in and cycle out... not sequential*" mirrors the rationale for

our recursive open-world structure, and other participants similarly described grief as variable, returning, and unpredictable. At the same time, this feedback surfaced a productive tension: while practitioners endorsed non-linearity at the structural level, they also asked for clearer per-stage modularity and signposting (P3, P6) so that players could locate where they were emotionally at any given moment. We carry this tension forward into the guidelines below, which seek to preserve recursive freedom while strengthening intra-stage support.

Despite the concept of games and play as something "leisurely" or "entertaining", experts find benefits in adding games as a tool to process emotions with indirect reflection through storytelling and game mechanics when conversation becomes too difficult. The overarching expectation is that VR must be emotionally safe, therapeutic, and appropriate, with mechanisms that enable players to reflect and accept, without overwhelm.

Design Guidelines for Serious Games on Grief

Based on the post-play interviews and survey responses, we outline five transferable design guidelines intended to inform the design of VR grief games beyond our specific artifact. Each guideline is grounded in identifiable patterns across participant feedback and is portable across narrative settings, target populations, and therapeutic contexts. While our game served as the generative probe through which these guidelines emerged, the guidelines themselves are intended as a reusable resource for designers, researchers, and clinicians developing similar serious games for bereavement support, grief education, and adjacent forms of socio-emotional learning. For more evidence and implementation guidelines, refer to Table 1 in the Appendix.

Guideline 1: Design and define the modular stages

Practitioners express a wish to have more clearly defined therapeutic content woven into the game. First, adding textbook definitions to psychological phenomena and helpful coping strategies, in addition to symbolic interactions and metaphorical storytelling, can help players understand and learn better. Second, breaking down the gameplay into multiple sessions with more breaks in between the modules (e.g., spending one day session on "Denial", followed by a dedicated discussion after) to allow space for processing to take place would be beneficial. This creates design affordances for conversation and processing to happen outside of just the play experience.

Guideline 2: Design for embodied and multisensory interactions

VR affords multiple interaction modalities unavailable in other gamified media. Reflections from experts confirm that embodiment is particularly helpful in processing difficult emotions, including anger, sadness, confusion, and fear. Mapping these emotions to epistemic actions that reveal more about the narrative, or unlock more game mechanics, can be metaphorically and symbolically significant. Spatial metaphors, such as light, sound, and appearance, can add to the interaction and reflection setup.

Guideline 3: Design for shared emotional experiences

Human connection exists and strengthens in communities. We process and bear witness to each other's emotions collectively. Adding design elements into digital games that enable this social bond is crucial for bearing witness to each other's stories and emotional experiences. Collaborative game design (to be experienced together in support groups, for example) can catalyze unexpected conversations and social experiences that have the potential to be more therapeutic than just interacting with technology or a therapist alone. This can be designed through public storytelling inside the games, sharing virtual artifacts, or adding multiplayer features that will let other people go through the experience together.

Guideline 4: Design for access and diverse player groups

Digital games and novel technologies like VR tend to attract player groups who are already technologically savvy or can benefit from digital experiences in some other way. Youth groups and neurodivergent populations experience games as a way to socialise, get safe exposure to triggers, or practice socio-emotional learning. Multiple practitioners outline the benefits of games about grief and other difficult emotions to initiate difficult conversations and learning outside of the classroom for these particular groups.

While targeting groups who already enjoy interacting with games is beneficial, making experiences more intuitive for non-target groups, like older adults or novices, is also crucial for inclusivity. The game content should be accessible for disabled populations and easy to understand for various age groups. Neurodivergent players present particular design considerations that go beyond general accessibility. VR headsets impose a specific sensory profile, such as occluded vision, close-proximity audio, controller vibration, and motion parallax. Experts observed that neurodiverse students could benefit from the game precisely because it offered structured, gamified exposure to emotionally difficult material on their own terms.

Designing for this population requires intensity controls, the ability to reduce or redirect audio, reduced motion, and facilitator guidance on pre-screening participants for sensory readiness before any session begins. Future iterations should include co-design sessions with neurodiverse participants to ensure that these accommodations are developed with rather than for the communities they serve.

Guideline 5: Design for ethical and safe immersion

Exposure to grief and loss is a difficult experience on its own. Designing virtual spaces where exposure (either primary or secondary) to these experiences can happen in an ethical, safe, and therapist-controlled way is beneficial. Potential iterations to the existing design and additional co-design sessions with professionals can help improve the language, add better-fit physical interactions, and design visual spaces that are safer and offer more opportunities for personal reflection.

Future Work and Conclusion

This paper contributes to ongoing conversations in game studies about how interactive systems represent and mediate experiences of loss. Few existing works

offer design guidelines for serious games on grief, particularly for therapeutic settings with diverse player groups. Our primary contribution is a set of five transferable design guidelines for VR grief games, intended to inform designers, researchers, and clinicians. To support these guidelines, we offer *The Road to Acceptance* as a generative design probe. We also share empirical findings from twelve practitioners across hospice, palliative care, mental health, and behavioral science. Their evaluation grounded the guidelines in clinical reality.

Our design combines embodied mini-games with cinematic cutscenes. This produces a productive tension between VR's full-body affordances and the filmic register of cutscene exposition. We treated this as a deliberate division, but recognize that fully diegetic, cutscene-free alternatives are possible and worth exploring. Future research can also incorporate co-design with bereaved individuals, including youth and neurodivergent participants, to strengthen accessibility and cultural relevance. Longitudinal studies could examine how sustained gameplay engagement shapes coping strategies and emotional resilience. Comparative work between VR and non-VR grief interventions would clarify what immersive media uniquely contribute. Prototyping multi-user modes in therapy and community settings could further test the relational benefits identified through our work.

For the DiGRA community, this work raises questions that extend beyond grief. We open conversation on three fronts: how serious games can ethically render mental health experience; how such experiences can reach populations outside the typical gaming demographic; and how embodied emotional simulation can be designed to honor the difficulty of what it represents. We hope this paper invites further work at the intersection of game studies, accessible VR, and bereavement scholarship.

We recognize that coping with loss is complex. It is unlikely to be solved by playing games or immersing in virtual stories, and neither is this our goal. There is no universal solution to an emotional process, and grief cannot be reduced to a single lesson or resolution. With this work, we aim to ethically represent many human voices and contribute to a growing and underexplored field of therapeutic gaming.

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APPENDIX

Design Guidelines

Guideline	Anchors	Concrete design moves
1. Design and define the modular stages	P3's call for content signposting and *"some sort of script... to cue the user"*; P6's recommendation for grounding before and after intense moments; P2's request that each stage *"give a prompt or something within the program... this is representative of"*; broad practitioner consensus that VR must be embedded in a larger therapeutic plan.	a) Optional pre-stage framings of "what this stage represents"; (b) post-stage reflection prompts; (c) save points and natural breaks that encourage stopping between modules ("*spending one day session on Denial, followed by a dedicated discussion after*" P2); (d) facilitator-readable session logs to support clinical debriefs; (e) brief in-game pause cues that invite the player to "*clock how am I, what's going on for me*" (P7).
2. Design for embodied and multisensory interactions	P4 on physicality unlocking emotion *"particularly for those people who are perhaps maybe more instrumental grievers, that actually the physicality of it will help to unlock some of those emotions"*; P9 drawn to the pendant as a continuing-bonds metaphor mirroring real client behavior	(a) Match the gesture vocabulary of each stage to its emotional register (forceful for anger, slow for depression, transactional for bargaining); (b) use spatial properties, such as light, sound, scale, color saturation, controller haptics, as primary expressive channels (P3: *"the*

	of carrying *"something on their person from the lost loved one"*; P4 on the Acceptance scene's *"you don't have to do life without them, you just have to change the way that you connect with them"*; P3 on the depression environment *"straight away you were like, oh, okay, this feels"*; P12 on the meaningful frustration of the Denial mini-game.	*controllers could be vibrating more"*); (c) reward sustained embodied engagement over quick task completion; (d) preserve symbolic objects (pendants, photographs, voicemails) that map to real-world continuing-bonds practices.
3. Design for shared emotional experiences	P7's *"we heal in relationships... some kind of group VR experience"*; P4's distinction between individual and *"group and class actually as well"* debrief, *"that they're going to share experiences and pick out different things that were meaningful for them and inspire that conversation"*; P12's *"you come in here to play a game, and then we talk about the game"*; broad practitioner emphasis on group-based grief rituals, support circles, and family-centered practice.	(a) Shareable in-game artifacts (screenshots, short auto-generated narrative summaries) that players can bring into discussion; (b) facilitator views or co-located spectator modes for support-group settings; (c) optional asynchronous multiplayer mechanics, e.g. leaving virtual offerings or messages for other grieving players; (d) explicit design hooks for facilitator debriefs; (e) collaborative play modes for *"helping one another achieve the tasks because of the collective nature of grief"* (P7).
4. Design for access and diverse player groups	P8's *"I was spending more of my energy on working the technology rather than engaging with the content"*; P7's identification as outside the typical VR demographic (older, non-gaming) and reflection that this displaced emotional engagement; P9's self-identified *"stimuli sensitive"* response and concern about disrupted grounding; P3's note that VR could be valuable for *"students who are neurodiverse, who have different kind of like, even sensory needs"*; P2's	(a) Comprehensive accessibility menu (adjustable brightness, contrast, audio levels, motion intensity, text size, voiceover pacing); (b) opt-in rather than opt-out for sensorially intense moments with clear preview text; (c) session-length controls and frequent natural pause points to accommodate VR fatigue; (d) pre-game tutorial / familiarisation environment for novice users; (e) simplified interaction alternatives for unfamiliar controllers; (f) avatar and narrative

	recommendation to *"give them something they can practice on, to familiarize themselves with the buttons"*; P9's question about avatar customization across gender, culture, and religion; P7's concern that strong religious worldviews could perceive the fantasy framing as *"diabolical."*	customization across gender, culture, and worldview; (g) cultural, religious, and linguistic localization.
5. Design for ethical and safe immersion	Practitioners' calls for grounding strategies, pause/exit options, content warnings, structured debriefs, and real-time emotional regulation support; P3's *"having a distress protocol in place"*; P7's recommended *"transitioning space that allows me to come from the virtual world back to the real world"*; P1's suggestion to embed in-game routing *"you could click here to connect to someone or you could call this number"*; P4's reflection on AI avatars of the deceased risking *"a very unhealthy grief and coping mechanism that they don't have to do that work to adapt to a new life"*; broader literature on retraumatization risk in immersive media.	a) Clear content warnings before each stage, with the option to skip; (b) persistent, easily accessible exit/pause that does not penalize the player; (c) grounding sequences before and after intense moments (breath cues, neutral environments, transitional bridging spaces); (d) facilitator-controlled deployment modes for clinical and group-therapy contexts; (e) co-design with bereaved individuals and clinicians at every iteration; (f) explicit refusal of mechanics that risk commodifying or simulating the deceased without consent; (g) in-experience routing to human support resources for users in distress.

Table 1: Design guidelines summary and concrete implementation examples.

Participants

ID	Experience	Grief-Related Practice
P1	Psychotherapist, 20+ years in mental health, LCSW	Works with children, adolescents, adults; community grief after suicide; supports grieving parents and families
P2	Health & Clinical Psychology	Applies integrative approaches (CBT, ACT, mindfulness); emphasizes systems therapy and culturally informed grief work

P3	Autism & Behaviour Analysis; 23 years experience	Works with autistic children and families; uses CBT/ACT adaptations; limited direct grief work but behavior-focused support
P4	Social work lead in specialist palliative care; 14 years in social work	Supports children, teens, adults after expected and sudden deaths; runs bereavement cafés and group support
P5	Clinical psychologist	Limited direct grief caseload; uses evidence-based modalities (CBT, DBT, ACT) applicable to grief contexts
P6	Professor of Social Work in Palliative Care; 28 years experience	Specializes in bereavement needs assessment; supports hospice and community families pre/post bereavement
P7	Specialist palliative care social worker; since 2008	Facilitates group work; emphasizes connection, vulnerability, and supportive presence
P8	Social worker (hospice)	Provides pre- and post-bereavement support; focuses on emotional regulation and identifying support networks
P9	Licensed psychologist; 35 years in social services & mental health	Supports adults through talk therapy, expressive arts, mindfulness; emphasizes normalization and cultural critique
P10	Palliative medicine social worker; 10 years hospice; therapist 30 years	Conducted grief groups; supports adult families through hospice loss using talk therapy
P11	Palliative social worker; 14 years experience	Supports hospice, palliative, LTC residents; uses systems theory, crisis intervention, active listening
P12	Social worker in palliative care; 5 years in health sector	Works with palliative patients experiencing grief; uses therapeutic listening and reframing

Table 2: Summary of the participants' professional backgrounds.

Study Questions

Demographics Questions

1. Please describe your professional background.
2. What has been your experience with grief counseling or grief education?
3. In your opinion, what are some of the most common or effective approaches to grief support in practice?
4. Do you currently use technology-based interventions in your practice?

5. What is your general experience with digital games (either personally or professionally)?
6. Have you used virtual reality (VR) in any therapeutic or educational settings?
7. How open are you to integrating emerging technologies (e.g., VR, AI) into grief counseling in the future?
8. What are your expectations or concerns when it comes to using interactive media (like VR games) in emotionally sensitive settings?

Post-Play Survey

The response options ranged from 1 (Strongly Disagree) to 7 (Strongly Agree):

1. The game accurately represents commonly experienced stages of grief.
2. The narrative design was emotionally engaging and fostered a sense of immersion.
3. I believe this VR experience could support grief education or therapeutic practices.
4. The experience was emotionally meaningful without causing undue distress.
5. The game provided a sense of agency in processing emotions.
6. I would consider recommending this experience (or a similar one) to clients/patients.
7. I support further exploration of VR-based interventions for grief counseling.

Post-Play Interview Questions

1. In your view, does the game reflect realistic grief responses you've seen in your clients?
2. Were there specific scenes or mechanics that felt particularly emotionally meaningful, or conversely, unrealistic and disconnected?
3. Could you see a role for this VR experience in your current grief counseling practice?
4. In what ways could a game like this complement or enhance traditional grief interventions?
5. What changes or additions would make this experience more therapeutically useful or emotionally accessible?
6. Did the experience foster a sense of emotional connection?
7. What risks or ethical concerns do you foresee in using this tool with clients, especially those currently experiencing grief?
8. What support measures would you recommend alongside a VR experience like this to ensure it remains a safe and supportive tool?
9. How do you envision tools like VR and interactive media fitting into grief support or mental health education in the future?
10. Is there anything else you'd like to share about your experience with the game, or ideas you have for grief interventions using immersive technology?