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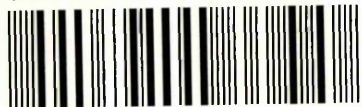
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Helps and Hindrances in Children's Bereavement: The Children's Perspectives

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Sheffield Hallam University
for the Degree of Master of Philosophy

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Acknowledgements	page 3
Abstract	page 4
List of Appendices	page 5
Chapter 1 Introduction	page 6
<ul style="list-style-type: none"> - Do children grieve? - Children and grief counselling - Children's participation 	
Audience for the research	
<u>Chapter 2</u> Historical Review and Literature Search	page 17
<ul style="list-style-type: none"> - Cross cultural variations - Literature or stories by children - Death, Rewards, and punishment in folk tales etc 	
Definitions and abbreviations	
Physical Reactions to grief	
<ul style="list-style-type: none"> - Adults - Children 	
Child Development and understanding of death	
Psychological models of grief	
<ul style="list-style-type: none"> - Phases or stages – models and limitations - Four tasks of mourning – model and limitations - Continuing bonds - Systems 	
Models derived from experiences with children	
<ul style="list-style-type: none"> - Sequential model - Four tasks for children - Chart of loss 	
Metaphors and allegories	
Evaluating bereavement interventions	
Conclusions	

Why do children need help?

Discovering Helps and Hindrances in Child Grief

- Researcher role, legitimacy and bias
- Methodology
- Identifying Areas of Interest/Concepts
- The Interviews
- Ethical considerations
- Gaining access

Interview Consultation group

Interview preparations

Chapter 4 Findings

page 86

Analysing the data

- Giving and receiving bad news
- School issues
- Peer reactions
- Rites of passage and grief rituals
- Family support and communication
- Outside support
- Children's personal issues and spirituality

Chapter 5 Conclusions & Recommendations

page 132

Chapter 6 Researching with children - reflections

page 143

References

page 147

Appendices

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'It behoves all who profess concern for children to search with children, discover their meaning, uncovering their needs and strengths, their answers in the world children see. Such efforts may reveal pleasant surprises' (Iles, J.P. 1979)

No such child-centred search into child bereavement has been undertaken with young children in the United Kingdom, a major gap in a key issue for the welfare of up to two million children under 18 at any one time who have lost a close attachment figure. This study is intended to make a contribution to our knowledge by seeking to learn from the experiences of children 6 – 12 years who have lost a parent (other than through murder, suicide or Major Incident) using semi-structured interviews in a qualitative study.

Comparisons are drawn from the children themselves on such issues as anticipatory grief, how the news of death was given and received, participation in rites of passage, and the bereavement care received from home, school, or other outside agency. Comparisons are also made with practices in the United States where child-centred studies have been carried out. (Silverman 2000, Worden 1996)

In addition to the special ethical issues involved in research with children, this study also examines difficulties experienced in attempting to set up a child consultation group, and the reasons given by gatekeepers (NHS, parents, teachers, Social Services and counselling organisations) for refusing access to children, with evidence as to how these and exclusions from grief rituals can hinder child development and retard self-esteem.

The past few years have seen criticism of the lack of evidence for increasing funding to government or voluntary organisations for helping such children. This is a limited study that I hope will provide a basis for further investigation and also lead towards inclusion of death and bereavement in the Schools' National Curriculum.

List of Appendices

	Page
Appendix A – Letter to Head Teachers	2
Appendix B – Letter to Heads of Church Schools	4
Appendix C - Suggested letter to Parents	6
Appendix D – Letter to secretaries of counselling organisations.	7
Appendix E - Response form for parents	9
Appendix F - Invitation Letter to Secondary Heads re Consultation Group	10
Appendix G – Suggested Letter to parents re consultation group	11
Appendix H – Letter to Cruse Bereavement Care Headquarters	12
Appendix I - Schedule for semi-structured interviews	14
Appendix J - Invitation to children to comment on interviews	16
Appendix K - Children’s Responses to invitation	17
Appendix L - Assisting Organisations and Schools	24
Appendix M - Sample of Transcript Colour Coding	25
Appendix N - Items published during this research	37
Appendix O - Children’s Parents’ and teachers’ Guides to Bereavement	42

Chapter 1 Introduction

In 1992 Pynoos wrote that nearly two decades had passed since Parkes (1975) and his colleagues ushered in the first studies on adult bereavement, and that as in other areas of psychological enquiry a significant amount of time passed before similar studies were begun with children. Apart from the work of Parkes, and Wilson (1967), there is little study on the subject prior to the 1980's. As recently as 1999 Barnard et al observed that child bereavement was still a taboo subject and expressed surprise at the lack of relevant literature and research.

Various theories do exist that Smith and Pennells (1995) believe help us to understand that from infancy children react to separation and loss and that the management of these situations has implications for future emotional development. Bowlby (1969) developed his theories of attachment and loss after observing institutionalised children showing separation anxiety. He felt that the breaking of the affectional bond formed in infancy could be disturbing, causing protest behaviour of a nature that could also be observed in grieving children.

This seemed to confirm the report by Parkes (1975) of observations by Robertson (1953) on the reactions of children aged up to 15 months on being admitted to hospital (before the days when children's hospitals provided facilities for parental company). They were acutely aware of the loss of their main attachment figure, their mother, and sought to recapture her by the full extent of their limited resources – loud crying, shaking their cot and throwing themselves about, looking eagerly for a sight or sound which might prove to be the missing mother. Parkes noted that the child is acting out not just the sense of losing its mother but of being lost itself.

Bowlby's work is recognised as having had a positive effect on improving understanding of the importance of maintaining attachments, and has been applied in a number of situations including children's wards in hospitals where parents are now encouraged to remain with their child, leading to better care and faster recovery. Others however have pointed out that infant attachments depend more on the quality of the relationship than the mere presence of, for example, the mother (Schaffer & Emerson 1964) and that fathers might acquire skills in being able to detect and understand a baby's needs and responses (Newson 1974)

These findings reflect some of the stories heard as a minister when gathering information for a funeral. Siblings of the deceased would speak of them being more like a parent, perhaps leaving school at an early age to give them attention at home. Reasons varied from the mother's early death, the mother being exhausted from much child bearing or work, unable to cope, or simply being uninterested in the children. Others (especially women) have told of their most important attachment being a grandparent, as their mother was jealous of their relationship with their father.

One of Bowlby's most severe critics has been Rutter (1972) who challenged Bowlby's principles on which many family court decisions were based in the United Kingdom. Rutter showed repeated findings that many children are not necessarily damaged by 'Maternal Deprivation', that it is not only early years that have an impact but that the first few years may have a special importance for bond formation and social development. In particular, Rutter's investigations have shown the importance of a child's relationships with people other than the mother.

Do Children Grieve?

Given this exploration on attachments by both Bowlby and his critics, and the effect this had on medical practice it is difficult to understand why society, including professionals, lagged so far behind in recognising that children grieve. By 1988 Pennells & Smith found they were still hearing doubts as to whether children do grieve at all, and hearing others express the view that children were only grieving when they could be seen to be crying or upset. This meant adults often failing to recognise other presenting behaviour, ranging from silence to anger, bad dreams, and behaviour change including bed wetting (Black 1983), as arising from grief. Eight years on, Smith & Pennells (1995) noted that there was still a dispute over child grief in society, but that there seemed to be movement towards the reality of this.

Many of the assumptions on child grief are listed by Goldman (2000) under the heading 'Myths of Children's Grief' and include:

- The grief of adults does not impinge on the bereaved child
- Adults should avoid topics that cause a child to cry
- An active playing child is not a grieving child
- Infants and toddlers are too young to grieve

explanations to children about loss, grief, and spirituality

- Children should not attend funerals.

As a parish priest in Sheffield during the 1990's I became increasingly aware of the number of children and young people who were virtually excluded from sharing in family grief rituals as equal members. This exclusion behaviour is documented by Pennells and Smith (1995), who emphasise the need for children to be told the truth, to acknowledge their grief, to be included in the mourning processes, and to be given explanations. Silverman (2000) comments 'In many ways, we are both deaf and dumb to children's thoughts about death. In many ways, it is worse than silence from the grave. What a great disrespect this is – to ignore the child's reality' (p 3).

As a grief counsellor for Cruse – Bereavement Care since 1986 with adults, and since 1994 with children, I have assisted children following the death of a significant person, and listened to the advice of professionals and representatives of organisations specialising in this field. It has become increasingly clear to me that children's distress at their loss is at times compounded by the actions of adults, both by exclusion practices and other actions keeping them from the truth of what is happening.

The irony is that frequently these actions seldom have the intention of mistreating the child, but are attempts to erect a 'protective barrier' (Smith & Pennells 1995). Others' actions are just thoughtless, such as refusing to warn that the significant person is dying. Such processes are seen in hospices also and described by Faulkner, et al (1995). Riches and Dawson (2000) also note the problems of adjustment caused by parents who believe that holding back details of a death spares surviving children further pain. Harrington and Harrison (1998) attribute such problems in many cases to poor parenting, but several writers also decry the lack of any serious approach to the whole subject in schools or in teacher training (Holland 2001). Riches & Dawson (2000) refer to 'the Invisibility of Sibling Bereavement', seeing it as a neglected subject in comparison with studies such as the impact of child-death on parents.

Children and Grief Counselling

A challenging paper, which appeared to throw doubt on the value of counselling for children in grief, received national media publicity as a result (Harrington and Harrison 1998). The publicity appeared under such headings as "Counsellors do children more

harm than good' (Early et al 1998). The authors do not make any distinction between a general one. They do say that interventions are not required in many cases, and that most grieving children do not show serious symptoms or dysfunctional behaviour, but conclude that there will be some children and families that will require help. Black (1983) however put at 50% the number of children suffering from the death of a parent likely to be markedly hindered in their everyday functioning during the first year of bereavement, with one in five likely to require referral to a specialist service.

The statements by Harrington and Harrison (1998) that provided a challenge were that 'Little systematic research has been done on children who have lost a close relative through death' and that 'Families have a right to expect that the merits and demerits of the interventions on offer have been properly evaluated'. These authors acknowledge similar views by Scheiderman et al (1994). On the same issue, Scheiderman made the point that given the high cost of health care it is important to determine what type of programme is effective. Barnard et al (1999) cautioned that some interventions have the potential to cause problems for a child.

Griffin (2002) makes the point that clients can and do frequently go away from various forms of therapy feeling better for a while because someone has listened to them, but because they have not received any 'tools' or strategies to use to carry them forward, revert into their depression, panic, guilt, or other symptoms. Similarly, it is not difficult to give a child client activities such as drawing and colouring, making collages, or modelling, which they enjoy doing for an hour or so, without helping them reflect on the significance of what they have done. We can go on believing that we are 'doing the good' by just listening or empathising, but we do need to ask ourselves some hard questions:

- Have the children gained any new insights or just enjoyed themselves?
- Have they understood the purposes of and been helped to reflect on the exercises done?
- Have they learnt anything new that might comfort or resource them, or reassure them that their responses and emotions are not abnormal for someone grieving?
- Have they been given strategies that can help them when feeling bad at school or with peers?

feeling pain and that the emotions they are going through are not signs of having something wrong with them? (Silverman 2000)

Unless we address these questions, and are continuously learning how to implement the principles involved, we have to ask ourselves 'Whose needs are being met?' Doing this work voluntarily does not mean our approach is to be less professional than if we were paid. Nor is there anything wrong in admitting that we do something in fulfilment of our own needs as well as those to whom we reach out.

It is clear that help will be needed for a percentage of children who experience the loss of a person significant in their lives, and it seems logical therefore to suggest that remedial treatments for emotional problems should be subjected to objective study as to their efficacy, just as clinical treatments are subjected to clinical trials. Trickey (2004) states that professional therapists also are now under pressure as much as anyone else to justify their work since much of it is funded from the public purse. While the methods used cannot be the same, since emotions cannot be measured in the same statistical manner as pharmaceuticals, nevertheless, the sheer numbers of children and young people who have to endure the loss of a parent or sibling each year (see figures below) make it inevitable that a) some will be vulnerable to longer term negative reactions and possibly mental illness and b) some will have their parent(s) feeling unable to cope and seeking help.

The following figures, (Figure 1 on page 11) from unpublished research quoted by a representative of Winston's Wish, based on a study in South London, and figures from the National Statistical Office, project that every 27 minutes the father or mother of a person under 18 dies in the UK, so approximately 53 are bereaved daily. This amounts to nearly 20,000 per year. Further statistics show (Meltzer et al, 2000):

3% of all 5 – 15 year olds in this country at any one time will have had to cope with the death of a parent or sibling i.e. 225,000 youngsters.

Over twice as many, 510,000 will have had the experience of losing a close friend through death.

.13% of 5 – 15 year olds have experienced the death of a grandparent.

Two million of
these children
will experience
loss. (Some
children will
suffer more
than one loss)

5-15 year olds

Grand- parent (1,100,000)	Close family friend (500,000)	Parent or Sibling
--	--	------------------------------

PARENTAL DEATHS – UNDER 18’S
A parent dies:
• 1 every 27 minutes
• 50 every day
• 18, 259 every year

Figure 1

UK CHILDREN’S EXPERIENCES OF DEATH

Figure 3 page 66 shows less than 10% of schools have a bereavement policy despite nearly 70% having at least one child bereaved of a significant person within the previous two years. While the sample for the policy figure (12) is much smaller than that for the numbers involved, the indicators from this study seem to point to the reality of this.

Given such numbers it is hardly surprising that just as a large number of agencies have sprung up in the past few years to offer counselling (including grief counselling) for adults, so some of these have extended their facilities to children, while other organisations are dedicated to working with groups of children and their families.

Rolls & Payne (2003) in a study of UK provision of childhood bereavement services, found that 73% of such providers had a mixture of paid and unpaid staff, with only 11% relying entirely on paid, and 14% on exclusively unpaid people. Whether paid or unpaid, there were what the authors describe as 'a significant number' with professional qualifications, including counsellors, social workers, psychologists, doctors, play, art and occupational therapists. Their significance is not made clear, since training syllabuses in these professions vary and it cannot be taken for granted that all of them include even basic bereavement work with adults, less still with children.

Providers range from national to locally based, and include specialised groups such as those attached to children's hospitals at Gloucester (Winston's Wish) and Liverpool (Alder Hey). Some such agencies (e.g. Cruse Bereavement Care) offer help only with parental consent. Others, such as Childline and the NSPCC take calls directly from children. Cross (2002) reports that Childline alone receives 1000 such calls per year on this subject. Many such calls are from children who are profoundly distressed, including some where one parent has been responsible for the death of the other parent. The Childhood Bereavement Network, established in 2000, had 250 member organisations throughout the United Kingdom by 2004, including local groups, children's hospitals and hospices, and including Cruse Bereavement Care, many of whose 150 branches provide help for children. The Network holds regular updating meetings for members. The Gone Forever Trust, that provided the initial encouragement to me to go ahead with this research, specialises in educational work for teachers, nurses, clergy, and other professionals who have to assist bereaved children, produces leaflets to advise children and young people on reactions they might experience after bereavement, plus notes for

teachers and parents on the same issues, with appropriate responses (Appendix 5). Other agencies mentioned have similar publications.

Commenting on the limitations in literature and research into children's grief, Segal et al (1995), and Harrington and Harrison (1998) saw these limitations as partly because many are focussed on small samples of children who were in psychiatric treatment. Recognising that children without other underlying problems do grieve, Barnard et al (1999) cautioned that some interventions pay more attention to the needs and perceptions of adults than the children. 17 years earlier, Berlinsky et al (1982) had made a similar point, that to better understand the impact of parental death on children, researchers need to learn more about how the death is experienced by a non-clinical sample of bereaved children who can speak for themselves.

Children's participation

By 1992 Pynoos had noted a quiet revolution throughout the field of child psychiatry in that the psychological barrier against interviewing children was being removed, and that, in the USA at least, studies were underway at a number of sites, that relied as much on self-reporting of children as on other sources of information. The previous year, Blackburn (1991) noted how few studies there were in which children's own responses formed part of the research. Raphael (1982) had included some child responses but commented that while few professionals denied bereaved children have needs, many showed a reluctance towards finding out what these might be, and that the reluctance of the adult world to acknowledge the pain of grief in childhood is likely to have contributed to the dearth of research involving 'normal' children's responses.

Whether this reluctance has been fully overcome seems doubtful since Holland's (2001) UK study with 70 volunteers bereaved of a parent included only adults who had been bereaved at least five years before their interview, since, he wrote, such research could be an intrusion and had the potential for causing further distress. After five years however considerable maturation would have occurred in the subjects, affecting their responses. The assumption here also is that the distress caused by revisiting is the same as that manifested immediately following the death, and that this is undesirable. A similar assumption appears in the responses of a Local Medical Ethics Research Committee to my application to interview children from an organisation under the auspices of a Primary Care Trust. Jewett (1994), however, shows that children will often

need to review and readdress grief experiences and their feelings about them as they grow and develop and may sometimes need help with this.

Researchers in the USA who have approached the subject from children's perspectives, Silverman & Worden (1992), Worden (1996) and Silverman (2000), give the view that factors other than the loss need to be in place before a bereaved child can be considered at risk. These will include the context within which the death occurred, the responses of the surviving parent, availability of social support, and subsequent life circumstances. But, again, in their view researchers need to learn more about these experiences from bereaved children who can speak for themselves. Similarly Iles (1979) reflected that research in these subjects consistently depicts what adults see when they observe healthy siblings, while Faulkner et al (1995) highlighted a number of tensions caused by differing perceptions between parents, health professionals and the children themselves about what is best both for a dying child and siblings in terms of knowledge and actions aimed at protecting them. This UK study was child centred.

This study will seek to identify what children themselves have found helpful or otherwise following the death of a significant person in their lives, rather than give only the views of parents, psychologists, teachers or health professionals. It will be restricted to children from 6 – 12 years, since developmental psychology shows that children under six years may have difficulty understanding death cognitively, while both cognitive understanding and emotional responses change in adolescence (Herbert 1996, Pennells and Smith 1995). This is not to say that children under the age of six years do not grieve. The foregoing discussions on attachment theory show that strong attachments start at an early age depending on the quality of the relationship.

The decision to focus on this age group is governed by the need to identify a group that is at a recognised stage in developmental awareness (as explored later) and my ministerial experience that this group is frequently excluded from family grief rituals. The study will not try to explore responses of children helped by specialised agencies such as those handling violent death (Hendriks et al 1993) or suicide; agencies that run family or group events including residential (Winston's Wish, Alder Hey); children traumatised or shocked by deaths arising from Major Incidents, whether from nature, (freak weather and floods), or man made such as rail, air, or ship disasters or coach crashes, in which large numbers are involved. (Yule & Gold 1993).

This study seeks to understand the importance of bereaved children's experiences, whether or not they have received some form of bereavement care and support from school or other source outside their family. Helping or hindering factors will be drawn from the evidence of the children themselves. In 1979, Iles wrote "*It behoves all who profess concern for children to search with children, discovering their meanings, uncovering their needs and strengths, their answers in the world children see. Such efforts may reveal pleasant surprises.*" (P 376).

This is the principle behind the policy adopted by Watson et al (1999) in their investigation into the experiences and perspectives of disabled children. They set out to focus on the children's collective and individually lived experiences and enable them to participate in the design and methodology. They would thus be provided with opportunities for their voices to be heard. They found that much of these children's minute-by-minute direction was under adult control, which correlates with the control, direction and lack of choices given to bereaved children, with attendant assumptions that the adult knows best in every situation, and decisions made geared more to the needs of the adults, whether parents or professionals, than the children. This comment reflects almost exactly that by Barnard (1999) quoted earlier about the approach to bereaved children

Indicators will be sought as to how the children in this study have moved forward since the death of their parent(s) and attempts made to identify the helpful and unhelpful factors in supporting bereaved children so as to provide evidence and guidelines for those with this responsibility, whether parents or professionals.

The Audience for this Research

This work is in part fulfilment of a MPhil degree at the Sheffield Hallam University. In that context the first audience and readership must be my supervisors and other members of the research team in the Faculty's Division of Education & Humanities, plus examiners internal and external. This environment also provides the credibility necessary for such a study, both ethically and academically.

Secondly, this project attempts to assist those in the many professional and voluntary groups throughout the country who give time each week or month to try to assist bereaved children. We have all come in for criticism in recent years for not providing

whether we might be doing more harm than good. Many being publicly funded have also come under pressure to provide such evidence (Trickey 2004).

There are many professionals whose training did not assist them in this subject at all and who feel totally inadequate at handling it. Teachers, General Practitioners, nurses, health visitors, and social workers all come within this bracket according to a study by the Department of Children's Health at St Michael's Hospital in Bristol. Another group that I hope will gain from this work is my fellow ministers engaged in the pastoral care of the bereaved. I doubt if any students leave ministerial training courses these days without basic knowledge of the processes of grief. But understanding of these processes and the objectives of grief care have changed considerably in the past ten years, just as have the reference books used for theological studies.

My background is in behavioural science, and I am not trying to investigate children's psychological or emotional responses to grief. These will no doubt be subject to continual investigations and refinements by people better qualified than myself. My interest in observing how people react rather than the reasons behind their behaviour, stems from time spent in Kenya with the psychiatrist, the late Dr William Sargeant, (1962) who introduced me to Pavlov's's concept of 'freeze, defreeze, relearn, refreeze' as a cycle of learning.

Finally, although it is highly doubtful if any of the children this is intended to help will read it, I hope that they will receive help vicariously in the benefits gained from my interviews, with their peers and their parents. It is my intention to give a simplified short summary to each of the children who have assisted me when the project is completed.

*'Give sorrow words. The grief that does not speak
Whispers the o'erfraught heart, and bids it break''*

Macbeth Act 4, Scene III

William Shakespeare

'Bereaved' is an old English word that described the experiences in the 17th century whereby gangs (known as 'reavers') descended on villages to murder and rob (Gersie 1986). The meaning of bereavement has changed to convey loss not just through violence, but any death, and other losses such as a valued job, a relationship, an object of monetary or sentimental value, or a much loved home.

It is doubtful whether any race or tribe does not have rituals to mark the end of someone's life. Gersie (1986) for example, lists myths and stories on this subject from North, Central, and South America, Oceania, Europe, the Near East, Asia and Africa. Some of these are very ancient such as those of the Aborigines (Australia), the Tonga (New Zealand), and Bushmen of the Kalahari Desert in South Africa. Benn (1986) quotes poetry and prose from China, Egypt, the ancient Hebrew people and such historical characters as Plato (Ancient Greece), and Ancient Rome, as well as more modern authors from Tolstoy of Russia and onwards. Whittaker (1996) quotes from ancient Sanskrit, Hasidic, and mediaeval Latin lyrics. Benn and Whittaker include both faith and secular writers, poets and playwrights over several centuries.

These folk stories, literature and rituals are often not just to assist the passages of the dead to move into their next state of being (according to the beliefs held) but to comfort those left behind.

As Ayalon puts it in the foreword to Gersie (1986), in many cultures grief is a taboo subject which operates along a Denial line, namely 'If I don't think or talk about it, it will never happen'. As talk of death is denied to people by this taboo, some have spoken of it through the guise of various and strange characters in literature, people who can say, under poetic licence, things the rest of us cannot say, says Ayalon. 'By creating a backdrop of familiar scenes and images, storytellers create a semblance of a stable and secure environment into which they will later introduce the foreboding elements that carry the message or the bit of unbearable knowledge that has to be imparted to the

those surrounding death.

This security says Ayalon, is frequently created by a process of 'distancing', which is reflected in many folk stories, myths and legends by beginnings such as 'Once upon a Time, in Never Never Land', with the heroes being royalty, personified animals, or supernatural creatures. Thus a well-chosen story provides the necessary safe distancing but at the same time allows for involvement through the process of identification, the necessary contradiction to distancing explored by Shiryon (1978). Such identification, says Ayalon, will include projection, catharsis, and insight, all part of a therapeutic impact resulting in a combination of diminished anxiety and increasing self-esteem.

Cross-Cultural Variations

While death will be an unwelcome event or subject for most cultures, not all exercise the same responses in what they believe, feel or do. Rosenblatt (1988) quotes Wikan (1988) who says the people of Bali, for example, expect to remain calm, and emotional control is highly prized, with agitation seen as a threat to health, and continued grieving as pathological.

By contrast, Wikan's investigations in Egypt revealed a culture in which a major loss (say of a young adult child) will cause years of depression, suffering, and remaining in bereavement. Significant national differences in cultural responses are generalised by Kleinman (1986) who points out that whereas the dominant American response to grief and other dysphorias is to psychologise them, in other cultures such as China, they are somatized – in other words they produce recurrent and possibly multiple physical medical symptoms and reactions which have no discernible organic cause. This was a phenomenon recognised amongst London widows studied by Parkes (1975) and others, which I shall discuss later.

Wikan concludes that these cross-cultural variations in the reactions and behaviour of bereaved people are not random but arise out of societal ways of understanding the world. The smiling Balinese or the mute Egyptian are equally to be understood as sane, healthy and appropriate by the standards of their own society, and we cannot use the notions of pathology derived from one culture to evaluate people from another.

Rosenblatt (1993) shows that differences exist within American culture and that it pays

emphases as a kind of metaphor. To be able to help people effectively, maintains Rosenblatt, we must overcome our suppositions and struggle to understand people on their own terms. This principle will be especially relevant in areas of the United Kingdom with immigrants or refugees who, as Parkes (1997) points out may lack the type of helping community they would expect to find in their country of origin.

Thus, while Shakespeare will never have heard the words ‘bereavement counselling’, his lines from Macbeth, quoted at the start (and which pre-empt the earliest psychoanalysis, ‘the talking cure’, as I shall show), are also based on a cultural supposition.

Literature or Stories by Children

Unsurprisingly, there is very little literature on bereavement that comes from direct experiences while still in childhood. There are well known classics such as those by Charles Dickens (*Oliver Twist* 1917, *David Copperfield* 1917) that tell of experiences from a child’s point of view, and are known to reflect some of Dickens's own experiences, but they are written when an adult.

One exception is a collection of 18 personal stories told by children ages 7 – 16 years with a photograph of each child, put together by a professional photographer. Krementz (1983) noted how often such children do not know others in similar circumstances, and seemed to welcome the opportunity to reveal – and relieve – their feelings. She also found that the children appreciated the concern of someone who was not in a close relationship. None of the reflections were on very recent deaths (i.e. less than two years before) but all were under 16 at the time of telling their stories. The work cannot be labelled as a research study, but gives useful insights in an area where so little is known.

Death, rewards and punishment in Folk Tales, Fantasies and Fairy stories

While not written by children, there are a vast number of fairy stories, folk and morality tales often thought of today as being children’s stories but intended for all ages when first carried orally and passed down through generations in various cultural traditions. Many of these tell of tragedies, and death, often with quite gruesome details over the manner of the death.

Hen' for example, not only gives graphic details of this death, but also of the drowning of the entire funeral cortege, and concluding with the death of Hen's husband – from grief. (Grimm 1982)

Such tales are often seen as 'kid's stuff', but Hallett and Karasek (1991) point out that this is a relatively recent development in their history, and that most raconteurs report that children are rarely squeamish when they hear about decapitation or other forms of mutilation. Grisly episodes often strike them as amusing. Most traditional stories can be read and interpreted at different levels by different age groups and from varying perspectives according to the reader's experience. Thus children who are downtrodden and underprivileged will identify and empathise with the protagonist.

Some of the best-known English nursery rhymes are known to reflect adult political issues of their time, the morality of political or regal names, or major social disasters. Symptoms of the bubonic plagues of the Middle Ages for example are described in 'Ring a ring of roses' Additional elements which attract all ages are those of magic and mystery, and the potential and actuality of heroic figures overcoming evil.

These elements are also captured in the more modern stories by J.K Rowlings (1997) about the story hero Harry Potter. A major thread of the first of these, 'The Philosopher's Stone' is Harry's search for answers to the mystery surrounding the death of his parents, and who caused it. One feature shows Harry seeing his parents in a mirror, which, while a fantasy in one sense, accords with the experiences of many children and adults of having some glimpse or feeling someone's closeness, after their death.

Even without magical elements, tales stay in the memories of both adults and children where there is an element of mystery around the loss and death. Because the reading was never completed I held the memory of such a book read to my class each day by the class teacher at Junior School. In 2004, (60 years later) I discovered that the book in question was available through the Internet, enjoyed reading it all through and having the mystery resolved ('Nobody's Boy', Malot 1916),

Many stories, says Tater (1987), do have straightforward lessons about the virtues of telling the truth, obedience, and suppressing curiosity, and are cautionary tales of how power is invested in adults. It is significant that in many tales, justice can only be

fish or tree, a cloak of invisibility or genie in a lamp. These are common themes for the heroes in folk stories. (Propp 1968). Such elements are present too in African folk tales (Arnott 1967) and these tend to have a strong moral content.

These can therefore be seen to mirror the 'magical thinking' that is known to be a common feature for children following the death of someone close (Herbert 1996). This causes the child to believe that in some magical way they have caused the death, perhaps because their last words to the deceased were said in anger, especially if such sentiments as 'I hate you' were said or thought, or because they had been disobedient, perhaps in a way of which the deceased was not even aware.

The possible dangers of folk tales causing children to confuse fantasy with reality were recognised by an English educator two hundred years ago, (Trimmer 1805), who is quoted by Hallett and Karasek (1999).

'A moment's consideration will surely be sufficient to convince people of the least reflection, of the danger, as well as the impropriety, of putting such books as these into the hands of little children, whose minds are susceptible of every impression; and who, from the liveliness of their imaginations are apt to convert into realities whatever forcibly strikes their fancy'

Although the writer is described as coming from Rational and Sunday School Moralists who looked with horror and consternation upon this popular literature this does not detract from the insight shown.

But magical thinking is not confined to children. The same is found in adults who for example refuse to make a Will, or teachers reluctant to make contingency plans for a school accident as recommended by Yule and Gold (1993). In either case it is common to hear such comments as 'It's asking for trouble'. Stevenson (2004) reports similar views by teachers and others in response to his programmes of education for death and bereavement in New Jersey High Schools in the USA.

in essence then, both adult and child are presented with both child and adult mourning over their (and our) deepest fears and desires, and reflect our fantasies of interventions to bring about revenge or justice.

Abbreviations

Where the following initials or abbreviations are used their meanings are as follows

NCB - National Children's Bureau

CBN - Childhood Bereavement Network

GFP - Gone Forever Project

CRUSE - Cruse Bereavement Care

COD - Concise Oxford Dictionary

Definitions

It is useful at this stage to differentiate between bereavement, grief, and mourning as these words are often interchanged and used differently. Goldman (2000) goes further and claims that one of the myths about bereavement, loss and grief is that they are frequently believed to be the same experience. Goldman gives the following definitions:

Grief is defined as a normal, internalised reaction to the loss of a person (usually, but not necessarily through death) thing or idea. It is our emotional response to loss.

Bereavement is the state of having lost something, whether it be significant others, significant things, or our sense of self. This state can range from the death of a parent, the destruction of a home, to the loss of a dreams, dignity, and self-respect.

Mourning means taking the internal experience of grief and expressing it outside of ourselves. It is the cultural expression of grief, as seen in traditional or creative rituals. Traditional rituals refer to the ones that are sanctioned culturally, such as funerals. Creative rituals can include writing a letter to the deceased and then destroying it. Rituals are the behaviour we use to do 'grief work'.

Thus it is possible to be bereaved and go through traditional outward rituals of mourning such a funeral, but experience very little pain in grief. In ministerial practice I have known people whose main feelings have been those of relief. For example, the widow of a man who had left his wife for extra marital relationships: 'His death did us all a favour – it made everything simpler, money, relationships, property'.

For the sake of uniformity I use the following terms for the main rituals:

Viewing the Body refers to the bereaved visiting a funeral parlour to see the body of the deceased after its preparation for the funeral. American studies use two different terms for this ritual. Fristad et al (2001) use the term 'Visitation' to include a funeral-parlour visit with an open or closed coffin. The Concise Oxford Dictionary (COD) states that this term is used in the USA for a gathering with the family of a deceased person before the funeral. Worden (1996)) however uses the term 'Wake' to describe this act. It may still have the same meaning in some parts of this country, but in most places this word would not be used for this ritual.

Wake will refer to any gathering of family and friends after a funeral whether in a family home, in licensed premises or a restaurant. Its original use in this country (as stated by the COD) was to describe a vigil or watch beside the body of the deceased (which is more akin to the understanding given by Worden above), but in the north of England at least it seems to have widened into what was originally an Irish term (COD) meaning a post funeral party, whether or not alcohol is consumed (e.g. Wake tea). Such a gathering is referred to as a '*Shiva*' in the Jewish tradition and as *AZZA* by Muslims. Neither Fristad et al (2001), Worden (1996), Silverman & Worden (1992) all American writers, nor Dyregrov (1990) the Norwegian consultant on child grief and trauma, make any mention of such gatherings.

A funeral refers to any ceremony, whether religious or secular, following which a dead person is buried or cremated (OCD). It is rare nowadays to have a funeral where the funeral service and the actual burial take place without a break for the removal of the coffin from the church or chapel to the place of burial. The same can be the case for a secular, humanist ceremony, where a hall may be used for people to share memories and celebrate the life of the deceased before transferring to the burial ground. In the case of cremations there is more frequently less movement as the ceremonies take place in chapels adjacent to the crematorium ovens. The exception to this is when the funeral service takes place in a church or hall beforehand.

This can be the actual burial in a grave or family vault of the body of the deceased or the residual ashes following a cremation. It is rare, but not unknown, for members of the public to view a coffin being placed into an oven specially built for this purpose.

Physical reactions to Grief

The Concise Oxford English Dictionary (2001) defines grief as 'intense sorrow, usually following a death.' This definition hardly does justice to the subject since intense sorrow implies a specifically emotional reaction. Intense grief however is frequently, accompanied by physical reactions that Parkes (1975) attributes to a general disturbance in the nervous control of bodily processes. Thus, 19 of the 26 young widows involved in Parkes' London Study lost their appetites during the first months of bereavement, while others had difficulty in sleeping at night, digestive disturbances, palpitations and headaches, plus muscular aches and pains. In another study with eight London General Practitioners, Parkes identified 44 widows who had been registered with their G.P.'s for at least two years before and one year after bereavement. There was a 63% increase in the number of these who consulted their doctor in the year after, compared with the two years before.

Similarly, Parkes' (1972) Harvard Study showed that four times as many bereaved people of both sexes had spent part of the preceding year in hospital and were distinguished from the non-bereaved by the frequency of their complaints of physical symptoms (indicative, says Parkes, of anxiety and tension). They also consumed more alcohol, tranquillisers, and tobacco than they had done prior to bereavement.

Parkes (2002) points out that the very origins of psychoanalysis as a means of regaining health lay in the discovery by Breuer in 1881 that the physical problems of a 21 year old girl – such as headaches, paralysis, and partial anaesthesia in her limbs, had come on during her father's terminal illness, and got worse after his death. Breuer found that his 'talking cure' (as psychoanalysis was first called) caused most of the more severe and obstinate symptoms to disappear dramatically. This was after she described the events that Breuer concluded gave rise to these symptoms. This work was subsequently dropped by Breuer and taken up by Freud in 1894.

Such strong physical reactions are hardly surprising since Bowlby (1969) asserts that no

he says, the mere threat of loss creates such high anxiety levels, and actual loss such intense sorrow, then Parkes' contention that these are enough to provoke strong reactions to the nervous control of bodily processes is entirely justified.

Bowlby prefaces Parkes' publication of his work on grief studies in 1972 by expressing surprise that psychiatrists have taken so long to recognise bereavement as a major hazard to mental health, to which I would add the word 'potentially' in view of Freud's (1917) view that although grief involves grave departures from the normal attitude to life it did not occur to him to regard it as a morbid condition or hand the mourner over to medical treatment. Freud was sure that after a lapse of time it would be overcome, and looked upon any interference with it as inadvisable or even harmful.

Physical Reactions in Children

A number of writers pay attention to the physical reactions experienced by children triggered by the emotional impact of the death of a significant person. Dyregrov (1990) notes that bodily complaints in the form of an increase in headaches, stomach upsets or sore muscles, are all known to appear in some grieving children. He gives an example of a child of three years who amazed her mother by identifying and attributing the cause of her fever and vomits to her sadness at the death of her father. Smith & Pennells (1995) include these symptoms in their findings plus general feelings of being unwell. Both of these sources refer to examples of children showing symptoms that parallel those of the deceased. Black (1993) shows how children's reactions to loss tend to be bodily in the form of infections, bedwetting, or loss of appetite. Holland (2001) quotes Schaeffer and Lyons (1986) who state that bereavement emotions can be strong enough to cause changes in a girl's hormonal system, leading to menstrual periods ceasing for a few months.

I have focussed on the physical aspects of grief at the start, as my own experience with both adults and children is that many people, including medical professionals, teachers, and parents, frequently seem unaware of this aspect, seeing grief solely as an emotional difficulty. Adults and children are frequently visibly relieved when I ask them if they have bad dreams, or wake up with chest or stomach pains, or headaches. They have assumed that these are abnormal reactions or that they were sickening for something themselves. This reaction, together with the failure of medical professionals to identify

grief as affecting the physical health of children was confirmed in a study conducted by Lloyd-Williams et al (1998) which found that bereaved children consulted general practitioners more frequently both in the year before the deaths of their sick fathers and afterwards. One-third of these consultations were for symptoms for which no organic cause could be found. The authors concluded that 'the support needs of these bereaved children did not appear to be addressed'. Although a very small sample, the data reflects the findings of Parkes' (1972) study of adults.

Child Development and understanding of death

Although there is general agreement that children's understanding develops in parallel with their cognitive maturation through childhood and into adolescence, there is less agreement as to the pace of this development, which may well be influenced by the quality of parenting and parents' own cognitive abilities. Most writers refer to the work of the Swiss psychologist Piaget (1954) described by Thomas (1990) as the most influential authority in delineating stages of mental development in children. Piaget cast cognitive development into four stages, the first occurring between birth and aged 2 years, when a child has only a rudimentary knowledge of language, and only at the end of this stage being able to represent objects mentally and therefore be able to combine and manipulate them (though this seems to me to beg the question as to why a baby believes crying will produce attention or food if it does not believe they exist). The second stage goes on up to 7 years during which time behaviour is still mainly egocentric, when they still have difficulty in distinguishing reality from fantasy, but words and actions begin to be internalised and children can act on objects or ideas which are entirely in their minds.

Piaget's other two stages run from around 6 – 7 up to 12 years, then from 12 years to physical maturity. In the first of these periods, Thomas (1990) refers to marked advances in children's cognitive abilities, as did Piaget, noting that this is a time when they do not necessarily have to see something in order to carry out problem solving or operations (but are considerably helped by being able to). This is a time of learning and discovery, and also of improving understanding of other people's perspectives.

Piaget has come in for some criticism. Vgotsky (1962) for example felt that Piaget's work did not take enough account of how a child's social world might effect its development, the importance of language in cognitive development, or the need for

forward.

Some child psychologists also debate whether children do go through the stages in the way Piaget postulated, but research by Samuel and Bryant (1984) generally confirmed that children do develop these cognitive processes in stages. It seems safe to say that Piaget's theory of cognitive development has had a tremendous influence on all modern developmental psychology. My decision to investigate children between the ages of 6 – 12 years therefore seems valid, but with the need to recognise that within that range different children will have had differing social and parental influences and differing language exposures, so that some will seem precocious while others will be less developed cognitively than their peers. Such children may therefore have difficulty with process or consequential questions such as 'In what ways do you think you were helped by going to your daddy's funeral?'

These developmental issues will also clearly influence a child's understanding of the various issues around death and dying, such as its permanence, and the possible consequences for those left behind. Along with this will be awareness that death is only one of many changes that are a basic aspect of life, and that both physiologically and psychologically people are not static but in a constant state of flux (Payne et al 1999). So all hurt or pain is based on tangible or intangible losses, whether dealing with the death of a parent or pet, a friend moving away, change of school, loss of a toy, or of dignity and respect. (Goldman 2000)

The following is a summary from several authors (Pennells & Smith 1995, Dyregrov 1990, Holland 2001, Gone Forever 1995) on perceptions of death by children at different stages in development

From ages 2 –7 years concepts of death are mainly magical and egocentric. Death is seen as temporary, partial and reversible. Children may believe some functions continue, such as feeling or thinking. Belief that death and sleep are the same thing can cause problems at bedtime. Magical thinking may convince the child that they have caused a death by ill wishes or bad behaviour.

Children become aware of the cessation of all bodily functions and the permanence of death, and have a more realistic view of a life span. They think of death in more specific and observable terms and can comprehend thoughts about an afterlife.

Age 13 and onwards Adolescents tend to be self-absorbed over death and understand death as a natural process, but are usually more comfortable talking about it with peers than adults. The trauma of a death may be exacerbated by the fact that bodily changes mean this is a time of strong emotions. However, because they are busy shaping their own lives death seems something for the remote future and also outside their control. Although they may appear to act in an adult way, their true feelings (anger, guilt, questioning of social customs around death) may be masked.

Silverman (2000) warns against seeing these classifications as tidy, and that it is a mistake to present children's understanding of death as if they move in a linear way from one level of understanding to another. Such stages of understanding have also to be looked at in the context of a child's life experiences, and, as Lansdown (1985) says it is clear that awareness of the permanence of death can occur in some children before the age of five years. Thomas (1990) too makes the point that while children may all advance through the same major phases of their thinking in essentially the same sequence, the pace of their progress will vary significantly depending upon such factors as their intellectual development and parenting.

This study will focus on the reactions of the age group 6 – 12 years since this is the youngest group with a realistic concept of death. and it is before the onset of the physical and emotional changes occurring during puberty. In my own experience also, it is this group most frequently assumed to be too young to be told what is happening, to be involved in arrangements for family rituals including the funeral, or to be given adequate explanations at any stage.

Psychological Models of Grief

I now go on to review some psychological models of grief and their possible shortcomings, before examining how therapists or counsellors use them. For this purpose I draw no distinction between therapists and counsellors. The word 'therapist'

comes from an even more universal, and means a caring and nurturing relationship. Therefore it can be argued that anybody who works to improve the health and well being of another individual or group is acting as a therapist (Griffin & Tyrell 2002).

Although, as these writers say, counselling has come to be looked upon as a lesser form of therapy, I seldom use the word with children, and instead talk about “helping” or “working with” since I find, especially with teenagers, that they worry that seeing a ‘counsellor’ even at their own request, implies that they are mentally ill, with possible stigma. Riches & Dawson (2000) also noted this need for reassurance that symptoms of mental ill health are not uncommon and are usually only temporary. Feltham (1995) too comments that both the title and any resolution of the problem as to what counselling or therapy and the activities that go with these labels actually are is problematic. He notes that the term ‘counselling’ has a wide range of meanings from advice giving to simply listening and being supportive while a client endeavours to solve their own problem.

On the principle that there is nothing as practical as a good theory, models also attempt to provide explanations for the processes of grief. As Holland (2001) notes, models in social sciences are problematic since they are dealing with human behaviour. They can on the one hand be helpful in providing a framework on which to hang the experience of bereavement, but on the other constrain or restrict our approaches to a subject.

The first recorded model for grief was provided by Lindemann (1944) who, as Parkes (2002) points out, also provided the first simple psychotherapy for it. His observations were based on 101 patients, including some he referred to as ‘psycho neurotics’ who had lost relatives dying during a course of clinical treatment, in hospital, following a fire disaster, or as members of the armed forces.

Lindemann observed that acute grief is a definite syndrome with psychological and somatic symptomatology which may appear immediately after a crisis, may be delayed, exaggerated or absent; that in place of the typical syndrome there may appear distorted pictures each representing one aspect of the grief syndrome; that by appropriate techniques these distorted pictures could be transformed into a normal grief reaction with resolution.

since not all bereaved persons (especially armed forces' relatives) could have the benefit of expert psychiatric help, much of this knowledge could be passed on to social workers and ministers who would assist the more normal reactions themselves. As Parkes says, this sowed the seeds for subsequent bereavement counselling.

Parkes goes on to say however that subsequently Anderson (1949) described a type of problem that had not been given weight by Lindemann, which was the chronic grief syndrome. This is the situation where the grieving person does not show any sign of resolving their grief, and carries on grieving intensely long after they might have been expected to stop.

Phase, or Stages Model

From 1952 (Bowlby, & Robertson) through to the early 1960's (Parkes) a pattern began to emerge, which was referred to as "phases" or "stages" of grief, a model which Kubler-Ross (1969) also identified as mirroring the experiences of those who first heard that they had an illness which was terminal and likely to lead to their death within a few weeks or months. These phases were identified as

Numbness - shock - denial - anger - guilt - searching - depression - resolution

This model, deriving from Parkes' (1972) London Study, and his Harvard Project, sees grieving people as moving through this series of processes from initially hearing about the death, and onward through the months that follow. The typical response is disbelief (with occasional emotional numbness as part of shock), in which they find difficulty in accepting the reality of the death. Anger, against medical staff, the dead person, or a deity, is not uncommon, for allowing the death to happen, often accompanied by guilt (sometimes justified, often not) at not having been present, at not realising how ill the person was, at the last things said to the deceased, or in some way having caused the death (e.g. by passing on an infection, or causing an accident). Parkes (1972) also describes how many grieving people spend hours searching faces in crowds, knowing that they are being illogical in looking for the deceased. Some suffer a period of intense blackness or depression as the realisation of the finality of death sinks in, before they find the pain lifts and they begin to rebuild their lives and progress the development of their own personality without the deceased.

not always in the same order, sometimes finding themselves reverting to earlier emotions when they felt they had been moving forward. Indeed Stroebe and Schut (1999) describe a dual process model whereby people tend to oscillate between periods when their minds are overwhelmed by thoughts of loss and yearning for the dead person, and periods when they can put their grief aside, are less distressed, and able to look forward and make plans. These researchers saw either as legitimate when not lasting too long in either state but occasionally a bereaved person can become preoccupied in one state or the other.

Other studies came out on high risk factors in bereavement and the effects of intervention with people who had experienced traumas (Maddison & Walker 1962, Raphael 1977). These were for professionals dealing with people whose bereavement had occurred in this category. Parkes & Weiss's (1983) later work similarly enabled them to identify factors that could be used to recognise bereaved people at risk of problems later in their grief. The phase or stage models however had the advantage of being accessible and understood by members of voluntary organisations mostly staffed by volunteers (albeit often with professional qualifications in, for example, nursing or social work) dealing with people who are not frozen in long-term grief emotions and who mostly just need someone to talk to.. Many of the volunteers in organisations such as Cruse or attached to hospital support schemes are motivated to help others because they have experienced a painful loss themselves, and recognise these phases. They provide recognition of grief as a process, usually moving onward, rather than as a state of illness with clinical implications, and the volunteers are able to pass on the reassurance of this from their own experience

Limitations of the 'Phase' or 'Stages' Model

Riches and Dawson (2000) and Parkes (2002) caution that in spite of warnings, a simplified picture of this model has become part of the popular culture in grief counselling, to the extent of being misused, with attempts almost at trying to make the grieving person fit the phases. Grief is thus seen as almost a mechanical progression through the series of stages towards 'resolution' and 'normality'. The reality is that people will grieve in their own way and in their own time.

very helpful. Their summary of empirical evidence challenged what they call the 'dominant' myth of bereavement therapy. Reviewing what they claimed to be the 'best available' research on bereavement, they observed that:

- Intense distress and /or depression is far from inevitable
- No link had been demonstrated between the intensity of grieving and subsequent resolution. Those most distressed immediately after the loss were more likely to be distressed 1 – 2 years later.
- There was no evidence that suppressed grief caused later problems.
- High preoccupation with the reality of loss appears to place people at *greater* risk of poor mental and physical outcomes later in life.
- 'Resolution' of grief, as measured either by returning to normal functioning, or 'coming to terms' with the death was *never* achieved for significant numbers of bereaved people.

Wortman & Silver reached the conclusion that there are three different patterns of grieving:

1. People whose grief fits the conventional model by moving through high levels of emotional stress to lower levels
2. People who fail to reach high levels of distress at any point following bereavement.
3. People who experience higher levels than might be expected, over many years.

These conclusions triggered a major debate from which Riches & Dawson conclude that it is dangerous to generalise theory from limited evidence, and *all* practitioners (counsellors) should beware using over simplified models to make sense of a wide range of behaviour.

The Four Tasks of Mourning

Another model, very helpful to counsellors, (Parkes 2002) has been the Task model of Worden (1983) In this bereavement is seen as posing a series of tasks which have to be worked through rather than as phases through which someone has to pass. These tasks are listed as:

I *To Accept the Reality of the Loss*

This task involves getting the bereaved person past the denial process, and also beyond the searching activity mentioned earlier. Gorer (1965) labels extremes of this as

their use on their return, or bedrooms and possessions are left untouched. The opposite also occurs, when all traces of the deceased that might act as reminders are removed, and survivors deny that their absence will alter their lives in any way.

2 *To Experience the Pain of Grief*

Parkes' (1972) research led him to the conclusion that "if it is necessary for the bereaved person to go through the pain of grief in order to get the grief work done, anything that continually allows the person to avoid or suppress this pain can be expected to prolong the course of mourning".

Clearly not everybody experiences the same levels of pain in grief, but it is almost impossible to lose a deep attachment without experiencing some level of pain. Grief pain can be hindered by the norms of society, as Worden says, as friends and acquaintances are often embarrassed and practise avoidance of the mourner liable to show distress. Some seem able cognitively and emotionally to 'postpone' grieving until a specific time which they perceive as being more convenient to themselves. It is not uncommon to find young women with small children postponing their grief so as not to influence childcare.

Avoidance can be attempted by travel, or the use of comfort attempts such as drugs, alcohol, or sex. One of the aims of grief counselling is to facilitate people through this difficult task so that they don't carry the pain with them for the rest of their lives. Dealing with the pain later is often more complex and difficult than dealing with it soon after the loss.

3 *To adjust to an Environment in which the Deceased is Missing*

As Worden puts it, this adjustment means different things to different people, depending on the relationship with the deceased, and the roles they filled. Often survivors are not fully aware of all these roles until some months later. It may mean coming to terms with living or bringing up children alone, coming home to an empty house, food preparation, managing finances, domestic tasks and decisions. Most people do not take the negative way out, as Worden notes, by total withdrawal or by promoting their own helplessness, but develop new skills and fill unaccustomed roles.

Worden sees this as frequently misunderstood, and people often need help with it, thinking it must in some way dishonour the memory of the deceased. The task of withdrawal of emotional energy is not necessarily to invest it in another person but in something that gives a new meaning to life.

Some people, says Worden, get stuck at this point, later realising that their life in some way stopped when the loss occurred. Others find themselves in conflict with their families who may be suspicious of new relationships. Some fear any reinvestment of emotions since this means running the risk of repeating the pain of loss.

Limitations in 'The Four tasks of Mourning' Model

While these have become accepted not only as things bereaved people need to do but helpful in understanding grief, Silverman (2000) gives the view that tasks do not stand by themselves; they are things people need to do to move on and are relevant only when they are anchored in time and place in a process. The term 'task' is questioned by Attig (1996) as Collins Concise Dictionary (1989) defines this as a specific piece of work requiring to be done. This implies something well defined that can be completed. I give two examples of the subsequent contradictions in the use of this term in bereavement issues.

The first 'task' given by Worden is 'To accept the reality of the Loss'. Silverman (2000) questions whether this is appropriate for a widow who has to get through a funeral, notify authorities, friend and relatives, deal with family finances and pensions, social security, insurance policies, explanations to children, and just get through each day. While the concept of the reality of the fact of death is implicit in all these actions, it is revisited repeatedly in new ways. We cannot therefore, suggests Silverman, ask, "When is this first task to be completed?" since accepting a death is done repeatedly during a lifetime, rather, that the words 'issues' or 'processes' may better reflect the continual negotiation and renegotiation we do all our lives. Further, since people are in a constant state of motion it is impossible to delineate when one 'task' ends and another begins.

it in another relationship', as expressed in the first edition of his textbook (1983). By the second edition (1991) he felt that he had been misunderstood, and words it as 'Finding a place for the dead in their emotional lives'. In his book on children's grief (1996) he rephrases this again 'To relocate the dead person within one's life and find ways to memorialise the person' (p.15).

This change seems to have come about because Worden and others (including Parkes 2001) found that many practitioners had interpreted his original wording in a way that reflected Freud's view that the function of mourning is 'to detach the survivor's memories and hopes from the dead'. Walter (1999) reports receiving a sizeable mailbag from bereaved people when he published a previous article (1996) in which he argued that the purpose of grief is not to break the bond with the dead but to integrate the dead into the survivor's ongoing life – as described in the model which follows. Many expressed relief that at last they felt they had permission to find a place for their dead, when everywhere, the message they heard was "Let go, leave behind, move on".

Two newer models differ from those already described not so much in the process of the emotions (shock, denial, anger, guilt etc) as in their views of the continuing relationship with the deceased.

Continuing Bonds

This 'Continuing Bonds Model' of Riches & Dawson (2000) puts the emphasis on change and adaptation of the relationship with the deceased rather than on loss and detachment, or letting go of the loved one. The key task is seen as carrying on without the deceased while simultaneously maintaining a sense of their presence in everyday life. Riches & Dawson quote Rosenblatt (1996) who argues that the idea of a single severance from the deceased person makes little sense. Memories emerge over time; new aspects of the deceased's life and details of the death may be triggered years later. Friends or strangers may communicate some unknown facet of the deceased's character and events in which he/she took part, only after considerable time has elapsed.

So the Continuing Bonds model tries to transform the relationship rather than lose it, with the deceased possibly continuing to influence the identity of the bereaved. It means an oscillation between the demands of the living, and their perceptions of respect for the

'holding on' in the light of their physical absence rather than resolving grief by letting go. Finally, if the grief work is successful, it means being able to contemplate their lives with warmth and affection rather than with overwhelming distress (Rubin 1984).

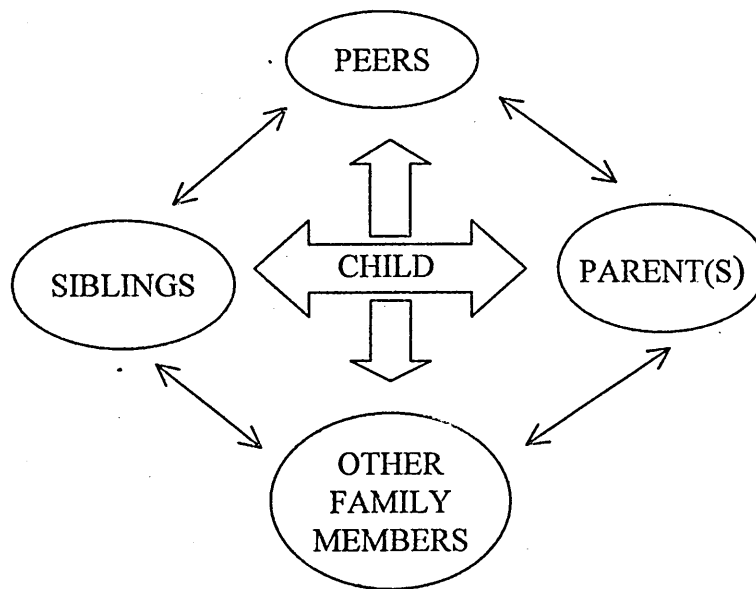
A caution about this model is given by Gal-Oz and Field (2002), in that they emphasise that it is important for bereavement counsellors to be able to distinguish between a continuing bond that is merely an attempt to deny reality, and one which is a healthy expression of the positive impact of the deceased carried forward into the new life of the bereaved. Based on their research they proposed that the *type* of continuing attachment expression and the *extent of its use* (their italics) at a given point after the death are both important factors in determining its influence on the grief process. Excessive involvement with the deceased's possessions, for example, even early on after the death, may be an important indicator of avoidant coping that interferes with working through the loss.

'Systems'

This model recognises that a whole family has to adjust their status position from being the relatives of a living sibling or parent to that of a bereaved one (just as an individual has to adjust) and from being the complete family that it was to being a family minus one (or more). This will affect all sorts of aspects of thinking and behaviour (Riches & Dawson 2000). Each member will react differently. The loss affects how the deceased is mentioned, what memories are shared, how the family describes or presents itself to outsiders, how comfortable each person feels at mentioning the deceased or speaking of memories, and whether surviving members feel excluded (Rubin 1996).

Figure 2 (page 37) illustrates the basic social systems for a child (Rolls 2004). Rolls extends this to show how other systems (e.g. a parent's work) may also influence the child's system though the child is not part of it.

MICROSYSTEM – The system of the child in its immediate environment



MESOSYSTEM – Interrelations between two microsystems, both of which contain the child

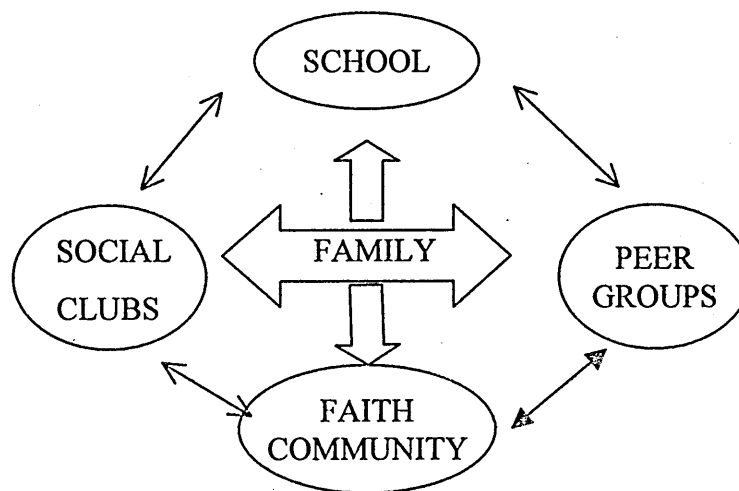


Figure 2. Bioecological systems (Rolls 2004. Adapted from Bronfenbrenner 1994)

A Sequential Model

Baker et al (1992) point to a number of psychological tasks necessary for grieving to be completed in a healthy way. These differ from those set out by Worden in that the emphasis is on their sequential completion.

Early tasks are seen as understanding, assurance of personal safety, information, and a sense of inclusiveness in the family's grief and rituals, plus parental openness and a sense of support.

The *Middle* Phase involves reworking the relationship with the deceased, weathering the despair and painful feelings of loss which set in once the idea of the deceased's return is emotionally given up, a continuing sense of safety, and an acceptance of the legitimacy of any ambivalent feelings towards the deceased.

Late tasks include finding a new sense of personal identity, the ability to invest in new relationships which are not seen as detrimental to the one that has been lost, maintaining a survivable internal relationship with the deceased, carrying on with developmental and social activities appropriate to the age of the child while coping with periodic resurgences of painful affect, usually at some specific anniversary or other occasion.

While these issues correspond roughly with Bowlby's (1980) stages, (in that the early ones stand out during the initial experiences of shock and numbness, the middle-phase issues are appropriate during yearning and despair and the late ones must be addressed during the final period of reorganisation), the difference lies in setting a sequential aspect to them, as the authors maintain that the later tasks cannot be fully addressed by the child unless earlier ones have been accomplished satisfactorily, or the grief process will not progress. Whether this hypothesis is more than that does not seem to have been established.

Baker et al (1992) see a distinct advantage in this model since it provides guidance for clinical work with the child. It makes short-term goal setting easier and aids making interventions more appropriate to the child's progress. They see models that focus

which are descriptive, but which cannot be easily translated into specific clinical interventions. However the same questions arise as to whether such processes are tasks that can be adjudged as having been fully accomplished, or processes that may be readdressed continuously over the years following the death.

Four Tasks for Children

Fox (1988) also cites four tasks that children need to work through in order to grow and which she believes occur in every age level and for every type of loss. These are:

Understanding

Cognitive understanding, which governs perceptions of death, will vary according to age. It will cover such things as defining death as when the body stops working, through to any belief that the spirit lives on, or explaining sudden death halting the life process through accident or illness. Understanding can be affected by what is known as 'magical thinking', described earlier. Pennells & Smith (1995) point to the curiosity of children between the ages of 5 – 9 years and their needs to understand the rituals surrounding death, and other people's responses.

Understanding can be influenced also, or distorted by adult clichés that may also create a fear that the listening child will die. Unhelpful euphemisms for death will be examined in the Findings.

Grieving

While Fox uses some of the same stages of grief as those used earlier for adults – shock, disbelief, searching, anger, and yearning – her later processes are more child centred and seen as including

Disorganisation and Despair.

The child is having to live with the idea of someone being at home, in hospital, in the ground, in the funeral home and in heaven all within a few days, leading to despair that someone at some stage could not stop the process. Herbert (1996) notes the possibility of jealousy – 'why *my* mum?' while Dyregrov (1990) mentions the need for reassurances arising from high anxiety levels. - 'Will we have enough money?' 'Who will take care of me?'

Rebuilding and Healing.

Over time, the children learn and appreciate that everything possible was done for the deceased and that they also contributed to the quality of the deceased's life by being there for them, Fox emphasises the grieving process in children as being on-going and ever changing, and that adults should not expect either to explain loss instantly or for a child to learn it instantly. It will affect thought patterns, behaviour, feelings, physical symptoms, and reactions in daily routines.

Commemorating

Fox emphasises the need to reinforce the idea that 'the life of every person who dies needs to be commemorated if we are to teach young people that all lives have value'. Many schools for example, are afraid to acknowledge suicide, thinking denial may prevent further occurrences. . Children need to find visible and tangible ways to remember the person or animal that died and be involved in ways to commemorate. Such commemorations can be:

Formal – via memorial services, plaques, memory boxes or albums, tree planting, or
Informal – by flowers, book presentations, lighting candles, collections for charity.

Going On

This involves children allowing themselves to enjoy life again, risking loving, and participating in family or school life. It does not mean forgetting the dead person or animal, but allows them to do things formerly done with the deceased, and to enjoy them.

The last of the theoretical models listed here are not in common usage, but deserve inclusion since a) they were developed specifically for children and b) include the only models which provide for 'Anticipatory Grief', whereby a child is prepared emotionally for an impending death. Such a process is perceived by Rando (1984) as essential, when possible, otherwise all a child's worst fears are realised in one fell swoop. The models concerned are 'The Chart of Loss' (Figure 3, page 41) and 'Chairs of Identity' and were originally developed by Lake (undated), adapted by Waskett (1994) and quoted by him (1995).

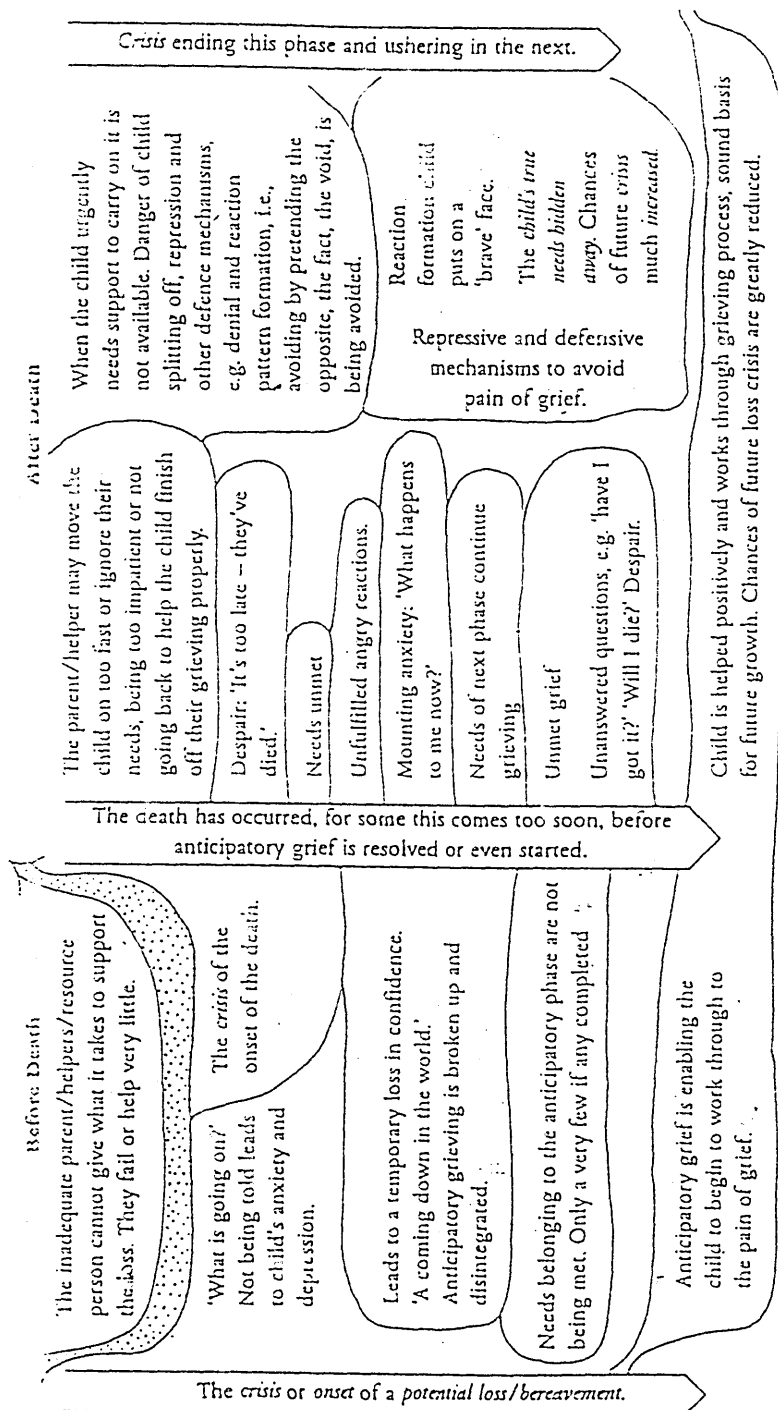


Figure 3
Chart of Loss (Waskett 1994)

potential of loss, the second the actual loss and the third the resolution of the crisis of loss. The model illustrates needs which vary according to the phase of the child's grieving.

The chart has two sections. The first, pre-death, charts the experiences of the child if parenting cannot give what is needed to support the child through the crisis or onset of the anticipated loss. Anticipatory grief work enables a child to begin to work through to the pain of grief.

The second section charts the effects following the death when preparation has been inadequate or not even attempted, and the alternative of helping the child positively to work through the grieving process as a sound basis for future growth with reduced chances of future loss crisis. Across the base of the columns comes anticipatory grief. Here, the child has received all the support needed and can move on to a satisfactory resolution over the death.

As Waskett says, when we see a child's whole life and living as one big learning curve, why does society ignore children's needs when death is likely to occur, or has occurred? The belief of some adults that a child must be 'protected' from pain by ignoring the loss and thus marginalising and excluding the child means that a positive pattern of how to cope with loss in adult life is denied them. As Dyrgrov (1990) points out, 'when a death is anticipated, adults often forget to update children about the course and prognosis of the disease and children are thus badly prepared for the death or have little understanding of what is going on.'

The caveat should be noted however (Saldinger et al 2004) that a long period of terminal illness does present spouse with stressors that outweigh the benefits of, and can preclude anticipatory grief tasks in a way that presents challenges even more exhausting than sudden deaths. This leaves surviving spouses in a weaker position to help their children.

Metaphors and Allegories

Chair of Identity, and the Positive & Negative Chairs of Bereavement

has four equal legs which give a firm 'parental seat'. These legs consist of:

1. Basic trust – in significant adults
2. Autonomy – the ability to stand on one's own feet
3. Initiative – independence in relationships and decisions
4. Industry – ability to progress in a chosen career

Waskett (1994) extended this model into Chairs of Bereavement, positive and negative. While accepting Worden's tasks, this took account of the need to prepare for death.

<u>Positive Chair</u>	<u>Negative Chair</u>
1 st leg Told the truth Treated as equal	Not told prognosis Pretence maintained
2 nd leg Consulted Involved before death	No opportunity to say goodbye Death not anticipated
3 rd leg makes own choice re viewing body Consulted re rituals	Excluded from bedside or funeral parlour Not consulted
4 th leg Chooses attendance at rituals Explanations given. Fantasies avoided	Excluded from funeral or Other rituals

The difference lies in whether the child has a sense of acceptance as an equal or as Waskett says 'the sense of self is diminished'

My first lies in truth and not in pretence

My second in being there, sharing the end

My third in my strength to view the dear dead

My fourth in the joining with family and friends

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The Whirlpool of Grief (Figure 4)

This metaphor is described and illustrated by Hindmarch (2000) and attributed to Dr Richard Wilson, consultant paediatrician of Kingston Hospital (no reference given)

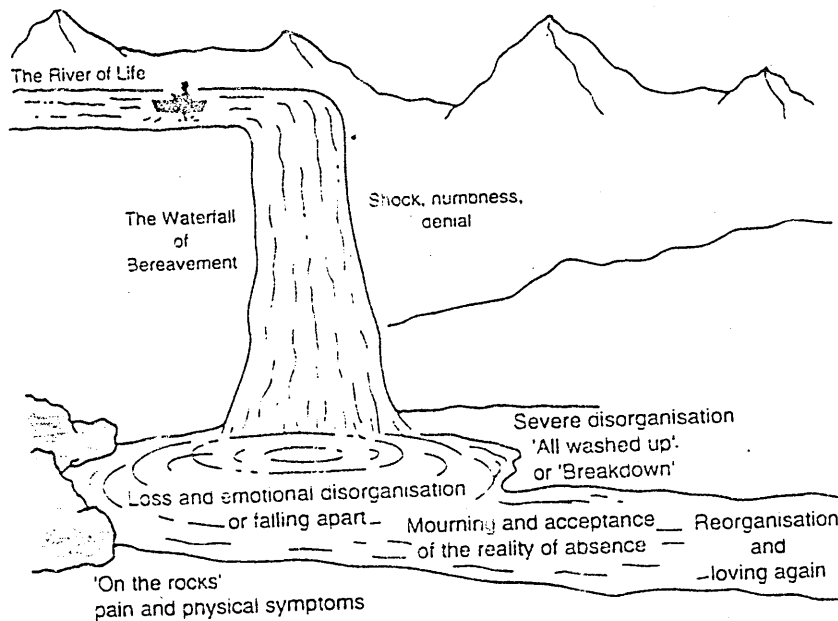


Figure 4 *The whirlpool of grief*

The “Whirlpool of Grief” includes most of the elements of the phase/stage model and of Worden’s four tasks but envisages experiencing the death of someone close as a sudden and dramatic disruption to one’s life, which may have been flowing along quite smoothly. It represents shock and numbness. The waterfall is seen as the experience of “the bottom falling out of someone’s world” while the whirlpool represents the emotional upheaval and disorganisation that follows (guilt, anger, anxiety etc.), the sense of being carried round and round, of disorientation and of not being in control, feeling “all washed up”. The riverbank can represent being stuck and unable to move on

Hindmarch (2000) quotes Wilson as reflecting that although the model may be fanciful it is less rigid than suggesting that there are stages of grief that must be completed.

There are a number of other useful metaphors and allegories that are often useful in counselling, especially (though not exclusively) with youngsters. A small glass snow storm can illustrate the fact that after a major upheaval everything seems to settle back into place, but just as none of the miniature flakes is in the same place as before the storm, nor in the same relationship with the rest, so someone is never quite the same after the immediate turbulence of loss has settled, though everything seems to be back to a settled condition.

Metaphors and analogies are a part of our everyday language and experience, and are seen by Griffin & Tyrell (2002) as a resource given to us by nature, a major contributor to our creative insights, since by taking a metaphor from one area of reality we see how it helps us make sense of another. They contend that when people develop emotional problems it is *always* because they are drawing on *inappropriate* metaphors (their italics). When they deal adequately with life's ups and downs they are drawing on appropriate metaphors.

There are numerous others involving such things as balloons, buttons sculpturing, and volcanic drawings, described in more detail in such Journals as Bereavement Care

Conclusions: Models and Metaphors.

There is clearly no one 'correct' model or analogy which is suited to everyone. I have found older people who have seized on models normally used with children, such as the balloons, while quite young children have readily understood, discussed, and expanded on The Whirlpool of Grief or the Phase model. What comes across from the literature is:

- Traditional models, such as phases, or the tasks of mourning, were never meant to be prescriptive but have been in danger of being used as such. They have also been criticised a) for not allowing for diversities in reactions, and b) for focussing in some cases mainly on white middle-class widows (Payne et al 1999).

interventions are frequently effective in assisting people through the early stages of grief they may also help to reduce the risk of poor outcomes in some high risk groups

- While 'letting go' of the deceased has been seen as desirable and necessary (in order to build a new identity) newer thinking has concluded that there is a strong argument for respecting the importance of continuing bonds, and that the experience of having an ongoing sense of a relationship with the deceased when used appropriately, (Gal-Oz & Field 2002), is neither a denial of the reality of the loss, nor an indication that the person needs counselling. (Hindmarch 2000)
- While such models as phases or stages are individual, since the pain of broken emotional bonds lies at their root, mourning is also social and can be helped or hindered by family and other relationships in the family and community. (Riches & Dawson 2000)
- Such behaviours as avoidance, or suppression of grief may not always be unhealthy, while encouraging detachment from the deceased may not always be helpful.
- Openness or restrictions on grief by some family members may set the tone for all members while each may also be influenced by external relationships. Grief experiences will affect the way family members relate to and feel about each other and affect such things as communications and roles (Riches & Dawson 2000)
- As Riches & Dawson (2000) also point out, since all theoretical models are based on cultural beliefs, support needs to be offered from a position of understanding social networks.
- The term 'task' may well be inappropriate for some processes since this implies work that can be completed, whereas some processes may be life-long (Silverman 2000).

General Conclusions – The Changing Scene

The last decades of the 20th century have seen a major shift in the way death has been dealt with and referred to in our society (Silverman 2000). The growth of the hospice movement reflects an awareness of the limitations of medicine and the need for different and more humane patterns of care for the dying. (Bycock 1977). The language of death has changed so that people with terminal illness are referred to as being at 'the

(Handy 1999) reflecting the fact that people in this life phase often change direction.

However, these changes have not permeated through at every level of society. The medical profession still finds it difficult to accept that medicine cannot fix everything, nor are they good in general at dealing with end-of-life issues (Silverman 2000). Families too are often uncomfortable in bringing up questions of when treatment is no longer helpful.

The 19th century scene with elaborate expressions of the grief of survivors, and in which religion played an important part was replaced when science began to make an impact on religious beliefs, pushing belief in an afterlife to the background for many and minimizing the value of ritual in mourning. By the mid 20th century Gorer (1965) noted that the focus was on restraint, making the pain and loss associated with death a personal matter, and in a way, sanitising mourning.

Thus grief, like human behaviour in general, became no longer the exclusive reserve of the philosophers or clergy but framed by such things as behavioural science and psychological theories, leading to the creation of what Meyer (1988) called the modern psychological individual. In these frameworks grief was no longer seen as a communal issue but an individual one, something to 'get over' and described in terms of symptoms like an illness. We were told that if grief was not resolved it could lead to psychiatric or emotional problems. Models have been developed which imply that a 'healthy' state can be reached by passing through different phases and completing identifiable tasks (Silverman 2000).

The main theories and models have been described in some detail in this review. But again, things are changing. The idea of a complete 'cut off' from a relationship, is being moved on by such writers as Riches & Dawson (2000), Silverman (2000) and in their more recent writings by Worden (1996) and Parkes (2002). Relationships with the deceased must be included as we try to understand the rational world of mourners (and their irrational processes), and realise that while the physical relationship ends with death, the bonds of mind and emotions cannot achieve total discontinuity and may continue for the rest of the survivor's life.

While models and metaphors are abundant, and useful tools for both counsellors and their clients in enabling understanding of the processes through which the bereaved, whether adults or children, may pass, there is rather less evidence available as to what interventions have made a difference to the bereaved, especially in the longer term, or whether they would have progressed through the trauma of their loss without such interventions.

One of the problems in attempting to carry out such evaluation, according to Schut, Stroebe et al (2001) lies in the difficulty of finding non-intervention control groups. As grief changes over time, comparisons without a reference group make it difficult to attribute any changes as the results of an intervention. Other problems listed include non-response by those bereaved, low adherence to attendances at such early interventions as bereavement support groups, and incorrect methodological procedures. Schut, Stroebe et al suggest that a waiting list condition (presumably for those awaiting interventions) can be one answer to the control group problem but this can have disadvantages with respect to long-term assessment of effects. This is critical since intervention tries to establish lasting effects

Schut, Stroebe et al also point out problems with non-intervention and placebo control groups that are possibly not present in other areas of research. For example, for ethical reasons it would be difficult to prevent persons in distress and needing support from seeking help. There are no well established intervention programmes for bereavement work, with known effects available, that would enable comparisons to be made between different interventions, nor can the efficiency of a programme be judged simply on how many drop out. The reasons for such drop out may be positive in that they have achieved the benefit they were looking for (Parkes 1987), or because they are the most disturbed and benefiting least (Levine, Toro & Perkins (1993).

In their study of these issues, Schut, Stroebe et al base effects and evaluations not on satisfaction with the interventions themselves but on the psychological and social well-being of the clients. But although they critique different types of interventions, and evaluation studies, they are not very forthcoming as to what they would see as desirable outcomes. These are more explicit in the writings of Schaeffer and Moos (2001) in that they list positive outcomes being indicated by a new sense of self, increased maturity, a

their personal growth.

Types of Intervention

Schut, Stroebe et al suggest sub-divisions of grief interventions. Firstly, general or primary prevention interventions, then selective interventions for high risk bereaved persons as secondary prevention interventions, and finally psychotherapeutic treatments specifically aimed at treating complicated or pathological grief described as tertiary interventions.

They emphasise that these sub-divisions are structured around the *target group* for the intervention rather than the technique used, and so psychotherapeutic techniques could be used for primary preventive interventions.

Primary interventions are, in principle, open to all bereaved people, say Schut, Stroebe et al, the only criterion being experiencing a loss through death. They note that such interventions have been evaluated mainly for widowed spouses and children, with such studies as have been done suggesting greater benefit among children than for the adults.

For the widowed spouses there were indications of non-effectiveness and even negative effects in some studies (Polak et al 1973, 75, Williams & Polak 1979). The methodology used for these (all families where the deceased died a sudden death) was initially by a telephone contact, and visits within a few hours of the death, followed by visits during subsequent months. Information received was compared with that from a control group that had received no intervention. But Schut, Stroebe et al are critical of the methodology of some of these and do not see the results of these or others as conclusive evidence of non-effectiveness.

Later comparative studies of different self-help group interventions (Barrett 1978) for widows also showed very few differences between the effects, though some improvement in self-esteem and attention to others were found over time, but with an unexpected increase also in grief reactions. Other trials with widows' groups were similarly inconclusive, with some group interventions suggested as having hindered recovery by focussing on their own or others' grief. Schut, Stroebe et al report that these

unacceptable variations in time between loss and interventions.

Individual, one-to-one support immediately after a loss did compare favourably with the non-intervention controls (Gerber et al 1975). The tangible observable outcomes here are more explicit – feeling unwell less often, having fewer contacts with doctors, using medication less frequently – but these were of short duration and the interventions seemed to give only temporary positive results. A study by Vachon et al (1980) did report positive longer term results, but with a group of highly distressed widows, from which Schut, Stroebe et al conclude that such primary and secondary preventive intervention may be useful for those suffering from high distress.

The general conclusion of Schut, Stroebe et al therefore is that most evaluations have serious methodological flaws, and the most convincing results are from studies that suggest primary intervention might be most appropriate with high distress levels. Other than those, some individuals may seek help and show improvement because of trust in the counselling process and better motivation. I query the assumption made in their conclusions that people seeking help will probably need it more. This may well be true for some, but experiences with such people, especially those in middle age or older, suggest that a percentage approach voluntary counselling groups because they are lonely and lack social interaction, especially if they are estranged from their families by distance or for other reasons. Others conform to the advice of their General Practitioner or Social Worker who view a support/counselling organisation as a means of off loading someone with somatic symptoms.

Interventions with Children

More positive results were seen by Schut, Stroebe et al (2001) in primary intervention programmes aimed at helping bereaved children, although, as they comment, the number of such studies was (and is) still very small. They refer to a study by Black & Urbanowicz (1987) of family therapy sessions for 45 families with at least one child under 16, in which one of the parents had died. As outcome measures they saw the parents as less depressed, and the children less restless, less nail biting, and less in need of help from professional agencies, although the second follow up showed that most positive changes appeared to be of short duration.

Stroebe et al, using a control group, showed that the interventions of a 12 - family advisory programme increased parental reports of warmth in their relationships with the children with increased satisfaction with social support, and prevented a decrease in the discussions of grief related issues (such decrease being evident in the control group). No improvement was found in other symptomatology among parents, such as depression or misconduct compared with the control group, but while the older children in the treatment group showed improvement in depression and conduct, by contrast the conduct in the younger children improved over time, giving rise to the recommendation that interventions should be age-specific.

Another study (Morrison Tonkins & Lambert 1996)), which put primary preventive grief intervention to the test among pre-adolescent children 7 – 11 years (within the same range as I am investigating) and who met as a group for eight weekly sessions, aimed to offer them a sense of safety, to facilitate exploration of thoughts and feelings and different methods of expressing them. Although the sample was small, the results were strongly in favour of the intervention, with positive improvements in self-reported emotions and depression – symptoms reported by parents and teachers.

Secondary preventive interventions would take place some few months after the bereavement, often following such losses as a traumatic or sudden death (Raphael 1977, 1978), hospice care (Parkes 1981) or child loss (Forrest, Standish & Baum 1982, Murphy et al 1988). Again, these show mixed results (Schut, Stroebe et al 2001), and although secondary interventions show a better chance than primary of ameliorating distress, effects are seen as both modest and temporary. What does become more apparent is gender – specific analyses, addressed in studies by Murphy et al (1998) and Parkes (1981) showing indicators of men and women reacting differently to the interventions. As participants were screened for risk levels before being offered participation the suggestion is that such selection raised the chances of positive results, though as Schut, Stroebe et al point out, defining ‘risk factors’ is complex and when applied in a simplified way can explain some inconsistencies between studies.

Tertiary preventive interventions take place longer after bereavement, are usually provided for people with complicated or traumatic grief, and seem to lead to more favourable and lasting results. In some studies participants were referred by

(Mawson et al 1981, Sireling et al 1988). Although the samples were small Schut, Stroebe et al conclude the results are modest from guided mourning sessions. Others used such therapies as hypnotherapy, dynamic therapy and behaviour therapy with some positive results in terms of reduction in such areas as feelings of inadequacy and trait anxiety (Brom, Kleber & Defares 1986). Art therapy and group behaviour therapy were used by Schut, Stroebe et al (1996), with the best results seen in reduction of such problems as insomnia, anxiety and daily functioning, though again, caution was recommended in generalising from these results as the sample was small.

Cautions on short – term evaluation

Studies of children by Worden and Silverman (1996) highlight the danger for those delivering any form of preventive intervention. In the first study they drew data from four months to one year time frames and found little indication of serious dysfunctional behaviour among the children studied up to the one year mark. However, when including data from the two year mark they found higher levels of social withdrawal, anxiety, and social problems, as well as lower levels of self – esteem and self – efficacy in the bereaved group than in the control group. 21% of the bereaved group showed serious problems two years following the death and most of these differences were not apparent until two years after the death. The study does not indicate whether this would be the same for age – related individual interventions, but does provide a cautionary note for all who provide such support, since others such as Jewett (1994) and Oljenbruns (2001) point to the way a child's developmental processes will frequently mean that as they grow older they will need to revisit a loss of early life.

Oljenbrun sees the Worden and Silverman study as a *crucial insight* since methodological designs that collect data immediately after a death will not be sensitive to the probability of a delayed reaction, and studies made earlier in children's grief show little dysfunctional behaviour. She notes that many support workers hold the view that support needs dissipate after the first anniversary of the death. It is therefore incumbent on support workers with children to point out to parents that while the immediate indicators may show improvement in feelings or behaviour, children are likely to need to revisit their grief as they grow and develop, and not be embarrassed to go back to the support group to request further help to explore these feelings, perhaps involving the parents in the same process.

Schut, Stroebe et al (2001) quote no evaluations of secondary or tertiary interventions with children. Although the work of Worden & Silverman clearly extends over two years or longer it is a study, not an intervention. Some of the factors – timing, gender, high risk, found in adults may well be found in work with children.

A small scope religiously - orientated psychotherapy conducted in Malaysia combined with antidepressant medication included religious discussion plus reading verses from Quran and encouraging prayers (Azhar & Varma 1995). Results suggested short - term positive effects on depression but Schut, Stroebe et al see problems with the methodology and are not convinced by the results. My own experience as a minister is that such approaches can be helpful to individual adults over an extended series of meetings on an individual basis if the client is prepared to include some serious reading of authors such as Lewis (1976) along with any biblical material and prayers. Other more immediate resolution seeking solutions such as prayer can bring about a lifting of sorrow but it is rare (though not unknown) for this to be permanent.

Summary and Conclusion

The conclusion drawn by Schut, Stroebe et al (2001) is that the more complicated the grief process appears to be or to become, the better the chances of intervention leading to positive results. *'Based on the evidence to date.....primary preventive intervention cannot be regarded as being beneficial in terms of diminishing grief-related symptoms, with a possible exception for interventions offered to children'.(page 731)*

The timing of interventions is clearly an important influence on the outcome. With adults, many take place fairly soon after the loss, whereas tertiary prevention comes after some time has elapsed. Early interventions can mean that the emotional, social, and practical consequences of the loss will not have taken their natural course, while help from friends and family is more likely to be available than later in the grief process. The bereaved will often seek support at the early stage because they are distressed (Schut, Stroebe et al) or because of pressure from family (who cannot cope with them) or professionals such as General Practitioners or Social Workers. Parents and schools that have the skills or other resources to do so, go out of their way to assist children newly bereaved by using primary interventions that are preventive, and designed to offer children a sense of safety that will enable them to explore

Lambert (1996). Such interventions can also help the child to normalise its reactions. Secondary interventions will be more frequently the function of a support agency referred to if the child is seen to be having problems with relationships, with school, or somatic symptoms. It is rare to find any literature on grief support for children making mention of evaluation of these interventions. This is hardly surprising when controlled studies find such difficulty and are inconclusive. It is encouraging to note that interventions at primary and secondary levels are more likely to benefit children than adults, and support staff/counsellors can only work on best advice and their intuitive responses when they see children able to identify their own progress.

Schut, Sroebe (2001) et al conclude that guidelines may be needed for implementing grief counselling and therapy, as well as for its evaluation. They also suggest that the American Psychological Association's 'do-not-harm' obligation (APA 1992) may be less easy to prove than we think in the case of grief intervention.

Effects of Evaluations on This Research Study

This study's *core concept* is of helps or hindrances to children bereaved of a parent. Many of these factors are in most cases directly under the control of an adult. While the outcomes of primary, secondary or tertiary interventions require psychological studies, there are several studies that point to the effects of many of these helps and hindrances as influencing stresses and distresses in the child, plus the strategies that are used by children themselves to remain in some way connected to their deceased parent in a way consistent with their own level of cognitive development. The Harvard Bereavement Studies drew data on these factors from subsets collected from a large pool over several years (Worden & Silverman 1996).

These factors and their sources are listed under Selecting the Areas of Interest, in Chapter 3. Along with strategies that children use to help them remain connected to parents e.g. by 'locating' them (e.g. 'in heaven'), remembering interactions, keeping belongings and mementos, and identifying signs of respect for the deceased e.g. the numbers at their funeral (Silverman et al 1992, Nickman, Silverman and Normand 1998), they have influenced the structure of the interview schedule, since they are not psychological factors. Much of the data will be qualitative but there will also be some quantitative such as the numbers attending various rites of passage or viewing the body

how such interventions helped them in terms of such issues as normalising their reactions, relationships with others, and sense of personal change and development.

The objective of this study is to know where the children are in terms of their adaptation to loss and their responses to the variety of interventions made or withheld by parents, schools or others before and following the death of a parent. As many such interventions are age related, and the responses vary, based on the evaluation methods explored by Schut, Stroebe et al (2001) a qualitative study is seen as the most appropriate to investigate the effectiveness of such interventions and the subtle factors involved.

Finally, it is clear from the research to date that there are no known formal tools that can be used by counsellors to evaluate their interventions, other than the feedback of their clients and intuitive conclusions, especially with children, arising from their observation of individuals, in terms of any symptoms that might have been reported such as outbursts of unexplained anger, nail biting, bedwetting, or bad dreams (Black 1983), inability to concentrate at school or behavioural problems. Some support groups do provide feedback forms to clients but in the case of children these are inevitably completed by a parent or guardian, and cannot provide other than subjective observations of a child's reactions to interventions. Some groups do provide evaluations designed for children. Geldard and Geldard (2002) suggest numerical scales but my inclination is for more visual tools such as gradations of faces from glum to smiling, especially for juniors.

If my assessment is correct the American literature quoted here places a considerable emphasis on the fact that many of the participants in the studies reviewed were invited to participate in the various forms of therapy, and that only people with real desire for help volunteer. In the United Kingdom the majority of people who would approach a voluntary bereavement support organisation would do so voluntarily, even though they may be recommended to do so by family, friends or professionals. Indeed, many support groups will only accept self referrals, or in the case of children a request from the parent. The main exception to this is through 'phone-in help lines for children traumatised by abuse or other causes. I have the impression that those referred for professional help by other professionals would be the minority.

Why Do Children Need help?

In my Introduction I referred to Pynoos' (1992) comment that psychology had been slow in responding to Parkes' (1975) studies that disclosed negative effects of bereavement on adults, by conducting similar research into its effects on children.

As Waskett (1999) points out, loss is something that occurs throughout life from the moment we are born and lose the security of our mother's womb. But it is also a unique experience, and we are unable to quantify similar losses from one person to another, as so many variables need to be taken into account.

Jenkins (1986) defines loss as 'the disappearance of a significant object or attribute which has high physical, emotional or psychological survival value for the individual(s) concerned, while Bowlby (1969) observed that 'the threat of loss (of an attachment figure) creates anxiety, and actual loss, sorrow; both are likely to arouse anger'.

Too often unresolved grief in children not only leads to an inability to learn, but also results in overwhelming and powerful emotions that get trapped in destructive ways (Goldman 2000). Herbert (1996) describes grief as a 'mental wound' which heals slowly and can leave mental scars. If children are unable to work through the period of grieving, they may suffer lasting emotional damage. He quotes Long & Bates (undated) who explained 'a loss is just such a wound (as a cut) to our emotional self, and we require a special time to experience the pain and heal' (p173).

Pincus (1976) in her summary of therapeutic contacts with four families, all adults, all different in ages, social and religious backgrounds, training and occupations, and in their individual characteristics, showed they had certain features in common. All had felt insecure in their childhood attachments; all were ambivalent towards their first love objects, their mothers; at some point in their lives all had experienced a bereavement they had been unable to mourn. Unresolved grief led to a defence against emotional commitment, a denial of feeling, and an impoverishment of the personality.

from unresolved grief, related how, as an 11 year old, she came home from a party to find her father absent. It was six years before her mother told her that her father had died while she was out and his body had been removed. Her decision to become a doctor had been influenced by the subsequent motivation to wanting to help other children who were hurting.

I was once asked to go to see the widow and four children ages 5 – 12 years, of a man of 37 years who had committed suicide. The widow told me that when her husband was about six years old, he had taken his two-year-old brother out of his cot one night to play with him. When his mother heard them she came into the bedroom, scolded and smacked him and put the baby back into his cot.

While he was away at school next day the baby died, probably a cot death. When he came home every trace of the baby had been removed and nobody was allowed to talk about him. For years he believed that his behaviour the night before had caused the baby's death. Not until he was helping his father clear out his mother's effects after her death 25 years later did he discover what had happened, but he never lost his sense of guilt, and suffered from clinical depression. His wife told me that never a day had gone past in their life together without him mentioning his little brother.

None of this, as Pincus points out, means that all grief needs therapeutic intervention. As Silverman and Worden (1992) have made clear, other factors than the loss need to be in place before a bereaved child can be considered to be at risk, such as the way the surviving parent(s) respond(s) to the child, the availability of social support, subsequent life circumstances, and the context within which the stress of bereavement is experienced.

One place from which children may expect help outside the home, and in some areas of need receive it, is school. The NCB found that 70% of schools have at least one bereaved child on roll, but many have no appropriate protocols in place (Lentin 2004). Many staff hold back through worry about making the situation worse, not realising that this appears to make it taboo. Rowling & Holland (2000) point out that society has expectations of schools beyond those of academic achievements, but their research shows sources of support for teachers in this subject are patchy. Lowton & Higginson

that here is a role for support by external bereavement agencies, (which would also strengthen links between the school and the community).

Figure 5 'Schools' on page 59 illustrates the following:

A study of 235 schools (Shipman et al 2001) showed 79% with children bereaved in the previous two years, with 56% of those teachers responding reporting difficulties in working with such children – including such behaviour as aggression, school phobias, or difficulties with peer and other relationships. Gilbert (2004) and Ward (1996) give examples of good practice but also of insensitivity and ineptitude.

A lack of understanding by the school may increase the likelihood of behaviour by a bereaved child that leads to exclusion – 22.1% compared with 16.7% for other children (Rutter 1966). Such children are also at greater risk of other emotional problems (Rendell 2000). Graham & Bowling (1995) also found a clear correlation between school exclusion and delinquency arising from bereavement, while Parsons (1996) highlights the cost of such exclusions to the public purse, and socially.

Other school losses, often keenly felt, may include failure in a test, losing a place in a team or school play, or losing a friend (Goldman 2000). Holland (2003) lists ten such possibilities including parental separation, estimated at 200,000 per annum (Webb 1996), parental imprisonment, or moving house.

Holland's programme 'Lost for Words' is designed to enable teachers to develop a more skilful response to such losses. Research following a 30 year programme which was used as an elective in schools in the USA (Stevenson 2004) indicated that there were also supplementary benefits to the participating children:

- Fear of change and loss were reduced .
- Children involved performed better in other subjects that expected,
- Communication within families improved.

79%		
Schools with children bereaved in last two years		
	56%	
	Teachers reporting inadequacy in responding to bereaved child (200,000 5-15 year olds.)	
Shipman	<i>et al</i> (2003) n =235	
		8.3%
		Schools with bereavement policy↓
		Lawton & Higginson (2002)

Figure 5

SCHOOLS: % of children bereaved and school responses

bullying, rejection, or being made to feel different. This needs recognition in teacher training, and in-service training, but also means recognising the need for support for teachers if they are to be exposed to stressful events such as funerals. (Rowling & Holland 2000)

If, as Black and Urbanowicz (1985) found, 50% of children bereaved in early life had symptoms of psychiatric disorders one year after bereavement, and Rutter (1966) found a five fold increase in childhood psychiatric disorder in bereaved children compared with the general population, then clearly help for children who do not have sufficient support from within the family is essential, and will help avoid distress later. But it is also essential that such help is given from a sound base of knowledge both theoretical and practical, and that not only are effective forms of help used but practice which might prove counterproductive is understood and not included in the counsellor's toolkit.

There are now over 400 known therapy models on offer throughout the world, indicating the general lack of shared perceptions about how best to help people (Miller et al 1995). Many overlap, and many are purely or partly ideological (which is not to say they have no value). But there is proper concern among professionals about what Robertson (2000) refers to as this clearly chaotic and bewildering situation for all concerned, including those seeking help and those genuinely trying to provide it. He stresses the need to move towards evidence-based practice and away from cults and ideologies.

To try to evaluate all of these would be impossible even with unlimited resources. But most practitioners reading this study will have had access to only a few of these therapies. The purpose of this enquiry is to identify what did or did not help the children concerned and to see if their conclusions might suggest various ways of administering this help more effectively

For this study I try not to make assumptions about either the processes of grief as experienced by children or belief in what will help or hinder them. If, as Piaget indicated, children do not think like grown ups, and have their own kind of order and their own special logic, it may be that not all the models of grief, which were originally

to children's reflections must lead us to challenge any stereotypical assumptions made about children. I have quoted only two models earlier that can be called child centred, the Sequential model (Baker et al 1992), and Fox (1998) who cited the tasks of understanding, grieving, commemorating, and going on. Some counsellors working with children will rely mainly on the Kubler – Ross (1969) phases of grief, and Worden's four original tasks (1996).

Discovering Helps and Hindrances in Child Grief

The past ten years have seen a huge increase in the volume of writing on children's grief, with few investigations which have asked a non-clinical sample of children to speak for themselves to tell us who or what had been looked upon as helpful, and those that had not. The study by Silverman (2000) was child centred and carried out in the USA, where there are distinct cultural differences, some of which will be identified later. The Holland (2000) study mentioned earlier was retrospective so not child centred. Another major study, of over 300 children and young people was also carried out in the USA but focussed entirely on rites of passage. (Fristad 2001).

This lack of evidence has led to the criticisms described in the Introduction (Harrington & Harrison 1998) querying how we know whether some help given to children is not doing more harm than good. It has led to some models of grief being used almost as templates (Parkes 2002). Not least, professional and voluntary agencies, and mental health professionals report moral and financial pressure to justify funding for this work, and provide some evidence as to its value and efficacy (Trickey 2004). Evidence already shows that physical as well as mental health suffers in the months following bereavement for both adults (Dyregrov 1990, Smith & Pennells 1995, Schaeffer & Lyons 1986), and children (Lloyd-Williams et al 1998) the causes of which may not be recognised or known by General Practitioners. This lack of understanding will bring about added costs to the Health Service. Reference has also been made to Scheiderman et al (1994) who commented on the high cost of health care, making it important to determine what is effective.

As Moon et al (1990) point out, in qualitative research the researcher is intentionally subjective, and this subjectivity may be handled by making the researcher's role explicit. In a grounded theory study such as this, also, the researcher is more involved with the subjects than in experimental research. Although exposure to the subjects is limited to a maximum of one hour with each in this study, grief and bereavement are sensitive issues, and the interviews could at times be intense.

Rolls (2004) emphasises the importance of the researcher knowing his/her own history and reactions to death and bereavement, since nobody can say 'this is not something which will ever affect me' We all experience losses from the time we come into the world to the time we leave. Clearly some will be more traumatic than others but a third party can only judge this subjectively too since what is traumatic for one sibling in a family, for example a pet, may be of little consequence to another.

In this study the interviewers are seeking not only reactions to death, but information on interactions with the dying, the sight of bodies, the giving and receiving of bad news, as well as the effects of the absence of someone with whom the subjects will in most cases have had a very strong attachment.

My background has both advantages and disadvantages for this work. The advantages include familiarity with human remains over many years, ranging from Mau Mau victims in Kenya to the Hillsborough Stadium disaster, stillbirths in hospitals and deaths in people's homes. For thirty years I have worked to assist people who have experienced many different types of loss, starting with redundancy in the 1970's, and moving into bereavement counselling in the 1980's. Pastoral work has also involved people who have lost their homes, their partners or families, self-respect and freedom, limbs or security, as well as experiencing the death of someone close.

So I have probably had a wider experience of deaths and with the dying than the average person. Experience without learning is no qualification, but I have found that my training as a trainer, in sensitivity training, in group dynamics and various therapies has enabled me to both reflect on my own fears and anxieties about aging and death, and to observe, empathise and give support to others who are grieving, though this does

with such matters, or carry out excellent research.

As Nadeau (1998) found, training in communication and counselling skills enables a researcher to avoid discomfort in the presence of those experiencing intense sadness, and to realise that the vast majority are not expecting someone to provide an 'instant fix' but to listen and give permission for them to tell their story, allowing them to see all emotions as legitimate. Finally, to help them realise that their reactions are not abnormal or indications of being mentally ill, and that they do not have to live up to others' expectations.

But as Nadeau also found, some experience and training can be a disadvantage when it comes to bias and subjectivity. My training background and experiences with adult/child bereavement have given me a number of preconceptions about the paucity of communication skills within many families and schools, the lack of knowledge about the somatic effects of grief by many in the medical profession. My knowledge of the pressure under which many clergy work, especially in urban parishes with several funerals in one week, may temper recommendations to clergy to involve children in planning funerals, especially when the parents have no inclination towards it. My experience as a parish priest has given me a strong bias towards the rights of the child to be involved and consulted and shown me how frequently the child is ignored, excluded or even resented in the family, the community, and in the church. Appreciating the difficulties to be faced however, in any profession, does not obviate the need to state the ideal situation that would be most helpful to a child even if this cannot always be achieved.

The safeguards against prejudices or biases entering this work will lie mainly with my supervisors, but also with members of the Gone Forever Project, some of whom have extensive research experience. I also received help on this from my co-interviewer Ann Faulkner, since she has faced the same issues in her research into children with cancer, and the effects on their siblings, families, and medical attendants (Faulkner et al 1986). Her observations on the transcripts of my early interviews have been of immense help in reframing a number of questions for more satisfactory and informed responses. Apart from many years experience as a nurse and as Asst Director of the Trent Palliative Care Centre in Sheffield, Ann is also used by the Family Court Service in Sheffield to

wishes and needs over custody questions.

Limitations

I have detailed elsewhere the focus of this research as being on a specific age group and those bereaved within that band who will not be approached. As explained later I am not using saturation interviewing as I am not trying to explore psychological aspects and reactions to grief. Nevertheless the data to be analysed will be quite extensive. But if the findings are to have credibility with the people the project is intended to assist, there has to be more than the handful normally associated with saturation interviews, so the aim of 30 interviews was felt to be a number that while not qualifying as a large scale survey would satisfy its audience that it has some merit as a reasonable cross section. While this MPhil submission therefore involves only 16 children, (mainly due to the difficulties experienced in gaining access to children) the database will be extended later.

Methodology

A qualitative method was chosen since bereavement is an issue that affects everybody's life. The focus is the exploration and understanding of bereavement care as it applies to children. Qualitative research is an approach from which ideas can be understood and theories generated that was developed in the field of sociology. A grounded theory tradition of enquiry will be used, with semi-structured interviews for data collection.

Qualitative Study

Faulkner et al (1995) quote Melia (1983) who argued that the main advantage of qualitative research is its adaptability and flexibility, and suggest that it allows methods to be developed that enable the lives of people to be explored and greater understanding gained. It also encourages the researcher to study people's lives as they are, rather than as the researcher presumes they are, and to attempt to see the world from the view of the respondent. Cresswell (1998) lists what he sees as the characteristics of 'good' qualitative study.

- Rigorous data collection procedures
- Framing the study within the assumptions and characteristics of the qualitative approach to research

to be kept to one tradition, concise and straightforward.

- Begins with a single focus
- Includes detailed methods, a rigorous approach to data collection, analysis and report writing
- Persuasive writing, bringing about 'verisimilitude' – a sense of 'being there'
- Data analysis using multiples levels of abstraction
- Clear engaging writing and including unexpected ideas

Through the slow process of collecting and analysing the data, says Cresswell, we shape a narrative that may have many forms. We tell a story, present the study within a scientifically traditional approach, talk about our experiences in conducting the study, and then let the voices of our informants speak and carry the story.

Most of the boundaries for this study have already been delineated. In addition, I shall not attempt to explore gender issues except where they arise from the dialogues. Such issues would need comprehensive investigation and would detract from both the single focus Cresswell recommends as well as the need to be concise and straightforward.

Grounded Theory

Grounded theory is theory that is 'discovered' from data systematically obtained from social research. (Cresswell 1998). Glaser & Strauss (1967), who first discussed this approach, wrote that 'generating a theory from data means that most hypotheses are systematically worked out in relation to the data during the course of the research. Generating a theory involves a process of research'. (p6). They also argued that logical-deductive theory can be based on unfounded assumptions whereas grounded theory is likely to be better theory because it is based on assumptions inductively developed from the data.

Strauss & Corbin's (1990) view is that generating grounded theory is a way at arriving at theory suited to its supposed uses: to fit, to explain and be relevant. It has the advantage of being understandable to social scientists, students and lay people – an important issue for this study. Glaser & Strauss (1967) emphasise allowing the data to speak for itself, but also point out that data as evidence may not necessarily be accurate beyond a doubt (even with studies concerned with accuracy). All it shows is that a

But establishing generalisations of such concepts is also an important issue since these help us broaden the theory so that it is more generally applicable and has greater explanatory and predictive power.

Analysis of data in a grounded theory study does not have to wait until all participants are interviewed, but is described by Cresswell (1998) as a 'zigzag' process in which the researcher begins analysis as data is collected, then goes back to the field to collect more information, analyse it, and so forth. Cresswell labels this as a *constant comparative* method of data collection.

The Semi-structured Interview

The main instrument normally used in grounded theory data collection is intensive or saturation interviewing (Lofland & Lofland 1984). However, since this study assumes as given the emotions and other processes experienced in a child's grief, I seek to identify evidence of what helped or did not help them come through the experience, and I shall use semi-structured interviews. Saturation interviewing by its very nature limits the number of subjects who can be interviewed, normally about 12. As already explained, I and the organisations encouraging me are keen that generalisations can be drawn that will be of value in helping grieving children, so my hope is to double this number in due course to provide a trustworthy base for data that might influence such help. In saturation interviews the interviewer seeks the informants' experiences of a particular topic or situation. This semi-structured approach has knowledge of some of the things that exist, or situations where they might arise (in this case such as the home or the school) and wants to know their prevalence for good or bad.

The semi-structure for these interviews is derived from Nadeau (1998). In this, a number of predetermined areas of interest to the researcher are seen as given guidelines, which will be the same for every child. The guideline questions are augmented by *probes* pertinent to each area of interest. A *probe* is a gentle request on something not already mentioned directly, but that the researcher perceives as important. (Lofland & Lofland 1984) The open-ended question is used to open up each area of interest

Area of Interest - School

Researcher: "*Tell me about going back to school after your daddy died*"

Reactions of teachers

Reactions to teachers

Actions/reactions of peers or others

Reactions to peers/others

Any difficulties experienced – concentration/intrusive thoughts,

memories

Anything that did or might have helped with the difficulties

These are not designed to be a tightly structured set of questions to be asked verbatim, but to enable each child to think about what helped or hindered in each area of interest. (Nadeau 1998). The *probe* needs to be related to the response so as to explore individual. Example:

Possible response: *'I didn't want to go back to school'*

Probe: *'Can you tell me why you felt like that?'*

The aim is to complete each interview within 45 minutes, beyond which a child of the 6 – 12 years age group involved could find concentration difficult.

The original intention of this study was to try to compare the experiences of children who had received some form of help from outside the family (such as school or Cruse counsellor) with those who had not, and also involved to try to 'match' experiences e.g. comparing with each other children who had lost a parent in a sudden death. As the project developed and access difficulties became apparent, this seemed an unnecessary complication and losing Cresswell's criterion of being concise and with a single focus. The important issues are what the children have found to be developmental and helpful, and what they have found to be unhelpful, excluding, or going against their needs. So given that a child has had a parent die, and that whether from inside or outside the family certain aspects are given – the ways the news is broken, interactions with siblings, peers or adults at home or school, funeral rites, and school attendance – these provide the prospective for this study, they do not delineate in advance the helpful or unhelpful behaviours of adults, peers or siblings. Theories about such words, actions or attitudes will be allowed to emerge from the data.

Another aspect of conciseness concerns the time since the parental death. Research by Silverman and Worden (1992) measures children's reactions after varying time spans –

perceptions. In this study we interview children whose parents died between six months and three years before the interview. It is not the purpose of this study to make such comparisons about perceptions, simply to find out what each child recalls as being helpful or unhelpful to them if the parent was ill before dying, at the time of death, and in the aftermath including the rites of passage and rituals.

It is clear that the subjects of this research will vary enormously, even within the parameters given. As Morland (1999) put it 'it is true that this is a very complicated area of work...patterns of cause and effect, direct and indirect variables are confused because they are interchangeable.' Morland quotes Beswick & Bean (1996) that self-assessment tools in a particular study indicated the children had a 'normal' level of self-esteem which was not the experience of those working with them, and that it is too risky to rely too heavily on diagnostic tools. Morland suggests that we need to ask ourselves what we are measuring and why, and whether it tells us anything really useful.

Selecting the Areas of Interest

Parkes (1972) and Worden (1996) list a number of mediators or determinants that can affect how any person progresses through their grief and the level of grief intensity, and as they and others point out these are no less relevant to children. They include:

- Earlier life losses and how these were dealt with
- The type and cause of the death
- Age and health of the deceased
- Pre-death relationships
- How the news was broken
- Support of family and social system
- Belief system

Other factors particularly relevant to children are seen as (Worden 1996, Goldman 2000, Silverman 2000)

- The gender of the deceased (when the death is of a parent)
- The functioning of the surviving parent
- Observance of rites of passage

Some of these factors are 'givens' in that nothing can be done to influence them after death (although some might be open to misperceptions which can be put right, as noted earlier, for example 'magical thinking'). This study seeks to draw out from the

needs and feelings of bereaved children, and identify whether adult behaviours prior to a death of someone significant to a child would assist a child's reactions for the better. It is also hoped to compare the children's perspectives with those of those professionals seen as standard references to this subject.

The 'Areas of Interest' addressed in this study are therefore as follows:

Earlier life losses, language used, and understanding of death

How the news was given and received

Presence and participation in rites of passage

Support of the social system of the child – family, school, friends, peers

Communications within the family

Ethical Issues

Undertaking research with bereaved children raises a number of ethical questions that need to be addressed all through the research process. . Rolls (2004) lists a number of concerns which are sensitive and the relevant authorities who address them, plus ethical and professional consequences for the participants (Sieber & Stanley 1985), the potential for threat, including threat to the researcher, plus the threat of intrusion (Lee 1993), and where the subject itself is taboo (Farberow 1963). Rolls notes that each of these concerns applies to bereaved children and thus requires the researcher to be even more aware of the ethical responsibilities.

Rolls lists four main areas of concern from research literature.

1. Access

Any sample often evolves around the researcher's skill in presenting the study to the informants in ways that make sense. Samples of the explanatory letters to Head Teachers, clergy, parents, and counsellors are in the appendices. The first of these (on which the others were based), were drafted and redrafted with the Head of Research at the School of Education and the Trustees of the Gone Forever Trust.

The fact that approaches to so many of the schools with no previous briefing on bereavement issues were so unsuccessful may well be a reflection of the inadequacy of the explanations. I came to the conclusion that someone more familiar with marketing

practice. I therefore related the problem to my elder son, a marketing consultant. He pointed out that heads of business receive many letters a week from charities seeking help. Most of them go straight into the waste paper basket. However some have told him that if a representative telephones and asks for an appointment to explain their objectives, he gives them an appointment. As one put it 'If they can be bothered to take the time to come to see me, I'm prepared to listen.' My son suggested a personal call to school heads might achieve more.

Using my clergy contacts as introductions I called around 15 Head Teachers in the following two weeks. Ten of them agreed to meet me and listened to my request for help. Six said they thought they could approach parents of children in the category needed, and of these four were interviewed. All were given copies of printed material from the Gone Forever Project or the Child Bereavement Trust designed to assist children, teachers, parents and friends, all expressed interest in better briefing for teachers, and will be mailed about future training programmes

One question arose as to how truthful we were to be about the purpose of the research. Our initial thought was to uncover helpful or unhelpful practice by implication, but came to the conclusion that this could be interpreted as covert investigation. It was later disclosed to me by the Head of one co-operating Junior School that her decision to help had been influenced by this disclosure. Her initial hesitation and caution was countered by 'If this is not done, how will we ever know?'

Another important issue is the possibility that the child being interviewed may become upset. As indicated by the interview schedule, we are more concerned with children's reflections rather than counting categories of replies. The psychological and emotional issues are taken as givens, and we are not seeking to enlarge on these unless they emerge from the dialogues. But while we as interviewers are more concerned to focus on the practical and more prosaic issues than the emotional, nevertheless such issues are, for the respondents, still present, and a display of empathy will, at times, almost certainly be called for in a way that might not be seen as objective enough in a less sensitive area of research. Such empathy itself can trigger off further responses and more information and can be more effective than questioning, however open ended. Moore et al (1996) go further and believe circumstances may arise when to remain

responsibilities.

This issue also encroaches on the boundary between research interviewing and counselling. Nadeau (1998) refers to the difficulty in identifying and maintaining this boundary. For example, one teacher when approached responded by saying 'You may be just the person we need, to help with the problem of 'x' who seems to have no support at all at home.' This also indicated that the school also does not have the resources to help the child. Nadeau found that some of the families who gave consent to her interviews also had such agenda of their own.

Nadeau did however make the discovery that having a semi-structure to an interview helps in being perceived in less of a counselling role than does intensive interviewing. It may be that it is not possible to separate these two roles totally, especially as both interviewers are trained counsellors who would find it difficult to ignore the revelation during the interview of something clearly impinging on a child's life and happiness.

2 Gaining Informed Consent

Rolls comments that such consent is linked to access and implies a responsibility to explain the project as fully as possible, in terms participants can understand. . In this project, it is not only the children who need to be given sufficient understanding to gain their consent, but the gatekeepers, in the first instance in some cases Head Teachers, clergy, or counsellors, in the second instance parents.

It cannot be taken for granted that a written protocol will be understood fully by any of these groups, an issue quickly appreciated by those teachers who responded with offers to co-operate. They felt it better to approach the parents concerned personally first, and then give them the explanatory letter and consent form (Appendix) to take away, reinforce what they had heard, act as a reminder, and to think about before responding. Having gained access to the child, again, it could not be assumed that a sufficient explanation had been given, or if given, remembered and fully understood, and the interview schedule (Appendix I) begins in each case with an explanation. In one of the earliest interviews, given at the child's home, it was clear that neither the parent nor the child had a clear idea of the purpose and the ultimate product from the information gained, and had to be briefed.

& Bond (1998), who found 'it is not sufficient for the interviewer simply to read out the protocol and then expect the respondent to sign'. Bell (1999) sees such the explanatory process as essential and that subjects should never be expected to sign any protocol form unless they have had time to read it and consider the implications.

Even when the child is thought to have fully understood, and gives responses in conversation that confirm this, the question may still arise as to whether they feel obliged to take part because the teacher or parent/carer seems keen, or because they feel they may be penalised if they do not.

3 Ensuring confidentiality and anonymity

As can be seen from the letters to gatekeepers, and the consent forms, these matters are included in the original protocols. Although I would be surprised if an interview about helping or hindering factors in grief were to reveal abuse of a nature that required report to an authority, this cannot be taken totally for granted.

This is recognised as a potential dilemma by Moore et al (1996). They note that while researchers present themselves simply in that role, to explore, investigate and report, but not to intervene and change, if a serious problem is revealed, is it the researchers duty to make the upholding of confidentiality paramount, or to actively engage in helping the child? The National Children's Bureau states its belief that there are limits to the degrees of confidentiality and anonymity that can be guaranteed, because of the duty to protect children (Rolls 2004)

Rolls implies that as the world is smaller and more intimate, anonymity is more difficult, and the probability of recognition is greater. Children are often quick to identify others with known problems, but it would be unusual if they were to read the report, and if they did were able to recognise a classmate from the data. No more than one or two school staff knows the child's circumstances. Although the probability is not high of recognition, I realise that where there is a particularly unusual circumstance described (such as the nature of the death of the parent, or unusual family circumstances) the family concerned could be recognised and every effort must be made to disguise it

The issue of the boundary between interviewing and counselling arises again here, since all bereaved people are vulnerable. This is where the fact of the interviewers also being trained child bereavement counsellors becomes important. These children are not simply there to give detached views, but will be thinking about actions and events that impinged on their lives, sometimes in a traumatic way.

Rolls stresses the importance of minimising the risk of distress. She clearly recognises that the risk cannot be eliminated as she goes on to raise the question of giving respondents support when it happens. It may not even be desirable to eliminate it, especially if this means suppressing truth about such things as anger, shock or resentment at the way the respondents were treated. The more important issue is helping the respondent feel safe, to know what support is appropriate, and what can be provided as follow up if required. For many of the children involved, I can follow up myself, but in the event of this not being possible local bereavement services have agreed to provide trained child grief counsellors. Each child will also be given a printed card about grief produced by Gone Forever (Appendix O) or CBN and provided with a contact phone number for follow up if needed.

Other Ethical Considerations

Other considerations not listed by Rolls include

a) Data protection

Neither schools, clergy, nor Cruse counsellors could be expected to provide me with names and addresses of families coming into the category requested, under the Data Protection Act. They would first have to consult the parent or guardian to obtain consent, and also ensure the child is consulted.

Cruse National headquarters were consulted to ensure that assistance at local level was not contrary to their policies. They confirmed that such co-operation was left to local committees subject to ensuring that the protocols of child protection and The Children Act were kept to.

This is no more than I would have expected from an organisation committed to continuous improvement and publishing research results from every credible source. I

organisation refused permission to their local representative/organiser on the grounds that it was contrary to their policy. Other organisations and branches also refused.

c) Child equality in decision-making

One school mentor was reprimanded (unofficially) by Social Services because she asked the child about willingness to participate before asking Social Services, in whose care the child was. The child was very articulate, keen to take part and most helpful, a fact known to the mentor who had known the child and the surviving parent for six years before the latter's death. While it is understandable that Social Services have to possibly be even more careful than parents since they come under such intensive public scrutiny and criticism, it does raise the principle as to whether the child has an equal right to be consulted, even if the carer decides after consideration it would not be in the child's best interests.

b) Over protection

The first concern must always be for the protection of the child, but to this I would add a concern for the *over* protection of the child. Parental acts of over nurturing can lead to a loss of abilities to regulate a life away from the nurturer, and induce learned helplessness. Coopersmith's work, (1967), showed that people with high self esteem are so equipped because parental expectations represent a belief in their child's adequacy and a conviction that it has the ability to perform in whatever way is required to succeed. When set at reasonable levels, they represent a parental vote of confidence and provide a clear indicator that what is desired is attainable, thereby giving courage as well as direction. This confidence that one can deal with adversity, realise personal strivings, and gain respect and attention, is likely to be self-fulfilling by the persistence and poise it engenders, and by the demands it imposes on others.

A protective, encompassing parent assumes the role of cocoon, and maintains the engulfed object child on a selective and supportive diet maintains Coopersmith, who shows a clear relationship between dependency inducing behaviour with indulgence, and poor self-esteem. Parental protectiveness is also manifest in attitudes towards present and future achievements, as establishing a comfort retreat minimises the influence of any external prods and incentives to achieve more and extend oneself.

abnormal or life threatening where they may cry, whether it be a funeral or a competition in which they may not succeed, they are allowing them to test their personal adequacy, and not live in an artificial environment in which they are protected and restricted. Tears are, after all, part of healing, not part of the hurt, and as Coopersmith found, such children are likely to be more creative, with higher self-esteem and greater independence than those cocooned.

Leary & MacDonald (2003) show how peer acceptance plus approval by significant non-parental adults such as teachers or grandparents is also a strong predictor of self worth for many children and adolescents. Such findings, maintain the authors, are consistent with the notion that self-esteem reflects the degree to which people believe they are valued by others. But as Crocker & Park (2003) point out, acting to gain the approval of others can also affect self – esteem negatively if it is contingent upon others' approval instead of toward virtue.

In contrast, the parental, self, and social expectations of individuals with low self-esteem are marked by lack of faith, expectations of failure, and the anticipation of rejection, says Coopersmith. By virtue of the treatment received, and the self-attitudes engendered as a consequence, a child with low self-esteem is unlikely to believe that his/her personal actions can have a favourable outcome, that she/he can effectively cope with adversity, or is worthy of love and attention, thus sapping courage or hope of dealing with problems that must inevitable be confronted.

The lack of parental confidence in children's ability to cope, accords with my experiences in parish work when trying to convince parents that a child should at least have the opportunity to decide for itself whether or not to attend the funeral of someone who has clearly been close to them. Frequently the response would be 'it's not fair to expect a child to cope with a funeral.' When I point out that I have known many adults who have lived for years in anger at being excluded and being sent to school on the day of their mother or father's funeral, and that the opportunity to say 'goodbye' will not be there in the same way again, the reply is usually 'he'll understand when he's older'

This confirms Silverman's (2000) comments on contemporary attitudes in society that pain and suffering can be avoided at all costs and that the world is focussed on being

identified as deviant she claims, something to be feared and avoided.

If we add to this the fact that a funeral is a time of family breakdown (which is another possible source of low self-esteem), and that bereaved children frequently complain of bullying and may lose their homes, all the elements are there for the perpetuation of low self-esteem, the symptoms of which will include dodging challenges and opportunities, being overly dependent on others, high level self criticism and over dependence on the opinions of others.

The subject of death is one that has an emotional impact on almost everybody, and parents, teachers, academics, and counsellors are not immune from this. Several writers (Pennells & Smith 1995, Dyregrov 1990, Faulkner et al 1995) speak of the actions and reactions of parents to child grief as being motivated by natural protective instincts towards the children, instincts which as I have shown above can be counterproductive. Miller (1987) however sees dismissive or excluding behaviour as an unconscious contempt for the child's needs, giving a sense of strength to the adult by being able to control fears in the child that they cannot control in themselves. Certainly I was given the impression on several occasions that many of the cautionary statements made to me about the project were projections of adult fears, hardly surprising since death is an experience from which none of us is exempt.

Several assumptions of the type listed by Watson et al (1999) in their study of the experiences of disabled children were repeated in the concerns of all adults I engaged with in trying to gain permission to access children for this study. I was warned that children would feel safer with interviews in their homes rather than at school, and that junior schools do not have the facilities for such interviews. In the event, of the children who were contacted through schools, 50% preferred to be interviewed at school rather than at home as they felt this would be less upsetting for the remaining parent. Those with foster parents were particularly strong in speaking of the school as a 'safe' place. The schools themselves went out of their way to make the facility available, in some cases teachers giving up their own rooms.

Members of the university ethics committee expressed the view that if children were interviewed at school they could not be expected to return to class afterwards. But as

again', a process which Draper (2004) refers to as 'the oscillating nature of child's grief, that is often interpreted as a behavioural problem in that they appear to be fine one minute, and 'acting out' the next'. In the same way as the interviews revealed that most children wanted to return to school as quickly as possible after the death of their parent so as to seem 'normal' to their friends and peers, and to have their company, none of those interviewed at school expressed any wish to opt out after the interview, though their teachers knew what was happening and kept a cautionary observance of them.

Summary

Essentially therefore, the following practices and safeguards have been built into the project, and accord with Child Protection protocols and the policies and procedures of the Sheffield Hallam University's Research Ethics Working Group, approved by the Academic Board in January 2000. They also accord with the recommendations of Rolls (2004).

- Both the investigators are trained and experienced in child bereavement work and interviewing children.
- Both have Enhanced Clearance from the Criminal Records Bureau for working with children
- Both are familiar with the protocols of the Children Act, for the protection of children.
- No child will be interviewed without written parental consent, and without having the purpose of the interview explained to it.
- Every child will be at liberty to pull out of the interview at any time, especially if strong emotions are stirred up (Nadeau 1997 p3)
- The identity of the child and family will remain confidential to the gatekeepers and investigators. No mention of real names will be made in the write up.
- Transcripts and recording tapes will remain in safe custody (lodged with solicitors) for five years before being destroyed.
- Any child requesting help or seen to be needing it following the interview will have the services of myself or another trained child counsellor.
- A printed handout on grief information and where to obtain help will be given to the child and parents
- A commitment to issuing each participant family with a summary of the main findings of the report (Cresswell 1998)

The question of whether a 'pre interview' socialising meeting would be appropriate was considered. However, it has been the experience of both investigators that children respond in a very open way to grief interviews, and often more readily than adults. This conclusion is shared by other researchers including Cross (2002), and Faulkner et al (1995). Blackburn (1991) goes further and reports her experience as backing the findings of Raphael (1984) who describes bereaved children as frequently 'marking time' until an adult enters their world who will enable them to express their thoughts and feelings and thus facilitate their grief.

A priority for the interviewers was to ensure that their approach and questioning style was consistent and similar. The initial plan was for each of us to interview two children in short pilot interviews, using just one or two areas of interest

As access problems developed however, this seemed unnecessarily cautious. Such truncated interviews would firstly be a waste of four potential respondents. Secondly, probably more importantly, it could frustrate the respondents by not exploring all the issues in the way they might have hoped. Had the interviews been intensive, then we could have carried out pilots with children not bereaved, but the semi-structured schedule provides sufficient guidelines to keep us both on the same track. We therefore each interviewed two children, had these transcribed and compared them.

Two things became clear. The first was that Anne was considerably better at formulating all questions in an open ended style than I was, and consequently only had to ask a few more directly when the child was not clear as to what she was driving at. Secondly, as the child's needs were paramount, it was not always appropriate to probe every subject on the schedule without dragging the interview on in such a way that would both weary and perhaps bore the child by repetition.

As the project went on and it became clear that access to children would be more difficult than anticipated, the interviews were much further apart than anticipated and made it easier for me to carry them out myself. Of the 16 children in this study therefore, Ann has interviewed only the two in the pilot interviews, and her role has not expanded beyond advising on improving my techniques for obtaining information from children.

I had been warned that access would not be easy, but had tended to think the fears were exaggerated.

My first approach was to 12 schools that had already sent staff to Gone Forever training days, on the assumption that they would be sympathetic. This assumption proved correct but only produced 5 children from two schools. Others reported resistance from parents approached, but nearly all these schools responded.

Over the following six months I approached nearly 160 schools, in batches, plus several counselling organisations. As a consequence I interviewed 11 more children, giving a total of 16.

All those approached were sent stamped addressed envelopes for replies. The standard letters with the ethical issues included, plus consent forms for parents are in the appendices. The breakdown was as follows:

- 24 church schools were approached in Diocese 'A' One acknowledgement was received, but no participants.
- 40 church schools were approached in Diocese B. Two schools recruited 3 children. No others responded

Both the above were approached through the Officers responsible for schools

- 80 schools in two Local Education Authorities in South Yorkshire were approached. Six participants were recruited. Over 60 schools did not reply, and one or two who did sent scribbled notes such as 'This is not an appropriate exercise'
- 5 Counselling organisations were initially approached. Of these:

Cruse Rotherham recruited two for interviews.

One reacted very hostilely saying such a request to parents would be a breach of confidentiality, despite the fact that my letter set out the procedure safeguarding data protection protocols

One said the matter had been discussed with counsellors who could not agree to the request since it would mean causing further upset

They also listed other concerns on methodology and research governance. I replied I would be happy to meet them to alleviate these concerns and provide evidence, but received no reply. I was later told they had decided to ignore my invitation.

Two other organisations replied that they were simply unable to help.

Others offered help but no more was heard from them after sending them the appropriate literature

With only six months to go before the date for MPhil submission I was advised by the University that the 12 interviewed would be enough for this purpose. Once I had completed the MPhil requirements I could expand the database as more candidates became available, and thus satisfy the sponsors, the Child Bereavement Trust. However the 12 Head teachers contacted personally came up with four more children quite quickly so I was able to produce data on 16 for the MPhil submission.

Over the next six months I continued to seek participant children but with a view to interviewing them after completing the MPhil.

The following contacts were made:

The Laura Centre in Leicester agreed to assist and produced 3 candidates
Two Leicester Diocesan schools also found participants.

An organisation in the South of England agreed to help and had 15 children lined up, with parental permission, but as they were attached to a Primary Care Trust this needed clearance from their county's Local Research Ethics Committee. After an interview with this committee they refused permission.

Of the 17 issues listed in their refusal, over half were not on ethical issues but methodology, which, as the Chair commented at one point, should really be a matter for the university.

- Young children would not understand death
- I had not taken into account that children in the north of England would respond differently to children in the south.
- Children would be upset by talking about the death of a parent.

Replies are awaited from other organisations.

Discussion

The exercise highlighted a number of points:

Ignorance on the issue is not confined to parents

Teachers are not exempt from the prevailing 'culture of blame' when being asked to participate in an area of enquiry in which so little is known by their profession, there is little precedent, and a risk of emotional upset, with so little expertise within the school for handling it.

Some counselling groups evidently have little understanding of the process of child development and the needs of children to revisit their grief as they grow older. Even without that knowledge the fact that they encourage children to have memory boxes and keep artefacts belonging to the deceased goes contrary to the statement that they would not want the child to have reminders after counselling is finished. If counsellors, and health service committees are so misinformed who can blame parents who are accused of 'poor parenting' (Harrington & Harrison 1997)?

Interview Consultation Group

The United Nations Convention on the Rights of The Child 1991 promotes the principle that children have a right to be consulted on procedures that affect them (Article 12), and access to appropriate information and education, especially if it promotes their social, physical, and mental health. (Article 17).

In addition, the report 'Every Child Matters' (Children's Commissioner 2005) states that one clear message emerged from the consultations with young people that formed the content of the report: the need to involve young people in decisions that affect their lives. It went on to give certain other messages, which included the idea that while it

where young people can access services, and that children young people and families should be able to make informed decisions about the support that they need.

Accordingly I had a vision of forming a consultation group of between 6 and 10 children under the age of 14 years who had experienced the death of someone significant to them at least two years previously, to ask their advice on approaching and talking to the respondents for the semi-structured interviews. The format would include the ethical safeguards mentioned earlier plus the issues listed by Cresswell (1998)

- Explanation as to the purpose of the study
- The right to withdraw at any time
- Assurance of confidentiality
- Possible benefits to themselves and those we are trying to help.
- The potential for them to assist us in making fewer mistakes than are usually made by adults speaking to youngsters about the death of a parent
- A request that we be allowed to return after the initial interviews to feed back experiences, relate how their advice has helped and any lessons learned, and to pass on some of our findings

I anticipated that this would be a useful learning experience for all parties, and especially for ourselves in the interviewing process. I accordingly wrote to the Heads of four comprehensive schools along the same lines as the Primary school letters, but making it clear these children would not themselves be interviewed individually. As each of the schools had around 2,500 pupils I anticipated that the group could come from one school, possibly two at the most.

There was no reply from two of the schools. A third Head replied at length saying that the proposal was treading on unknown territory and could be hazardous to the children involved. Finally, the Head felt the staff was too busy to cope with it. The fourth replied in similar tones, but added that the support that would be required from staff was not available. This despite my assurance a) that all the evidence pointed to such an exercise being helpful to the children involved, b) support for any child found to be needing it.

their response was very positive. The contact teacher in reply said that the Head saw it as a potentially developmental exercise for the youngsters involved, but deferred it until after the Easter break. Following that break, the staff member with the list and parental contacts for consent was off sick. This continued until the Spring Bank holiday break. Following this break my phone calls were not returned and no effort was made to contact me despite being promised I would be kept fully informed. This was a pattern to be repeated in several situations both for this exercise and for the interviews, an initial positive, even enthusiastic response, subsequent assurances that people were interested in helping, declining to a position of refusal to respond to calls and breaking off contact without any explanation.

After consultation with my supervisors, I had reluctantly to abandon this consultation idea. Unless it was to be a purely cosmetic exercise it had to begin before the interviews, which were now some weeks behind schedule. I was worried too that those few parents and children who had agreed to interviews would change their minds if I delayed further. I can rationalise that the whole project is an exercise in consulting children but it would have been satisfying to have the benefit of such a group. My experience accords with that of Moore et al (1996) who affirmed that the rights enshrined in the United Nations Convention on the Rights of the Child 1991 are not fully implemented in this country, When children are listened to in this way, says Moore, stereotypical assumptions often made about children are challenged.

The outcome also reflects a comment made by the youngsters consulted in the report 'Every Child Matters' who were cynical about consultations from their own experience, and commented that whatever young people may say, adults will usually prefer to listen to other adults.

Interview Preparation

Being set to begin the interviews, my first priority was to ensure that the protocols were in place regarding Child Protection and the ethical issues as already set out. I also had for reference the recommendations of the group 'Consumers for Ethics in Research' most of which I had already covered but which places emphasis on the participant understanding the purpose of the exercise.

had assumed that all children would prefer to be interviewed in their own homes. However it became clear from responses that some preferred their school for this, the reasons varying between not wanting to involve the family fostering them, or, if still living at home, not wanting to upset their surviving parent. The recommendation of the University Ethics Committee, that any child interviewed at school should not be expected to return to class, proved unnecessary. The children were offered the chance to delay return but in no case did they accept it.

Whether at home or at school, I had the use of a designated room, and while at no time was I in a room with the door shut, I was able to satisfy myself and the child that we would not be overheard.

My second priority was to try to create a relaxed atmosphere and sense of integrity in the dialogue and interaction. I set about this with a number of strategies.

Firstly, although I made no effort in the introductory letters to Head teachers, parents or clergy, to conceal the fact that I am a clergy member, I did not wear any clergy identification clothing or symbols, but dressed casually. In only one case did the parent seem to have my professional identity in mind but I did not sense this in any of the children, although I clearly cannot be absolutely certain of this. I introduced myself as 'Brian' and asked them what they liked to be called which in two cases was different to their given names on the consent forms.

I then had a general discussion about their friends, where they went to school, interests and family for a few minutes, before asking them if they knew why I was carrying out the interview, firstly getting them to tell me what they knew (or could remember), affirming what they had right then filling in the gaps and asking for their help.

At this stage I usually asked why they had agreed to see me, and as most of them gave the reply that they liked the thought that they would be helping other children, this helped to reassure me that although it could not be entirely ruled out, the child was probably not acting out of coercion. I also made a point of saying that although a lot had been written on the subject this was the first enquiry to focus on asking the children

their opinions.

Moving on to the possibility of nervousness, I began by saying that I would not be surprised if they felt a bit nervous when confronted by a complete stranger who was much, much older. Mostly they laughed and agreed though one or two looked surprised and one said it seemed from different to talking to his grandfather.

Finally, I emphasised that there were no right or wrong answers, and that it was not a test, which I hoped would dispel any temptation to please by saying what they thought I wanted to hear. I emphasised that different children found different things helpful or unhelpful, so I just wanted to know their experiences and reactions to events. Nobody else would be told what they had said except in a way that would not identify them, and all names would be changed. If they felt upset at all they could ask me to stop at any time.

I then did a voice test to ensure that the equipment was working satisfactorily, and I quickly discovered that the replay of this test, listening to themselves, did more to put them at ease and lighten the atmosphere than all the previous discussion.

During the interviews, to make it clear as to the subject I was addressing, I at times used a 'flagging' strategy e.g. 'Right thank you for that information about the funeral. Now can we think about when you returned to school?'

I quickly learned that the more I said the less the child would say and the better the preparation the more relaxed they seemed. While some children were more articulate than others, only one gave the impression of regretting being there. He was also one of the siblings excluded from their parent's funeral and had subsequently been excluded from school. I sensed the interview was not going to be particularly helpful when he insisted that his mother stay in the room, and he said very little. I was left with the impression that his mother may have hoped that talking to me would act as some sort of counselling session, but I learned after the interview that both he and his elder sister had already just started receiving help from a local bereavement support group.

The report now draws out the experiences of the sixteen children interviewed, in each of the determinants or mediators described earlier. I first explain the way the analysis was approached, before going on to examine the findings under each *Area of Interest*. At the end of each I discuss the findings before drawing certain conclusions. These determinants do not have tight boundaries and there are inevitable overlaps, for example between school and peer issues.

Analysing the data

The first task was to find the most effective way to analyse the children's responses, and in approaching this was confronted by both my own suppositions and the realisation that these could lead me to seek only that data that would 'fit' neatly into one of the *Areas of Interest* listed in Chapter 3, i.e. anticipating what I might find and thereby only looking for specific phenomena.

Shaw (1999), however, points out that there is no single coherent package deal into which we can buy and that evaluation is distinguished by its identifying purposes rather than by one distinct methodology. Shaw quotes Cronbach et al (1980) as saying that evaluation cannot proceed on the basis that it starts with agreement on goals and that all social programmes have broad and vague goals even when they are supposedly targeted. In this case the broad goals are the *Areas of Interest*, since these derived from the original motivator of this study which provided what Strauss and Corbin (1998) refer to as the *Core Concept*, that is the concept to which all other concepts relate, this being Helps and Hindrances in Child Bereavement from the Children's Perspectives.

But I became aware, or rather, was reminded from my counselling experiences, as I was interviewing the children and engaged with them, that there is more to interviewing, reporting and analysing than having a factual account of the discussion verifiable from the tapes and transcripts.. As Tripp (1983) points out, the 'data' is not necessarily only in the actual words spoken during the interview, but in the implications and possible consequences.

death of the single parent, did not include any discussion about the failure of that parent to make a Will that included contingency arrangements for the child's future in the event of the parental death, but were the inevitable consequences deducible from the reactions of Social Services and the movements of the children. Nor would it have been ethical or helpful to the children to have pointed out the provisions the parent could have made which might have saved these children from some of the more unhappy experiences. They may well come to their own conclusions in the matter when they are older and receive legal advice about their own families.

This correlates with the findings of Acker et al (1983) in her work on feminism in which she found that the interpretation and translation of the researched needed to be translated into more abstract and general terms if an analysis that links the individual to the processes outside their immediate social world is to be achieved.

Researcher bias

As noted in Chapter 3, the potential for this intrusion had already been realised, a factor from which Strauss & Corbin (1998) believe it is almost impossible to be entirely free. This can happen during the interviews themselves, for example by over emphasis or repetition of questions to which previous interviewees had given answers at variance to those being heard, or during the analysis by concentrating on data that would emphasise a particular issue while ignoring data at variance with what I had hoped to hear.

However, that does not mean that unexpected data that crops up in one interview may not be explored more than had been anticipated, in subsequent interviews. One of the processes described by Cresswell (2000) has been referred to earlier as the *zig zag* effect, also known as *iteration*, moving backwards and forwards between generating data and analysis with which to guide or influence the next interview. I therefore found myself adding notes to the basic interview schedule (Appendix I) to check whether the same phenomena occurred with other children, for example a bereaved child at school finding a need to be alone, unable to concentrate and leaving the classroom for a few minutes with the compliance and understanding of the teacher. This broke down into segments, such as whether these feelings occurred, whether they had been discussed with the teacher, whether the teacher was seen as sympathetic to this need, and how the child let the teacher know why he/she was leaving the room without having to let the

children stated they wished to avoid.

Segmenting the Data

The process of coding the responses began at an early stage, following the transcription of the first interview. As Strauss & Corbin (1998) point out, we first need *concepts*, to be able to examine them comparatively and to ask questions about them. Such questions enable us not only to specify what we see systematically, but when they take the form of hypotheses or propositions they suggest how phenomena might possibly be related to each other.

The *Core Concept* having already been clarified in the original submission, as that of *Identifying Helps and Hindrances to Children's Grief from their Perspectives*, the *Concepts* that all relate to this are the *Areas of Interest* listed in the interview schedule. Within each *Concept* there are different aspects to be broken down and coded. For example, within the *Concept* of Giving & Receiving Bad News there is the *Sub-concept* of the phenomenon of Anticipatory Grief as well as the language of grief used in a family, and of who took the responsibility of breaking the news to the child. I considered the possibility of splitting up this *Concept* as it seemed to have too many *Sub-concepts* but decided they were very much inter-linked.

When I first drew up the list of *Concepts*, the majority were *a priori* as I had a clear idea of the *Concepts* for which I was interviewing. However it seemed to me, from the material emerging from the *Concept* of Personal Change and Development that Personal Spirituality needed a separate inductive code.

The next step was to find a way of identifying data that fell within each concept and ensuring that no data was overlooked. After experimenting with numbers and lists I concluded that the most convenient tool for recognition when collating the responses into concepts, was by colour coding, a process facilitated by the computer. The main *Concepts* could subsequently be sub-divided into the different phenomena within each.

used to identify each *Concept* are as follows:

<u>Concept Number</u>	<u>Colour</u>	<u>Title</u>
1.	Green	Giving & Receiving Bad news
2	Red	Rites of Passage
3	Blue	School issues and peer reactions
4	Violet	Family Issues and support
5	Pink	Personal Spiritual Issues
6	Brown	Personal change & Development
7	Orange	Help from outside the family
8	Black	General Information

As the interviews and the coding process progressed I realised some phenomena are not exclusive to one *Concept*. For example the phenomenon of *Anticipatory Grief*, while an issue in how the news of the death is received, is also influenced by the culture of the *family* in sharing and openness with the children. However I decided that putting something in one *Concept* does not prevent reference to it affecting another. There is also the phenomenon of coming across a case or action that does not seem to fit, or seems to be contrary to what is going on (sometimes known as negative cases). Building an explanation into the theory for them increases its generalizability (Strauss & Corbin 1998).

Collation

Having coded the transcripts, the task of collation, identifying and pulling out significant trends began. Many analytical tools define the behaviour between interactants and can subsequently be used for training purposes to improve such skills as teacher/pupil classroom interactions, chairing meetings, or negotiating (Rackham & Morgan 1977, Iwata et al 1996). Here however I am seeking linkages between *Concepts* (which may be implicit) and relationships between events and happenings between the children and third parties not always evident in the words used, so the use of a *paradigm* is more appropriate.

conceptual way of grouping answers to the questions why, how, where, when, which, from the studies within which the phenomena are embedded, (b) interactions/actions – strategic or routine responses made by individuals or groups to issues, problems or events arising from the conditions, and (c) consequences – which are the outcomes of the actions or interactions, whether or not successful.

But as Strauss & Corbin also warn, this is not a language of simple cause and effect, but also involves contexts, and a complex path of inter-relationships. The paradigm can never be used in a rigid way, otherwise it becomes the end rather than the means. The important part is discovering ways in which concepts, sub-concepts and phenomena relate to each other. They view analysis as a process that can be thought of as the difference between a snapshot and a moving picture. Each individual practice presents a different insight or perspective, but to see what happens or how things evolve it must be turned into a moving picture. Theory without process misses a vital part of the story of how the action evolves.

Identifying the Paradigms

Collating the responses by *Concepts* and *Sub-concepts* soon highlighted a variety of conditions, actions, and their consequences. For example, it soon became clear when collating the *Sub-concept* detailing who told each child of the death of their parent, that their experiences ranged from what most would see as an appropriate way of breaking such news (Faulkner 1994) to actions that were extraordinarily inappropriate (including parental actions).

Similarly the paradigm of classroom conditions for a bereaved child showed variations between children whose grief was recognised and respected in a sensitive way, to those who had little if any acknowledgement and felt oppressed by their internal conflicts, in which on the one hand they were aware of their difficulties in concentrating and on the other not wanting their peers to see and treat them as ‘different’.

In some cases the paradigms included crossing *Concepts*. For example, while some children received help from outside the family through counselling organisations, others received it from school staff who had attended training programmes. This reflects both

family and can therefore be quoted in both titles.

Thus the stories begin to come together with the range of responses and actions by parents, teachers or other professionals, relatives, peers and siblings, together with the consequences in the reactions of the children both emotionally and physically. From these emerges what has helped or hindered them by causing possibly avoidable distress or disturbance at a time when they are trying to cope with the death of a beloved parent.

Area of Interest - Giving and Receiving Bad News

The children in this study fall into three categories.

- a) Those with the parent who died at the time of sudden death (3)
- b) Those told of the death by the surviving parent (7)
- c) Those told by somebody other than a parent, (6)

Four children in groups b) and c) had anticipated the death.

Six of the children did not know the causes of death, including all three of those with their parent at the time of sudden death.

Group a)

Three children were with their mother when she died, or discovered her. Two of these are brothers, Michael and Kevin, whose mother suddenly collapsed to the floor.

Michael, the eldest at 8 years, thought she had just fainted. He tried to revive her, could not find a telephone, so put a pillow under her head and a blanket on her, and then put his sister and brother and himself to bed. His father came home from night shift the next morning and after the police had been and her body removed, he came upstairs and told them she had died.

The police and other people came while they were still in bed so he did not see them. Nobody has ever explained what caused their mother's death.

Ronnie found his mother dead, in bed in their own home.

went downstairs, then she told me then she thought it was only a coma. Thenmy G.P. came, talked to me and...'

Group b)

Seven of the children were told of the death by the surviving parent, though in one case the circumstances can only be described as bizarre. Jill's father had been in hospital several weeks and she and the other siblings had been with their mother to see him 3 – 4 times a week. There came a day when their mother said he was too ill to talk to them so they did not go again. The following Friday they did not go to school as their mother said they were going out. A black limousine arrived during the morning.

'When mum put me into this car she didn't say owt. She laughed and said "It's just a fancy car, it's taking us somewhere", and I just ended up at the funeral. Then she went "oh it's your dad, and I went "oooooooooh" just like that. When I got to the cemetery I thought we was going to see me nanan, and she said, " No, your dad's died" so that's how I found out about it'.

Group c)

Of these six, two were orphans and told by a relative or neighbour, and two were told by another family member though the surviving parent was on hand. One of these, Mac, (whose parents were separated) realised something was wrong when he went with his mother to see his grandmother (his father's mother). Whether his mother already knew is not clear, but he realised something was wrong on arrival when he found his Gran weeping and pointing upwards saying *'He's up there'*. Another, Jimmy, was with his mother when his elder brother arrived with the police to tell them that his father had died suddenly watching a football match on pub television.

The other, Hazel (9), knew her mother was very ill in hospital, where she had visited her, but her father had told her she would get better. One night she went to bed while her elder brother (13) and her father went to the hospital to see her mother.

'My dad didn't tell me the same night. I woke up and then my brother (we all slept in the same bedroom) kept on saying it (that their mother had died) but I didn't believe it, and I said "Stop lying, 'cos it's serious". And then my dad was on his mobile talking to somebody and I shouted him that and he said it was real, and then I was really shocked and started crying'

Of these five, three were girls, Pat, Jill and Ruth, who were told that the sick parent was seriously, probably terminally, ill;

“Me and my sister and my mum always had a little chat about it, to see if we were OK, what we think about it and all that” said Jill.

Although she cannot remember exactly what was said Jill remembers that they talked about the fact that her dad was very ill and might die, but there were no discussions with the dying father, whereas Ruth discussed with her terminally ill mother what life might be like without her.

‘It felt better to let things out’ (Probe: To tell the truth?) *‘Yes’*.

Pat, whose mother had cancer, was told by her father;

‘My dad said “some people live and some people die” and I thought, well I can’t expect anything. Because you can’t choose. It’s a disease’

She too had discussions with her mother, at a fairly pragmatic level

‘I did ask her if I could have a couple of animalsand I said “Mum, can I still have a horse?” (giggles) and she went like “If you’re very good!”

Alan felt he had been told, though by inference from his grandmother rather than his carer (his aunt).

David (11) and his older sister (not interviewed) found out about their father’s cancer, when they overheard him talking on the telephone. Their mother had died some years before.

‘I heard him speaking to someone – I think a doctor – me and my sister was there – we found out. We started crying, so my dad just put the phone down and ran upstairs. We said, “Why didn’t you tell us?”’

Both David and his sister were upset at not being kept informed. Because their mother had died some years earlier, and only the father’s girl friend was around (who seems to have been itinerant and hostile), they saw themselves thereafter as his carers;

because he wasn't able to do the things dads do'

David expressed great satisfaction at the way both Health and Social Services gave them the status of Carers.

Who broke the news?

With parent at time of death	Doctor	Parent	Police	Other relative
3	1	7	1	4*
* includes 2 orphans				

The language of death and dying

Ruth told me,

'On the day that my mum died, then my cousin came round, and he said "Where's my auntie Allison?" and my dad said "Well, she's gone to sleep, but she's not going to wake up"'

Pat described the effect the use of the sleep metaphor had on her when her great Grandmother died when she was about five

'They said she's gone to sleep.....I used to think oooooooooo, do I have to go to sleep, can I just stay up?'

Pat also describes the effect of being told 'She's gone' at an early age, following the death of her great grandmother ('Geegee')

'They said to me "Geegee's gone – she's just gone" I didn't know what they meant 'gone', gone on holiday? (Probe: Gone away?) Yes. It would be quite nice if they just said, 'she's dead. Then, like, you'd cry, then it's over with, you don't have to wait another two years (sic) until they say 'What are you looking for?' and you say 'Geegee, she went on holiday' 'Oh sorry, forgot to tell you, she's died'

Another example given by these children included '*he's up there*' and pointing to the sky (see Mac above)

Discussion

Learning of a death is a significant moment in the bereavement process (Worden 1996). It will be one of a number of significant and mediating factors which will 'shape' the

circumstances of the death and the way in which other surviving family members cope with the crisis.

As Faulkner (1994) comments, breaking bad news is almost always very difficult, there are no 'right' words, and however sensitively it is done does not alter the fact that the news is bad. But the fact that people seem to remember bad news situations in detail even some considerable time after the event, plus Worden's (1996) assertion, mentioned earlier, indicates a need for attention to this subject for all ages. One of Faulkner's definitions of 'bad news' is information that can radically change the life of the recipient and which the recipient does not wish to hear. At any age such news can be traumatic.

It is no surprise to find that several of the children could not remember much about the details of the news or the events immediately surrounding it. Faulkner emphasises repeatedly that the effect of such news is frequently that an individual is unable to concentrate on matters in hand. In this matter also, the views of Faulkner, Peace & O'Keefe (1995) that assumptions about the need for support should not be made on the basis of age seem equally applicable, as is the need for truth. David and his sister, once the truth of their father's condition was known to them, and the girls Sarah and Ruth and Pat who were kept informed truthfully all through, clearly felt they had benefited. It meant that the children reflected the Waskett (1995) 'Chart of Loss' since the children felt supported through the anticipatory grief, which enabled them to begin working through the pain, with the advantage of not having all the bad news heaped on them at once.

Knowing in advance created two conditions. Firstly it allowed at least two of the families to have discussions with their dying parents that they will always remember and probably treasure. It also affected their attitudes and behaviour. Pat, Jill and Ruth clearly felt trusted with being able to handle this knowledge. David, (11), and his older sister (14) who was not interviewed, who discovered the terminal nature of their father's illness by accident, were clearly upset that they had not been trusted with the information on their father's condition.

The importance of telling the truth to children is emphasised by several writers. (Pennells & Smith 1995, Cooper 2002)

The use of such a euphemism as sleep can induce a fear in the child of going to sleep in case it results in never waking up again. As Dyregrov (1990) puts it 'Concrete explanations such as "Your mother is dead, her heart has stopped beating; she does not breathe any more; her hair has stopped growing, and she can feel no pain" help the child to process the event on the cognitive level and we should not assume that children cannot cope with the truth.'

Another favourite, 'Gone to see Jesus' can leave the impression that the person left voluntarily and the child believing they have been abandoned, while such quasi-religious explanations as 'God always takes the best ones first' can bring about the effect of the child thinking *'If that's the case I'll make sure I don't go next'* and changing behaviour negatively to ensure this (Cranwell 2004). The explanation given to Mac, in which he learned of his father's death when his grandmother pointed upwards saying 'He's up there' is of little help even to the theist, since it conveys a pre-Galileo idea of heaven being a place above the clouds to a child still trying to work out in his own mind a concept of heaven as a place of life after death.

The evidence indicated that failure to tell the truth can affect trust levels between adults and children. Pat summed up her feelings very succinctly and directly.

'If somebody said that to me now 'she's gone away', it would be more like telling a lie. It's best if you say 'she's died'.

The fact that five of the children did not know the cause of their parent's deaths could leave a residual problem, especially for those who found them first, as they may well wonder later (if they haven't already) if they should have been able to revive them.

'I adored my gran, and still remember the fact that nobody told me she was ill, let alone going to die. Forty years on I still find myself thinking about her and the fact that I never had the chance to say goodbye' (Head Teacher)

"Show me the manner in which a nation or community cares for its dead and I will measure with mathematical exactness, the tender sympathies of its people, their respect for the laws of the land, and their loyalty to high ideals"

William Gladstone (1871) *

* (My thanks to Christopher Dorries, South Yorkshire Coroner, for this quote)

Viewing the body

Only two of the children interviewed in this study were taken to see the body of the deceased parent prior to the funeral. Three children saw their mother's bodies in their own homes, Ronnie, who saw his mother dead in bed when he went into her bedroom with his elder sister, and the two brothers Kevin (10) and Michael (8), whose mother collapsed behind them

Two other siblings, Joseph and Sally, told of how their father had a stroke and died within three days. They saw him on a life support machine in hospital but from their mother's comments it seemed as though the medical staff were waiting for them to see him before they switched off the machinery.

Although none of the other children actually viewed the body of their parent, three mentioned giving their parent items to place in the coffin

Funeral Attendance

Two siblings who did not attend their father's funeral expressed resentment at this exclusion. They were not consulted, and were sent to school. The Head Teacher of the younger of these said that his behaviour changed to being disruptive for some weeks following this, and he was sent home. Only two of the 12 who attended had any idea as to what would happen or were invited to participate. Ruth was one of the latter but turned it down, as her father and elder sister were already committed to taking part (speaking and singing). Pat had a clearer idea what to expect, and her mother's funeral was a secular event.

'We said what music we was going to have, and we had the Labour Party music...and other things'

around her were weeping she sat down again, and her own tears were triggered. Two children, Alan and Hazel, told of their fears beforehand, not of the funeral itself, but as to what they might see, of the unknown. Alan was afraid that the coffin would be open and that his mum's body would be visible, while Hazel was surprised that the coffin was there at all and unprepared for this. Jennie confessed to feeling nervous (although not sure what about) and she too did not know what to expect.

Pat told how she had been given a book at school that included a passage that said 'if you do decide not go to the funeral you don't need to feel guilty, sometimes people don't want to go.' She found this very helpful but decided she would go, possibly as the pressure was removed. After, she felt it important that she had attended

'because you see what happens there instead of going around asking questions....some people think they don't know what is inside the coffin.'

She remembers thinking *'My mum's in there, there's a dead body in that with my picture and the things I gave her.'*

Michael was the only child who did not want to go and would rather have stayed at home, but when his father said 'Come on, we're all going' he did not protest and was later pleased he had gone *'to say goodbye'*, a sentiment expressed by the majority of those who went. As Hazel put it

'It reminded me of my mum and was like, saying 'goodbye'

while Ruth added to this: *'It was a nice way of saying goodbye, and saying "See you soon, I guess"'* (Probe: 'See you soon?') *(laughing) 'Well not soon, but eventually!'*

Sarah too made a point *'I'm pleased I went. I expect I would regret it if I hadn't gone, when I'm older'*

Seven of the fourteen who attended were not consulted about going. In their cases it was just taken for granted.

Jill, the child mentioned earlier who did not know her father was dead until she arrived at the church for the funeral with her mother, was severely shocked on first hearing this

she got to her feet at the invitation of the priest, and went forward to the coffin.

'I got to get up and went on to the big thing (the sanctuary) and say (sic) something to my dad like 'I love you' and I want my mum to be OK and....and then I did a prayer by the stairs for me dad.'

(Probe: 'and you said that in front of everybody?') . Jill 'Yes'. (Probe: 'You are a brave lady') Jill: 'But me sister weren't brave enough' (Probe: 'She didn't say anything?') Jill: 'No'

Only one of those who attended recalled the person conducting the funeral saying anything which seemed to be aimed at helping the children present, and that was the person leading the secular event for Pat's mother.

'these things that he said were good for children about my age, and Sarah (friend) started laughing a bit, and some others, and it was quite funny....and he said nice things'

Funeral Memories

A few of the children could remember one or two things mentioned at the funeral, especially if they caused laughter, or were stories about the deceased parent. Pat particularly remembered the person conducting the secular funeral making amusing comments, while Jenni recalled how they all laughed at the priest relating the story of how her parents became engaged.

A surprising number of verbal messages were recalled. Ruth remembers the priest saying that death comes to all of us; Hazel her dad giving an appreciation of how her mum was always there when he came home even if she only told him off; Alan remembers hearing his name, his gran's and his sister's in the address or the prayers.

Not surprisingly features and impressions were well remembered. Ruth told of her surprise (as did others) at how many people were present and knew her mother.

'I felt- Wow, my mum is really popular'

She appreciated the presence of her mum's work colleagues. Sarah said she too was surprised and only knew about half of those present. Jenni recalls her father's police uniform being on top of the coffin, and has his hat in her memory box.

accompanied by her class teacher, for which Ruth expressed real appreciation. Another group was accompanied by the dance teacher. Others expressed their appreciation that children from the extended family (cousins, and others) were also present.

The Wake

12 of the children interviewed attended the funeral of which 10 attended a gathering of family, usually with family friends present, immediately afterwards. Two of these were evidently quiet affairs back at the house, the rest were held in pubs or social clubs. All expressed the view that this was an important and good experience, and several used the word 'celebration' to describe the gathering. One or two were clearly surprised at how quickly the mood changed from the tears and sadness at the funeral to smiles and laughter at the wake

'even though they were a little bit red in the eyes' (Pat)

but were not dismayed by this and joined in as best they could

'my dad said - just be happy, your mum wants you to be happy'

Those with friends or relatives of their own age group present spoke of spending most of the time playing with or talking to them

'Me and my friends we just went upstairs and my dad ordered some pizzasand he said "surprise..pizzas!"'

The only discordant note was when Jill's mother had a dispute with a relative.

'What made me upset was me mum and me uncle weren't friends any more, and they aren't friends now' (Probe: 'They had a row then did they/') 'Yea, me dad's brother'

Discussion. Figure 6 on page 102 refers.

Viewing the body

Only one of the children in this survey was invited to view the body of their deceased parent at the funeral parlour, whether or not the adults in the family did so. Those who did see their parent's body after death were not aware that they were in fact dead, but thought they had fainted or were in a coma. They do not tell of any particularly traumatic effects coming about on realising that they were dead, only the usual sense of shock. Two children, Sarah and Jimmy, said they would have liked to have seen their parents' body, but did not pursue the matter.

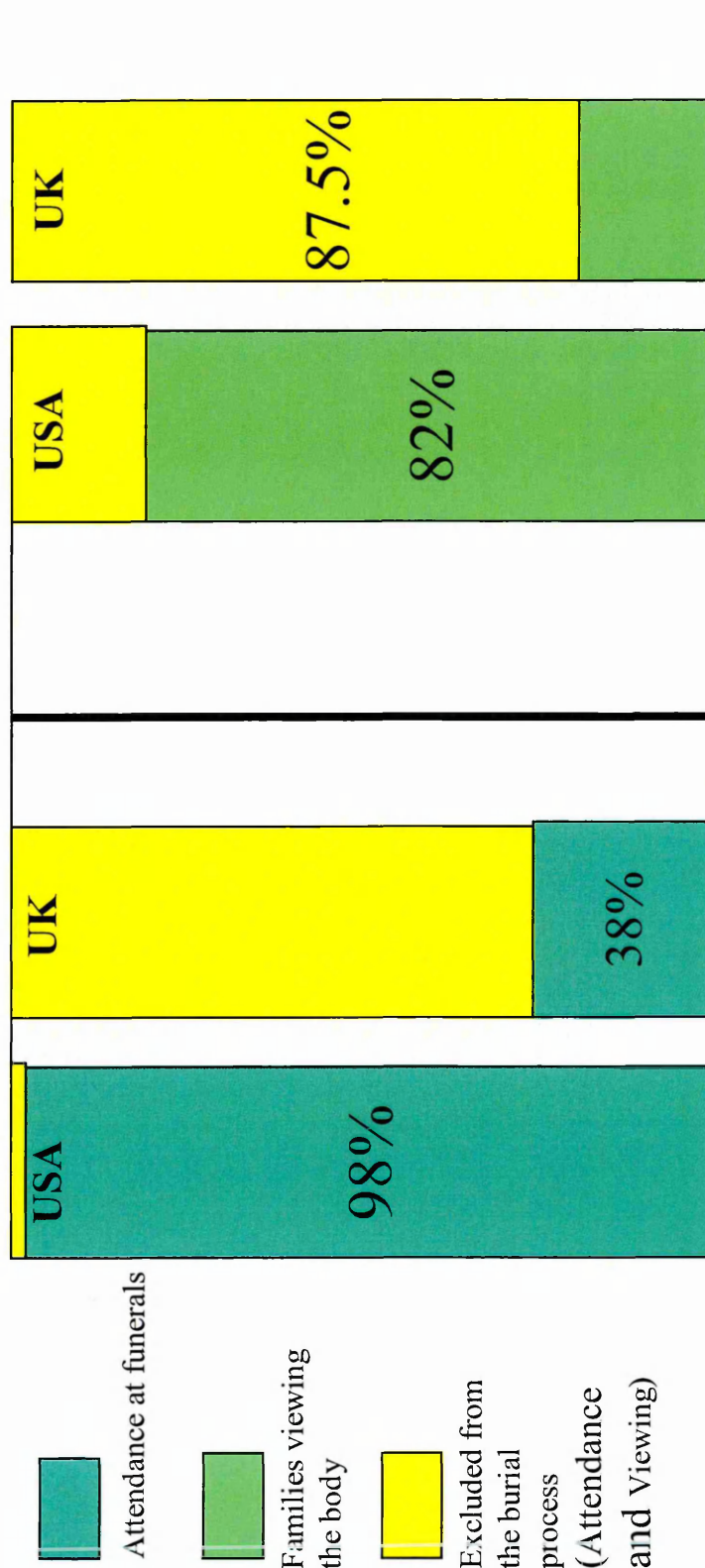
realise that certain parts of the United Kingdom may have other traditions, and it may well be that certain communities will have the whole family viewing the body (as would have happened everywhere in the days when it was laid out in the front parlour prior to being taken to the local burial ground, and all the neighbours called to pay their last respects).

Research in the USA however shows a more common ritual of viewing. (Figure 6, page 102). In a survey of 318 parent bereaved children aged 5 – 17 years Fristad et al (2001) found that 89% attended such a viewing at the funeral parlour with their families. Similarly, Silverman and Worden (1992) found that 89% of the families surveyed made such a visit with 96% of the children in those families present, who expressed appreciation of the music, flowers, prayers, and being able to place poems, pictures or letters in the coffins.

Most of these studies were carried out at intervals of between one and twenty five months after the funeral, and this is not the place to go into detailed comparisons. However they do concur that children who participated in either viewing bodies or/and funeral rites seemed to fare better than those who did not, and that such participation did not predict increased psychiatric symptomatology. Fristad et al (2001) also concluded that viewing the body was associated with a better outcome 1 –2 years later, and that they could find no evidence of cremation having any negative effect on children. McCown (1984) refers to the difficulties experienced by parents in explaining and handling it. It would seem to me that the child's natural curiosity would be an enabling factor here..

Funeral Exclusions

Body Viewing Exclusions



USA data: Fristad et al (2000). n=318 **UK data:** Funeral Attendance: Estimate, 42 funerals in South Yorkshire.
Body viewing: Data based on sample (n=16) and South Yorkshire clergy experience

Figure 6

CHILDREN'S EXCLUSION FROM RITES OF PASSAGE

shown for the USA. Of the 16 children interviewed in the sample 14 attended the funeral, (87.5%) approximating the figure for the USA(89%). However this is so far outside the experience of clergy and grief counsellors that I asked a number of clergy to keep a record over 7 weeks of their observations of the number of funerals at which their expectations were met of children being present. Out of 42 funerals this applied only to 38%. The difference may be due to the fact that the parents or guardians involved being open to having their children interviewed showed a more enlightened view than the average, or because a parental funeral is seen as more important for a child than any other attachment figure. Certainly many clergy are adamant that the number of children excluded causes them concern, and reasons for exclusions by parents needs investigation. The figures illustrate the dangers of generalisations from small samples.

The assumption that children understand what a funeral is and what happens comes through very clearly, as does the fact that most of them have no idea what to expect and in some cases are quite anxious.

My findings reflect those of Silverman and Worden (1992) who surveyed 122 children bereaved of a parent, and concluded that funerals met similar needs in children as those in adults. By being included in the rituals they felt acknowledged and supported, knew what to expect, and had an opportunity to say goodbye. Even those who had been ambivalent about attending in this sample recognised afterwards that missing the event was something they might have regretted later in life.

Similarly, the quotes of appreciation at the attendance of so many people including friends or work colleagues also show that they recognised the value of the funeral in honouring the deceased parent, not only within the family but also in their role in society or workplace.

Only one child, David, found that he could not cope with his emotions and left the funeral service before the end. The rest were clearly in control, taking in various new sights and experiences but acknowledging that they were in tears and sad. Pat spoke of being in control until she found how many adults around her were in tears and these triggered off her own.

The brother and sister who were not allowed to attend their father's funeral but had to go to school, were clearly resentful (and may have led to the boy's exclusion from school). Silverman and Worden (1992) found that such decisions are frequently based not on the child's needs, but on parents' own discomfort with having the children present.

As McCown (1984) points out, none of the current literature suggests that a parent should insist on attendance but rather that the child should share in the decision-making. In my study, only Pat participated in planning the entire funeral; Jill participated spontaneously. Others participated in small ways such as having their letters or cards placed in the coffin. Are attendance or non-attendance, voluntarily or compulsorily, participation or preparation, likely to have long-term effects on grief resolution for this age group? These are variables among a number listed by Weller et al (1988) that they say make it difficult to have any comprehensive understanding of this. Although I have personally as a minister always advised parents against compulsory attendance and for giving a child the option of attendance, there is contrary evidence here. This again is reflected in the findings of both Weller et al and Silverman & Worden.

Just as adults frequently experience numb feelings and are unable to recall much of what was said or done at the funeral of someone close, so Silverman and Worden found that even children who had been given an explanation of what would happen had no memory of what was said. However in what is clearly a much smaller sample in my survey from the 120 by those authors, several recalled some specific things said by the priest. This was especially true of any biographical details, anything which gave them amusement and having their own names mentioned in the eulogy or prayers. They also remembered anything that was unusual, or unexpected such as the number of people present, artefacts placed on the coffin.

The Wake

It is clear that most children not only took it for granted that there would be a family get together after the funeral, they expected it as part of the rituals. As Mac put it

'Well always, after a funeral ...we go to a pub' (Probe: So this wasn't the first funeral you've been to?) 'yes it was, I've only ever been to one'

Similarly Alan *'You have to have a party after and go to a pub, don't you? You have to have a party'*

It's also clear that although some of them expressed surprise that people switched from tears to laughter in such a short space of time, they did not resent this as they had done the same themselves. The view *'Mum/dad would have wanted people to enjoy themselves'* came across very strongly.

Those who went to a small family tea gathering back home where the only children present were themselves and perhaps one other reported feeling a bit out of things as the adults tended to talk only to each other.

This activity is clearly viewed as part of the rituals, and I found it surprising that there is no reference to it in the books or papers by such well known writers on child grief as Worden and Silverman. As I could not imagine that such gatherings are not held in the USA I consulted Robert Stevenson (2004) who advised that while family gatherings take place before the funeral to view the body, people would not expect to eat or drink at this event, but would expect to do so after the funeral.

The Importance of Rituals

Irian (1990) makes the point that funerals provide an important step in facilitating the grieving process and can help make death more of a reality. Both Irian and Rando (1985) see such rituals as freeing the bereaved to act out feelings that might otherwise be suppressed, and so act as a form of therapy.

Studies on the effects of attendance at funerals by children appear to conflict with each other. McCown (1984) showed the 47 children who attended showing more behaviour problems than the 18 who did not, on a Child Behaviour Check List (CBCL), but this study is taken from parental observations. A child centred study by Silverman & Worden (1992), showed 95% of the 120 bereaved children who attended the funeral of their deceased parent reporting that that their attendance helped them acknowledge the death and receive comfort and help. Again, there is a distinct difference in the expectations of American families regarding children's attendance at funerals with those of the UK

Concerns are often expressed about putting children into situations that might cause them upset and to cry. In a television spelling contest some of the child competitors were in tears when they lost, especially after reaching quarter finals and media critics accused the programme makers of traumatising them (Preston 2004). But while Gilbert affirms that it is natural and helpful for grieving children to cry (and test failure is a form of loss) as stated previously, Coopersmith (1967) goes further, and shows that the type of protectiveness that diminishes and excludes outside forces is one of the conditions associated with the formation of dependency.

Worden (1996) believes the funeral can help meet three important needs of children around the time of death (1) acknowledging the death and its reality, (2) honouring the life of the deceased, and (3) support and comfort for the bereaved children (also Silverman & Worden 1992). But he adds the proviso that children do need to be prepared for the funeral and be clearly informed as to what they will see and experience, if it is to be an important part of the grieving process, and be given a choice about whether to view the body and attend the funeral. Dyregrov refers to the research by McCown (1984) indicating that young children may well show an increase in behavioural problems if not given proper preparation or support for these rituals

Fristad et al (2001) confirm my own experience, that professionals are from time to time consulted as to whether a child should attend a funeral and other related rituals, and for guidance as to what 'normal' reactions might be. It is therefore very important for parents and professionals to understand the role of rituals in children's grief, and to be aware of their expectations and normative behaviour in their grieving processes. My experience in parish work is that while some parents do ask for advice, many have already made up their minds and will not budge. My query as to how a child will be less upset by being absent is not taken in. It is also very unusual for children to be present when the funeral is being planned and the deceased's biography is being gone over. Dyregrov (1990) affirms my experience, that most often when children do not take part it is because the parents can't accept having them present.

From the information supplied by the children certain issues stand out.

Adults responsible for children attending or not attending grief rituals reflect similar behaviour to that which comes through in the study by Watson et al (1999) into the experiences and perceptions of disabled children in that;

- bereaved children have less autonomy over their decisions than other children
- bereaved children find themselves labelled (though not just by adults)
- the adults responsible display subjective judgements about the intellect and ability of the children to cope with grief rituals which are then presented as objective measures.
- An unnecessary degree of dependency arises from taking the decision making processes away from the child and constant over- supervision to keep risks to the minimum. This has been shown by Coopersmith (1967) to lead to reduced self esteem which in turn reduces resilience. When the activity involved is a ritual enabling the honouring of a key attachment figure from whom separation is painful and unwanted, the resentment will be intensive along with a sense of guilt at their absence. I know adults who have carried these feelings around as a burden for 40 years.

Inclusion

Being included in grief rituals helps children feel acknowledged and supported, and acceptable as equal members of the family (Black 1993). Excluding them brings feelings of rejection, especially when there are relatives present of whom they have no memories, may have never seen before, and the deceased had not seen for several years.

Attendance

Attending a parent's funeral frequently produces pleasant surprises for bereaved children such as the realisation of how well known is the deceased in the community and elsewhere, and how appreciated they are by their work colleagues. While attendance is best achieved through consultation and consent (McCown 1984) there is no evidence that the children in general who were simply taken to the funeral were more distressed than those who were given the option. If they proved unable to cope, as with David (who chose to go) they can easily be taken out. Pat demonstrated how one sentence in a schoolbook relieved her of anxiety about not going and influenced her decision to attend.

Assisting with planning the funeral, in choice of hymns, music, poems, and readings, enabling them to take some part in the funeral itself (such as reading a poem) and being involved with other decisions including the Wake, gives value to the child and reinforces their belief that they are doing something both for the deceased and of which the deceased parent would approve. It also displays to all present that the child is an equal member of the family rather than a problem with which the remaining parent has to cope. Saldinger et al (2004) believe such involvement is an often over-looked aspect of family bereavement that warrants further exploration, seeing that the experiential aspect of participation is missing in many (but not all) studies on child bereavement

Participation also helps the child with the tasks of mourning as listed by Worden (1996) – accepting the reality of the loss, experiencing the emotional aspects, adjusting to the environment in which the deceased is missing, and relocating and memorialising the deceased. To those can be added another cited by Fox (1988) – understanding. Rituals provide a visual demonstration of the fact that a new relationship with the deceased has begun.

Viewing the body

Only two children attended a body viewing, though two others would have liked to. In view of the fact that Fristad et al (2001) found that the small minority of children (11%) in their USA study whose families did not view the body exhibited more psychological distress one or two years post parental death than those who did, and a similar outcome was recorded by Silverman and Worden (1992) there is surely a lesson for us in the United Kingdom where this practice is relatively rare with children.

A lot can depend on the remaining parent's own skills and fears in these matters. Asking a child to 'come along and hold my hand while I go to see your dad, and I'll do the same for you' indicates an admission of mutual vulnerability and is more likely to receive a considered response than the stark question 'Do you want to go to see the body?'

Several children admitted to anxiety as to what might happen at the funeral, having not attended one previously. These anxieties included the possibility of the body being on display, as in American films.

Silverman and Worden (1992) found that hardly any child remembered much about the funeral, and that those who had been briefed beforehand found they did not remember much about what was told them, on the day.

As the Winston's Wish handbook (Stokes & Crossley 2001) on supporting a bereaved child puts it 'children are more scared about what they don't know than what they are allowed to be part of, as this enables them to feel more included'.

There are ways to overcome such problems. One way is for parents to ensure that at some time before a person of significance or attachment to the child dies they attend a funeral of someone who is not, so that they do not have a great deal of emotional involvement, can observe what happens and have some idea of what to expect. Someone less attached to the deceased than the parent escorting a child to a funeral enables the parent to cope better with their own grief and worry less about the child. As Feltham (1995) says, in the long run it is education and prevention that requires attention.

Area of Interest - School Issues

As related in the next section on peer reactions, several children were anxious to get back to school as soon as possible after hearing of the death. Partly this was to be with friends, partly because they just liked to be there. Typical comments were

'All the kids were doing art and I decided I didn't want to miss that' (Sarah)

'I wanted to go back to school, yea, so you can do work and that and get on'
(Probe: What were you doing, just sitting here?)

'Yes, just sitting in the house and thinking about it. I couldn't have gone out.' (Alan)

'I woke up a bit crying but I wanted to go to school because I like school and I wanted to see my friends' (Pai)

while the other eight felt they did not. In each group the gender split was the same, 4 boys and 4 girls.

Of the children who felt they did not receive support, only one felt that the schools response had been distinctly negative. Mac explained how he had received a lot of attention from both his class teacher and Head just after his father died, but three weeks later when another boy in his class had the same experience, they lost interest in him immediately and focussed all their attention on this second child.

Mac was clearly very angry on several counts. Firstly about the fact that his parents had split up before his father died. Secondly at the shift of attention from him to another child at school. Thirdly, he had complained to staff about some rather nasty comments made to him about his father by other children (most of whom had not known his father) during a school coach trip and he felt these were ignored.

'I didn't really feel like going back to school but I had to. (Probe: Can you tell me why you didn't feel like it?) Because people kept picking on me.'

'My friend's mardy.....I don't like him. He used to be my friend. And this naughty boy Ken. He says he don't care my dad's died. I was upset all the way back on the coach'

He had been very upset, and his trip was completely ruined. He also felt badly let down by one of his friends who joined with the others in their comments.

Of the other children in this group, the response was less of seeing school staff as uncaring, more of their not saying anything, leading the youngsters to feel that their loss was of little significance in the ongoing life of the school or class.

Two children mentioned telling their teachers that they did not feel able to work at times when their sadness overwhelmed them, during class, and were pleased that they were given permission to go out of the class for a break.

'When it happens, I just don't want anyone else around me'.

Several spoke of support from specific teachers and how this had helped them.

Miss Lane...She gets me doing lots of jobs. I'm a reading tutor for other pupils'.

Some of those who felt supported had received counselling in the school.

(Question: How would you describe life since mummy died?)

Ronnie: *It's got better since I've had bereavement counselling (at school)*

(Probe; so that has really helped you. What do you do?).... *We've got like a book, we write down a diary and everything. And then we've got these sheets. It's like a key and we colour – if you're happy it's yellow, like, how you're feeling'*

Although most wanted to get back to school and their friends, one or two stayed away longer

'I didn't want to come back because I were a bit upset on them days. I didn't want like crying then people asking 'What's up?' then I didn't want to tell them all the time' (Jill)

Jill and Kevin had bereavement counselling from the same teacher as Ronnie. *'She's just helped me a lot'*

Not all experiences were as positive. Jimmy said he would have liked to go out at times but did not like to ask. Hazel said she had been told by her teacher to feel free to go out for such a break if necessary.

'but I don't think she really meant it, she wouldn't like it if I did'.

Even if the child's perception is mistaken, it indicates a lack of trust.

Only Jimmy was away from school for an extended period, two months. The shock of his father's sudden death, he found, disabled him from concentrating on academic work. He was assisted to return eventually by being given small homework tasks, which at first he could not cope with but with which he slowly came to terms.

Discussion

School can provide a variety of loss experiences (Cooper 2002), and the bigger the school the greater the inevitability of deaths or other losses. Cooper, and Yule and Gold (1993) suggest policies, staff training and contingency plans for such losses. It was

two mentors who had counselled four children had attended a GFP bereavement training programme.

Not least among these issues is the Lowton & Higginson's (2002) referral to a survey by Jackson and Colwell (2001) of 250 junior school children who felt death should be discussed with them as part of the school curriculum. But the surveys quoted earlier show that while 70% of schools have children who have been bereaved within the past two years, nearly 60% of teachers feel inadequate in handling them, and few schools have policies in place for bereavement.

School as a place to find normality at an upsetting time, means it can also be regarded as a safe place for a teacher to use what Gilbert (2004) refers to as 'Teaching Opportunities' when a child has a relative, friend or pet die, or if one of the school staff or auxiliaries dies. Teachers can, and often do, include death and bereavement in PSHE (Personal, Social, and Health Education) or RE (Religious Education). But the emotional processes of grief require more than simply examining rites of passage (Cranwell 2004). The less it is taught in schools, the greater will be the dependency on Health Service and other publicly funded schemes and voluntary organisations for 'sticking plaster' remedial work. It is doubtful whether such schemes would become totally redundant even if education on the subjects were given full cover in school syllabuses.

In my own study, four children had the experience after their parents splitting, of one parent subsequently dying. While one of these, Mac, directed his anger at the school, with some justification, the level of this may have been influenced by his anger at his parents and his belief that had his father stayed with his family he would not have died. Parkes & Weiss (1983) showed that such children have a double loss: the loss of the parent and the loss of the possibility of conflict resolution. His anger was such '*It just comes over me sometimes*' that he had no memory of being counselled by his Head Teacher or a lay counsellor from a local support group until his mother mentioned it as I was leaving.

Two of the other three children in this category had no wish to see their fathers again, believing that their behaviour had hastened the death of their mothers.

hearing of the death. The display of the school's role of care by a teacher bringing classmates was appreciated. Straight avoidance of the subject or negative responses was seen as uncaring, sometimes reflecting teachers' own fears. (Ward 1996). However, sensitive responses such as recognition that a child may need time apart were not exclusively by those with bereavement training, and may have more effect than simply expressions of sympathy.

While it is useful to have a staff member with specific training in grief response, the actions of the class teacher are clearly a strong factor for a child. What came across repeatedly from these participants was that school is a place they enjoy attending, a place of normality at a time of upheaval, and from which they did not want to take too much time out, (with the exception of Jimmy being unable to cope due to shock).

Teachers' Perceptions

Although this project focuses on what is helpful to children from their perspectives, I believe it would be useful to include here some of the reflections of the Head and other teachers contacted who have acted as gatekeepers during this research. One of the advantages discovered of telephoning instead of writing was to find teachers ready to receive a visit, and talk about their experiences of the handicaps they feel the children face when bereaved. Some of their comments are as follows:

'I feel sorry for the generation growing up now. They are overprotected to an extent that makes it impossible for them to do anything by themselves. They cannot go out to play, or come to school by themselves. They will be totally unable to face any challenges in life as they grow older'

'Many of the parents live in denial when there is a death. One child here had a mother who was a dinner lady. She felt ill one day and went home early, but died later. The next day the father brought the child to school and behaved and spoke as though nothing had happened. The whole school was upset but '*I don't want any fuss*' was the attitude of him and the grandparents and we were not supposed to discuss it.'

'We had two families who had a grandparent died. The four children in the school were not allowed to attend the funeral and were really upset. We started a bereavement

joining'

'Children are amazing and much more realistic than given credit for. We have one nine-year-old girl who has a brain tumour. She has had one operation which left her without sight in one eye, and the other eye hazy. She also has short-term memory loss. The prognosis is not good. We had a staff meeting to try to work out how best to assist her in class and school, and what to say to other children. She insisted on attending and made some useful contributions.'

'We have a 10 year old boy here whose grandfather died. Everybody else in the family seemed to know he was dying but he wasn't told. Then he wasn't allowed to attend the funeral. He was so angry that his behaviour in school became very disruptive, and he tried to strangle himself at home by pulling his dressing gown cord tight around his neck.'

Area of Interest - Peer Reactions

The reactions of peer friends or relatives seemed to fall into three main categories; those which were helpful and supportive, those which were intended to hurt, and the third of comments or actions which were not intended to be hurtful but which proved irritating and at times rejecting.

Helpful and Supportive

As stated earlier, it was clear that one of the main motivations for returning to school as soon as possible after the death or funeral was to be with friends. As Ruth put it;

'I didn't go back to school the next day (after mother died), then on Thursday, the day after, I went back'

(Probe: Did you want to go back?) *Yes. I wanted to see my friends again, talk to my teachers and my friends. Everybody was really nice'*

Others were felt to be sympathetic but did not say much, as though they did not know what to say

'They weren't unkind, just didn't want to talk about dad. I think they thought it might hurt me'

'Madeleine (best friend) said "Sorry" and things like that' and continued 'My friend Jean, her mum and my mum were best friends, and she said "I miss my auntie" 'cos she were like her auntie'

Like others, Hazel also commented on the difference between her friends and her 'best friend' to whom she could say almost anything.

'My best friend I can talk to, but not just, like, friends'

Ruth made a similar point and said how it helped when her best friend said

'Just remember how much she (mum) loved you and how much you loved her'

Intentionally Hurtful

Several children told of instances in which classmates or others had said some quite spiteful things. Pat for example;

'There's this girl in class. She called me....(inaudible)...and she's very, very, horrible to me and she started saying, like, "You can't play 'cos you're not allowed, and everyone's got a mum and you haven't". So I said "It's not my fault Kaye"'

Jennie did not experience this against herself, but her best friend's dad died a few months after her own, and came across to her one day in the playground.

'I don't know what they said but she came over and told me they'd been picking on her' (Probe: About her dad) Yes. After they'd picked on her I told them to go away and stop picking on her, then we went and told our teacher who was on duty'

David too told of being picked on and insults;

'At school, it gets.... I run outside. Just a few days ago, this kid swore at me in the dinner queue. In olden days the boy meant "You haven't got a dad"'

Mac's story was told in the section on school issues, but it was clear that he felt particularly betrayed as the snide comments on the coach trip had come from someone he had seen as a friend. Jili sensed she was being got at by a group;

They kept on repeating "Your dad's died, your dad's died". I don't know how they know'

Comments or actions not intended to be hurtful but which irritated or caused a sense of rejection

The aspect of these that seemed to cause most hurt was that they implied or stated that the bereaved child was somehow different to others. Typical comment was by Jenny, who complained that people would keep looking at her as though she was different;

'If the teacher says something like, "Ask your mum to sign this form for the school trip" some people always turn around to look at me (Probe: As if they expect you to burst into tears or fall ill?) Yes

Pat recalled her irritations on the same theme, the irony being her friends thought they were being kind;

When I went back to school, I thought it was going to be good, and everyone would just come up to me and say "How have you been?", and then let me play football or something, but I got about ten minutes and then they just started. They were patting me and saying "Do you want to sit down?"

(Probe: Who the other children?) *'Yes, I understand they wanted to help but I don't like being treated like I'm(Probe: Like you're sick or something?) yea, I didn't like it. It happened for about two months after that and I got really low, so I went and told. But they didn't know.....but after that they were very sensitive with me and I didn't really like itthe teacher.....she doesn't want to be treated like a star!'*

This last comment was similar to David's

'I just want to be treated as normal, like'

Discussion

One of the problems for children is, as Silverman (2000) puts it 'They observe many things they cannot name'. This comes across as being the case for both those bereaved and those trying to interact with them at school. Thus they sense the cycle of life and death but may not yet have the words for it, though one or two were very articulate.

As Silverman also points out, they are also influenced by an adult world which holds the view that if the experience is not named and discussed children will go on with their lives as if nothing has happened. The negative comments, rejection and sometimes insults experienced by some children may well be due as Dyregrov (1990) put it, to the

of teaching and language about loss and death both in the home and school must influence some children who react to those who have experienced a loss with insults and comments which reflect fear.

This comes across also in the situations in which the bereaved children found themselves when children thought they were being kind but proved annoying, but in this they are frequently only reflecting the same feelings as bereaved adults who find their friends similarly have no grief language

The fear of being seen as different raises also the fear of being without friendships, the experiences of which play a critical part in a child's acquisition of social identity and selfhood. (James 1993)

It is within this subject that there appears to be a gender issue, in that, to the girls, it seemed much more important to emphasise to me the support received from friends than it was for the boys whose main concerns were focussed on not being different. Even Mac's betrayal by his friend was related more as a cause of his anger in a specific situation and did not seem to influence how quickly he returned to school. His anger probably reflected the degree of emotional investment given to this friend.

The reactions of peers comes across as being as important for these children as those of family or teachers, while those of close or 'best' friends are vitally important to the child's sense of worth. The distinction between 'friend' and 'best friend' is emphasised by James (1993), plus the use words of extreme emotion like 'hate' and 'like' to emphasise important differentials within the range of social contact. Rubin (1980) cautions parents against downplaying the importance of loss of friends or trying to imply they are like standard replaceable parts by trying to comfort a child with such comments as 'Don't worry, you'll soon find another'.

Rubin (1980) points out that losses of any sort are a necessary and normal part of growing up, and while they need sensitive handling, they also provide opportunities for teaching and learning about loss. As Silverman (2000) puts it 'If we do not give this legitimacy to their experiences then they will have difficulties with other adversities as well'

and feel apprehensive of talking to children on this subject (affirmed by McGovern & Barry 2000) many organisations have produced educational material for children, teachers, parents, and friends on what to expect and run training programmes for them. (See Appendix O). But unless proper death and bereavement education is introduced these can only address the issue on a fragmentary basis, and the hurt and loss of self-esteem and security will go on. New Zealand (2000) has such a programme, while Greece is being funded by the EU to experiment with Stevenson's (2004)) material developed in Baltimore (USA).

Area of Interest - Family Influences

Shapiro (1994) points out that we cannot really talk about mourning in the singular, especially for children, since grief is a family developmental crisis interwoven with family history. Family grief inevitably influences the course of their life together. Thus the issues raised here – communications, memories, fears and tensions between members including happy experiences, while all part of normal family life, will inevitably be affected by the death of a key member – a parent. Grief, goes on Shapiro, disrupts family stability, and is evident in the way family members interact with each other. The loss will mean a shift in all other relationships in the family also.

A systems model which illustrates the impact of the social context of a child's experience of bereavement (Rolls 2004) shows the child as the centre of a micro system in which the child is interacting with family and peers.

Communication

Only three of the children with a surviving parent felt able to discuss the deceased parent with the survivor. There were clear differences between families in the willingness to talk with children about their losses,

Typical comments were:

'If I talk to my dad it really upsets him' (Hazel)

'I don't talk to mum. She doesn't like it' (Mac)

'My dad never brings up the subject' (Sarah)

Others spoke of grandparents being similarly reluctant to talk.

'My dad and my gran don't talk, only Mrs S. (teacher)

'My gran doesn't like speaking about it' (Kevin)

'When my dad first died me and my mum and my sister used to talk about what it would be like without him'

Though she could not remember the content she thought it important and helpful. Several children mentioned that it was easier to talk to their siblings than the surviving parent, but Alan had a very clear appreciation of his aunt and uncle (now his guardians) telling of their memories of his mother.

Memories

David's mother died when he was two years old. One of the things he valued from his dad, now deceased, was that he and his older sister would tell him about his mum.

'In some ways I remember my mum. My dad and my sister used to tell me stories about her. When she died I was asleep. My dad went into the kitchen and closed the door. He started smashing plates.'

Jill too spoke of missing her dad's stories

'My dad used to tell me about himself and my nanan, and he told me stories about when I was a little baby' (Probe: Are these memories important?) Oh yes. One was about when he was ten.'

Fears and Tensions

Ronnie blamed his father for putting his mother under a lot of stress, and was convinced this had brought about her early death.

'He started going out. He was seeing someone else'

Ronnie no longer sees his father and has no wish to. He was also happy not to be seeing his eldest brother and sister-in-law who took in him and another, elder brother when his mother died.

'They had a boy – Jimmy. We slept in a room with him. He started having really bad dreams like someone was chasing him, and they thought it was me'

So he and his brother were put into care.

Sally was similarly angry with her father, who had left her when her mum was ill and had to go into hospital, so that the three children had to go into care. He does not seem

her the following weekend and brought his girl friend with him, to advise Sally that they had become engaged! Sally admitted that she'd had hopes of going back to their home all together and this really upset her. (This is similar to the situation of Mac referred to earlier in that the death of one parent removes all hope the child might have had of a family reconciliation)

The potential for family reunions to provoke conflict was shown in Jill's experience.

'My uncle said "Are you happy?" but after that what made me upset was me mum and me uncle weren't friends any more and they aren't friends now' (Probe: they fell out did they, had a row?) 'Yea, me dad's brother'

The effect of a family break up before the death of one parent had already affected three children. Mac, as I showed earlier was convinced that his dad would not have died if he had been at home. Sarah's parents had split up and she stayed with her mother but their home had been sold and she was already finding life more restricted by having to live with grandparents and share a room. Mother's death meant a move to another set of grandparents. She also admitted to other worries:

'It's strange not having her around all the time. I feel frightened at times – not having her. My fear now is that my dad will die. That would be really bad'

Alan, by contrast, had lost his father at an early age, then his mother when he was 10. However, because his mother's sister and her family lived opposite them, but in a smaller house, he and his older sisters saw them all as part of their family so his aunt and her family moved across into his house.

'They moved here because this one's bigger, and we've got a bigger back garden'

David admitted anger with his parents who had both died:

'In some ways I feel angry with my dad and my mum for leaving us alone.... in some ways I feel guilty'

While Jemma missed being able to manipulate her dad.

'If my mum wouldn't buy me an ice cream I would always ask me dad' (Probe: And you would usually get it?) laughs.

She was aware however that the family had less income and knew her mum has to be careful

Those whose parent had gone into a new relationship seemed quite ambivalent about this:

'I live with my mum and I'm alright because she's got a new boyfriend now and I'm moving house somewhere near dad's grave so I can just go and see him on my own' (Jill)

'About a year after my mum died my dad got a girlfriend. I'd never seen my mum and dad argue but they (dad & girlfriend) split up. It was scary'

Other changes in family relationships and roles were noted:

'It feels strange, just the three of us. I miss her cooking!' (Jill)

'Dad's really doing well. I didn't think he'd cope as well as he does. He never used to cook, he's fantastic now! He never ironed or hung washing out or went shopping, but he does all that now!' (Hazel)

Worden (1996) reflects on the number of shifting roles and new coping situations that will occur in response to the structural change, and quotes Wormbrod (1986) on the importance, in any therapy, of putting the emphasis on communication between the surviving parent and children. Parents unable to communicate hinder the bereavement adjustment of their children. Silverman (2000) likewise sees the ability of the remaining parent to create an affirming and meaning making system (which requires communication) as being a major factor in limiting stressors for children, at home or at school.

The fact that only 3 of those with a surviving parent had been able to have such discussions, and that others see protection of the surviving parent by not upsetting them by talking as being paramount means that these children are deprived in a way that will affect their adjustment. It also deprives them of the opportunities to receive anecdotes and memories about the deceased, memories which are held by the surviving parent and any grandparents. Jill related how much she appreciated the stories her dad told her about her grandmother, and herself as a toddler. David appreciated how his father and sister had told him stories about his mother who died when he was two, some of which would have been lost forever to him when his father died. The fact that the main thing Jennie remembered about her dad's funeral was the story of how her parents became engaged illustrates how important children find such stories. Hurd (2004) saw the

Relationship of openness, honesty, and inclusion in bereavement planning
bereaved subject child and her mother as positive contributors to the child's well-being.

Bereaved children are encouraged now to open memory boxes with artefacts of the deceased plus photographs. While obviously helpful, they can only contain the child's own memories, not those of previous generations, and it was unfortunate to hear that one or two could not talk to grandparents either.

The fear of upsetting parents resulting in not talking of the deceased is referred to by Smith & Pennells (1995) as communication by denial, so when the parent sees that the child is reluctant to talk it concludes that the child does not care and is not grieving, when what is really need is the opportunity to talk, if necessary away from the parent to get the child started.

Conflicts and tensions are among a number of stressors that Worden (1996) lists as being found more frequently in bereaved families than others, one of these being increased conflict with in-laws and relatives, so Jill's experience (her mother falling out with the brother of Jill's deceased dad) is not uncommon. Although Worden does not comment on this, it is clear Jill was saddened at this rift, which has broken their link. I have known similar tensions at funerals and wakes, ranging from adult siblings elbowing each other aside at a crematorium to establish seniority in the seating, to hurling sausage rolls and pork pies along with abuse at a wake tea in a church hall.

Other tensions were caused by sheer lack of attention to practicalities on the part of those deceased who knew the children would be left parentless. When Ronnie's mother died, his elder brother and his wife took him and another brother into their home, only to put them out to fostering on the grounds that their own son was having nightmares. Similarly, David's father, although he had arranged fostering verbally with a neighbour of the same ethnic group, had left insufficient evidence of this to satisfy Social Services so David and his sister were subjected to three foster homes in a few months, (including some very unhappy experiences) while Social Services checked out the neighbour. These experiences might have been avoided had the parents taken legal advice.

By contrast, Alan's mother had clearly made arrangements that enabled Alan and his sister to stay in their home and for their mother's sister and her family to move in to

freely to his aunt and uncle, and they shared their memories of his mother.

Discussion

It is clear from the evidence that most of the families in this study in which one parent still exists are more parent than child-centred in that the parents relate to the new situation from their own points of view (Silverman 2000). In a child centred family parents are aware that the needs of the child may be different from their own, may express their grief in age related ways of which the parents need to learn more, and need to be involved as mourners. Parent-centredness is reflected in expressed fears of living alone and ability to cope rather than on what the child is doing. In defence of parents however, research by Saldinger et al (2004) concluded that anticipatory grief literature does not focus sufficiently on the parenting challenges of anticipated death, and found a significant correlation between length of illness and parenting quality with more protracted illnesses associated with less child-centred parenting.

However, half of these interviews were not following anticipated deaths and in these cases too the children's sensed need to not upset their parent overrode their own need to communicate at a level not possible with anyone else, and which thereby, as Riches & Dawson (2000) make clear, reduce the opportunities to reminisce about the deceased. Smith & Pennells (1995) not only identify the problem but suggest a means of breaking through it with the family by the use of the metaphor of a family planning a long and difficult journey. This requires help in thinking ahead, and accepting that members feel safer when travelling with others than when alone. While adults have their previous experiences to draw upon they need to be alive to any new ones. The projections and fears of the younger ones can then be alleviated or at least expressed and appreciated. Similarly, Jewett (1994) uses the metaphor of treating a bereaved young child in the same way as one would a puppy newly separated from its mother and litter and is frightened and lonely in new surroundings. As Smith & Pennells remind us, and which I have found repeatedly in these interviews, children often have a special courage which can be an example to the rest of the family. At the same time the deceased can be honoured by memories, anecdotes, and memorials, the importance of which is confirmed by research (Stroebe et al 1993 p311).

loss, and as Rutter (1983) put it, if we exclude children from death and bereavement issues we are not preparing them to deal with life. Just as children pick up family disputes and tensions very quickly and can easily take on the likes and dislikes of their parents through lack of knowledge of the truth, so also they will be inclined to model their own reactions to death and bereavement on that of parents and repeat the patterns with their own children unless taught otherwise.

The 'special courage' referred to above is also noted by Hurd (2004) who points to the common ground between research on resilience and that on childhood bereavement experiences as emphasising the positive potential of children to cope well with adverse circumstances.

Area of Interest - Personal and spiritual issues

In the context of this study I use the word spirituality as defined by the COD '*relating to or affecting the human spirit as opposed to material or physical things.*' Wendell (2003) describes spirituality as a word that has no definition and therefore no meaning and seeks a definition that does not divide the spiritual from the religious, but I would not support this. Religion is something practised either in rites and/or a way of life. Not everybody would want to be thought of as religious but there can be very few without that human spirit which gives meaning and purpose and creates values. So while religion will have a spiritual dimension, spirituality does not necessarily include religious practice.

a) Where are they now?

Views on life after death varied from one or two with what seemed orthodox Christian beliefs to a heaven in which the deceased participates permanently in their favourite activity whilst in this life.

Jill had a clear idea that her Christian faith had been a help to her through the trauma of not knowing her dad was dead until the funeral, and as she was used to prayer, found no difficulty in saying a prayer publicly at the funeral.

Others had more hazy ideas, clearly passed on from adults:

'My gran said, "He's up there" pointing upwards' (Mac)

'He's in heaven' (Lucy)

Pat was more reflective, especially on the integrity of adults.

'Some people think she's gone and gone forever, but others think she's still with us. I don't know. Adults, they try to make you feel comfy, they say different things and you find out they are not true.'

Some more imaginative and idealistic ideas came from adults:

'My dad said she's probably gone shopping in a really posh shop, because she loved shopping' (Ruth).

'My auntie makes me laugh, because she says, now me nanan's died, her mum and me dad, all three of them have gone to the pub and got drunk. (Jill)

b) Are they still around?

Several of the children felt the deceased was 'still around', especially in certain situations. Alan's comment was standard:

'I feel she's still around especially when we go out'

Pat, again, was more reflective:

'People say I don't know whether she is with us. I still love her and it's a bit scary, but I know she wouldn't harm me. I just think sometimes - she's with us'.

Several children spoke of talking to the deceased:

'I tell her I love her with all my heart, and all that stuff' (Pat)

'I talk to her sometimes in my room and tell her about school. I find that a comfort' (Hazel)

'I feel she's still near me. My friends say she is'

Only one, Jack, said he never spoke to his mum, and did not think she was around.

While it would be possible to interpret some of these as implying denial, they seem more of a comforting line of thought and only one went to the extent of Jill who put some cash under a stone in the garden for her dad in case he needed it.

David gave a unique view. He and his sister had concluded that their parents had left them for a purpose:

We think they knew they could not give us everything we needed and wanted to make sure we had advantages as we grew up, so we would be better off if they left us.

Discussion

While many of the beliefs and values stated would, in the perspectives of traditions of orthodox faith be classed as folk religion (i.e. belief based more on popular myths, beliefs, and perhaps superstitions than creeds), there is a clear sense for many of these children that they derive comfort from a belief in a deity and an afterlife. The sense of the 'presence' of the deceased to whom a person is closely attached is just as common among adults as children.

The extents to which one or two of the children went to cope with either not wanting to acknowledge that their loved one was dead, or deny their change of status could be seen as being the result of poor parental communication on the subject and delayed developmental awareness of the permanence of death. The action by Ronnie of placing a pillow under his mother's head and going to bed leaving her lying on the floor, seems to reflect this. Jill's placing money under a stone for her father, possibly reflects the norms in the family displayed by the fact of her mother not telling her that her father was dead until they arrived at the funeral.

It was personally disappointing to me to find that of the sixteen interviewed for this study, only one had experienced something at the funeral said especially directed at the children present by the person conducting it, and that was by a humanist/rationalist. I do know a number of clergy who go out of their way to include children, possibly including a modern parable-story on death and resurrection such as 'Water bugs and Dragon Flies' (Stickney 1982) but none were evident here.

in supporting the bereaved and in aiding the transition are seldom realised. When many children grow up largely ignorant of the Christian faith and many supposedly well educated television and radio presenters display similar ignorance (Furlong 2000), the opportunity at a funeral to describe and present our sense of the numinous could be seen as a rare opening for a receptive audience to consider that there is a mystery to life that cannot be explained in terms of science or consumerism.

Area of Interest - Personal Change and Development

Several children reflected on their changed attitudes. Some saw a big change in their appreciation of the deceased:

'It changed how much I love her, because I used to love her a lot, but I love her even more now' (Pat)

'It makes you realise how close you are to someone, how much you loved them' (Ruth)

Jemma recognised that her behaviour had changed:

'I used to be more naughty when my dad was around, now I'm good'

(Probe: Can you tell me why?) *When I'm naughty now, she like, gets upset'*

(Probe: She can't say 'Dad, deal with your daughter?') *(laughter) – No!'*

Two children felt their self-esteem had been raised by their experiences.

Pat *'my dad says you've done well to get through all this*
(Probe: So you feel proud of yourself?) *Sometimes, yes, sometimes, no'*

David, who had lost both parents, been called names and bullied, and had been through some rough experiences in care, was self-affirming in a very unboastful way:

'Social Services classified my sister and me as young carers. I feel quite proud to say I was 9 – 10 years old and I've come through that much. I'm a reading tutor, I support charities, I do odd jobs.'

Discussion

There was a sense expressed by some of the children that their experiences made them feel older than their peers, though others were reluctant to express any such thinking.

of both parents reflected thinking more in keeping with a teenager than an 11 year old, and they expressed determination to make sure that this purpose was fulfilled by having ambitious career ambitions.

Area of Interest - Bereavement help from outside the family

Belinda, Lady in waiting: ‘ *Grief increases by concealing* ’

Dido, Queen of Carthage: ‘ *Mine admits of no revealing* ’

Henry Purcell (1689) *Dido & Aeneas*

Though people in public positions may still feel the need to adopt the posture of the Queen of Carthage, several children felt the need to talk to someone outside the family. As Ruth put it;

‘Sometimes it’s easier to talk to people outside. Sometimes, when you talk in the family, it makes you feel uncomfortable. So other people who aren’t that close to you as your family, then sometimes, you feel more comfortable’

Pat agreed: *‘It’s easier to talk to somebody from outside’*

Ruth was more reflective;

‘It does help to talk to people about things and not just be unhappy because when you don’t talk to someone about problems then you feel yourself getting really depressed and just end up getting really lonely. So it’s better to talk about problems you have.’

But not everyone wants to listen, as Sarah discovered:

‘Many think it’s like, frightening for me when I talk about my mum, but I’m like – it’s not. Sometimes I talk to my teacher’

Hazel reflected on the need to discriminate between differing levels of friendship.

‘My best friend I can talk to, but not just – friends’

Several children spoke with appreciation of time spent with teachers, feeling that their grief was being acknowledged sympathetically. Three were clearly helped by mentors who had been on training conferences on child grief. One such child had spent nearly two years since his mother died being shunted between relatives and schools in different parts of the country and was now fostered. His father had left them for another woman and he did not want to know him. He felt settled at the school where I interviewed him and the mentor had given him help, which helped him feel valued.

'Life has been better since I've had bereavement counselling' (Ronnie)

The children were able to show me memory boxes, drawings, and scrap books they had made with their mentor's help, plus colouring exercises illustrating how their feelings had changed in the months since the death of their parent. Others showed dolls made of pipe cleaners, made by the mentors to provide comfort and receive whispered secrets at bedtime especially, when they found they were most prone to thoughts of sadness at their loss.

Important though these exercises and aids were, even more important was the fact that three of them, Ronald, Jimmy and Kevin, kept diaries of this work which showed the changes in their emotions and other progress over several weeks, plus the colouring exercises that illustrated these changes. Another child, Kevin, had also carried out some of this work but did not seem to have the same understanding as to their purpose.

Three other children had received help from counselling organisations. Of these, Mac, referred to earlier, had not seemed to benefit, apparently due to the anger still felt at his father's death being believed due to his being separated from his family. The other two, Pat and Jimmy, were articulate and appreciative of how they had been helped move on in their grief, and on more practical issues.

'I used to tell her about bullying and she helped me with that' (Pat)

Pat also described other exercises to help her remember aspects of her mother's life and personality. I asked her how these helped her. She used a vivid metaphor.

men, you're kind of getting rid of your feelings and getting them to the person who died. All these little worries you have you just want to say to mum, that I'm keeping in a bottle, I just kind of undid the screw and it all came out, and it's quite nice actually'

Jimmy told how he gained a different perspective on his problems and was helped recommence school. He found such exercises as 'The Grief Game' (Searle & Streng 1996) and craft work beneficial at a practical level:

'I found them helpful instead of just sitting there talking about it'

He felt they had a purpose and were more than just games and exercises.

Discussion

It is known that neither the mentors mentioned nor the counsellors were professionals. They were trained in the usual way and to the standards expected from voluntary organisations, which obviously would not include the same theoretical base as a more academic or professional course. Yet they evidently managed to achieve recognisable movement in the grief process for these children in the majority of cases and avoid Griffin & Tyrell's (2002) caution that many people who claim to feel better through talking to a counsellor have not actually moved. They also assisted at very practical levels important to the children such as bullying.

I recognised only two areas where somebody more qualified or experienced might have acted differently. The first was in recognising that Mac's residual anger might be a barrier to constructive work. The other was of a child being advised, when he had unhappy thoughts or 'flashbacks', to try to think of something good or happy to take his mind off them. This could give short-term relief but is a form of denial (Barnard et al 1999) and might only postpone such thoughts to a later date.

However, counselling is as much art and intuition as skill. It is not always easy to detect the real cause of anger such as Mac's, as it is not always known to the subject. Nor can it be assumed that the advice given on dealing with flashbacks, which would not be taught in a contemporary training programme, was because the counsellors were amateurs. I heard a survivor of the Abernethy disaster 35 years on recall how a child psychologist had told him a few weeks after the disaster, when he was suffering from

shoulder, that he should try to think of balloons and parties when this happened. As he had already told the therapist that those he might have partied with were dead he wondered who needed the help more. (Edwards 2004)

This study has shown that there are very few hard and fast templates that fit all children, and that attempts to identify panaceas to cover more than a few issues would be not only absurd but dangerous. If I had been told of some of the experiences of this sample beforehand I would have been inclined to dismiss them as fantasy, or exaggerated

I have organised these conclusions to mirror the 'Areas of Interest' that I listed earlier, since these are mediators or predicators over which parents, schools or others, can have some control, and the aim of this study is to show how children can be helped or hindered in each of these. Inevitably, they do not all fit neatly into one area of interest.

Anticipatory grief and rites of passage

It is clear from the sample that the four children who knew that their parent was dying appreciated having this knowledge, even though this was discovered accidentally in one case. Three of them had discussions with the dying parent which they believed they will always remember. This seems to confirm Waskett's (1994) model of anticipatory grief showing how much more beneficial it is to a child to not have all the bad news piled on in one go. We can only conjecture as to whether those who were not told will come to their own conclusions as to whether the surviving parent anticipated the death but did not tell them. It is also evident that the siblings who discovered their father's condition found that their relationship with him changed from that time on, and that their self esteem was enhanced by being advised of their 'carer' status from Social Services. Whether this was official or complimentary is irrelevant.

It is difficult to draw any conclusion about the 8 year old, who, as the eldest of three siblings believed his mother had fainted, covered her with a blanket, placed a cushion under her head, and put the siblings and himself to bed. Neither of the brothers (the two eldest) was very articulate, but it seems that the concept of death did not occur to them until they were told next morning. The issue that may have longer-term effects is of not knowing the cause of death. The elder boy may conclude that he could have taken action that would have prevented it.

Leaving third parties, in one case an hysterical grandmother, and in the other a sibling because father was busy on his phone, to tell a child of the death when the parent was

tell the child at all until she arrived at the church to discover she was there for her father's funeral caused severe distress.

Euphemisms about death were not found helpful by three children. The boy told by the grandmother pointing upwards saying 'He's up there' left him confused, while a girl's earlier life experiences of being told 'she's gone to sleep' led to fear of going to bed. Another, told her great grandmother had 'gone away' put it succinctly *'Even though they are said to try to comfort you – they are still lies'*

There is a clear lack of understanding about the importance of a parent, especially a single one, making legal provisions for children's futures. This led to unnecessary upheaval and distress in three cases. A fourth child suffered no such consequences as proper legal provisions had been taken care of after discussion with the child.

The opportunity to assist in the planning of the funeral, and participating was appreciated by two children who were the only ones who knew what to expect. Not knowing led to fears and fantasies in two cases. The main memories for three were of biographical details related by the conductor

The presence of school friends with a teacher in attendance was much appreciated by the two who experienced it. Five others expressed surprise at the number of people present at the funeral, while one expressed the view that they reflected his mother's popularity

There appeared to be no noticeable difference in the reactions of the six who were given the option of attending the funerals and the rest who were simply taken without consultation (against the wishes of one). All seemed pleased that they had attended including the one who had to leave the church half way through. Of the two siblings who were not allowed to attend, and resented it, the younger reacted with disruptive school behaviour. Opportunities by clergy to relate to children at an important time in their lives were not taken up by the clergy who took all but one of the funerals in this study.

the funeral than adults take account of. One of the two who did so, at her own choice, drew comfort from seeing her mother look more peaceful and less ill than when she lived. Three others would have liked to view but were either denied or did not ask. Three who had items placed in the coffins by others were pleased at the opportunity.

School and friendships

No conclusion can be drawn from this sample as to how long a child might need to be away from school following a parental death. The longest was out for two months following a traumatic sudden death. Another had two weeks but nine had between only three hours and two days away apart from attending the funeral, most expressing a wish to return to friends and familiar routines that they enjoyed. Friendships and 'best friends' were especially emphasised by girls. Although I have heard speakers over the years advocate not sending children back to school too quickly, due to their inability to concentrate (Worden 1996) it would seem that if the teachers are sensitive to this some children would prefer to return quickly to be with their friends and in a normal situation rather than sitting at home.

Although only two school staff had specific training in child bereavement, eight children felt they had received a positive and sensitive response and could take short breaks when needed. While the others were not particularly helpful only one school was viewed as really negative.

Comments from five schools showed how teachers can be handicapped in assisting a child when parents act in denial either when the parent is very ill or by not allowing the death to be mentioned and the child's grief shared.

The advantage of specific training for a staff member is shown in the sample. Four children received help over several weeks from two mentors who monitored their progress. One lad attributed his peace of mind to this help after 18 months of being shuttled around relatives.

Lack of understanding through lack of education seemed to be the main causes of bullying and embarrassment. Two children noted how others try to avoid the subject, assuming it would distress the bereaved, while three commented on the non-verbal

teacher mentioned such words as 'parents'. The positive effect of a staff member setting up a support group has been described earlier. The usefulness of trained peer support such as that organised by Childline (2005), known as 'CHIPS' (Children in Partnership with Schools) is worth investigating also since these also help to overcome bullying, and there is evidence that they increase mutual respect between both children and adults.

Family influences

Unhappiness and a further sense of loss was evident when a child rightly or wrongly believed that one parent has hastened the death of the other, (two cases), and where there was a family dispute at the wake.

Many of the reactions listed by Worden (1996), Goldman (2000), Silverman (2000), and others are affirmed by individual children – fears for the surviving parent's or their own health, fears of shortage of money or changes to the home or activities, anger at the parent who died.

The three children able to discuss the deceased freely with the surviving parent, seen by Silverman (2000) as 'child—centred families', had access to memories and narratives denied to nine others with similar potential from parents. Two of the three in the first group also recognised a need to talk to someone outside the family.

No conclusion can be drawn from this study as to the effects on the children of new relationships by the surviving parent. One saw 'mum's new boyfriend' in a positive light. One of the oldest girls interviewed noted how much more difficult her father found such a relationship compared with his relationship with her mother, but did not appear to resent this. Two girls registered surprise at how their fathers had coped with domestic chores that had previously been exclusively their mothers'

Religious beliefs reflected the state of beliefs generally in society ranging from fairly orthodox Christian resurrection to more mythical ideas of how the deceased will be enjoying themselves in an afterlife. Five children said they continued to talk to the deceased, feeling 'they are still around'. Another had intense discussion with his sister to try to find meaning to their parents' deaths. One, whose mother's funeral was entirely

by her mother.

The potential for increase in self esteem and self confidence is present in adverse experiences. One had come to his own conclusion that '*I can face anything now*'. Two others had received compliments on the way they had coped from a parent.

External counselling help

Seven children in this study received some form of counselling, four from within school, three from outside agencies. Some conclusions that can be drawn from these including:

- A child who had experienced disruption over several months recognised that school counselling had helped him become more stable.
- Two others counselled at school could see the evidence of their progress from diaries, collages and drawings.
- Two of the children counselled by other agencies could articulate the benefits they had received from the experience.
- There was no evidence of the fears of Harrington & Harrison (1998) or Walters (1996) that children were being pushed into showing expressions of grief and sadness so as not to be regarded as 'failing to mourn'. Their descriptions of the counselling progress were mainly focussed on their diaries and drawings
- Two children could not articulate on any benefit from the experience, one being very young and not very articulate, the other, as previously detailed, seeming to have blocked out the counselling because of his anger.

This does not assume that those who did not receive help under the label of counselling did not progress as other forms of help from families and school will have played their part. Further, more extensive research would be needed, using psychological measuring tools, to assess any differences. This survey only sets out to show what factors have helped or hindered the grief processes.

The lack of knowledge by Social Workers, not only of resources that would be helpful to the foster parent of a grieving child, but where to find such help, and the reactions of two Social Work Managers to these interviews, one on the grounds that the child had been consulted before the Social Worker (who hardly knew him) indicates a lack of training in this field that seems inappropriate for people with responsibilities for bereaved children's placements and welfare.

General conclusions

While there is increasing knowledge and appreciation of bereavement issues for children among voluntary and professional groups involved in their care, it is clear from this study that only a small number of families follow recommended practice and then mostly through intuition or inherited parenting skills rather than education.

Geldard and Geldard (1997) emphasise that the most important part of any counselling process with a child is to help the child tell their story, and this will require suitable age related media. The range of materials shown in use in counselling children in this study indicates that the mentors and counsellors understand this.

This survey does seem to show a gap between the knowledge gained through research and experience coming from the bereavement specialists, and other sections of society. The quotations given in my inquiry point to gaps in training in children's bereavement needs for social workers, teachers, and clergy.

There is also evidence that some of those involved with counselling children seem unaware of children's needs to revisit their loss as they mature (Jewett 1994). This is also evident in teachers, social workers and others as evidenced by their reluctance to allow such children to be interviewed, and the general under-estimation of their strength and courage, as evidenced by the responses to my requests for help from an NHS Local Research Ethics Committee, and a counselling organisation, that asking children questions about bereavement would be harmful.

Recommendations

From this research I have tried to show from children's perspectives what helps them in preparing for, and experiencing bereavement, especially on the death of a parent. Some of the following are not exclusive to parental loss but apply to all children, since all have the potential for experiencing such an event.

Those without the experience of loss or bereavement of a parent or other significant person need:

- To receive appropriate responses through the home about loss and bereavement when a pet dies, when a friend moves away, or when any loss occurs such as moving house
- To receive appropriate teaching at school on how everything that lives has a life span which eventually ends, how changes affect us all, and how such changes affect us emotionally and practically

For those with a parent who is terminally ill:

- To be told the truth, especially when it is evident that the sick person is coming to the end of their life. To be given the chance to talk to the dying and the surviving parent and discuss the issues involved for them all.
- If the dying parent is the only parent, for that parent or others in the family to ensure that all possible legal procedures are in place to ensure that the wishes of the dying parent with regard to the future care of the child are carried out with the consent of those involved and the child.. To decide in advance of the death who is to advise the child it has happened.

For children who have a parent die, with one surviving:

- To receive the information about the death in an appropriate manner directly from the surviving parent.
- To be encouraged without coercion to view the body of the deceased.

- To be encouraged to attend the funeral and feel that they made the decision themselves, stressing the opportunity to make their farewells, and to see a demonstration of the popularity of the deceased by the presence of neighbours, friends and work colleagues as well as relatives.
- To be included in the planning of the funeral rites and any subsequent gathering, with the option of participating or making some contribution if desired.
- If the surviving parent cannot cope through extreme grief, to arrange for children to be escorted to the funeral by an adult who is not as close to the deceased as the surviving parent, though not seeing themselves as apart from the parent.
- To see their class teacher and classmates present.
- To have someone conducting the funeral who has explained what will happen beforehand, gathered stories about the deceased's life from the child as well as the adults, addressing the children's needs as well as those of the adults during the funeral.
- If the parents were separated, to be reassured by the surviving parent that they respect the fact that the deceased was their father or mother, and that everything possible had been done for them medically.
- To be told of the cause of death and be reassured that they were in no way responsible.
- To know where the remains of the deceased are interred, and be able to visit the place from time to time.
- To be able to discuss the deceased with the surviving parent, and have such artefacts and memory tokens as will enable the child to have an appropriate continuing emotional bond with the deceased.
- To be able to have the services of someone to talk to from outside the family if needed.
- To ensure that the family's G.P. knows of the death, especially if the deceased was no longer with the family, and of any health matters that might arise from it.

When the child has no surviving parent:

having social workers and carers who understand the needs of bereaved children.

- That foster parents are provided with appropriate information and literature that will enable them to understand something of the child's problems, and where to go for help
- To ensure that whoever is responsible for disposal of the belongings of the last parent ensures that the child is included in the distribution or disposal of photographs, and personal items that will enable a continuing memory and bond with the deceased.

When the child returns to school:

- To ensure that the head and class teacher are aware of what has happened, and know how to recognise symptoms of extreme grief and behaviour caused by grief anger.
- To be alert for any sign of unpleasant speech or bullying
- To ensure that a bereaved child is not treated in such a way as to feel they are singled out as 'different' from their peers.
- That there is someone the child can talk to if needed.
- To be aware of the child's possible need to have short periods away from anybody.

Those factors which hinder a child's grief will of course be the opposites in many cases of the factors listed above, but in addition the following are evidently helpful and appreciated

- Asking a child as to the progress of a parent known to be very ill
- Avoiding treating the child as 'different' for example by making an issue of whether a Mother's or Father's Day card should be made.
- Not treating the child as if the death has never happened and assuming the child will forget their hurt if it is not mentioned.

Education for Grief and Bereavement

'Why on earth are death and bereavement not on the National Curriculum?' asked the Merseyside Coroner (Rebello 2004). Children shown on the CBN video tape (2004)

bereavement teaches that there is no more important issue in life, and going on to claim that understanding life and death leads to better citizenship. There is also need for more schools to have bereavement policies, similar to those for Major Incidents which some schools already have following the recommendations of Yule and Gold (1993)

McCarthy & Jessop (2005) call for schools to offer classes in coping with death. As my experience has been that I teach best what I need to know myself, the figures given for feelings by teachers of inadequacy on this subject means children would benefit enormously if the matter were taken seriously, plus, as I have shown, with the possibility of reducing school exclusions and bullying. Stevenson (2004) is already quoted showing how children benefit from such studies, while Hurd (2004) sees 'rich opportunities' for collaboration between such educators and colleagues in the resilience movement to promote resilience among students experiencing adverse circumstances.

Help from teachers or counsellors

There is a need to harness the immense quantity of goodwill there is for pursuing this subject among many voluntary and other organisations to ensure, as Feltham (2000) says, that there is common ground in their training. There is a need for accepted standards which are known to lead to practices which do actually enable a child to move on in a healthy way and acknowledges their needs for continuing bonds with the deceased. Where appropriate, such counsellors could also be trained to assist with this subject in the school syllabus. This needs a pilot project for furthering such an initiative, and in some places such resources already exist.

Research into viewing bodies and attending funerals

There is a need for research to emulate that carried out in the USA by Fristad et al (2001) that will indicate more correctly the number of children attending or excluded from rites of passage and the effect of this on their progress through grief. My perceptions as a minister, and those of many colleagues, are that the figures for attendance do not nearly approach those prevalent in the USA. If I were starting this study again I would try to find some way of obtaining more accurate figures for exclusions, perhaps through the church. The psychological effects of this on progression through grief also need evaluating to identify if they are the same as those for the USA.

It was only on reviewing the literature that evaluates the efficacy of interventions that I came across a mention of the research paper by Silverman and Worden (1996) showing that although they found few indicators of dysfunctional behaviour among children studied up to one year following a parental death. 21% of the bereaved group in their study showed serious problems two years following the death. Most of these differences were not apparent during those two years.

Oltjenbruns (2001) comments that many support workers hold the view that support needs dissipate after the first anniversary of the death of a parent, and this has been my own assumption in working with bereaved children. She points to the importance of warning parents and teachers that they may need to go back to their support system (or contact one) to request help. This correlates with the findings of Jewett (1994) that many children will need to revisit their grief as they grow and develop but Silverman and Worden (1996) put this more strongly. It is not something I have heard mentioned at training events or in recent literature (McCarthy and Jessop 2005, Gilbert 2005) and clearly needs wider publicity, better understanding, and follow up by bereavement support groups some of whom have indicated lack of knowledge on this developmental issue.

Practical Implications

The conclusions and recommendations here show the need not just for adjustments to current practices, more for a paradigm shift in the thinking of parents, support organisations and professionals mentioned in this study involved in any form of bereavement support. Although I have listed a number of areas for further research, I have also listed a number of factors known to be helpful to the majority of children – allowing anticipatory grief, being told the truth, participation in family grief and rites of passage, the need to revisit their losses as children grow and develop, and recognition that while child grief may look different to that of adults, it is none the less painful and real.

Working with children on bereavement - some reflections

'You're a brave man trying to do research with children' was the farewell comment of the Chair of the NHS Local Ethics Medical Research Committee (that turned down my application to interview children from a support group attached to a Primary Care Trust). I replied 'So I am discovering' but realised later that I may have interpreted his comment differently to his intention. I was thinking of the experiences in trying to gain access to children, whereas I believe he was thinking of the interactions with children. My main need has been for persistence rather than courage, to get past the fears, and in some cases prejudices. The children themselves have presented very few difficulties.

I have spelt out elsewhere some possible reasons for this resistance, and in view of the extent of this I asked the children interviewed to provide some feedback on their interviews. (Appendices J & K). Not all replied as many had moved house, but they included such comments as:

'I felt happy to talk about my mum and how I felt. I felt sad because it reminded me of the funeral'

'I wanted you to know about my mum and how I felt'

'I felt a bit uncomfortable because I was talking to a stranger, but then when I got talking I could tell him everything'

I was pleased I took part nice to think of mom and talk about her to somebody who didn't know my mom'

'I was happy but upset to think because it was about my mum who is not here'

'When you started talking I felt relieved and happy'

'I felt like I could talk about things more and that you wouldn't cry when I talked about my mum'

'I'm glad I'd been asked because I wanted to talk about what I felt about my mum dying'

Gilbert (2004) comments 'You cannot damage a child if you listen to their story'. That, basically, is what I have tried to do, without any attempt to analyse. It is a legitimate concern for those responsible for Child Protection to ensure they are not harmed (and every effort has been made to observe recommendation on ethical issues) but being

come across from many of the adults in their reactions to my request is in many ways a reflection of the attitudes towards their own and children's grief.

**Reactions to death
and bereavement**

Talking about it makes
it worse. Silence will
help it go away

Exclusion from rites
of passage

Opinions know best

Need for adult control

Children will understand
my reasons later as they
grow up

Children not kept informed
of illness or given choices
about funerals

**Reactions to
research**

Talking will cause
upset. More talk will
cause more upset when
the matter is past.

Exclusion from
project

Opinions are evidence

Lack of adult control
over responses

Children don't need to
be involved in such matters

Children not asked if they
would like to participate
in project

This project has been a journey of discovery for me quite apart from the subject of the investigation. It has been as though my previous careers in Industrial Relations, training, management consultancy, ministry, Major Incident contingency planning and counselling activities have been pulled together and drawn on to enable this to happen. To hear these stories is to hear of courage, of compassion for the surviving parent, of overcoming exclusion from family rites and bullying, or insensitive treatment by authority figures, and yet in so many cases rising above these and arising stronger from them. Harrington and Harrison (1997) speak of similar experiences and talk of child resilience, reflecting Bowlby's (1980) note that the potential for healthy mourning in parentally bereaved children is similar in concept to external protective factors that enhance resilience. Hurd (2004) makes the point that those working with bereaved children need to collaborate with research into child resilience to identify how and why some children rebound from adversity and others do not. But Schuurman (2002) points

bounce back to their 'original shape' but rise above it.

Clearly this investigation is not the whole story, nor will it ever be finished. As McCarthy & Jessop (2005) point out, very little research has asked young people themselves to voice their own experiences and we know very little indeed about bereavement as a general feature of young people's lives. Every week I seem to pick up another paper or article and think 'perhaps I ought to include something on this'.

It became clear as I went on that no definitive information exists on a number of issues which have been explored more thoroughly in the USA such as the number of children excluded from funerals or viewing the body of the deceased. If the advantages to our children of inclusion in these rites anywhere near approach those of the USA, we need action to change the thinking of parents here.

I have been amazed at the variety of experiences and practices I have heard recounted in these past few months. I am left with the query and worry - if this is what has been uncovered by such a small sample, (found with difficulty, and random) what is happening to the rest of the 18,000 under 18's who lose a parent each year as well as nearly two million who have lost another attachment figure in the past 10 years? Every second person I speak to about this project seems to have their own story of exclusion or insensitivity, some related from experiences 50 years ago. Alderson (1995) speaks of the 'anti-child bias' in our society, while I have already quoted Watson, Shakespeare et al (1999) who tell of physically handicapped children in their study who did not expect their views to be taken seriously. Similar views were expressed by children interviewed about domestic violence (Mullender et al 2002). While the reactions of some adults are more to do with their own fears rather than being directly 'anti-child' the effect is to the detriment of the child.

On returning to this country after twenty years in East and Central Africa I was shocked to see that many ordinary interactions between adults and children even within families bordered on attitudes of mutual hostility, compared with similar interactions in Africa. What is frequently interpreted as love of children here is often sentimentality, which is not the same as respecting or understanding their needs. Some of the practices I have heard reflect this.

Funding has not been easy to find for this project, and I am grateful to the Child Bereavement Trust for their provision of funds for basic expenses. An application for Lottery funding was not successful.

Finally, and above all, I hope this enquiry will be read. Richardson (1998) complains of having yawned her way through numerous supposedly exemplary qualitative studies, many of which are ignored because of what she refers to as 'static writing'. This is writing in which points are organised and outlined but ignores writing as a creative dynamic process and requires writers to silence their own voices, to view themselves as contaminated. I have therefore tried not to 'homogenise' the individual voices, and to include relevant quotes, poetry and metaphors as well as the voices of the children and my own voice.

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Appendices

**Notes in the Appendices indicate for which
letters this Sheffield Hallam University letterhead
was used**

Dear

I write to ask your help with a research project by approaching the parent of any child of 13 years or under in your school who during the past 18 months has experienced the death of a parent.

This request is not going to all schools. As a member of the Gone Forever Project, I am aware that a member of your staff has attended the training programmes I have been involved with. The Gone Forever Trustees are satisfied with the design of this research, that it will be properly and sensitively carried out, and well supervised by my Director of Studies at Sheffield Hallam University. My aim is to find out from these children what sort of help they have found to be most useful during the first months after bereavement, whether from inside or outside the family.

I will be assisted in this task by Professor Ann Faulkner, former Deputy Director of the Trent Palliative Care unit at St Luke's Hospice in Sheffield. Both of us are trained in interviewing children and have Enhanced Clearance for working with children from the CRB. We will not interview together. We would like to interview the children in their own homes if possible and naturally with the consent of both child and parent. The usual protocols for child protection will be followed, and every child will have the option of changing his or her mind at any time. I have arranged for trained help to be available for any child who might want to talk further as a result of the interview, though would like to reassure you and parents that such help is seldom needed.

I appreciate that I am approaching you with another task, and aware that you cannot supply me with names and addresses. However, parents may object if you appear to be simply forwarding a letter from me. I have therefore taken the liberty of drafting a letter from you for parents, which I trust will save you some time but which you are obviously free to adapt as you think fit.

I would like to telephone you in the next few days to discuss this with you or whoever will deal with it, and will be only too pleased to call in to meet you if this will help.

with letters and response forms, to send out to parents. As I said, I do appreciate that I am requesting another task, but write in the knowledge that by attending our training programmes you and your staff are sensitive to the importance of this work. With your consent I will be happy to acknowledge your school's help in my final report, without breaking confidentiality.

**A Child Bereavement Trust Project initiated by Brian Cranwell of The
Gone Forever Trust, made possible by Children's Promise**

Dear Head Teacher,

I write to ask your help to approach the parent of any child in your school who, during the past 18 months, and before the age of 13 years, has experienced the death of one of their parents. This is to assist in a research project aimed at improving help to such children in the future.

This is not a general request to all schools. Others that have been approached are those that have sent staff to training programmes run by the Gone Forever Trust (of which I am a founder member), a registered charity devoted to promoting understanding of the issues that surround loss and bereavement in children. The Gone Forever Trustees are satisfied with the design of this research, and are satisfied that it will be properly and sensitively carried out and well supervised by my Director of Studies at Sheffield Hallam University. My aim is to find out from children who have lost a parent what sort of help they have found to be the most useful during the first months after bereavement, whether from inside or outside the family.

I will be assisted in this task by Professor Ann Faulkner, former Deputy Director of the Trent Palliative Care Unit at St Luke's Hospice in Sheffield. Both of us are trained in interviewing children and have Enhanced Clearance for working with children from the CRB. We will not interview together. We would like to interview them in their own homes if possible, and naturally with the consent of the child and parent. The usual protocols for child protection would be followed, and every child would have the option of changing his or her mind at any time. I have arranged for trained help to be available for any child who might want to talk further as a result of the interview, though would like to reassure you and parents that such help is seldom needed.

I appreciate that I am asking you to undertake another task and aware that you cannot supply me with names and addresses. However, parents may object if you appear to be simply forwarding a letter from me. I have therefore taken the liberty of drafting a letter from you for parents, together with a response form, which I trust will save you some time and which you are obviously free to adapt as you think fit.

most grateful if you would get in touch. If you then agree to go ahead I can send you sufficient forms with stamped envelopes to send to parents. With your consent, I will be happy to acknowledge your school's help in my final report, without breaking confidentiality

A Child Bereavement Trust Project initiated by Brian Cranwell of The Gone Forever Trust, made possible by Children's Promise

Suggested letter to Parents from Head Teachers and Counselling groups

Dear parent,

I have received a request from a retired clergy member, Rev Brian Cranwell, who is carrying out a research project aimed at finding out from children 6 – 12 years of age, who have been through the unhappy experience of the death of one of their parents, what help they found to be most useful to them in coping with this loss.

Brian is a founder member of the Gone Forever Project, a registered charity devoted to promoting understanding of the issues that surround loss and bereavement with children. This research is under the direct supervision of Sheffield Hallam University School of Education, and Brian will be assisted in interviewing by Professor Ann Faulkner, former Deputy Director of The Trent Palliative Care Centre at St Luke's Hospice in Sheffield. Both are trained as child interviewers.

While a great deal has been written in the past 10 – 15 years on this subject (some of which is indisputably helpful) it is nearly all by psychiatric and other professionals, with very little evidence as to what is helpful coming from the children themselves. Your assistance is requested so that, with your permission and that of your child, one of the interviewers can interview him/her in the security of his/her own home, or elsewhere if you wish. They would work within the normal safeguards of the Child Protection rules of The Children Act and also provide a number of other safeguards.

Firstly, any child who wishes to change their mind and withdraw before or during an interview can do so immediately. Any child (or their parent) who wants to talk further to a third party will be able to have the services either of Brian, or a trained person from Cruse Bereavement Care. All names will be kept confidential and will be changed in the writing up so that no child or the family can be identified by anyone reading the final report. They will be using sound tape recordings, but I am assured that such tapes will be kept securely under lock and key and destroyed when their use is completed. They would not expect the interviews to take longer than 45 minutes each.

The interviewers are anxious to obtain information that will be of practical help to other children who go through the same experience – estimated to be 20,000 a year young people under 18 in the UK alone. Once you have considered and discussed this would you be kind enough to complete and return the enclosed form? If you and your child agree to assist, Brian will be in touch in the near future

Yours Sincerely

Dear

Helps and hindrances to children's grief: some children's perspectives

I write to ask your help to approach the parent of any child who, during the past 24 months, and before the age of 13 years, has experienced the death of one of their parents. This is to assist in the above named research project aimed at improving help to such children in the future.

This project was initiated through the Gone Forever Trust (of which I am a founder member), which promotes understanding of the issues that surround loss and bereavement in children with teachers, Social Workers, clergy and others. The GF Trustees are satisfied with the design of this research, and that it will be properly and sensitively carried out and well supervised by my Director of Studies at Sheffield Hallam University. My aim is to find out from children who have lost a parent what sort of help they have found to be the most useful during the first months after bereavement, whether from inside or outside the family. This will be the first such study in the UK to seek the views of children themselves rather than professionals. This is not to dismiss their work, but they too are under pressure from funding bodies to provide evidence that their work is effective, and this is what I hope to supply.

I will be assisted in this task by Professor Ann Faulkner, former Deputy Director of the Trent Palliative Care Unit at St Luke's Hospice in Sheffield. Both of us are trained in interviewing children and have Enhanced Clearance for working with children from the CRB. We will not interview together. Interviews can take place at home or elsewhere: some children prefer to be interviewed elsewhere than home. The usual protocols for child protection would be followed, and every child would have the option of changing his or her mind at any time. Arrangements are needed for trained help to be available for any child who might want to talk further as a result of the interview, and I would be most grateful for your assistance with this, though would like to reassure you and parents that such help is seldom needed.

I have to date interviewed 15 children but am most anxious to have the views of some who have been helped other than by families or teachers.

I appreciate that I am asking you to undertake another task and aware that you cannot supply me with names and addresses. However, parents may object if you appear to be simply forwarding a letter from me. I have therefore taken the liberty of drafting a letter from you for parents, together with a response form, which I trust will save you some time and which you are obviously free to adapt as you think fit.

If you would like to discuss this further or members of your counselling committee wish to meet me to clarify anything I would be happy to come to meet them. If you then agree to go ahead I can send you sufficient forms with stamped envelopes to send to parents, though experience has shown that a personal approach first is more effective than an initial contact by letter. With your consent, I will be happy to acknowledge your help in my final report, without breaking confidentiality.

This project is supported by the Child Bereavement Trust and made possible by Children's Promise. It is part of the agreement for their funding that the wording I can supply appears on any letters sent out for this. They will be publishing the final report when it has passed the university's scrutiny for examination purposes.

I look forward to hearing from you

Brian Cranwell

A Child Bereavement Trust Project initiated by Brian Cranwell of The Gone Forever Trust, made possible by Children's Promise

Appendix E - Response form for parents

Would you kindly return the enclosed form in the envelope provided to

.....
.....

I, (NAME IN CAPITAL LETTERS PLEASE).....

of (address).....

.....
.....

* a) hereby consent to my child (NAME IN CAPITALS)..... Age...
being interviewed as part of Rev Brian Cranwell's research project, and for my name and
contact information to be supplied to the project interviewers.

b) My child and I would prefer that the interview takes place at home/elsewhere*

I understand that

The name of my child will be confidential to the interviewers and not appear in any publication.

A trained person will be available to talk further to my child if needed after the interview

My child can withdraw from this agreement at any time.

Telephone no. (with code)

Or

b) *We do not wish to be included in this project. Please do not forward our details.

Signed.....Date.....

- Please delete whichever choice does not apply

Appendix F

Invitation Letter to Heads of Secondary Schools re Consultation Group

Sheffield Hallam University Letterhead

**Rev Brian Cranwell MSc
9 West View Close
Sheffield S17 3LT**

Dear

I write to ask your for your assistance in identifying and recruiting a small group of young people to help monitor a research project into what younger children do and do not find helpful on the death of a parent.

I am a retired clergyman who has been involved in helping children with problems following bereavement for the past ten years. I am also a founder member of the Gone Forever Project, which is backing my research. The programme is aimed at finding out from children themselves what help they have found to be the most appropriate during and following the death of a parent.

In accordance with the principles of the United Nations Children's Charter, which states that children have a right to be consulted on matters which affect them, I wish to recruit a group of 6 – 10 youngsters of mixed gender and social backgrounds who have been through the experience of losing a parent at least two years ago, to give their opinions on my proposed research methods and their suitability for younger children. As the group I wish to research will be 6 – 12 years I am looking for members of this monitoring group who will be under 14 years of age.

Further details of my colleague interviewer, university supervision and child protection measures are given in the enclosed suggested letter asking for parental approval for any child who volunteers. It would be helpful if the group could meet at your school.

I appreciate that you cannot give me parental names and addresses direct, and apologise for requesting an extra task, but do hope that you can assist. If so, I will let you have further copies of the enclosed letter for parents, duly dated, plus a supply of stamped envelopes.

Yours Sincerely

**Rev Brian Cranwell MSc
9 West View Close
Sheffield S17 3LT**

Dear Parent,

I am writing to ask for the help of your child, with others, in monitoring a research project. I do so in the knowledge that you have both had the sad experience of the death of one of his/her parents during the past few years.

It is not my intention to include your child among those being researched. What I am hoping to do is to bring together in a group, a small number of youngsters at their school who have been through this experience two years ago or more to give their opinions on my research methods and their suitability for the children in this study. No comments will be identifiable to individuals.

I am a retired clergyman carrying out a research project encouraged by the Gone Forever Project, a registered charity devoted to promoting understanding of the issues that surround loss and bereavement with children. The research is aimed at finding out from children themselves, what help they have found to be most useful at this sad time for them. The project is under the supervision of Sheffield Hallam University School of Education, with assistance in interviewing by Professor Ann Faulkner, former Deputy Director of The Trent Palliative Care Centre at St Luke's Hospice in Sheffield. Both of us are trained as child interviewers.

While a great deal has been written in the past 10 – 15 years on this subject (some of which is indisputably helpful) it is nearly all by psychiatric and other professionals, with very little evidence as to what is helpful coming from the children themselves. We would expect to work within the normal safeguards of the Child Protection rules of The Children Act. Any child who changes their mind at any stage can drop out, or be given further opportunity on an individual basis for talking through issues raised if they request it. Our experience is that children find such participation to be both interesting and developmental to their own understanding of these issues.

I hope you will find it possible to allow your child to help. If so would you kindly indicate this by returning the enclosed consent form to the school? Thank you for taking the trouble to read this.

Yours Sincerely

Rev Brian Cranwell MSc
9 West View Close
Sheffield S17 3LT

12th February 2004

Ms Anne Viney BA, CQSW, MBA
Chief Executive
Cruse Bereavement Care
126 Sheen Road
Richmond
Surrey TW9 1UR

Dear Ms Viney,

Research Project into what children find helpful while dealing with the death of a parent.

I write to ask if it will be in order for Rotherham and/or any other Cruse branches to assist with my research project into what help children aged 6-12 years find most valuable in their grief.

The assistance I am seeking is to be put in contact with the parent or guardian of any child who has experienced the death of a parent during the past 12 months. I appreciate that Data Protection laws would not allow the branch to give me names and addresses direct but as you will see I have drafted letters to parents to request their consent (and that of their child's), for me to contact them about such interviews. Details of built in safeguards are included.

The details of my programme are as follows:

University: Sheffield Hallam School of Education, Collegiate Crescent Campus
36 Collegiate Crescent, Sheffield S10 2BP

Academic Supervisors: Dr Colin Feltham, Dr Karen Dunn

Student Status: Part-time Registered for MPhil, possible candidate for PhD.

Year: Second year. Literature search completed October 2003. Now beginning investigative stage

Naturally the project has the approval of the University's Research and Ethical Committees. I attach a copy of the original submission plus my responses to queries raised by these committees.

of schools have been approached in the same way as I am hoping for help from Cruse, i.e Head Teachers are sending letters to the parents requesting their co-operation and asking them to sign and return consent forms.

In acknowledgement of the UN Children's Charter (which states that children have the right to be consulted on matters which affect them) one Community College is also getting together a small group of children under 14 who have been bereaved at least two years, to act as an advisory group for the interview process.

Your consent to this request will be much appreciated

Yours Sincerely

c.c. Ms Rosie Dalzell

Enclosures: Draft letter to counsellors from branch Chairperson or secretary
Draft letter to parents with response form

Original Programme of Research submitted to the University, together
with subsequent further information requested by the research committee.

Appendix I

Schedule for semi-structured interviews

Based on Nadeau J.W. (1998) *Families making sense of death* Sage Publications

Preliminary socialising/loosening up

Affirm name or preferred form of address

Thank for participation. "Do you know why I am here?" If no, explain. If yes, link with response.

Names of other siblings

Introductory: I hope you are going to tell me something about how it's been for you these past weeks.

How do you feel about that? Empathise

Flag subject

Pre death or Time of Death Shall we start with *when* your daddy died? How was it for you?

Probe: a) If present: Warnings given. Discussions about probability or consequences
Outstanding memories of discussions. Cause of death. Relationship with him.
Any "goodbyes". Any unfinished business? (Couched in such phrases as
"anything you would like to say to him if he were here now?")

Did you touch him again after he died?

What did you find especially helpful/unhelpful at this time? Thinking back,
what
would you have liked that would be different?

b) Not present: warnings given. How did you hear about the death? What did
you
think when you heard? Any discussions re possibility of death and memories
of discussions. Cause of death & relationship. Any unfinished business? (as
above) Did you see him again after he died? Would you have liked to?
What did you find especially helpful/unhelpful at this time?

Where do you think he is now? What have other people said about this? Did
these comments help you at the time? What do you think now?

Flag up

Funeral and other Rites

Let's move on to his funeral. Would you like to tell me about it?

Probe a) If did not attend: "How did you feel about that?" Did you discuss going?
Burial or cremation? What do you think happens? What did you do instead?
How did you feel on the day?

b) If attended: How did you come to be there? Did you know what would
happen? Did anyone talk about it with you before? Were there any
surprises?
Did you take part in any way? Did you know lots of people there? What did
you think about them?
Were any other children there? Was anything said especially for
children? (by the minister). What did (s)he say that was helpful? Did he say

Do you think it was important to have been top the funeral? In what ways?

What happened after the funeral? Did you know all the people there?
Can you tell me what it was like? Did you join in then?
Would you have liked to? What do you think about this gathering now?
Did the people there take any notice of you/talk to you? Was that helpful?
Did they say the things you hoped they would say?

Do you ever go to the grave/burial ground? Is that helpful?
Where do you think daddy is now?
Do you think about where he might be? Does that help?

Since the Funeral

Flag up School

Probe: Did you miss school at all? Was this OK? What did you feel about going back? How are things at school since daddy died?
Do you know anyone else whose mum/dad have died?
What have your friends said? Do you talk much about it with them? Have they said anything you liked or did not like?
Did any of your teachers say anything you found helpful?
Did they say or do anything which you did not find helpful or which you did not like?

Flag up Home

Probe: How are things at home since Daddy died?
How is your mum now? Do you talk about daddy? Do you talk about your daddy with your brother/sister by yourselves? Is this helpful?
How do you feel when you think about life without daddy? What do you think will be the biggest difficulty?
Has anything been said or done at home which you have found helpful? /Not helpful/not liked?
How are things different now, apart from daddy not being there?

Closing You've told me a lot today. Is there anything else you would like to tell me?

Do you talk to anyone else like this? Would you like to? (Others in same boat)

If you had a friend whose daddy died, what sort of thing would you say to him?
What would you like to tell adults that you think would be helpful to children whose mum or dad die? Would you tell them anything they should not do or say?

Thank for participation

Invitation to children to comment on interviews

(Printed on A5)

Thank you for your help with the interview

It would be very helpful to me, and very interesting to those who will read my final report, if you would be kind enough to give me your thoughts on the interview in the ways suggested below.

It will not matter if you do not answer them all. This is not a test! Please use your own handwriting and use a piece of paper this size and this way up.

Can you remember what you thought when you were first asked to take part?

What were your feelings when we first met and started talking?

What did you feel about talking about – the person who has died
- the funeral – and other memories?

Can you tell me if you were pleased you took part, and if so, why?

Do you think any of your opinions changed as a result of the interview?

Many thanks for your help. I will leave a stamped addressed envelope for your contribution to be sent to me.

1. When I was asked I didn't really think anything.
 2. When I met you I thought you were really nice, I also felt like I could talk about things more and that you wouldn't cry when I talked about my mum.
 3. When you started talking I felt relaxed and happy.
 4. I'm glad I've been asked because I wanted to talk about what I felt about my mum ~~being~~ dying.
-

I wondered what you were like and
what question's you would ask.
I was happy but upset to think because
it was about my mom who is not here.

When I first met you I thought you
was nice and helpful and kind.
Liked the headphones with the music
you put on my ears.

When I had to speak about mom
I felt upset and thought about my memories
with mom.

the funeral was upsetting and I knew
I would never see mom again.

I was pleased I took part now to
think of mom and talk about her
to somebody who didn't know my mom

I sell sine about ~~it~~ it.

I was not more about it.

I sell a bit uncan stable.

I was ~~was~~ plesed to ~~talk~~ talk to

some one about it.

I was a bit scared at first,
as I thought Jennifer my friend
would be with me but she didn't
come.

I thought you was very
nice, then I wasn't scared
anymore.

I felt ok but a bit sad.

2

Yes, because it helps to talk.

I am 10 years old and I have an older brother or
sister.

I am in care because my mum fell asleep last
year. I don't live with my dad because he can't
cope.

I felt upset and very sad but I was happy
when I saw her in the hospital of rest. She looked
peaceful and she has gone to a better place and I
know she isn't poorly any more.

I have got a photo of my mum next to my bed and
we all say good night and a kiss her.

There is a really bright star over our house at night
so I know it is my mum watching over me and my
brother and sister.

It seems like it was ages since my mum died but it's only been 2 years. When I was first asked to take part I wasn't sure and when we first met I was quite nervous and when you talk about it, it ~~can~~ can feel weird but it's ok some times, people always assume you don't like to talk about it but after it's sunk in I think you just figure you have to accept and get on with life and you feel fine about talking about it. I don't remember much about the funeral just that there were lots of people there, some of which I didn't even know. I'm pleased I took part because it gave me a chance to talk about it and it's going to help other people who have been through the same thing.

I thought you were going to ask me a lot of questions about my mum.

I ~~felt~~ felt a bit uncomfortable because I ~~was~~ ^{him} was talking to a stranger but then when I got talking I could tell ~~you~~ anything.

I felt happy to talk about my mum.

I felt sad because it reminded me ~~of~~ when I was sad at the funeral.

I felt happy and sad.

Yes because I wanted you to know about my mum and how I felt.

When I was first asked to take part I was excited but as the interview drew nearer I started to get anxious! When we first met I relaxed a bit though!

I felt very sad talking about the person who died and the funeral as I don't much like re-living the experiences in my mind but I am pleased with myself for going through with it!

I am extremely pleased I took part because I got a chance to help others as I didn't get much help after my loss.

I would also like to say that you will never forget anyone that has died and you may feel like your life is over, but in actual fact you will learn to cope with it! Talk to someone, or just cry either are o.k.. If you don't cry it doesn't mean you've forgotten it just means you are learning to cope with it.

Assisting Organisations and Schools

Cruse Bereavement Care, Rotherham Branch

Beck Primary School, Shiregreen, Sheffield

Ballifield Primary School, Handsworth, Sheffield

Deepcar St John's C.of E. Primary School, Shffield

Hunter's Bar Junior School, Sheffield

Oughtibridge Primary School, Sheffield

Reignhead Junior School, Beighton, Sheffield

Woodhouse West Primary School, Sheffield

Gilmorton C. of E. Primary School, Leicester

Wigston All Saints C. of E. (Aided) Primary School, Leicester

Sample of Transcript Colour Coding

<u>Concept Number</u>	<u>Colour</u>	<u>Title</u>
1.	Green	Giving & Receiving Bad news
2	Red	Rites of Passage
3	Blue	School issues and peer reactions
4	Violet	Family Issues and support
5	Pink	Personal Spiritual Issues
6	Brown	Personal change & Development
7	Orange	Help from outside the family
8	Black	General Information

The transcript is on page 26 and following.

BC (Explanation as others)

BC What I'm hoping is that you're going to tell me something about how it has been for you over these past few months. How long ago is it since your mum died?

P I don't know I think it's about a year and a half

BC A year and a half. So it's been quite a hard time hasn't it? I expect you miss her a lot, because she loved you and you loved her? (yea). It's hard. Now, anything you say is between us, I don't tell tales to teachers or dads. Sometimes it's easier to talk to someone from outside isn't it?

P Yea. Sometimes if you talk to one of your parents or somebody, one of your relatives, they ... sometimes you don't really know that much, and well, somebody who is not a relative who might say it and they just they don't know. They're out in the world instead of around you, and they just gossip between them ! (laughs).

BC And sometimes people who were close to your mum get upset if you talk about her? Does your dad get upset sometimes?

P Yes, I keep it to myself, but if it really does start making me very broody, I just tell my dad.

BC Did you ever have anyone else die before your mum, in the family? Or a pet?

P Well when we found outmy mum...it didn't die, I don't think I should say that, but it went away

BC Who? T It was my dog. I loved him a lot but he went away, and my great grandma, she was around for a long, long time, and I loved her a lot, and then one night she died, and that was very upsetting.

BC How old were you then?

P I was only about five, and you don't really understand and....

BC You think she might come back?

P Yea, sometimes you think she'll come back and some people think she's gone, and she's gone forever, but other people might think she's still with us, and I don't know. ..

Cos it did sometimes get me a little bit scary. People say 'I don't know whether she's with us' I love her and it's a bit like, scary, but I know that she wouldn't harm me. I used to sometimes wake up and I used to be scared, and my dad always used to say 'It's only your mum' but it's just hard, because to some children, adults know more about(indistinct) sometimes we're just, like, not that sure.

Adults, they try and make you feel comfy, like, they say different things and you find out they're not true they just...

BC What sort of things do you find out are not true?

P Well.....

BC. Like Father Christmas?

P (laughs) yes, well I found that out a couple of weeks ago, and then. It's just kind of strange that you should believe them a lot, because, they're not lying, they're just trying to make you feel that it's really exciting.....and it is exciting!

- BC But you weren't thinking about Father Christmas when you first said it were you, you were thinking about things adults say about death and dying and things?
- P Yea, 'cos sometimes, it's like dad's saying that everything's alright, when they know that some way it's not. It's alright, but sometimes it's just nice to tell the truth so it's just over with and ...
- BC So is that the only thing they say 'Everything's alright? Or were you thinking of anything else?
- P Well my mum, she was poorly, and we knew she was poorly and we didn't know if she was going to die, and I really wanted it to all stop, and.....
- (Probe: You wanted it to all stop? Do you mean you wanted her to get better?)
- Yes, to get better. And I said, 'dad, is mum going to die?' And he said, 'she's not going to die, and she's not going live, nobody knows yet'. And then.....No it's not that, sorry..
- It was like great, great, grandma, they said, instead of saying to little children, like my sister's age five, Melanie, you're grandma's going to die,
- BC Oh this was when your great grandma was dying.
- P They said to me 'Geegee (that's what I called her) has gone, she's just gone'. I didn't know what they meant 'gone', gone on holiday, gone ...(probe: Gone away?) yes. It would be quite nice if they just said, 'She's dead'. Then you'd like cry, but then it's over with, you don't have to wait another two years until they say 'Who are you looking for? And you say 'great grandma – she went on holiday' 'Oh sorry, forgot to tell you, she's died'
- B.C OK that's clear, that's very helpful
- BC How old are you now? P Nine
- BC When are you ten – next year? P Ten in February
- BC Not far! P No! (laughs)
- BC So, you said just now that you're gran died, and your dog 'went away'. Was that a word they used instead of died?
- P No, it didn't die. It feels like he died, because he always used to come into my room.
- BC So why did he go away?
- P Because he was a pointer, and after me mum died, and he took a lot of looking after.
- BC And when your gran died, ... or your great gran....(yes).... Did you say she'd died, or gone to sleep, or....
- P Because I was about four, they said she went to sleep and she didn't wake up. I thought ...when I got to about 7 I realised what had happened, (well not 7, about 6), I realised she'd died, but like, saying she'd gone, for a little while it's OK. But sometimes you just can't just say she's gone away because to me, if somebody said that to me now, it would be more like.....like ... telling a lie. It's best if you say, she's gone, she's died. Then you know, you might cry but at least you'll know, instead of waiting all your life thinking...well, not all your life but about five years, you'll think she's going to come back, but then you find out, well! they died.
- BC Did it make you frightened of going to sleep yourself?

- P About my gran? BC When people said she'd gone to sleep and she's not waking up?
- P Sometimes, yea, sometimes when I was about six, I used to think 'ooooooo', do I have to go to sleep, can I just stay up?
- BC So you think it's much better to tell the truth and say the words directly?
- P Yes, then like, they cry, but at least you tell them the truth, because then they know, and they don't have to wait another two years to know their gran died two years ago.
- BC Did you know your mum was dying or she was very ill?
- T Well, at first I was very, very scared, because I was in bed and I was just feeling 'I want to go home' because it didn't feel like home because my mum was a happy person and she always had a big smile on her face but seeing her ill she must have been in a lot of pain.
- BC When you say you wanted to go home, where were you when you were saying this?
- P Well, like in your own world where people are around you and you are like stuck in a cave and people are around you and you know that even when you go to school that people are around you and somewhere this person who is dying is around you and just dying each minute and it's just like, you can't get out you can't just get away, and I know this sounds horrible, because I love my mum a lot, because she's my mum, but then you think, it feels weird because now I don't feel I'm not at home, but I miss mum sometimes.
- BC Do you feel you are at home?
- P I feel like I am at home but sometimes when you were in that big cave and no way to get out you didn't know what to do, its like you're in a big balloon, and then when the person's died it's just popped and you just blown it. And you don't have that feeling any more.
- BC You knew she was very ill. (Yea) Did someone say to you that she's probably going to die?
- P No, it didn't happen that way, because I was asleep when my mum went to have a test to see if she was going to live or die. I was in my mum and dad's bed, and I was half awake because I couldn't get to sleep. My nanna and granddad came over. I heard a ringing and my nanna picked it up. Then the next thing I knew, well it was about five minutes, there was people crying and they were saying all sorts and I realised something had happened.
- BC So you knew she was very ill but you didn't expect her to die? Nobody said she might die she's very ill?
- P Er....My dad said, 'some people live and some people die', and I thought, 'well I can't expect anything, I can't expect her to live and I can't expect her to die.' Because you can't choose, it's a disease. You can'tabout it.
- BC She had cancer? P She had cancer
- BC So do you remember the last time you spoke to her? Was she in hospital?
- T She was in a hospice. She was poorly and she was dying and at that moment I didn't really know what to speak to her, and I feel absolutely guilty for it, but I still loved her and the last time I spoke to her I said 'bye bye' and I think I gave her a little hug and I felt I was going to go back the next day because she died near Valentine's and I was going to take her a card and I wanted to take it that day and I said I'll come andValentine's card and my dad took it to her that very night, but my mum didn't even see it because she died just a bit before because she was asleep, she died.

- BC So you remember giving her a hug, and saying you loved her (yea)....that's nice isn't it? It means you're feeling good about it doesn't it?
- P Yea but I thinkyou're just not sure because so many things have happened around it.
- BC Did you ever have any talks with her about what life might be like if she did die?
- P I did ask her, because I love animals, I did ask her if I could have a couple of animals, because I wanted a horse and I said, 'Mum, can I still have a horse?' (giggles) and she went like, 'If you're very good!'
- BC Do you mean, have a horse if she got better?
- P No, yea, because my mum was very good with horses, and if she died my dad's a bit – (Probe: 'wary'?) yea, with them and so I just asked her.
- BC Did you touch her again, or see her again after she died? Did you see her body?
- P She got burned BC She got what? P Burned
- BC Oh, cremated T yea, cremated. I did draw her a picture to put in her coffin that got burned, but I didn't want to go to where the ashes were burned but now I've got over, I miss her a bit more. Well, not miss her more, but sometimes it's those days when you get a bit tired. And you just want to go and see her ashes and.....
- BC Good days and bad days? (yea) its still ... Where do you think she is now?
- P Heaven. I think she's inEither Heaven but one night when I wasI was looking through the window, and I saw this absolutely beautiful cloud, and I saw the kind of shape of her mouth and her laugh and her eyes, and I thought 'she might be in heaven, but I think she might be in a cloud' because sometimes, on beautiful days, you know, bright andbecause they're beautiful.
- BC Well, when something is beautiful like that it's natural to think....she sounds as they she was a beautiful lady. Was she? P Yes, very
- BC Would you have liked to see her body after she died? P No
- BC You weren't worried about it? P No
- BC What did you find specially helpful at that time, just before she died, you know, and at the timeshe died? Were there any people that were specially helpful to you, that other people did, nurses at the hospice or.....
- P My teachers used to help me. If I was crying one day, they'd help me and they'd talk to me.
- BC Was this before she died or after she died?
- P After she died. My Head Teacher, Miss Jones, she... her mum died when she was young, she was younger than me, about seven, she was very helpful as well.
- BC Ah that's nice. Sounds a nice lady. And what sort of help did she give you?
- T She used to say things, and sometimes she used to say, or rather she didn't say them she'd say 'I always used to draw pictures, and I always used to do things like that' and lots of drawings
- BC Do you feel sometimes that your mum is still around?

P Yes. Sometimes I think,she might not be with us in a horrible way, but sometimes I think, even when I'm just sitting down to breakfast one the morning, I think she's still alive, and it's just like.....(Prompt: when you go to bed?) People say I just think sometimes she's with us.

BC Do you find yourself talking to her sometimes, saying things?

P Well sometimes I do like, sometimes I say 'Mum if you're still around' or something like that' ' I love you with all my heart' and all that stuff.

BC That's nice. Because love doesn't die does it? (laughs, no). There's nothing wrong with talking to her, I mean, if my wife goes away for a few days I find myself walking around the house saying 'What do you think I should have for supper?' (laughs) and a lot of people whose husbands or wives die find themselves talking to them, they go to their graves, there's nothing wrong with that, it's quite natural.

Do other people say anything about where they think she is?

P M..... my sister, she thinks she lives in flowers, or in heaven, or sometimes like me she thinks she's all around.

BC She's six is she? P Yea, well she's going to be six on Dec 21st.

BC Oh well, she was a nice Christmas present wasn't she? P (laughs) yea

BC OK..... Can we move on and talk about the funeral? P yea

BC Did you go? P yea BC and where was it?

P It wasn't in a church, but in a crematorium in Sheffield.

BC Oh I know the one. At (deleted)

P Yes, that big park. It wasn't like a ... some people like to have a church. We had roses on the coffin, and I could just see people they were crying, then when my dad went up to make a speech I started crying a bit.

BC Did you talk about the funeral beforehand with your dad at all?

P yea. BC What sort of a talk did you have, what was going to happen?

P We said what music we were going to have and we had the Labour party music, and.....(inaudible), and other things.

BC So you talked with your dad about what was going to happen at the funeral, what music to have,
And did you want to say anything yourself.?

P I was going to go up and then all the people round me were crying so I just stood up, and
..... I just had a cry myself, I don't know why, I mean
there's nothing bad with crying but I didn't want to go on particularly.

BC So you were going to say something but you changed your mind because everybody was crying

P My dad was doing it and then at one bit I went 'Stop!'

BC Right. Were there any other children there?

P Yes. My sister, we had some friends of ours, they had three little girls that was about six.

BC Who took the service, was it a minister?

P No, you know like you have funerals which are done by priests, no not priests, vicars?

BC Yes P And some are done by other people who say things about her, like funny things

BC Yes P Well mine were like a funny joker, man, one of those.

BC So he wasn't a vicar, and you didn't have prayers. P No

BC Did he say anything which was specially for the children? Like stories?

P Well these things that he said they were good for children about my age, and Melanie started laughing a bit, and some others, and it was quite funny.....and he said nice things

BC That's nice, yes
Was there anything about the funeral that surprised you?

P Well we went to a pub afterwards, and everyone was full ofand a lot of chat and none of them seemed to be crying, but they, some of them were like, smiling, and they weren't crying at this particular.....some of them were a little bit red in the eyes, but they were changing because.....it just surprised me how people were happy.

BC Did you think that was wrong? P No

BC I'm sure your mum wouldn't have wanted them to be

P My dad said 'Don't go round likeall day...just be happy, mum wants you to be happy.

BC Yes. Good. What about the funeral itself, was there anything about the coffin that surprised you, or anything like that? P No. The shape was a bit funny

BC You didn't expect it to be open or anything like that? P No

BC Because sometimes on American films they have coffins open!

P (laughs) No. But I did think, like, 'My mum's in that, there's a dead body in that with my picture and the things that I gave her.

BC Do you think it was important to have been to the funeral, for you?

P Well, some children don't want to go and some do, but it doesn't say if a child didn't want to go, I wouldn't think it bad because we've got a book about it, it said did you go to the funeral and did you or didn't you, and then it said if you did not go, don't worry, don't feel guilty, sometimes people don't want to go, people are just crying all over.

BC Are you glad you went?

P Yea, I'm glad I went. BC Can you tell me why?

P Um.....(long pause)... BC When you think back in the future, why do you think it will have been important to you?

P Because, it's just that you see what happens to them instead of going round asking questions, and seeing what happens to them, because some people think they don't know what's inside the coffin (laughs) you go and see what happens so you don't have to go round asking questions about it.

BC So you knew what happened, and your dad said something and the other man who took the burial said something. You were going to say something but you didn't at the last minute, but you felt that you were part of it.

P yea. I was only going to say thank you for coming, but I didn't.

BC OK. So can we think about going back to school afterwards? P yea

BC Did you have days off school at all when your mum first died? You're shaking your head.

P I skipped about three hours, but I never skipped any other days. I didn't have any other days, my dad didn't offer me, but some days I woke up a bit crying but I wanted to go to school because I like school and I wanted to see my friends.

BC Your friends. You've got a best friend? P yea

BC Who is she? p Annie BC Can you tell Annie everything?

P Well her auntie died of cancer and her dad 's got cancer but he's not bad now, he's over it now.

BC So she knows what it's like to lose somebody close. (yea). Was she helpful to you?

P Well sometimes everything's alright and sometimes she kind of makes me upset because I'll be talking about it and then if I'm upset she'll be alright with me, but then, I was talking to her once and she just like, completely didn'tand I

BC As if she was bored?

P yea, no, like she didn't want to listen, and I always listen to her but that was only a little bit and I wasn't really cross with her, 'cos she's my best friend but,

BC So you wanted to go back to school because your friends were there. and you like school (yea)

BC When something like that happens, your mum dying, it turns all your world upside down doesn't it?

p When I went back to school, I thought it was going to be good. and everyone would just come up to me and say 'How have you been.?' And then let me play football or something, but I got about ten minutes and then they just started. They were patting me and they were all saying 'Do you want to sit down?'

BC Who, the other children?

P Yes, I understand that they want to help but I don't like being treated like I'm.... (Probe: Like you're sick or something?) yea. I didn't like it, it happened for about two months after that and I got really low, so I went and I told. But they didn't know, ...(inaudible)....but after they were very sensitive with me and I didn't really like it.

BC You just wanted to be treated like a normal human being?

P I got the teacher toI didn't want the teacher to shout at them I just wanted them toshe doesn't want to be treated like a star!

BC Did anybody try to say anything nasty or make silly comments?

P Yes. There was this girl in the class, she called me a (inaudible) and she 's very very horrible to me, and she started saying like 'You can't play because you're not allowed, and everyone's got a mum and you haven't'. so I said, 'It's not my fault Fay'

BC That's a horrid thing to say to you. Did you say anything to anybody else about it, to your teacher?

P Yea, but she still goes on yabbering

BC Did any of the teachers say anything that was particularly helpful?

P yes Miss Jones BC Yes, of course you said just now that she lost her mum when she was small

T And Missmy teacher she used to put me on her knee and give me a hug!

BC Oh, that's nice. Was there anything they said which you didn't find helpful?

P No not really. Well some of the teachers they say 'Go home and ask your mums', and it would be better if they said 'your parents' as some teachers did last year, because some people don't have a mum or a dad, they have a carer, and it's just kind of saying 'Go home and ask ...'

BC Yes, it's very important that yes

P It really upset me when everyone turns round in the class and stares at me.

BC Yes I've heard that before.....

You don't like to talk too much to your dad because it upsets him. What about your sister? Do you talk to her?

P yes, she's only five and I talk to her.

BC What do you think will be the biggest difficulty as you get older, without a mum?

P If my sister had children, or I had children, (but I'm not planning them!) but they wouldn't have a grandma, or nanna or whatever you call it, and my sister 's not going to remember her, she'll only remember what she looked like by her pictures, and at least we've got picture of her.

BC There's some things women and girls like to talk about that they would only tell another woman,(yea, yea!) and you'd find it more difficult to talk to your dad about, or he wouldn't understand. Do you think that will make a difference as you get older?

P WellBC Or have you got someone like an auntie you can talk to?

P Well my auntie Pat, she's very girly and she...I'm not that girlie, but she's veryhelpful. I think she'd be helpful

BC This has been a hard time for you, not having your mum here. Do you think it's changed you a bit?

P Yea. Because about a year after my mum died, my dad got a girl friend, and, I've never really seen my mum and dad argue. And then, they didn't argue, but they split up...um

BC Who, your dad and his girlfriend?

P yea, a lady called Deidre. It was really strange because sometimes even.....I saw something on my dad's computer.....her and dad, .them splitting up was really scary.

BC You've learnt a lot in a short time haven't you? (yes). It's not an experience you would want to wish on other people (No) . But do you think it has changed you as a person? You can't put the clock back, you can't be the same as you were before.

P No! Not really. I still feel like you have her with you.

BC The sort of things you learnt some people don't have to learn until they're older. I mean, I was forty when my dad died, and over 50 when my mum died because she was ninety two!, an old lady, but you've had to learn a lot in a short time. Do you think that's changed you?

P It's changed how much I love her, because I used to love her a lot, but I love her even more now.

BC When you look back, do you think you're surprised that you've coped so well? If anybody had said to you 'you're mum's going to die' do you think you would have thought 'how am I going to survive?'

P I did think, I don't know how I'm going to say this, but my dad's said 'You've done well to get through all of this'

BC Are you proud of yourself that you've got through?

P yea, sometimes, sometimes not.

BC It's very hard. I don't think there's anything as hard in life as the death of somebody very close. Because you can't do anything about it, it's out of our hands, isn't it? You can't put it right? (No)

BC You had some time with Liz, didn't you? P yea

BC Did you find that helpful? P yes, a lot

BC Can you tell me what was helpful about it?

P Well sometimes I used to tell her about this bullying., the girl Fiona. She used to help me with that, and she used to give me activities to do like, that book were really good

We made a salt jar memory thing BC with the colours? (yes) That's fun isn't it?

P Then we did soap model and.....(inaudible) and I did a picture of my mum, and I did aand That helped, and my sister did a

BC Did you do a memory box? P Yea, and we made memory volcanoes as well.

BC Memory Volcanoes?

P Yea. You scrunch a piece of paper and paint it and you stick like sticks of paper coming out of them saying memories 'I remember'

BC Like I remember the picnic at Clumber Park, or something like that. T yea

P She did give me some advice to.... Um to.... do a little letter to my mum, and then I could burn it, or throw it in the sky, or even just keep it, that really did help a lot

BC How did that help?

P Well, your kind of getting rid of your feelings, and giving them to the person who's died. Because all these little worries that you have you just want to say to mum that I'm keeping in a bottle, not telling anybody, I just kind of undid the screw and it all came out and it's quite nice actually.

BC And you wrote it down?

P yea, wrote it on a piece of paper.

BC Yes, but you wrote it all down.

P Yes, about when we went on holiday and what we'd been doing, and it helped.

BC It feels good doesn't it? P yes

BC Yes I've found that. Writing can be ever so helpful. If I've done something I feel bad about or feel guilty about I write it down then say 'Right that's finished now, don't do that again' (both laugh).

BC That's lovely. Can I just show you something? (showed the GF pamphlet for children)

Look at what it says here. Do you think that's what you had 'You may have all sorts of feelings, like being sad, upset

P (carries on reading) 'angry, frightened, relieved, even happy or nothing'

BC So that was you?

P Yes! (laughs) Sometimes it would be more sad than everything, or nothing.

BC Was there anything in particular made you angry?

P yea, that I didn't kiss her and hug her BC You felt guilty about that? P yea

BC But you did actually say you loved her, several times (yea) and gave her a hug

P yea, but that was only like, the second time I went and I went there about seven times.

BC (reading) 'You may not feel like.....P 'Doing things you do sometimes'

BC Is that true?.....or it was true earlier. P yea

BC What about when you're sitting in class sometimes, do you get this feeling, or did you get it, perhaps not so much now, that you just don't want to do anything at the moment? Don't want anybody near, don't want anybody to talk.....

P yea BC What did you do when that happened?

P I just went to the teacher and said 'I'm missing my mum a bit, and she just said 'If you ever need a bit of space just tell me, and you can go down and there's a special room for that and you can rest there so I just used to say 'I'm missing my mum a bit' but I would work hard.....so they'd not just think I've gone down it doesn't really matter.

BC So you had permission, and you felt you could do that if you wanted to? P yea

BC That's nice. Do you find that some people find it hard to talk to you and when they do they say things they don't mean?

P Yes, like sometimes they say, like er.....I wish she didn't die, but then again she did right to die, because she was in so much pain and you could even see it in her.

BC It's that feeling when they die, you're sad that they die, but on the other hand you're pleased that the pain isn't there any more, aren't you? P Yea

BC You've been incredibly helpful, thank you ever so much. I've got a little present for you here,
I don't know whether you've got one of these T oh thank you!

You've been incredibly helpful, thank you ever so much. I've got a little present for you here, I don't know whether you've got one of these T oh thank you!

Items published during this research

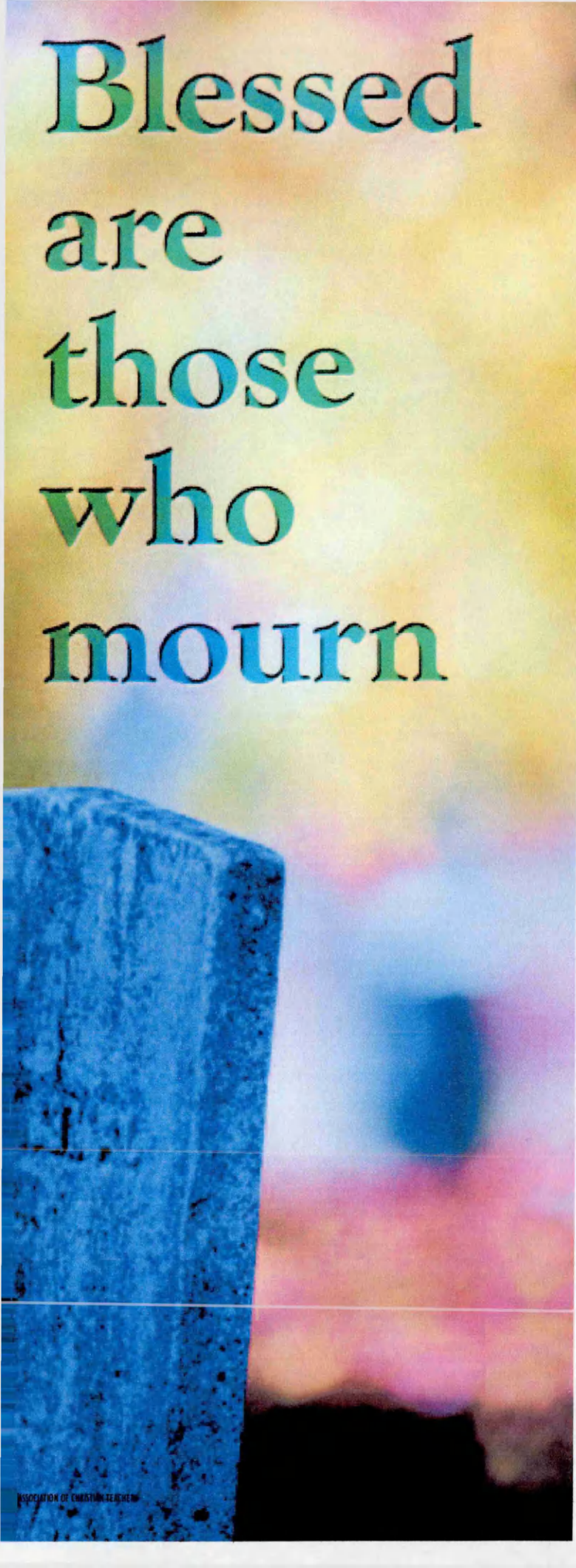
Children Now (June 2004) Don't create one disaster out of another.

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The Tablet. (September 2004) Not always 'happy ever after'

London. Tablet Publishing Co Ltd

ACT/NOW (Autumn 2004) Blessed are those who mourn: Educating for death, loss and Bereavement. *St Alban's. Association of Christian Teachers*



Blessed are those who mourn

Educating for death, loss and bereavement

Tackling the taboo

'The only thing guaranteed in life is death.' 'It's ironic, when you know that, that they won't teach you about it.' These quotes are taken from *A Death in the Lives of...*, a video produced by the Childhood Bereavement Network (CBN) in which a group of teenagers discuss their experiences with parents, teachers, and peers following the death of someone close. Though most of the children in this and another video of a group of juniors recognise that many teachers are sensitive to the needs of bereaved children, schools and education in general do not emerge with much credit. What does shine through, especially in the older children's video, is the importance of their faith in helping them through the worst of their pain.

Serious studies on child bereavement have only really been carried out in the past 10–15 years. With one or two exceptions, very little was written until the 1980s. In 1995 Pennells and Smith, who had been working with bereaved children for 5–6 years, wrote in their book *The Forgotten Mourners* that they were still hearing doubts expressed as to whether children grieve at all and the view that children were only grieving when they were seen to be upset. Barnard, a trauma consultant, still saw the subject as taboo in 1999.

Children's grief

This means that adults have failed to appreciate that children's grief is often shown through their behaviour rather than expressed in words. Symptoms of grief range from silence to anger and may include bad dreams and flashbacks. Behaviour changes include concentration difficulties, disruptive or aggressive behaviour and bed-wetting. Research also shows that in the year following the death of a parent a child is twice as likely to be taken to see a GP for symptoms for which no medical cause is apparent eg chest or stomach pains, or sleeplessness.

*What does shine through is
the importance of their faith
in helping them through the
worst of their pain*

Given the lack of adult awareness it is not surprising that several false assumptions have been perpetuated. These are listed by Goldman, one of the pioneers in child grief work, as:

- An active, playing child is not grieving.
- Adults should avoid topics that cause children to cry.
- Adult grief does not impact on children.
- Children are better off not attending funerals.
- Children need to 'get over' their grief and move on.
- Parents, teachers or clergy can give instant explanations about death, loss, grief and spirituality.
- Grief occurs in set phases and processes.
- Infants and toddlers are too young to grieve.

As Goldman points out, a child old enough to love is old enough to grieve.

Educational needs

According to Winston's Wish, the Gloucester Royal Infirmary family unit, every 27 minutes in the UK a child under 18 loses a parent through death – 20,000 a year. Dr Dora Black, the Great Ormond Street paediatrician, estimates that as many as 50% of these are likely to experience hindrances in everyday functioning, with one in five likely to need help from outside the family. Other writers express the view that education on the subject would reduce numbers needing medical and psychological help.

The fact is that death and bereavement as such are not on the syllabus for secondary or junior schools. Teachers can include it in PSHE (Personal, Social and Health Education) or RE (Religious Education), but the emotional processes of grief require more than simply examining rites of passage. Even those teachers who want to spend time on death and



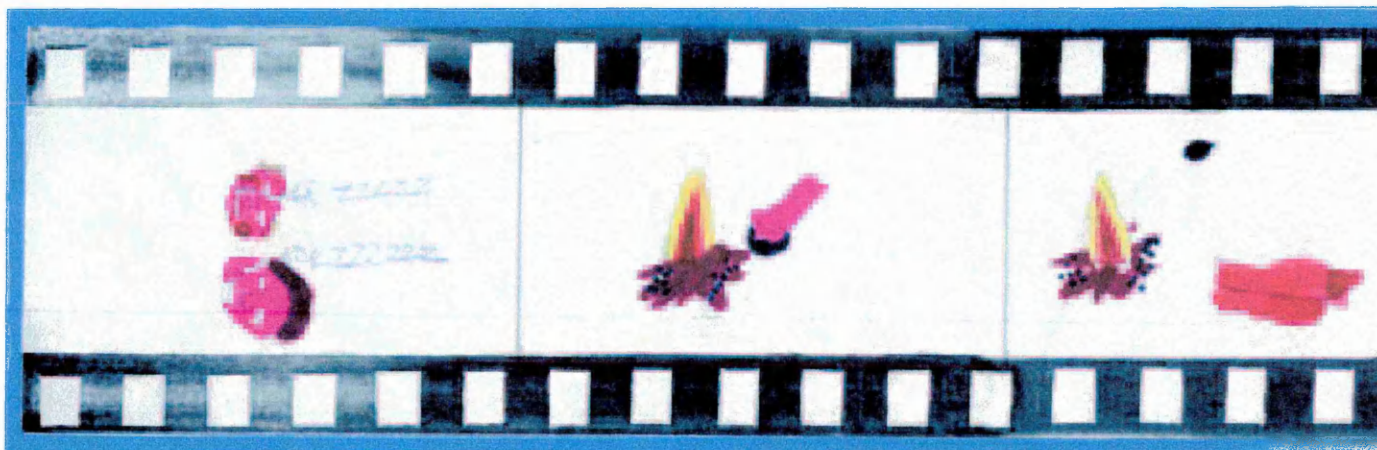
Rev Brian Cranwell MSc is a retired parish priest, a Cruse Bereavement Care counsellor and founder member of the Sheffield-based Gone Forever Project. He is presently in his third year as a research student at Sheffield Hallam University looking for evidence from bereaved children as to what they have found helpful or unhelpful from families, schools, peers or others in the period leading up to and following the death of a parent.

bereavement find it almost impossible to justify such lessons in the face of mandatory syllabuses, national curriculum targets and overcrowded timetables. In response, the Sheffield-based Gone Forever Project (GFP) has been pressing for death and bereavement to be integral to all Initial Teacher Training schemes.

Research shows that the factors which determine how well a person copes with the death of someone close include the circumstances of the death, the way the news is broken, support given in the immediate aftermath, and the faith beliefs of the survivor. As over half a child's waking time is spent in school for nine months of the year, it is a place where support (or a lack of it) will be keenly felt. Yet John Holland's research in Humberside in 1999 showed children feeling ignored, embarrassed, isolated, uncertain and different on return to school, even though their teachers rated bereavement as an important issue. Some children suffer torment and bullying by peers who do not understand grief.

Grief language is particularly important, and some metaphors and euphemisms are very unhelpful. Told that the deceased has 'gone to sleep' a child may fear going to bed. 'Gone to see Jesus' may lead to the belief that the departure is voluntary. 'God always takes the best first' is a popular (and non-Christian) family classic which can leave a child intent on making sure she/he will not be taken next! Just as important as the language used is the need to speak honestly about the probability of death, the cause of death, and what happens to the dead, as well as being able to say 'I don't know' in answer to a question. Belief in what happens after death is, after all, a matter of faith and children will respect that, while wanting to know what we believe.

As a parish priest I would ask school assemblies how many present had known the death of someone close eg a relative, friend or pet.



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Cruse Bereavement Care (CBC) publishes a journal that includes useful metaphors and visual aids for assemblies, plus a compilation of articles on child grief, with activities. CBC has also produced *Supporting Bereaved Children and Families – a training manual*.

The Gone Forever Project and the **Childhood Bereavement Network** run conferences and training days for teachers, mentors, child nurses, social workers, clergy and any others involved with children.

Typically, every hand would go up. In the ensuing discussions I would hear explanations and metaphors used by parents ranging from pre-Galileo concepts of heaven above the sky and loved ones as God's windows (ie the stars) to outright atheism. While often leaving the session uncertain as to whether I had made any Christian impact, I was frequently encouraged to find someone who had been present seeking me out after a family funeral, or when in distress after meddling with the occult, to tell me something they did not want to reveal to their parents.

Resources

Both the GFP and CBN produce help cards for children, young people, parents, teachers and friends. These are designed to describe to a bereaved child what may happen in grief, and give advice to others around them as to how best to assist them and behave towards them. Classwork can help by taking some of the mystery and 'magical thinking' out of children's perceptions (they frequently believe, usually irrationally, that they have brought about the death in some way) and by normalising the after-effects experienced – shock, guilt, anger, yearning, bargaining or depres-

sion, anxiety about the future, plus the physical reactions detailed earlier.

Most Local Authorities will host visits to crematoria and graveyards to explain the processes and show the respect with which bodies are treated. Most clergy will explain how a funeral is conducted, and they and teachers can discuss the importance of this rite of passage. Such awareness can ease the decision for a parent (often under stress and grieving themselves) to allow a child to participate in family grief rituals when the occasion arises in the future. Being excluded from a funeral is a frequent cause of resentment for years after and can also give rise to challenging behaviour.

This subject gives openings for teachers and pupils to share beliefs about what is important about living, and what happens after death, knowing that nothing and nobody lives forever. Sadly, some adopt the somewhat superstitious position: 'it's asking for trouble'. But if the Christian message is essentially one of hope, as we believe, the Christian teacher can use opportunities that occur to share that hope openly. Children will then be better prepared to face the traumatic occasions, from which none of us are immune.

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A nine year old boy drew these images to show how his grandparents died in their sleep in a house fire. A coal placed on the fire by the grandfather (picture 2) later flew out and set the settee alight; the grandfather had forgotten to replace the fireguard.

After setting out these images, carried in his mind day and night, the boy was advised to close his eyes, imagine he was watching the pictures on video, stop the tape with his remote control, rewind it, remove it from the video player, and put it in the cupboard. This therapy tool is one which children relate very easily.

ot always 'happy ever after'

uch of Vigen Guroian's article on fairy ories ("Fantasy's good for the soul", 21 ugust) I would endorse wholeheartedly. I a retired Anglican priest currently earching what children do or do not find lpful in the events surrounding the death a parent. I have been examining the lles between traditional fairy stories d the "magical thinking" known to take ce that causes children (and some adults) believe they have in some way brought ut the death of someone close. Re-covering the Grimm brothers, Andersen, pling and others has been as satisfying to as it clearly has to the initial discovery of se tales by Guroian's students.

ut as I read the article I found myself ndering if he has succumbed to the asive influence of Disney? He certainly es the impression that in reading h stories you will learn that it pays to among the good and obedient boys girls. "Fairy tale heroes" he writes, "are led to be free and responsible, s virtuous and respectful of the moral t is certainly true that many such stories

two American writers are highly critical of the way contemporary society promotes tales that emphasise high moral standards and happy endings, and the way that this pattern has particularly been promoted by the film industry. Jack David Zipes, author of *Happy Ever After*, feels that the fairy story has been exploited to manipulate children and adults, so that no matter how bad their lives are they can believe that they can live happily ever after.

Zipes sees the cultural industry as seeking to control audiences through this conditioning process, one which David Denby, writing in the *New Yorker* ("Our Children and the Avalanche of Crud") also perceives, and he accuses the industry of seeking to create consumers rather than citizens.

A good example of the way this has influenced many Americans, and the way in which attempts are made to inflict the same process on us, was the programme shown on Channel 4, "The 100 Greatest TV Ads" (29 August). The UK company that designed the adverts for Walkers crisps in which Gary Lineker, known as an icon of good behaviour in professional football, steals crisps from a child, met with opposition from the American owners who found it difficult to understand that UK children would understand the irony and contradiction and not take it seriously. They wanted the crisps handed back so that in other words, the child would be happy ever after.

find themselves enriched and coming out on top, while more worthy characters are defeated. To modify such tales implies that children cannot be trusted to work out the realities of an unjust world for themselves.

(The Revd) Brian Cranwell
Sheffield
brian_cranwell@linecne.net



SOAPBOX

Don't create one disaster out of another

Listening recently to a survivor from the Aberfan school disaster, which happened 30 years ago. I heard how after lying buried for several hours with the head of a dead classmate on his shoulders, he was eventually whisked off and given no information about what had happened and who had survived.

More recently, a clergy colleague who was at the scene at a train crash told how, after passengers had been taken to hospital, he found a girl of 14 looking for her mother. Not only did no-one know what had happened to her mother; no-one was responsible for assisting a child to find out.

While we may know more these days about the needs of children traumatised by such events, practice on the ground has not changed a great deal. There's a need at such incidents for people who are responsible for assisting children. They need to be familiar with child protection protocols

and a code of practice for such situations. The main resources provided at present, even with trained call-out teams, consist mainly of boxes of books, crayons, paper and games for children to use while waiting in an evacuation or reception centre.

But it can be harmful to try and keep children quiet in this way, while the adults get on with the work. It leaves them open to rumours, gossip and fantasies. Half-heard or distorted information can take the place of reality, or real but potentially traumatic information is received through an unexpected source.

At an accident simulation at Sheffield Airport a few years ago, I was looking after a group of youngsters who had volunteered to be uninjured passengers. Suddenly, a voice on a police officer's

radio said: "It is now confirmed that seven people were killed on the aircraft." There was a moment of horror, even to me, until I hurried to reassure the group that we were still in an exercise. Such situations cannot be anticipated or eliminated at a major incident. But it does illustrate the need to have on hand people who are not therapists but who know what to expect after a major incident, can give support and know how to protect themselves from complaints of neglect or abuse by default. And if support isn't needed, keep a low

profile rather than inflicting unwanted help.

● Rev Brian Cranwell was involved in the aftermath of the Hillsborough Stadium Disaster

Lisa Harker is recovering from injuries sustained in a road accident

"The main resources at present consist mainly of boxes of books, crayons, paper and games for waiting children"

School contact person is:

Contact Persons:

Shirley Payne (0114) 243 8773
(Chair)

Jill Moore (0114) 246 0206
(Primary School & School Governors)

Kearn Nicklin (0114) 287 2171
(Secondary School)

Kate Firth (0114) 230 3225

Rev Brian Cranwell (0114) 262 1499

Elaine Hutchinson (01433) 630351
(Secretary & Mailing Lists)

Contact Address:

Gone Forever Project
School of Education
Sheffield Hallam University
36 Collegiate Crescent
Collegiate Crescent Campus
Sheffield S10 2BP

FAX: (0114) 253 2324

When someone special dies:

- you may feel nothing or all sorts of feelings; **Sad, upset, angry, mixed-up, frightened, relieved and even happy.**
- you may not feel **like doing things you usually do.**
- you may find it hard **to talk to other people about your feelings.**
- you may find **other people find it hard to talk to you** and, when they do, **they might say things they don't mean.**

DON'T WORRY:

IT'S OK TO FEEL LIKE THAT.

It is important:

- to find someone to talk to.
- to find someone to answer your questions whatever they may be.

Sometimes it can help:

- to talk about the person who has died and the nice things you remember about them.



Aims

- **To help** children and young people understand and develop a healthy response to loss and bereavement.
- **To enable** adults, who deal with children and young people, of whatever faith, ability or cultural background, to understand and develop a healthy response to loss and bereavement.
- **To empower** helping adults with the confidence to become involved with, and offer appropriate support to, children and young people who are suffering loss and bereavement rather than turn away.
- **To prevent** children and young people from growing up with unresolved grief and becoming vulnerable adults.
- **To raise** awareness of the need to understand that children and young people need support at times of loss and bereavement.
- **To raise** awareness and understanding that loss and bereavement suffered by children and young people may be significant in respect of incidents which may seem trivial to others.



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(Chair)

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Contact Address

Gone Forever Project
Elaine Hutchinson, Secretary

Cornerways
Padley Road
Grindleford
Hope Valley
S32 2HR

Tel & Fax: 01433 630351



Gone Forever

This leaflet will help you support people around you who may suffer the effects of loss in any form.

a) Somebody in your own family/circle:-

- *School is informed and appropriate support given.*

b) A Pupil

- *Support for the Tutor group/class and Tutor/Teacher.*
- *Primary - support for whole school - staff/pupils*

c) A member of Staff

- *Support from outside agencies e.g. L.E.A.'s.*
- *Support for Department/Tutor and group/class.*



Gone Forever

How do you deal with this In School ?

a) When it happens:-

- *Acknowledge the person's loss.*
- *Offer support in school.*
- *Check with bereaved how best to help return to school.*
- *Offer a place of refuge.*
- *Offer a contact person to whom the bereaved can go.*
- *Contact other professional agencies e.g. Gone Forever, School Nurse, Ed.Psych..*
- *Use available resources e.g. books, tapes, videos.*
- *Projects, e.g. Winston's Wish.*
- *Community Leaders.*

b) In a month's time

- *Continue offering support when needed.*

c) In a year's time

- *Memorial Service.*



*My school contact
person is:*



*People who can
help me*



**Gone Forever
People**

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Address**

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When someone special dies:

- you may have all sorts of feelings, like being **sad, upset, angry, mixed-up, frightened, relieved, even happy, or nothing at all.**
- you may not feel **like doing things you usually do.**
- you may find it hard **to talk to other people about your feelings.**
- you may find that **other people find it hard to talk to you** and, when they do, **they might say things they don't mean.**



Don't Worry:

It's OK to feel like that

It is important:

- to find someone to talk to.
- to find someone to answer your questions whatever they may be.

Sometimes it can help:

- to talk about the person who has died and the nice things you remember about them.

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Where can you get help?

- **Your child's school - Let them know**
Primary:
Ask the class teacher or head if they can help
Secondary:
Ask the form tutor or year head if they can help
- **Your GP**
- **Your religious leader**
- **A relative or family friend**
- **Gone Forever Project**
See list of contact persons on back
- **CRUSE Bereavement Care**
Sheffield 0114 249 3328
Rotherham 01709 362744
- **Barnsley Bereavement Support Service**
Barnsley 01226 200565



Contact Persons

- | | |
|---|----------------------|
| <i>Shirley Payne</i>
(Chair) | 0114 243 8773 |
| <i>Jill Moore</i>
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Impact of bereavement

When someone dies, everyone who is close to them is affected in some ways. They may, however, experience the event and show their feelings in different ways:

It is common to feel:-

- **Shock**
- **Numbness**
- **Disbelief**
- *even* **Relief**

Followed often by:-

- **Hurt**
- **Sadness**
- **Helplessness**
- **Confusion**
- **Anger**
- **Guilt**
- *even* **Happiness**

And sometimes by none of the above.

The impact may also not be immediate, and can be triggered by some other event at a later date.

It can last a long time (even for some years), but things do change.

Children can experience similar feelings with other kinds of loss.



How children express their grief

Even when a child expresses their grief openly by crying, their distress may also be shown in other ways:

- *Being generally anxious*
- *Clinging behaviour*
- *Anxiety about family members*
- *Blaming themselves/others for the death*
- *Disturbed sleep, nightmares, bedwetting*
- *Behaving younger than their years*
- *Being withdrawn*
- *Having mood swings*
- *Being easily angered*
- *Being aggressive*
- *Having difficulty concentrating*
- *Always feeling tired*
- *Complaining of headaches & other pains*
- *Showing reluctance to go to school*
- *Showing reluctance to socialise*
- *By playing or drawing about death*

Adults find it hard to understand a young child's feelings when one moment they are crying and the next playing. Older children may grieve more like an adult.



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- they know what is going on
- they have their questions answered honestly and truthfully by someone they trust
- they are allowed to express their feelings, and
- they are given the opportunity to say goodbye by taking part in farewell rituals, leaving flowers, maybe writing a letter to the person who has died, making a book or a box containing special mementoes about them, etc.

Talking with a child or young person after a death can be difficult. Part of the problem can be in finding an appropriate and helpful way of saying what has happened and, particularly for younger children, helping them understand that it is "for ever". Another difficulty is the fact that children often ask questions that we have avoided asking ourselves, so that we do not have ready answers.

Generally it is better to stick to facts - though these may have to be simplified - rather than using well-meaning stories. Children respond better if adults are honest about things they do not know and are prepared to say so.

During the weeks and months which follow a death children need opportunities to go on trying to make sense of what has happened. The rituals and activities mentioned previously can be helpful in doing this. Attempts to cheer them up or change the subject, can leave children feeling misunderstood, angry and resentful - even of the very people who care about them and are trying to help.

Dealing with all this may seem quite difficult, especially if you are feeling upset yourself. However, do not under-estimate how much you can help your child(ren) by showing your feelings, giving them space, and letting them talk.

If you do need more help you can contact:-

Elaine Hutchinson (Secretary) 01433 630351

Shirley Payne (Chair) 0114 2438773

Jill Moore (Vice Chair) 0114 2460206



Add Inform Parents/

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Charity 1



Gone Forever

Death is a natural event, but one that tends to be hidden away or avoided in present-day society. As a result many people find it difficult to know what to do or how to deal with the flood of feelings when someone close dies. They may become very unsure and worried when children are involved.

This leaflet aims to help you work out how best to help your child(ren).

The Impact of Bereavement

When someone dies, everyone who is close to them is affected. They will, however, experience the event and show their feelings in different ways.

Despite individual differences there are some experiences that people tend to share. For instance, it is common for people to feel shock, numbness, disbelief, or sometimes relief at first. Then the deeper feelings of grief - hurt, sadness, helplessness, confusion, anger and guilt - begin to break through. These are often accompanied by a sense of "if only...", and the frequently unanswerable question "why?"

Because people are no longer familiar with death and bereavement, they are often surprised and worried by the strength of these feelings, and the fact that they go on for so long. Over time things do change - the emotional rawness reduces, anger and guilt become more manageable, and depression lifts - but it is common for people to take two years or more to work through a bereavement and come to the point where they can say they have learned to live with their loss.

Bereavement and Children

Children also experience these feelings when a death occurs, but express their grief in a different way.

It is quite usual, for instance, for younger children to be upset and tearful one minute and out playing happily the next. Because of



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this, adults can misjudge the child as either not grieving much or as if the child is likely to be still very upset.

Older children and teenagers may show a different pattern. However, here too a young person who escapes from grief by being with some other apparently normal person or with friends. Here the clue is that they need to pursue their means of coping with grief.

Even where a child is shown to be in distress can be shown in other ways.

- Being generally anxious
- Clinging behaviour
- Anxiety about the safety of others
- Blaming themselves/other people
- Disturbed sleep, nightmares
- Behaving younger than their age
- Being withdrawn
- Having mood swings
- Being easily angered
- Being aggressive
- Having difficulty in concentrating
- Always feeling tired
- Complaining of headaches
- Showing reluctance to go to school
- Showing reluctance to go to friends
- Playing or drawing about death

What you can do to help

Because grief is painful it is important to protect children when a death occurs. However, experience has shown that children are often more equipped to cope with their grief than adults realise.