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# EDITORIAL

Dora Black

Wide coverage was given by the media to a paper published recently by Harrington and Harrison<sup>1</sup>, originally part of a Forum of Palliative Care at the Royal Society of Medicine last July. Harrington, professor of child psychiatry at the University of Manchester, and his colleague counsel caution in assuming that all children who are bereaved of a parent or sibling are substantially impaired in their psychological development and, in particular, suggest that counselling may be harmful rather than helpful. The *Independent*, for example, carried a prominent headline, 'Counselling children "can add to grief"' (10 May 1999, p6). Harrington and Harrison set up several Aunt Sallies which they then proceed to

demolish. They mention several 'unproven assumptions': that bereavement is a major risk factor for mental disorder in children, that it often leads to depression later, that bereaved children must accomplish a sequence of grieving tasks, that they and their families will often benefit from professional help and that counselling cannot do any harm. They point to research findings that most bereaved children do not develop psychiatric disorders and that the impact of bereavement depends on its context and consequences. They do acknowledge, finally, that some children and their families will require help and suggest that children with mental or behaviour disorders may well benefit from interventions, and that there may also be a case for intervening with some children who are at high risk of psychological disorder but who are at present healthy. One of the most vulnerable groups, they suggest, is children from disadvantaged backgrounds who have never done well at school and get little emotional support.

Whilst Harrington and Harrison are right to draw attention to the need to base therapeutic practice on the best research evidence available, they have been somewhat restrictive in their review of that literature and have suggested that many professionals make 'unproven assumptions' without producing the evidence for that statement. The only study

they quote to suggest that counselling may harm is of delinquent adolescents – not a comparable group. There is good research evidence that bereaved children are more vulnerable in the short and long term to psychological distress than non-bereaved children and that counselling and other interventions can reduce that distress<sup>2</sup>. The majority of bereaved children, well-supported by their families, will cope with their loss. The problem is that a child who loses a parent or sibling is being cared for by a parent or parents

## There is good research evidence that bereaved children are more vulnerable to psychological distress and that counselling can relieve that distress.

who are themselves withdrawn in grief which interferes with their ability to offer that support. Harris and her colleagues have shown that there is an association between the quality of care that children receive after bereavement and the likelihood of them developing a later depressive disorder<sup>3</sup>. We know too that young children find it difficult to comprehend the concept of death and need considerable help to understand such features as its irreversibility and universality.

Counselling is helpful when it addresses difficulties children have in understanding what has happened and its effects on those surviving, supports parents in providing good quality care and monitors the child's need for more specialised help. Which children then can most benefit from skilled counselling following a family bereavement? Certainly those where the death was unexpected, untimely and traumatic, in such cases as suicide and homicide, especially if witnessed by the child, accidents, transport disasters in particular, war and civil conflict, and multiple losses. Children with a pre-existing psychological vulnerability will benefit from counselling too. It is to be hoped that the sensational headlines will not deter carers from seeking effective help for bereaved children.

1. Harrington R, Harrison L. Unproven assumptions about the impact of bereavement on children. *Journal of the Royal Society of Medicine* 1999; 92: 230-33.

2. Black D. The bereaved child. In: Parkes CM, Markus A. *Coping with Loss*. London, UK: BMJ Books, London, 1998.

3. Harris T, Brown G, Bifulco A. Loss of parent in childhood and adult psychiatric disorder: the role of lack of adequate parental care. *Psychological Medicine* 1986, 16: 641-659.