

Working with adolescents



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Adolescence and the experience of grief combine to produce a potent mixture which highlights developmental crises and leaves young people very vulnerable. However, the nature of their relationships with adults and

their own reluctance to acknowledge dependency can make them extremely difficult to help. This means that to reach young people we need to change our practice and our foremost concern becomes that of engaging with them.

Adolescence is a time of fluctuation and change when young people are managing a range of developmental tasks characterised by loss and growth. They are struggling to find their own identity and separate from the adults who have cared for them, while developing new relationships involving sexual intimacy and learning to manage strong emotions. Their feelings for parents or carers may be extremely ambivalent, but they still need the security of knowing that trusted adults will be there to enable them to explore their identity, sexuality and abilities. When a parent or carer dies, the young person's external and internal security is challenged and this may disrupt their development into a mature adult.

MAKING A CONNECTION

The primary aim with young people is to engage with the very frightening turmoil that they are likely to be experiencing and to model making a connection with it. If we shy away from this we are implicitly saying, 'your world is as unbearable and unsafe as you believe it is.' However, the difficulties can leave us believing that we are professionally incompetent or that the young person does not need our help.

To keep offering the possibility of making a connection to a bereaved young person involves a considerable amount of tenacity, and professional and personal risk-taking. Young people arouse in us a range of uncomfortable feelings and thoughts and, in our attempts to avoid these, we can unwittingly avoid working with a young person. It is not comfortable to be made conscious of our own fears of

getting old, being rejected and being humiliated. Young people can leave us feeling envious of their beauty and youth, and bring back the awful feeling of believing we are unbearably unattractive. We may not wish to be reminded of the difficulties we experienced as adolescents.

As Fleming and Adolph suggest, young people distance themselves 'from new and powerful affects which they... experience as arising from within themselves.' They also are dealing with the primary task of trying to 'achieve emotional and physical separation from parental figures.' However, the loss of a parental figure does not necessarily stop the drive towards independence, in fact it can become stronger.

As well as having to manage our resistance to working with young people, we also have to manage their projections

EDITOR'S NOTE

Helping bereaved teenagers is a task that even the most experienced counsellors face with trepidation. As Shakespeare cogently declaimed: 'I would there were no age between sixteen and three and twenty or that youth would sleep out the rest – for there is nothing in the between but getting wenches with child, wronging the ancientry, stealing and fighting.' (The Winter's Tale). In this paper, Bremner, director of social work at St Christopher's Hospice, tackles the problem head-on, giving valuable advice about engagement and drawing on her own experience to make the point that 'No matter how risky or uncomfortable it feels to us, almost any attempt to communicate and involve the young person is better than exclusion and silence.'

and consequent behaviour towards us. In attempting to make a therapeutic connection, we can feel self-disgust, helplessness, inadequacy, stupidity, physical and verbal clumsiness, extreme self awareness, embarrassment and sexual arousal.

CONTROL AND VULNERABILITY

When young people are aware that their world may be about to completely change, they may invest a great deal in appearing to be in control and unaffected by these changes. This makes it difficult for them to acknowledge their vulnerability, because this would feel like losing control over their outer as well as their inner worlds, and open vulnerability is a terrifying prospect. We have to hold the vulnerability, model processing it and surviving that experience, and we may have to do all of this without verbally acknowledging it.

Ann was 15 when her mother died. The palliative care nurses and her father had tried to persuade her, without success, to see me earlier, because she would not acknowledge that her mother was terminally ill. They were also concerned about her relationship with her father. After the death she did agree to meet me once. She was very direct about wanting to know how I thought I could help her, but I succeeded in getting her to agree to see me again.

Her main theme was how completely irritating she found her father: she wished that, considering all she did for him, he would just make an effort to smile and be nice. After some time she could acknowledge that she was distancing herself from her grief and acting out her disgust of her feelings of sadness. She had an image of her grief in a container outside her body but connected; her fear was that it would overflow and overwhelm her. She could not bear to talk to her father or be with him and their relationship deteriorated to the extent of Ann wanting to leave home. She had projected her grief on to her father and by distancing herself from him was able to disown her own feelings.

I grappled with this for a number of sessions, trying to persuade her to meet me with her father, so that we could help her to communicate with him about her fear of his grief and be reassured that grief could be survived. She wanted me to meet her father alone and persuade him to stop grieving so she would not have to leave home. I then raised the possibility that our work would have to end unless she agreed to the joint meeting. We compromised by

agreeing that she would be in the room, but silent behind the bookcase, while I talked to her father who was very cooperative. When her father said that he could not always smile because he felt sad about his wife's death, Ann could not remain silent, and argued with him. Her father and I were loving and firm with her and continued the dialogue. She eventually put her head above the bookcase and for the first time looked sad. She had faced her father's grief and therefore could begin her own grief process. At the next session she was able to tell me about her first experience of being upset about her mother's death in front of her family. The issue of leaving home did not appear again.

UNSPOKEN NEEDS

We may have to assume that young people have dependency needs, rather than expect them to directly express them.

I met 17-year-old Tom at home with his mother, where I visited fortnightly. I worked hard to engage him, but he was so uncommunicative that I assumed I had failed. His mother and I agreed that I would end my contact with her, but that we would meet again at a later date. After three months I visited and, when I had gone, Tom said to his mother that he had been waiting to see me, and that it had been a long fortnight!

LACK OF POSITIVE RESPONSE

Interacting with young people who hardly ever give feedback of any kind, let alone positive feedback, can feel very unrewarding. I find it helpful to assume that in the absence of a strong negative response I do have permission to work with them. I try not to collude with their impulse to avoid facing painful issues, without being unsympathetic about this urge.

At the request of the palliative care nurse, I visited the family of a young woman of 14 whose mother had died. We felt very concerned for her because her relationship to her mother had been intense and they had always had a strong alliance against the rest of their family, especially her father. I wanted to meet her on her own and suggested this to her, giving her the option of seeing me at home or at school. I did not give her the option of not seeing me, assuming that she would not be there if she did not want to see me. She did keep her appointment and we worked together for six months until she became able to articulate her feelings and recognise her grief about her mother's death. Two years later she has now left home, is living with her boyfriend and has a reasonably amicable and supportive relationship with her father.

SELF-ESTEEM

My experience is that it is hard to overestimate young people's need for positive feedback. Even the most confident adults are left feeling stigmatised by the death of someone they loved. I now comment positively on something as often as I genuinely can, usually in relation to appearance. I have to put aside my assumption that because they look so young and gorgeous to me, the last thing that will make any difference is a compliment from somebody they perceive as old.

Rosie's parents were separated and she lived with her father who died of cancer when she was 14 years old. Prior to the diagnosis he had had long term disabling depression and she had been his main carer. When he discovered he was going to die his mood lifted. Rosie was furious because she had spent the previous few years caring for and worrying about her father and as a result had hardly attended school, had no friends, was rarely eating, had reversed night and day and become increasingly agoraphobic. Rosie's primary need was for acknowledgement of her feelings and acceptance that she had the right to have her own needs met. She had not experienced any nurturing from an adult for many years.

I met her regularly for over a year and we used various mechanisms for helping her accept herself and process her feelings about her life. She wrote a diary; she role-played talking to adults assertively about her needs; she also used the time to explore her anger, sadness, fear and despair about her situation. I affirmed her feelings, encouraged her to develop her skills, gave her lots of positive feedback about her achievements and challenged her negative attitude to herself and her expectation that others always come first. She is now 18, has moved in with her mother, eats and sleeps well, has done well at college and is in a nurturing relationship with her boyfriend.

THE CHILD WITHIN

I have found, against my own expectations, that young people use and benefit from the tools and methods of work I use with younger children. Young people up to 16 years old have filled St Christopher's scrapbook², designed with younger children in mind, with great care and attention. I have used memory jars where a small jar is filled with different coloured salt for different memories, and body drawings where the client fills in the

outline of a body with different colours for different feelings experienced. Sometimes I have found with the most uncommunicative young people that this is the only way I can establish how they are and make a link. I have also given teddy bears to young people (of both genders).

WORKING WITHIN THE FAMILY

By the time the hospice meets a family, the young people in it may have become isolated, blamed and unacknowledged by the other family members. They may have been expected to become adult and independent virtually overnight, and may not even be accorded the same amount of sympathy as an adult in the same situation.

A young man of 17 had been expected to provide intimate physical care for his mother when she was dying. At the funeral his caring role was not even acknowledged, and afterwards he was expected to support himself financially, even though he had never done this before.

A young woman of 15 had been involved in parenting her two younger siblings for five years before the illness of her single-parent father. Some members of the extended family blamed her for the deterioration in her father's health because at times she had wanted to go out with friends.

We need to advocate on behalf of the young person without alienating the adults in the family. My experience has often been that the adults involved have been desperately worried and are relieved that the young person has established a link with a caring adult. Parents often do not have the energy to manage the difficult dynamics between themselves and their child. The young person may need another adult outside the family to facilitate communication.

SAYING GOODBYE

Bereaved young people can be considerably distressed about not having said how much they loved their dying parent. The normal conflicts of an adolescent relationship may have prevented them from being open and they need fairly proactive guidance to enable them to repair a 'lost goodbye'. They often worry that the parent did not know about, or reciprocate, their love and may need help in remembering positive exchanges, loving actions or words, and reassurance that it is not unusual for young people to continue to have a stormy relationship with a dying (or grieving) parent.

Barry, aged 13, felt bereft because he had not visited his father immediately

before his death. As I worked with him, he was able to remember the times his dad had stood up for him, and then he remembered a forgotten, last conversation in the hospice in which he and his dad had been loving and affectionate. This mitigated his feelings of guilt and reassured him about his own worth and ability to be loving.

SELF-HARMING BEHAVIOUR

When counselling young people it is always important to take seriously any indication of possible suicide or self-harming behaviour. In their article 'Youth suicide and bereavement' Silva and Cotgrove³ conclude: 'Although the risk may not be large, bereavements can increase the likelihood of suicide and self-harm in adolescents.' They helpfully outline the risks to young people who have experienced bereavement and the pointers we should be aware of when counselling adolescents.

As with all bereavement counselling, we need to have access to a mental health specialist who can be consulted when we are concerned about a young person. We also need to be clear in advance about the issues which may arise when a young person does not give us permission to involve another professional, as any lack of clarity may place the young person at greater risk. Preventing suicide 'is an ethical imperative which must have a higher priority' than breaching confidentiality⁴.

CONCLUSION

Grief is not an illness, it is a normal process. Young people are resilient and do grow and develop creatively if their experiences are acknowledged, their feelings respected and their questions about death and loss answered. However, with this age group more than any other, the professional has to have the most courage and least anxiety about getting it wrong. No matter how risky or uncomfortable it feels to us, almost any attempt to communicate and involve the young person is better than exclusion and silence. ■

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Mourning the loss of a companion animal

An evaluation of the first six years of a pet loss support service



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The death of an animal can be a source of great sorrow to its owners and give rise to some special difficulties, yet this loss is often discounted. The Society for Companion Animal Studies identified a need for help in those mourning

the loss of a pet and then established a telephone support service. They are now able to use records of calls to analyse their client group, and case notes to help them draw out recurring themes in the bereavement process.

In 1990, a booklet entitled *Death of an Animal Friend*¹ was published by the British-based charity, the Society for Companion Animal Studies (SCAS). The authors, specialists in human and animal medicine, explore the processes of attachment and mourning in this widely 'disenfranchised'² area of grief. The context of pet loss can be unique: for instance, owners have not only to come to terms with the relatively short life of their companion, but also in many cases deal with electing for an active euthanasia. Furthermore, bereavement following animal death lacks a process of clearly established funerary rites and culturally legitimated expressions of grief. Owners are often left with a special sense of guilt and self-reproach and yet lack a cultural familiarity about how it is appropriate to feel or, more pragmatically, how best to dispose of a body. By addressing these special issues and venerating the experience of pet loss, the booklet can help both the bereaved and those caring for them.

Requests, now numbering 7,000, for *Death of an Animal Friend* are often accompanied by a long letter, painfully outlining the life and death of the deceased animal. As these letters accumulated, it became increasingly apparent that more was needed. During the summer of 1993, SCAS organised a conference on 'Pet loss and support for bereaved owners', as a way of co-ordinating the skills and

expertise that were available within the organisation. Then, in the spring of 1994, the SCAS Pet Loss Support Service telephone help-line was established and by February 2000 the service had taken 3,626 calls from bereaved owners.

EDITOR'S NOTE

What is a pet for? The only answer to this must be – to be loved. The rewards of owning a companion animals stem from the pleasure that we gain from our attachment to them. While most attachments to pets are not so strong that their death evokes severe grief, there are exceptions. When the much-loved owner of a pet dies the pet may be 'adopted' as a substitute for the lost person. Pets are more predictable and usually less burdensome than people. For this reason those whose relationships with people have led to painful grief or disappointment sometimes prefer them. Just as our attachment to sick friends and relatives is increased by their need for us, so we may become more than usually close to a sick animal. In all of these cases the death of the pet may give rise to unusually severe grief. If, in addition, pet owners have had to ask for euthanasia it is hardly surprising if they are distressed and need of reassurance and support. In this paper Tania Woods describes the work of a pioneering bereavement service for owners of companion animals. Her work deserves serious consideration, particularly from any of us who find the whole idea amusing.