

Putting the child in the frame

AGE RANGE
3-11 years old

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Our inability to take in and hold information in stressful situations is well-recognised. Adults who have been given the diagnosis of a serious illness often report that they hear the initial part, the naming of the illness, but the shock of the news numbs them to the rest of the consultation. I recently met a parent who had spent an hour with a doctor but could only remember the first five minutes, when he had told her that her child had an incurable degenerative condition and that there was nothing they could do. It is in the hours and days that follow that the significance of the information starts to sink in and the questions that need to be asked are formed.

This 'step process' of assimilating new information is also characteristic of how children learn. Children receive information and piece facts together until the elements form a recognisable whole. This newly acquired knowledge is related to other known facts and integrated into their understanding of the world in general. The difficulty for children in relation to stressful major life events is that information is often filtered through adults who are themselves under great stress and therefore less able to manage the child's needs positively. In this situation children's experiences can become fragmented and they may be left to work out the meaning of things for themselves.

The dangers are legion. In particular we know children are very good at filling gaps in their knowledge with all sorts of misunderstandings, many of which implicate the child in some way. For example, Lucy, aged six, carried the weight of her self-blame for months after her father's death before she told her mother she was sorry she had been naughty when visiting him in

hospital. Her mother was at a loss to understand how this myth could have grown up in Lucy's mind; the whole idea was so bizarre that she did not know where to start. We agreed that they needed to get to the bottom of it and to dispel the power of the myth. We decided that it would be helpful to review the events of her father's illness and dying in the hope that this process would clarify Lucy's understanding of what had happened. The main difficulties were where to start and how much to review at a time, which is where the technique of the cartoon strip comes in. This technique does not require great artistic skill; you only need to be able to draw stick men and boxes and we can all manage that. Using Lucy's experience I will elaborate.

Lucy's mother asked her what was her first memory of her father being ill – it was of him having chemotherapy and losing his hair. Lucy's mother drew a small frame on the page and within it a picture of him lying in bed with a bald head. Lucy then talked about how his head felt and how different he looked. She recalled him being sick and weary all the time and how a nurse had let her use a real stethoscope. It is often the small detail that cements memory for children, detail that adults either do not recall or would not have thought important. Lucy's mother put the nurse and the stethoscope in the picture and Lucy posted the charts on the end of the bed. That was all she wanted to do that day but returned to the task the next day.

Over the following days she added pictures of her father being at home, of the family having a holiday together, him going back into hospital, her visiting him and so on, charting the progression of his illness through her memories of the events that were markers for her. The

connected pictures started to fill the page.

Eventually the pictures concentrated on his time at the hospice. Lucy's mother explained that her father was very weak at that time and could not sit up or even eat without help. He slept most of the time and had very few visitors. Lucy drew a picture of herself sitting in her bedroom on her own and in the next box she drew her mother driving off in the car to the hospice. They talked about how Lucy was feeling at this time. She told her mother that she thought she must have done something wrong because she was not allowed to go too. Her mother explained that her father was asleep all the time and was too ill to see anyone: she was his only visitor. Lucy's mother said she was sorry that she did not ask Lucy to go but thought it was best at the time. She explained that it was not because Lucy had done anything naughty and she was very sorry if Lucy had been left with that thought.

The accumulation of pictures charting the progression of the illness enabled mother and daughter to develop a conversation about their separate and shared experiences that helped Lucy piece together the events and make a recognisable whole. More importantly, it enabled them to explore and elucidate the misunderstandings that had gone on undetected under the surface. The process of gradually adding to the story, frame by frame, and exploring the events associated with each one, breaks an otherwise overwhelming task down into manageable parts. It allows the child to review each event at whatever level feels comfortable and look back at the previous frames to review earlier events.

As with all therapeutic techniques, it is the process that is important not the product. It is the conversation not the cartoon-strip which lies at the heart of the child's understanding and the resolution of the problem. **BC**

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