

# Young people and bereavement counselling

## What influences the decision to access professional help?



**Janet Brown** RGN MA  
DipCouns BACPrep

National Co-ordinator of  
Children and Young People's  
Support Services, Marie Curie  
Cancer Care, UK

HARRISON<sup>1</sup> ESTIMATED THAT ONLY 1% of young people access counselling after the death of someone close and concluded that young people did not seek or need professional help. However, as a counsellor at a bereavement service I was aware that many young people do not get help after a bereavement even though they are struggling with their grief. Are services available, easily accessed and appropriate for those who do want and need them? This study looks at the provision in one area and asks young people what sort of service they would feel able to use and find helpful.

A few years ago I worked with a 16-year-old boy whose father had died. He came to our sessions reluctantly but through his embarrassment shared some of his fears about himself and his father's death. I was very aware of his distress and wanted to work with him but his resistance to share left me feeling inadequate, awkward and far removed from the inner world of a 16-year-old boy. Some years later I discovered by chance that he believed the sessions had been of great help and had enabled him to get through a terrible time in his life. This surprised me but reinforced my belief in the importance of offering support to young people even when it feels uncomfortable. It also raised issues about what would help young people feel more able to get help after a bereavement and more comfortable about it.

Bereavement services for children and young people are relatively new but have increased during the last 15 years. Most are funded by the voluntary sector and may not have an open access policy. In some parts of the country there are no services and the Childhood Bereavement Network is encouraging more organisations to provide services. Many people are

confused or misunderstand the term counselling, so the exact type of help which is being offered may not be clear to young people.

### THE STUDY

It seemed possible that young people might need help but be unaware of what is available, or unable or reluctant to access it. To explore this further, I instigated a study looking at the services available in a rural town in the north of England and the awareness and attitudes of some young people and professional carers to them.

### Method

The study had four parts.

A **telephone survey** contacted 37 organisations in a health service trust to identify possible sources of bereavement support for young people.

A **questionnaire for carers** was sent to eight general practitioners, six practice nurses and six secondary school teachers to find out what help they offered and what other services they were aware of for bereaved young people.

A **questionnaire for young people** was given to a class of 28 pupils aged 15 and 16 in a comprehensive school to find out if they had experienced the

### EDITOR'S NOTE

*Janet Brown discusses her investigation into what influences young people who might benefit from bereavement support. It seems that whilst young people would prefer to share feelings with family members, they often avoid talking to them for fear of upsetting them. However, we should also remember that, for some, not talking about worries and problems might be their way of coping.*

*This report recommends that, where possible, supportive professional relationships with young people are formed before bereavement, as this may enhance subsequent use of services. Even where bereavement services are wanted and available, many young people do not know about them so it is important to ensure that services are well publicised and easy to access. One of the most user-friendly resources for most people now is the internet and Cruse Bereavement Care's site at [www.rd4u.org.uk](http://www.rd4u.org.uk) is designed and run by young people for young people and includes an email answering service staffed by trained volunteers. MN*

death of someone close, who they talked to about it and what had been helpful or unhelpful. Those young people who had not experienced the death of someone close were asked to

imagine who they would talk to and what they would want.

A **focus group of bereaved young people**, three girl volunteers, was asked to answer the three questions below on pieces of note pad. Each person was asked to try to give six responses to each question.

- What do you understand by the term bereavement counselling?
- What do you imagine would be helpful from counselling?
- Anything else you would like to say?

The focus group session was taped and the written comments were analysed using grounded theory. The questionnaires were collated and the information extracted from them.

## THE FINDINGS

### Telephone survey

This identified three areas that provided support: health, education and the voluntary sector. The only bereavement-specific help was a children and young people's service funded by the NHS (national health service) and the local hospice. Some support and counselling was also on offer from a drug and alcohol centre, doctors' surgeries, school nurses, pastoral care teachers and the suicide charity helpline, The Samaritans. These groups would all refer young people on if they needed more help. Social services did not provide support and five out of the six Christian groups were unclear about what counselling was and did not know where to refer on.

### Questionnaire for carers

This was completed by seven medical general practitioners, four secondary school teachers and three practice nurses. Five of the general practitioners were aware of the local bereavement support service for young people and one said they referred to the hospital. Three of the school teachers were aware of the local bereavement support service and one of them said that the school nurse would have more information. One school had a youth worker who was a counsellor and two schools referred to the school nurse. The three practice nurses were unaware of the local bereavement service but one said they would refer to a Macmillan nurse on request. One had a written leaflet to give bereaved young

people and another commented 'Obviously we are lacking in this field'.

### Questionnaire for young people

Of the 28 who completed the questionnaire, 11 were boys and 17 were girls. Though 23 of the 28 had an experience of bereavement of someone close, none had had a parent or sibling die.

#### Talking to someone

Of the 23 who had experienced a bereavement, 10 had talked to someone about their feelings but 13 had not, (5 male and 8 female), even though four of those had experienced more than one death. Table 1 shows the reasons given for not talking to someone (some people gave more than one reason; others gave none).

**Table 1 Reasons for not talking to someone**

Reason	Number of people
Upsetting for the family	7
Did not know who to go to	4
Too difficult to talk about it	4
Felt uncomfortable	4
Too upsetting	3
What other people might think	1

#### Who to talk to

Of the 10 who had talked about their bereavement, table 2 shows the people who they spoke to. Only two young people chose to talk with a professional, one to a teacher and one to a member of the clergy. One person said they talked to God in prayer and one said they had not been upset by the bereavement.

**Table 2 Who young people chose to talk to**

Listeners	Number of people
Parents	17
School friends	12
Siblings	10
Other family members	9
Friends at home	8
Clergy	1
Teachers	1

#### Reluctance to use a bereavement service

The most common reason given for this was unwillingness to talk to a stranger who would not understand

them. The young people preferred to share their thoughts and feelings with their parents, friends at school, siblings and other family and friends, even though the most common reason given for not talking to someone (see table 1) was the fear of upsetting other family members. One young person said that they would be too upset to talk and another said that they would use the service if their Mum died.

**Table 3 Reasons for not using a bereavement service**

Reason	Number of people
Reluctance to talk to a stranger	7
Too upsetting to talk	4
Prefer to talk to family	4
Prefer to manage independently	3
Others would not understand	1
Embarrassed	1
No experience of death	1
Don't know	1

#### The benefits of talking to someone

Table 4 (p5) compares what the 10 bereaved young people who had talked to someone experienced as helpful, with the imagined experience of the 13 who had not. Of the bereaved talkers, 60% felt that the most important benefits would be 'knowing that others have been through a similar experience' and having opportunities 'to remember the person who has died'. Bereaved non-talkers were far less aware of potential benefits.

#### The focus group

The following themes emerged from the analysis of the written responses interview with the three bereaved young people.

#### Bereavement counselling

Most of all, the expectation of the focus group was that counselling would help them to move on in their grief. They assumed they would be listened to in confidence by someone who would be trustworthy and give support, help and information, perhaps someone who had could share a similar experience. They thought comfort and support and the chance to talk and be properly heard would be the most helpful aspects of counselling. Being somewhere quiet, and with someone with similar age and experience were also felt important, along with advice

about grief and help to move on in life.

### Concerns about bereavement

When asked what else they wanted to say about bereavement, the need for help and information, and being able to talk were the biggest group of important themes. Other aspects mentioned were the problem of others avoiding the subject, the need to complete unfinished business, to have a proper explanation of why the person had died, to remember the good times and continue an internal relationship with the person who had died.

### Taped recording of the session

Conversation in the group focused on the importance of having someone to talk and tell your story to, the support of friends, the significance of memories and being able to make your own choices.

## DISCUSSION

Children who are bereaved of a parent have higher rates of emotional and behavioural disorders. These include depression, phobic disorders, alcoholism and attempted suicide. Black<sup>2</sup>, Dowdney<sup>3</sup> and Munroe<sup>4</sup> report that adults who had been bereaved as children still feel isolated and angry about having been excluded from the family grieving process. Black<sup>5</sup> described adolescence as being a particularly difficult time to experience the death of someone close, because it is a time of natural separation when young people are experimenting with different behaviours and questioning beliefs. Teenagers can be reluctant to ask for help or may reject it, leaving helpers feeling inadequate<sup>6</sup>. This may be because the support offered is not what they want, so it is important to ask

what would be helpful<sup>7</sup>.

Children bereaved in early childhood often need to return to their grief in adolescence as their concept and understanding of death matures<sup>8</sup>. It would therefore seem important that adequate and appropriate support is available to children and young people throughout their formative years. In this study, a 14-year-old girl whose mother had died when she was two said that she still wanted to share her feelings and talk about her mother, but she had been told to get on with her life. Silverman recognised the importance for children of being able to return to their grief throughout their childhood<sup>15</sup>.

Bereavement support and therapy for children, young people and families has been shown to have a positive effect. Black<sup>2</sup> found that family therapy enabled families to introduce coping strategies. Kitchener<sup>9</sup>, Zambelli<sup>10</sup>, Opie<sup>11</sup> and Stokes<sup>12</sup> reported that children who attended a group felt less isolated and had increased self-esteem.

While adult bereavement services have become widely established and it is estimated that 10% of bereaved adults use them<sup>13</sup>, open access services for young people are relatively new and not available in all areas<sup>14</sup>. Doctors may lack the skills to deal with young people's bereavement. They may also be reluctant to offer other services because of their cost<sup>16</sup>.

### The study findings in context

The head teacher of the school in the study and some of his staff, including the nurse, had previously attended a 10-hour bereavement course. This had given them insight and confidence in accepting bereavement as a normal part of life, and the whole staff seemed very open and comfortable with the

subject of death. The school also has a youth worker offering counselling and drop-in sessions, and all staff were aware of the local bereavement service for young people. Despite all this, 68% of the 28 young people who answered the questionnaire did not know about the bereavement service, and no one mentioned the school youth worker or nurse.

Only three out of the 1,000 pupils volunteered for the focus group. There could be many reasons for this, but one factor may be young people's reluctance to discuss the death of someone close with a stranger, as indicated in the answers to the questionnaires. Talking to someone familiar and of similar age and experience was important in the sample and Pope<sup>17</sup> identified this as an important feature of a young people's counselling service. Reports on group work for bereaved children and young people emphasise the benefits of being able to share experiences and therefore feel less isolated<sup>18</sup>.

The young people who wanted to share their grief identified their families as being most important confidantes, but also indicated that they might not talk to family members for fear of upsetting them. Studies have found that parents and carers may exclude young people from their grief because they want to protect them or because the parents are having difficulty with their own grief<sup>19, 20, 21, 22</sup>. There is evidence that young people do find it difficult to get help for emotional problems<sup>23, 24, 25</sup>.

### Conclusions and recommendations

This small study has gone some way to exploring factors that may influence a young person's decision to access bereavement services.

Although bereavement counselling was available in this area, most young people and some professionals did not know about the service and, if they did, they felt that they did not want to talk to someone that they did not know.

The bereaved young people certainly recognised that being able to talk to someone who would listen and be comforting and supportive was valuable but, even if they were aware of the local bereavement service, many felt that they did not want to talk to a stranger. Family members and school friends were the people that they were most likely to talk to but they were

**Figure 4** The perceived benefits of talking to someone

Benefit	Number of people	
	Talkers	Non-talkers
Knowing that others had been through it	6	4
Reminiscing about the person who had died	6	2
Feeling cared about	4	2
Not feeling worried or frightened	4	0
Talking about what happened	3	3
Learning more about death	2	0
Opportunity to talk about feelings	2	1

worried about upsetting them and they did not know where else to go for help.

Young people who had not experienced a bereavement did not perceive that they would need anyone to listen or give them comfort and support, but support was a strong theme in the focus group, suggesting that the experiences of this group had increased their understanding of grief.

From this study I would recommend that:

- bereavement support services find ways to inform more health and education professionals about their services for young people
- bereavement support services work closely with youth workers, school counsellors, and teachers to share experiences and offer information and education
- those in regular contact with young people (eg a school counsellor, nurse or youth worker or, where someone has been terminally ill, a member of the hospice staff) try to form relationships with them before a bereavement. Teachers, for whom such relationships are part of their role, are in an ideal position to empathise and offer acceptable help
- information is made available to young people about counselling skills and how to support each other, possibly in groups
- group work is promoted to give young people the opportunity to share experiences and support one another
- those who offer services should not give up on young people because they reject help. We need to be proactive, offering choices and an open door •

### References

1. Harrison L, Harrington R. Adolescents' bereavement experiences: prevalence, association with depressive symptoms, and use of service. *Journal of Adolescence* 2001; **23**: 35-45.
2. Black D. Family therapy and life threatening illness in children or parents. *Palliative Medicine* 1989; **3**: 113-118.
3. Dowdney L, Wilson R, Maughan B *et al.* Psychological disturbance and service provision in parentally bereaved children. *British Medical Journal* 1999; **319**: 354-357.
4. Munroe B. Psychological dimensions of palliation. In: Saunderson C, Sykes N (eds). *The Management of Terminal Malignant Disease*. London: Edward Arnold, 1993.
5. Black D. The bereaved child. *Journal of Child Psychology* 1978; **19**: 287-292.
6. Lattanzi-Licht M. Helping families with adolescents cope with loss. In: Corr C, Balk D (eds). *Handbook of Adolescent Death*

and Bereavement. New York: Springer Publications, 1997.

7. Bremner I. Working with adolescents. *Bereavement Care* 2000; **19**(1): 6-8.
8. Furman E. Studies in childhood bereavement. *Canadian Journal of Psychiatry* 1983; **28**: 241-247.
9. Kitchener S, Pennells M. Bereavement groups for children. *Bereavement Care* 1990; **19**(3):30-31.
10. Zambelli G, DeRosa A. Bereavement support groups for school-age children: theory, intervention and case examples. *American Journal of Orthopsychiatry* 1992; **62**: 484-493.
11. Opie N, Goodwin T, Finke L *et al.* The effect of a bereavement group experience on bereaved children's and adolescents' affective and somatic distress. *Journal of Child Psychology and Psychiatry* 1992; **5**: 20-26.
12. Stokes J, Wyer S, Crossley D. The challenge of evaluating a bereavement programme. *Palliative Medicine* 1997; **11**: 179-190.
13. Bereavement Care Standards Project. Standards for Bereavement Care in the UK. London: 2001; [www.bereavement.org.uk](http://www.bereavement.org.uk) (accessed 01.02.06).
14. Childhood Bereavement Trust. London: Childhood Bereavement Network Directory: [www.ncb.org.uk/cbn](http://www.ncb.org.uk/cbn) (accessed 17.01.06).
15. Silverman P, Worden W. Children's reactions to the death of a parent in the early months after a death. *American Journal of Orthopsychiatry* 1992; **62**(4), 93-104.

16. Saunderson E, Ridsdale L. General practitioners' belief and attitudes about how to respond to death and bereavement. *British Medical Journal* 1999; **319**: 293-296.
17. Pope P. Youth friendly counselling. *Counselling and Psychotherapy Journal* 2002; **13**(1): 18-19.
18. Stokes J, Penninton J, Monroe B, Papadatou D, Relf M. Developing services for bereaved children: a discussion of the theoretical and practical issues involved. *Mortality* 1999; **14**(3): 291-307.
19. Fell M. Helping older children grieve. *Health Visitor* 1994; **67**(3): 92-94.
20. Sheldon, F. Children and bereavement: what are the issues? *European Journal of Palliative Care* 1995; **1**(1): 42-44.
21. Hogan N, DeSantis L. Things that help and hinder adolescent sibling bereavement. *Western Journal of Nursing Research* 1994; **16**(2): 132-153.
22. Barlow-Irick. Adolescent bereavement. 1997. [www.largocanyon.org/largo/heroes/grief.htm](http://www.largocanyon.org/largo/heroes/grief.htm) (accessed 06.02.06)
23. Grayson A, Miller H, Clarke D. Identifying barriers to help seeking: A qualitative analysis of students' preparedness to seek help from tutors. *British Journal of Guidance and Counselling* 1998; **26**(2): 237-254.
24. Carlton P, Deane F. Impact of attitudes and suicidal ideation on adolescents' intentions to seek professional psychological help. *Journal of Adolescence* 2000; **23**: 35-40.
25. Tatar M. Counsellors' perceptions of adolescence. *British Journal of Guidance & Counselling* 2001; **29**(2): 213-231.

## BOOK REVIEW

### Helping Kids Manage Grief, Fear and Anger

Terri Akin, David Cowan, Susanna Palomares, Dianne Schilling



Austin, TX, USA:  
Pro.ed/Milton  
Keynes, Bucks, UK:  
Incentive Plus  
1999  
120pp  
\$22.00/£25.00 pb

This book offers more than 40 activities which are designed to 'help children explore, understand and express their feelings in safe and acceptable ways'. It is aimed at children aged 8-16 years old. The introduction explains the rationale behind the worksheets in a very clear and helpful way, although some references acknowledging where those

ideas came from would have been a welcome addition.

The book is largely based on cognitive behavioural therapy. The worksheets systematically assist children with identifying, labelling, understanding and controlling emotions, moving on to coping with grief, fear and anger. The activities are designed to be used by whole class groups, although it would be easy to adapt many of them for individual work. The focus is not on bereavement in particular, but rather on increasing more general emotional competence.

If you are already imaginative and creative in your work with children this book may not have much to offer, but if you sometimes struggle for the time, energy or inclination to tackle these difficult topics, this book may help. •

**David Trickey**  
Chartered Clinical Psychologist