

Adult decisions affecting bereaved children

Researching the children's perspectives



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IN 2004, AROUND 4% OF UK 5-16 YEAR-OLDS were bereaved of a parent or sibling and 6% of a close friend (Green *et al* 2005). Adding earlier figures for loss of a grandparent (Meltzer *et al* 2000), it is a reasonable estimate that each year some two million children (22%) in this age group are bereaved. While the majority will not need outside help, Black (1983) found that 50% had difficulties in functioning in the first year, with one in five of these subsequently requiring specialist services. Harrington and Harrison (1998) noted a lack of evidence that help for bereaved children was of value, and argued that unevaluated help might do more harm than good. In the ensuing debate Faulkner (1995) commented, 'Of course nobody has asked the kids'.

ABSTRACT

This child-centred study involved 30 young people aged 6-12 years who had lost one or both parents. Semi-structured interviews with the children were recorded and analysed qualitatively, exploring their views of the interventions and interactions of adults, peers and the school around the time of the death. Questions explored such issues as how the news was delivered, opportunities for anticipatory grieving, participation in rites of passage and sources of support. The results confirm that overprotection in bereavement, echoed in the reluctance of adult gatekeepers to allow children to participate in research, does not recognise children's needs and can hinder the grieving process and erode self-esteem.

The relationship between bereavement and behavioural problems is well charted. Worden (1996) found that, one year on, 16% of bereaved children have concentration problems compared with 6% non-bereaved; 21% have serious problems two years on with no previous indicators (Worden, Silverman 1996). Of children excluded from school, 22% have bereavement problems (Rutter 1966), and a clear correlation has been found between school exclusions and delinquency (Sharp *et al* 2006). A study of 1,000 girls who had experienced the death of a parent in childhood showed 40% pregnant before the age of 18, while 47% of children losing a parent have tried drugs (Sweeting *et al* 1998). Lloyd-Williams *et al* (1998) found that bereaved children consult their GPs more frequently, both before and following the death of a sick parent.

Asking the children

Children resent adults' beliefs that adults always know what is best. As an 11-year-old put it, 'Adults don't help when they don't listen to children's opinions. They make decisions for them when they don't know'. A study by Watson *et al* (1999) showed similar

resentments among physically handicapped children. Various writers have been calling for UK child-centred studies for 25 years (Iles 1979).

The impetus for this research, funded by the Child Bereavement Trust and Children's Promise, arose from my observations in parochial church ministry on the effects of children being excluded from rites of passage. My findings (Cranwell 2006) emphasise how decisions and assumptions by

adults can have a direct bearing on the progress of a child through grief, before and following a death.

The study focused on young people aged between 6-12 years old, bereaved of one or both parents. This was firstly because children of this age can generally understand the permanence of death but have not yet moved into puberty issues (Herbert 1996). This group also seemed to be most frequently excluded from family grief rituals in a parish setting. Children bereaved by suicide, murder, or human or natural disasters were not included.

The psychological models of grief processes and issues for the bereaved are well documented by such writers as Parkes (1996) and Worden (2001) and there is no evidence that they apply any less to children. Fox (1988) lists some child-specific issues:

- Difficulties with understanding and information, including the cognitive meaning of death
- Importance of preparation for bad news, dealing with 'magical thinking'
- Disorganisation and despair – living through sudden changes and the empty space at home, sometimes all within a few days
- Importance of commemorating, not

forgetting the deceased but allowing enjoyment of life

Methodology and approach

This was a qualitative study, using a grounded theory approach (Cresswell 1998) with semi-structured interviews. (Nadeau 1998). Open questions focused on 'areas of interest' with subsequent 'probes' for more detailed data.

The children were interviewed about circumstances that can influence outcomes after bereavement at any age, derived from Parkes (1996) and Worden (2001), plus others particularly relevant to children (Silverman 2000). I sought to identify how better information and recognition of needs and feelings could positively influence the bereavement process. This was not a psychological study but one which looked at adult interactions with children around the time of a death, focusing on the following issues:

- Earlier life losses, language and understanding of death, anticipatory grief
- How the news was given and received
- Presence and participation in rites of passage
- Support by the social system of the child – family, school, friends, peers
- Communications within the family
- Personal and spiritual development
- Help from outside the family

Recruiting children.

With considerable difficulty (because of gatekeeper reluctance) I recruited 30 children through local education authorities, church schools and counselling organisations. Essential ethical issues were covered (Rolls 2004). Child protection protocols included an Enhanced Clearance certificate from the Criminal Records Bureau for the researcher; data protection procedures in approaching parents for agreement; informed consent by children and adults, with any child free to withdraw at any time; the availability of a grief support worker for contingency follow-up, plus literature on resources; and anonymity of both names and locations of those interviewed.

The interviews

The sample of 30 consisted of 17 girls and 13 boys. I did not conceal my profession, but dressed casually. It soon became apparent that some of the advice on these children's needs was assump-

tive, eg I was assured children would want to be interviewed at home, but several, fearing parental upset, chose school. The university ethics committee advised that such children should not be expected to return to class. However, though this option was offered after the interview, the children indicated they wanted to go back immediately.

The majority appeared only too keen to talk. Some had found their family helpful, others had received outside help. Some were two or three years on from the death, but all spoke as if it was very recent, and Jewett (1994) shows that children have a need to revisit their loss as they grow and develop. I offered to share these findings with some of the groups who refused access, but they did not accept the invitation

The findings

Information before and after the death Waskett (1995) makes the point that denying a child information about the impending death of a parent can cause an added burden. Children may be angered to discover that others knew, by the apparent lack of confidence in their coping ability, and the lack of opportunity to say goodbye. It may be more difficult to deal with bad news coming all at once, from sickness to funeral and burial, and the permanent gap in the household, possibly all within a few days.

In this sample 10 (33.3%) deaths were very sudden with five of the children alone with the parent at the time. None of these five was advised of the cause of death, which may well leave a legacy of guilt. Of the remaining 20, nine (30%) were forewarned and 11 (36.6%) were not. Some of the former had treasured memories of their final conversations. Sophie remembered her mother saying:

You're my beautiful girl and I'm so proud of you'. Then [her mother] said 'We'll meet again' because she knew she was dying.

Of the five children orphaned, the parents of only two had made legal arrangements which, for the others, meant months of being in care or shuffling around reluctant relatives.

There were enormous variations in the way the news of death was imparted. The surviving parent told 19 (63%) but Julie, for example, did not hear of her father's death (in hospital

until she arrived at the funeral. Hazel was woken up by her elder brother to hear that their mother had died. Sam's mother was present but left it to a hysterical grandmother to shout 'He's gone, he's up there'. Several children spoke of unhelpful euphemisms. As Pat said 'If anyone said to me now "She's gone away" I would say they are lying'.

Rites of passage

Viewing the body was raised in interviews with half (15/50%) of the children. Of these only 10 (33%) had been offered the choice of viewing, of which six (20%) accepted while four (13%) declined. Five others (16%) would have liked to view. There were moving comments by children who did view:

I was pleased I went in. All the pain had gone from her face [Julie]

It made me feel better...just seeing her and saying goodbye [Jimmy]

Most of this sample (28/93%) attended their parent's funeral. There are no official UK figures but this result is so far from my parochial experience that I asked eight clergy colleagues to keep a record. They reported that of 42 funerals where they would have expected children to attend, they were present at only 16 (38%). The higher figure in my sample may have been because the funerals were of a parent, or because parents who agreed to my interviewing might be more likely to include their children. Comparative figures for the USA show over 90% attending funerals and 80% viewing bodies (Fristad *et al* 2001).

The majority were not consulted or briefed about attendance. Some admitted fears as to what would happen. One of the two who did not attend was very angry about it and was subsequently excluded from school for bad behaviour. The children were appreciative of the presence of friends and classmates, and (in two cases) of teachers and of the number of people present, as well as valuing the opportunity to assist in planning or participating.

I thought, Wow, my mum was really popular! I didn't know she knew so many people! There were people there I didn't even know! [Ruth]

Pat, taken without consultation, was pleased she went 'because you see what happens.....some children think you don't know what is in the coffin'.

School and peers

Shipman *et al* (2001) showed that while 79% of schools have children on roll bereaved within the past two years, 56% of teachers feel inadequate in handling them and less than 10% schools have a bereavement policy. Nevertheless 15 children (50%) felt that their teacher had responded positively to their loss, while 6 (20%) experienced a teacher as negative. So, while a staff grief specialist is helpful (three schools), the class teacher is the prime reactor.

Several children were anxious to return to school as soon as possible, partly to be with friends, partly just wanting to be there, reflecting the school as a place of normality during changes. 'All the kids were doing art and I didn't want to miss that' [Sarah].

Peer reactions varied between helpful and supportive, intentionally hurtful ('You can't play with us: we've all got a mum and you haven't') and unintentionally hurtful ('If the teacher says "Ask your mum to sign this", half the class turn and look at me'). Parental denial can cause difficulties for teachers, eg a reaction to a suggestions for a memorial service for a parent/dinner lady: 'We don't want any fuss, forget it'.

Family influences

At home, the main issues included: children sublimating their own needs to discuss the deceased for fear of upsetting the surviving parent, so fewer opportunities for reminiscing; a belief by some that parental separation had been a contributory factor towards the death; and distress at family disputes. Parkes and Weiss (1983) showed that when a family is split, there is a double loss: the death, plus loss of hope of reunion.

Changes in roles and relationships came over strongly, with the gap in the family felt deeply, plus admiration for some parents' coping strategies, eg 'Dad never used to cook – he's fantastic now!' At the same time there were fears for the surviving parent, about changes, and about money.

Personal and spiritual development

Several children talked of how their experiences had unexpectedly made them more self-reliant and stronger. 'I can face anything now' (David). Others recognised changes in their behaviour, 'I used to be more naughty, now I'm good, because mum gets upset', and

felt older than their peers

Belief in an afterlife gave comfort to some, but many comments reflected adult 'folk' religion based on myths and superstitions, rather than creeds. Several expressed a strong sense of experiencing the presence of the deceased but seemed not to be scared 'because he's my dad and I know he wouldn't hurt me' (Mabel). Others confessed talking to parents as if they were present.

Help from outside the family

Half the children had received help from outside the family, from school or another agency. Both those with good family communications and those without found some benefit in having an outsider to talk to. As Louise put it: 'She [the counsellor] holds the things I don't want others to hear'.

The school mentors mentioned were not trained therapists yet they, and visiting specialists, using age-related materials achieved identifiable movement in the grief process. Pat used a vivid metaphor:

All these little worries you have that you want to say to mum, that I'm keeping in a bottle. I just kind of undid the screw and they all came out, and it's quite nice, actually.

Three children had attended group meetings.

It's quite helpful to see how other people deal with problems...seeing positions other people are in. [Ricky]

Conclusions

While psychological and physical pain is often unavoidable after the death of a parent, it is clear that the interventions of adults can affect a child's progress through grief. The need for truthful information about impending death, knowing the cause, reassurance that the child was in no way to blame (especially when the death is sudden) and that everything possible had been done, seems obvious but is not always appreciated by the adult. I have spoken to many adults who have carried resentment about lack of truthful information for years. Bad news is still bad however imparted, but insensitive delivery stays in the memory (Faulkner 1994) and euphemisms can cause confusion

Adults appreciating the importance of making a will, and consulting children about legal arrangements

proposed for them would reduce upset.

Exclusion from rites of passage underestimates children's abilities to cope with difficult situations and affects their developmental self-esteem and confidence (Coopersmith 1967). It also implies rejection and being an unequal member of the family. Attendance can produce pleasant surprises for the child since 'children are more scared about what they don't know than what they are allowed to be part of' (Stokes, Crossley 2001), so knowing what to expect reduces fears. The presence of friends and teachers affirms the child's identity.

There is clearly no one formula for how long a child needs to be out of school. But schools need information about family deaths, and how to identify and respond to symptoms – grief, anger or other behaviour, the need to leave class for a short break, or signs of bullying. Helping a child not to be identified as different, while acknowledging the need to grieve, is a dichotomy for both peers and staff. Good teaching recognises that losses are a part of growing up and provides opportunities for learning about this aspect of life. In asking school assemblies how many children had experienced the loss of a pet or relative, typically every hand would go up (Cranwell 2004). Peer reactions can be kind or cruel, but are mainly a reflection of adult fears and attitudes, language and understanding.

Within the family there is often anger, eg at adult relationships, with individuals seen as contributing towards the death, or at God. Free and open discussion with the surviving parent means family stories and anecdotes are shared.

As can be expected, spirituality reflected society, from 'folk' religion 'She's with her brother at the pub', to the more orthodox 'My grandma said it's just his overcoat that's passed' (Melanie). The children recognised their own development in coping better than they had expected.

The enthusiasm for talking to outsiders about their deceased parent provided one of the main surprises in this survey. It explained why those who participated spoke so freely to me, a complete stranger, whether or not they had supportive families. Some children identified changes in themselves arising from counselling, while others expressed the benefit of group activities

which helped them to realise that others were in the same boat.

Observations

My purpose was to identify helping or hindering factors, and whether outside help is relevant or necessary. For those without family support it can be helpful, but others also find it beneficial and effective in helping them move forward.

There was no indication of awareness, either by parents or some grief support agencies, of the need for some children to 'revisit' their grief as they grow and develop (Jewett 1994) or that tertiary interventions might be required two years on from the death of a parent for 22% of them (Worden and Silverman 1996).

My recommendations included the need for loss, death and bereavement education in school curricula, and for many parents and professionals. As Silverman (2000) reflected: 'In many ways we are both deaf and mute 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'. ●

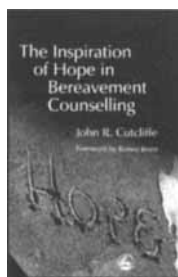
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BOOK REVIEW

The Inspiration of Hope in Bereavement Counselling

John R Cutcliffe



London, England:
Jessica Kingsley,
2004
144pp
£15.95/\$2.95 pb
ISBN 1 84310 082 7

This is a very readable book for all involved in bereavement support. It is a clearly written study of a little acknowledged and unspoken area of the process of grief: the revival of hope. John Cutcliffe addresses the journey undertaken with the client from hopelessness towards a successful re-engagement with life.

The inspiration of hope is seen as an intangible, unobtrusive and implicit process, yet Cutcliffe has put together a theory that makes practical good sense. The book would be a valuable tool for new support workers who have undertaken recent training and those supervising them. Trainers could find a

new perspective for explaining a version of the person-centred relationship, and experienced counsellors should find that much of their own practice is re-affirmed. Cutcliffe opens with a section on the philosophy and history of the meaning of hope. The main content covers the theory and practice of when and how the aims might be used in the process of bereavement support counselling.

Throughout the book the author acknowledges that the information gathered involves many variables and he is very open in the way he puts forward his findings. There are many references to the responses from both ex-clients and practitioners. The careful methods of grounded theory are clearly set out at the end of the book for those interested in the research methodology.

The author leaves the reader with the implied question: 'Do I need to make the inspiration of hope a focus of work with the bereaved client, and if so, how will I do it?' A useful book to add to any suggested reading list. ●

Joy Caplin

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