

Baked beans for bereavement



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Abstract: My primary goal in conducting the research was to investigate and hypothesise about the relationships and patterns involved in childhood bereavement. Methodologically, I applied a combined process, to view both the data and my work with bereaved children. I explored the relationships between the stories told in a therapeutic dialogue, and the emergent patterns within my research data. Furthermore, this study will analyse and discuss the literature around grief as an interdependent transactional process, as well as the unique characteristics of childhood bereavement. I will describe and investigate patterns within the data of the National Child Development Study (NCDS) and discuss the blossoming concept of routine, as it relates to the processing of grief in children.

Keywords: childhood, bereavement, routine, relationship, patterns

A client of mine once shared a story surrounding the difficulties she faced after the death of her mother when she was seven years old. She recalls the frustration she felt towards her caregivers, in regards to their manner of preparation of her beans on toast. They did not know the importance of adhering to her mother's technique of cutting the toast *before* adding the baked beans. It was one of the small yet significant routines established by her mother that served as a source of comfort. The death of her mother, she states, accentuated the need for the familiar. Being consistent in routines fulfilled the function of connecting her back into their relationship.

As expressed through this anecdote, the theory that emerges within this paper builds on the understanding gained in my own experience as a therapeutic clinician working as part of a specialist palliative care team. I seek to incorporate numerous perspectives in order to obtain the most comprehensive understanding possible surrounding the patterns of grief involved in the bereavement process of children.

Grief as an interdependent transactional process

Many descriptions of grief focus on individual adult grief, yet grief does not occur solely in individuals but occurs within an interdependent web of relationships. It is within this web that a family embarks on the grief journey. (By family I mean those who are significant to the child and interrelated with the person who has died.) From a systemic perspective, Walsh and McGoldrick (1995) describe loss within the family as a transactional process that involves the deceased and the survivors in a shared life-cycle. It involves acknowledging both the finality of death and the continuity of life. They regard family processes as crucial determinants of how people will adapt to loss.

Klass *et al* (1996) developed an understanding around the continuing bonds between the deceased, and the people who relate to them. This concept changed the frame of reference of clinicians working with bereaved people, in that finality of relationship at the point of death was no longer a primary focus. White (1998) used these ideas in

a narrative therapeutic setting, in which he introduced the concept of ‘saying hello again’ to the deceased to discuss the continuing relationship with the person who has died. Therefore, throughout the bereavement process there exist numerous times in which the bereaved person says ‘hello’ and ‘goodbye’ to the person who has died. Developing the concept that meaning emerges from context encourages us to look at the environment in which a person expresses their sense of loss. This understanding shifts us from the idea that an adult grieves in a way that will ultimately resolve their sense of loss once and for all, and informs us about the episodic and relational nature of grief.

Walter (1996, p7–25) echoes some of the above thinking in an article entitled *A new model of grief*, which states:

‘The purpose of grief is therefore the construction of a durable biography that enables the living to integrate the memory of the dead into their ongoing lives; the process by which this is achieved is principally conversations with others who knew the deceased. The process hinges on talk more than feelings; and the purpose entails moving on with, as well as without, the deceased.’

Each member of the family operates in a pattern of co-ordination within the structure of grief as it is expressed and lived out in a given family system. Therefore as a therapist I need to understand not only how children grieve and how this grief may be different from that of adults, but also how grief is expressed in an individual family.

Childhood bereavement

A study by the department of children’s health at St Michael’s Hospital (Dent *et al*) (1996) revealed that although children understand death and experience grief from a very early age, professionals frequently do not meet a bereaved child’s needs. This is in part due to a lack of understanding about the distinct aspects of children’s grief compared to how adults grieve. General practitioners, teachers, social workers and health visitors all tend to feel ill-equipped to help bereaved children. In a leaflet for parents (see www.understandingchildhood.net) the Child Psychotherapy Trust says that a child’s response to a death is dependent on their age and experience, as these factors affect their understanding of death. There are two specific issues and complications that arise when children are bereaved, those being:

- the oscillating nature of children’s grief;
- the need to rework the experience of bereavement during the development from child to adult.

The oscillating nature of children’s grief

In children, the grieving process is more haphazard in its expression and less easy to define in comparison to behaviour exhibited by adults. There are a number of implications that need to be understood for professionals to be able to respond properly. For example, children may appear to be fine one minute and upset or ‘acting up’ the next, or may even seem to be wilfully exploiting the situation (Stroebe & Schut, 1995). This oscillation may be interpreted in terms of the child having behavioural problems or being insensitive. Shapiro (1994, p18) further illuminates the concept in the description below:

‘Children are more likely to put their grief down and pick it up again. A manner of coping that adults might consider callous if they see the child only during moments of distancing and not during the moments of longing and intense recognition of their loss.’

There often exists a common desire of family members to protect the other members from the enormity of one’s own grief. This can prevent open discussions about the person who has died. This silence may disable the process by which a new biography can be created; this may result in children finding it difficult to function with those who normally support them. Indeed, the family itself may need outside support in order to have conversations about the person who has died. These ideas do not take into account wider systems and the support they may give a bereaved child, and no literature that has investigated this aspect could be located. Thus there is a weakness and a need for further research into this aspect of experience of bereavement in childhood.

General practitioners, teachers, social workers and health visitors all tend to feel ill-equipped to help bereaved children

The idea that there is a loss of communication within a bereaved family is backed by Birenbaum’s (1989) studies into bereavement, which found that parent-child communication in cases where a sibling has died was inversely related to total behaviour problems following the death. Fredman (1997), in her book *Death Talk* also asserted that there is a need to seek ongoing permission with the grieving child for the conversation to take place. That ongoing consent cannot be assumed. If consent is not sought the talk can disable a child’s ability to cope with the emotions they are experiencing.

The need to rework the experience of bereavement during the development from child to adult

As the child grows, they revisit their grief at different stages of development and understanding. Goldman (1994, p152) comments: '[A child's experience of bereavement is] something that will be constantly reworked as they mature and their understanding increases'.

This can also be the case as they reach formative moments or milestones in life. The onset of adolescence and puberty can be an extremely difficult time for any child. A child who has experienced the death of a parent can find that the absence of the support and guidance they might otherwise have received can force them to revisit their loss in a tangible and psychologically painful way. The emotions they experience may result in seemingly unreasonable or irrational behaviour patterns, which could become a source of breakdown in family relationships and emotional health.

The research I have reviewed does not examine the age of child at the time of a parent's death and subsequent behaviour patterns at other ages. Focus should be placed upon the impact this has on a child by identifying the age at which the child is parentally bereaved, and the behaviour patterns that follow. The Child Psychotherapy Trust leaflet describes co-ordination between behaviour and experience, giving the example of babies and small children feeling unsafe if temporarily left by a parent. This leads to the child crying, as a form of expressing their distress. After a death, if the adults around the child are also distressed and there is a change in care routines, there is a heightened likelihood that the child could experience a dwindling sense of security.

Family complexities that affect the experience of grief

Shapiro (1994) notes a paradox within families coping with bereavement: there is a priority to quickly re-establish equilibrium in the family unit, but at the same time there is a need to express and share grief. The sharing of grief can be intrinsically destabilising to the family especially if the grief is acute. We have already seen that children and adults respond to and manage grief in different ways. Both will integrate the reality of a death into the family in a manner and within a timescale that do not totally overwhelm their capacity to cope with everyday life, and yet this will happen differently according to a family's unique attributes. It is also possible that individual family members may recover their own stability at different times and speeds. This may be an added source of dissonance.

Parkes (2002) addresses Bowlby's attachment theory (1988) (further developed by Ainsworth & Bowlby, 1965; Ainsworth, 1967; Ainsworth, Blehar, Waters & Wall, 1978;

Main, Kaplan & Cassidy, 1985; Main & Cassidy, 1988; Main, 1990), which links early childhood attachment to the later coping styles of a bereaved child. The anticipation and preparation period for an expected or imminent death of a parent is a time when a child also needs support to cope with the early death. Parkes asserts that a secure base from which a person can explore their grief creates a sense of control and an increase in resilience through relational connectedness. He also makes the point that a lack of early attachment does not necessarily reduce the ability to cope, providing the right protectors are created to support and enable a child through their grief journey

Parkes assertions are supported by Siegel *et al* (1996), whose studies measured the surviving significant carer's competence in supporting the child. These showed that when the significant carer can be attentive to a child's grief, the child is less likely to become depressed. And yet the main carer may also be grieving and therefore their ability to be attentive to their child's grief may also be compromised.

The research data

My research obtained data from the National Child Development Study (NCDS) of 17,416 children born in the same week in 1958. The gender of the parent and the age of parental death and school attendance were the main independent variables. Data was collected when the children were aged 7 ($n=15,051$), 11 ($n=14,757$) and 16 ($n=13,917$). This is existing data via the British Cohort Study of children born in 1958, which continues to follow up 17,000 babies born in the same week. The data enabled me to gather statistics from the cohort about children whose parents died during the study. The longitudinal nature and size of samples afforded greater confidence when investigating subgroups – for example, children who were parentally bereaved.

It allowed me to ascertain whether their parents were still alive, and thus identify which children had been parentally bereaved by the age of 16. It also enabled me to identify the age groups (0–7 years, 8–11 years) in which they were bereaved.

Looking at patterns within the data

Patterns within the data are often not reported because they are not considered significant across the population of the data. Nevertheless, an absence of significant findings does not account for the more subtle patterns that underlie the data; they call the researcher to become curious and investigate their presence further.

For published research that has reported patterns see Andaleeb & Millet (2010), Braun & Clarke (2006), Carter (2011), Colasanti *et al* (2004), Douglas, Hamilton & Grubs (2009), Kools *et al* (2008), O'Sullivan-Lago *et al* (2008), Robb *et al* (2011).

Age of child at time of parental death

To create an understanding of the impact of the multiplicity of experience created by a child's developmental phases, I organised the data into the following distinct age categories: 0–7 and 8–11.

These age categories correspond, in the main, with the Child Psychotherapy Trust guidance on childhood development and their understanding of death. Due to the limitations of this paper I will only be reporting the findings in the 0–7 category as the 8–11 age group data findings were an amplification of the 0–7 data findings.

Findings and discussion

1.7% of cohort members experienced the death of a parent at age 0–7. When the variable of reluctance to go to school (as reported by both parents and teachers) and gender of parent was added to this age group it showed that if the mother had died, but not the father, this group was more likely to be reluctant to attend school as reported by teachers. Yet when the gender variable was removed, it showed that there was no difference between reluctance to go to school and being bereaved between age 0–7 and 8–11. This suggests that there is a relationship between school attendance and the gender of the deceased parent.

The secondary finding, when the gender was removed, shows that the small numbers within the sample have created this dispersion in the findings. However, when considering bereavement related patterns of a child's development, there may be more to this finding. Judd (1999) states that very young children and babies under the age of two have very little language to express their loss. However, even young children and babies are aware that people they are attached to have gone and the realisation that they are not coming back creates the experience of impermanence.

Even young children and babies are aware that people they are attached to have gone

Children aged 2–5 years are beginning to grasp the reality of death as the dead person does not come back. These children find it hard to acknowledge the death fully since it threatens the security of their safe family environment. There is also the realisation of their own mortality. When they experience the death of a close attachment source, they will communicate the grief they experience through their play and everyday activities.

Within the historical context (the late 1950s), from which the data was gathered, it would have been much

more likely that the traditional 'mothering' role would have been performed by a woman. If a child experiences the complete withdrawal of their primary care giver at this early stage in life, it could be that they are more likely to feel insecure and scared to go to school. The transition between the death of a mother and the routines created by a new care giver could be what we are seeing in the data, in that the change in daily routine as well as incorporating going to school would further intensify the feelings of insecurity. Bynner & Parsons (2002) Hobcraft (1998) Feinstein (2003) and Joshi (1998) all found that family relationships and transitions had an effect on a child's ability to achieve in an educational setting.

A few years ago I worked with a young girl called Alice, whose father had died and the school reported that she was struggling to attend and when in school would become distressed. When I met with Alice and her mother, we explored the difficulties in attending school and she spoke about needing to be with her mother to ensure that she would also not die. Alice's mum spoke about her own fears of something happening to Alice and her own need to ensure she was safe and well. Being together therefore created safety. It was only when we were able to ensure that the Alice could communicate with her mother via a mobile phone that she was able to re-engage with education by attending the school.

In the process of change following a maternal bereavement, it is likely that a further transition such as attending a new school could sabotage the process of re-establishing a sense of equilibrium. A child who is new to school attendance will not have the practice of school life as a natural part of their daily routine. Most children would show a reticence to this change in their daily habit, but for a child whose main carer has died, this new adjustment could re-awaken or exacerbate the feeling of being unsafe, which in turn creates additional reluctance to attend school.

So reluctance and actual attendance are two separate things and there is the need to consider what takes place in the space between reluctance and actual attendance. A mother who is working at regaining a sense of stability and routine within the family would by implication be more likely than a father to keep the child at home and delay the transition to attend school. Also, a mother within the historical context from which the data was gathered would have been less likely to be working, and therefore the pressures to return to work and therefore send the child to school for childcare would not have been an associated factor. This said, I find Walsh's (2002) ideas are useful here, as she asserts that it is imperative that the child is allowed to participate in the creation of stories that make sense of the death because this empowers the child to feel safe. She goes on to say that, in creating new ideas about the future, resilience emerges to the uncertainty that a parental death produces. Plausibly, a father is less likely to be embedded in

daily household routine, (certainly at the time of the study) he being in an external working environment. If this is true, fathers who are at work outside the home would produce feelings of safety and habit for themselves which are satiated by their return to work and the normalising of their own routine. By implication, this would mean that the child entering school facilitates this normalising for the father.

This idea is supported by Boerner and Silverman's (2001) research that looked at the coping styles of bereaved families with dependent children. Their data consisted of five fathers and five mothers with dependent children. The findings suggested differences in parental coping patterns: mothers showed a more child-focused approach with additional nurturing in dealing with the children. Fathers were shown to be more parent-focused through using an administrative approach in managing the household.

Yet Boerner and Silverman's (2001) findings demonstrated that family life was more disrupted by the death in father-headed households since their attempts to achieve new routines were not always successful. Alternatively, mothers were more aware and seemed to facilitate continuity between past and present roles. Walsh (2002) states that things start to go wrong when a sense of solidarity is disrupted and the structure of coherence and collaboration breaks down. In a sense, this finding could be considered to be negative, because a paternal death leads to the disruption of a child's education because the mother may keep her offspring at home. Yet it is thought-provoking to consider that this transient act of keeping the child at home is part of the readjustment that needs to happen for the family in the context of a parental death. Retaining a routine which is coherent to the child would enable the child to feel a sense of collaboration and solidarity and therefore generate resilience.

When I looked at the data without the mother/father and boy/girl variables, (I will discuss the gender variable later), this age group showed a higher level of resistance to attend school, which indicates that all children, in general, within this age category could be resistant to attend school. This also suggests that there could be a mutual need between the mother and child to retain a sense of routine and normality and that each acts into this need: the child by refusing to go to school and the mother by keeping the child at home. Of course it could be argued that for some children going to school would be a normalising process. Yet this may not meet the needs of the child and parent relationship in the same way as the patterns within the data are showing. The act of not attending school could also be a response to the need to keep the child safe, as well as for the child knowing that the parent is also safe. This would allay worries for both the parent and child in creating a sense of control and thus a feeling of safety. For Alice and her mother, this was certainly the case and the ability to contact each other was of mutual benefit. I also wonder

if the father is less intuitive with his children and lacks the flexibility within his routine to allow a child to stay at home. The child may have had an episode of reluctance, but because it was met with resistance, is less likely to show this vulnerability again. These ideas link to the previous data and by implication may indicate that mothers are more aware of a child's need because of their domestic circumstances and relationship to the child. They, therefore, may be more able to maintain the routines in a child's life and are may also be more able to manage the transitional element of generating new routines that incorporate the shift to school attendance. This shift paradoxically may involve a transient lack of school attendance.

When I looked at the actual reported attendance to school, the data showed that if the death of a father occurred before the age of seven, the child would be twice as likely not to attend school as those whose mothers had died. This reproduces the pattern seen above. The data has displayed three times that the death of a father before the age of seven has an impact on a child's relationship and attendance to school and it has shown this consistently with different variables and with different people reporting the variable. For me this would suggest that this is a pattern that may apply to many families, rather than a spurious finding created by the small numbers within the data.

The act of not attending school could also be a response to the need to keep the child safe

The pattern of non-attendance is also informative, in that parentally bereaved children were absent from school for frequent short periods rather than having a prolonged absence. This would suggest that something other than a long-term illness created the absence. It strengthens the argument that if a child is paternally bereaved before the age of seven their attendance to school is disrupted by the mother and child's need to re-stabilise and gain a sense of equilibrium. The additional transition of attending school in a family already disrupted by death creates vulnerability within a child's relationship to school and susceptibility towards non-attendance. This vulnerability is seen to be heightened by the age of the child when the death occurred which would support the hypothesis that the age of the child is significant in school attendance.

Another finding in the 0-7 age group was that children whose mother had died at this age were more likely to score at a higher level (31.1% more) on the BSAG anxiety acceptance – adult scale* than children whose father had died at this age (13.3%). There is a difference of 17.7%

according to the parental gender of child, which was not seen in the 8–11 age group. This showed that a child was more than twice as likely to be anxious and have difficulty in accepting adults if they had experienced the death of a mother than a father. When we take into account the findings around relationship with school attendance and reluctance to attend school, by implication there could be some connection to the way routines were re-established and a child's heightened anxiety and rejection of adults in this age group.

This arguably connects to Boerner and Silverman's (2001) findings which showed that family life was more disrupted by the death in father headed households and this is seen behaviourally through such children becoming anxious. If a child has experienced a sense of being unsafe and this feeling has not been addressed by the re-working of family routines, they are more likely to develop heightened anxiety to new experiences. It is also more likely in the historical timeframe from which the data was collected that when a mother had died, they would experience a new adult as a main carer as the father was likely to be working. If this carer is unfamiliar with the family routines and patterns of doing things, a child may want to reject the new carer as a representative adult and therefore adults could start to represent the experience and feelings associated with being unsafe.

For a child above the age of seven, school is more likely to be part of the family routine and therefore attending would be a natural way to re-establish routine and create a sense of normalising within the family. Yet before age seven, it is likely that a child would be in a transitional process of becoming a school attendee. What is important for me in these findings is that the disruption to this transition due to a parental death is managed in a different way according to the parental gender. This factor could be significantly connected, therefore, to how the child then goes on to understand and relate to adults and raise the anxiety levels of these children.

A family I was working with talked about the loss of routine in that the father in the family was always in hospital receiving treatment. Due to visiting hours and palliative medical emergencies, their family life and routines were compromised. The younger son, who was 13, started to have episodes where he would become very angry and physically damage the family home. Once routine was re-

established, these episodes receded. In a conversation with the child, he reported that the routines made him safe and enabled him to feel like dad was home.

Re-connecting with the person who has died or is near death can be facilitated by routines enacted by the family. The routines which are connected to the dead parent can help the child to integrate the memory of them into their ongoing lives.

The disruption due to a parental death is managed in a different way according to the parental gender

Conclusion

In knowing and remembering to cut the toast correctly, it is the comfort instilled within routine that serves as a foundation on which to build durable and continuous biographies of loved ones who have died. The maintenance of these routines is especially significant to children, allowing them to establish healthy coping patterns surrounding their grief. Open discussions involving the deceased person is essential to establishing balance in familial relationships. The NCDS study further illuminates the oscillation of bereavement in children, and the profound effect it can have on the family unit. It is imperative that clinicians understand the web of relationships involved in the grieving process in order to continually provide the best quality of care to the families with whom they work. ■

* The Bristol Social Adjustment Guide (BSAG) consists of a large number of phrases to describe a child's behaviour. These are grouped and scored according to Stott (1963 and 1965). The Centre for Longitudinal Studies used the BSAG to collect data for the NCDS cohort study and a coding frame guide can be found at www.cls.ioe.ac.uk/core/documents/download.asp?id=416&log_stat=1. The BSAG has an anxiety and acceptance adult scale which are two variables, one being levels of anxiety and the ability to accept adults.

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