> *"Once upon a time there existed a land where death was never talked about. In this land children were always happy and resilient and bounced back from any loss or trauma they might experience. In fact, children in particular were thought to be incapable of feeling depressed or truly understanding or experiencing loss. Children in this land held their heads high and were "strong little troupers" when faced with issues like death, divorce, or other life transitions. In this land, parents and other children decided it would be better not to talk about traumatic events with their children so as not to "confuse" them or make them feel upset. The less said the better. In fact, the parents and other adults around these children decided to hide their own feelings so as not to upset the children. The adults were very surprised when the children began to behave differently, act sad or angry, or engage in risky behaviors after they experienced a traumatic event or life change. "How could this be," the parents thought, "when we have tried our best to insulate our children from pain?" "Could we have been wrong all along?" "Do children grieve?" (Fiorini & Mullen 2006: p 10)*

One in 25 British children aged between five and sixteen has experienced the death of a parent or sibling. (Bloom 2008)

> *"Every 22 minutes a child in Britain is bereaved of a parent.*
> *Over 24,000 Children are bereaved of a parent each year in Britain"*
> *(Winston's Wish)*

Yet bereaved children are a largely unacknowledged vulnerable group, especially when the deceased is not a close family member. Children's response to loss is affected by a variety of influences; age, developmental level, relationship to the deceased and support systems. Additionally other factors may complicate the grieving process such as a sudden death through murder or suicide where the media and the courts become involved.

Parental loss has the most impact, with the loss of a sibling following closely in significance. Unable to care for themselves even babies are aware of changes in routine leading to feelings of vulnerability (Vaughan-Cole 2006). Signs of children grieving include numbness, disbelief, denial, regression, anger, guilt, imaginary sightings, change of habits, and eventually, acceptance that life goes on. The nature of the death can have a significant impact upon the ability to grieve. Was the death anticipated or sudden, was the child present, and was it accident or suicide?

In this assignment I will look at the theories of grief therapy, how the developmental stages of children informs their understanding of bereavement and will give examples of creative interventions that enable the child to process the bereavement. I will evaluate the benefits and contraindications of the creative interventions, looking at age appropriateness and give examples from my practice.

Theory

Freud wrote 'Trauer und Melancholi' in 1917 in which he introduced two concepts for understanding the nature of grief. Coining the term 'object loss' to describe losing someone or something to which one is attached, he saw the goal of grief as a breaking of the bond between the deceased and the griever, a process he named 'grief work'.

Kubler-Ross (1969) outlined a model that mapped out stages through which progression is required to enable the individual to engage with life again. Her theory developed when working with the dying and their family members emphasizes that to let the deceased go, one needs to experience and work through the emotions of grief. Worden (1996) using the concepts of Kubler-Ross coupled with Bowlby's (1980) theory of attachment and loss and suggests four tasks for children as the focus of the resolution of grief. These are,

> *"accepting the reality of loss…..*
>
> *experiencing the pain or emotional aspects of loss…*
>
> *adjusting to an environment in which the deceased is missing…"*

and

> *" relocating the person within one's life, finding ways to memorialise the person " (Worden, 1996, p. 13-15).*

Later he developed his theories further suggesting that it is particularly helpful for children and adolescents to maintain a connection to the deceased rather than a gradual process of cutting the cords. (Worden 2009)

Developmental Stages and Grief

> *"To give children ready-made explanations about death is to diminish their bereavement experience. From the age of four, children have the ability to comprehend the facts of death, but information alone is not enough; they also need an opportunity to explore the feelings generated by a death in order to believe the facts and come to a personal explanation of their meaning." (Hemmings, 1997, p. 31)*

Between the ages of two and four children are egocentric, believing the world centers around them, they have limited language skills and they lack a cognitive understanding of death, interpreting it as abandonment and impermanent. Family members are usually the best support providing reassurance, and nurturing. Play is their outlet for grief and would be an appropriate intervention, either with sand tray work or toys.

As they progress in age up to seven, their language skills develop, exploring the world outside of themselves mixing fact and fantasy. Death is still seen as reversible, and as the concept of guilt is developed they may believe their actions resulted in the death. For example *"he died because I said 'I hate you'. It's my fault"*. They may act as though nothing has changed, but equally may constantly question, 'how and why?' Symbolic play through drawings and stories may support the expression of feelings. Their greater language skills enable them to talk more easily than younger children, however, the counselor may need to encourage the child through the use of 'worksheets' designed to facilitate the talking process.

Worden (2009) suggests that children aged five to seven can be particularly vulnerable as their cognitive understanding of death does not match their coping capacity.

Between seven and eleven children develop concrete thinking, and although they begin to think logically and start to understand the reality of death, they also hold onto the belief it is reversible. This can be a difficult time to experience a bereavement as the child is beginning to gain in self confidence and socializing skills which may be halted by the confusion of grieving. Even though children are able to verbalise more readily at this age the counselor needs to be careful not to fall into

the trap of assuming that because one child can verbalise their feelings so can another.

Alex was an 8-year-old girl whose father had died. She presented as a shy, quiet, withdrawn girl, who described playtime at school as time spent alone, *"they won't let me play their games"*, working with her with the sand tray and using art/drawing and self esteem worksheets, she not only moved in terms of her grief but also in her self-esteem.

The developmental stages of the eleven to eighteen age range sees children developing formal operational problem solving, abstract thinking and a concept of death. They are often more willing to talk outside of the family. It is important for them to be able to verbalise their feelings and to be heard. Choice is central to working with all children but significantly indicative of this age group.

Claire a 15- year- old found that group therapy was particularly helpful for her. Although the group was mostly adults she felt the process of hearing other people's stories helped her make sense of her brother's suicide. However she valued our one-to- one sessions where she could explore her feelings of guilt and rejection through artwork.

Adolescents are in a position of physical, emotional and social change; they are uncertain who they are separate to their parents, and how they fit into society. Often they are at a high risk of failing to grieve because adults may interpret their restraint in seeking support as meaning they are uncommunicative or

undemonstrative. (Hobday & Ollier 1998, Bunce & Ricards 2004, Trickey 2005 and Judd date unknown)

Creative Interventions

Interventions used are not the therapy but merely the tools. In an article entitled "Creative Interventions for Children, Youth, and Families" by Liana Lowenstein (2006) she describes how children referred for counselling are usually apprehensive and are hesitant to talk about their thoughts and feelings. Creative and play based interventions can enable children to express themselves in a way that feels safe. She says

> *"Regardless of the activity being used, the therapist-client relationship is central to the client's realization of treatment goals. Since the rapport that develops between therapist and client forms the foundation for therapeutic success, the practitioner must create an atmosphere of safety in which the client is made to feel accepted, understood, and respected." (Lowenstein* 2006)

Young children are rarely able to sit still and talk, their preference is to be engaged in activities. Whilst this is natural behaviour a counsellor needs to be mindful of a change of direction, as it could be a signal from the child or young person of avoidance of an uncomfortable subject. A child that switches to an unrelated topic or becomes distracted is very different to one who asks, *"can we play a game?"* Games come in all forms, some such as "Getting to know you" and "The Grief Game" are geared towards promoting meaningful discussion where as "Snakes and

Ladders" and "Ludo" is best kept for a winding down period at the end of the session. I have found that leaving the latter games in plain sight results in the child becoming focused on the end before we have begun. Although it is helpful to have a variety of special games and materials that can be utilised for exploring the child's world and issues, even simple activities can be revealing.

The counsellor must first consider the appropriateness of an intervention, age, gender, presenting issues, and the unique character of the child will all influence the choice. The counsellor's individual sense of enthusiasm, imagination and style of working will also be an influencing factor in the forming of the client's interest and engagement.

An intervention should be clearly explained to the child before commencement, and allowed to reach a natural point of completion. The child should be given as much control over the activity as possible, and may want the counsellor to participate to a larger or lesser degree. (Hobday & Ollier 1998)

Geldard and Geldard (2002) suggest different creative interventions for use with different age groups. Their book provides an easy reference guide but I feel that there could be an over reliance on *"sticking to the book"*. For example it suggests work sheets are least suitable for fourteen to seventeen year olds, however working with a young girl of sixteen, I heard her say that she found identifying her feelings challenging. I used a worksheet with feeling words and faces, one with a large face mask features and one which was a blank mask representing the inner self. The outcome of the exercise was her realisation of the feelings she had denied a voice and kept hidden, and over the weeks we looked at each one.

GAMES

> *"Both adults and children surrender their normal inhibitions and objections to the rules of the game. When playing games, one steps outside one's usual self. Perhaps there is something comforting about the clarity and objectivity of the rules of the game." (Wachtel, 2004:p.92)*

Linnet McMahon (1992) tells of how Peta Hemmings created the game All About Me to support her work. Her experience was that *"children find this game unthreatening and they quickly relax and start to talk about feelings which may have been bottled up for some time" (McMahon, 1992: pg 140)*

Although this is a *'getting to know you'* form of game, it should not be utilised at the detriment of developing a therapeutic relationship. It would therefore be inappropriate to use in the first session, as an awareness of the client would be apposite. It is a simple game of moving around the board with the throw of a dice. What it offers is the opportunity to ask questions without being direct or intrusive. Games can make talking easier and children will often happily answer a question on a card, especially one they have picked themselves.

I have found it is useful to familiarise yourself with the cards prior to a session, evaluating the potential use with each child. Some cards that may appear to be safe in encouraging the child to talk, could lead the counsellor along an unanticipated path. Experience has informed me that although when first considered *"My best holiday…"* appears a safe card, it is always the last holiday with the deceased that is retold.

Jenna, aged nine, had shared memories of past holidays in previous sessions including in detail an exciting trip to Disneyworld. However her answer was, *"Well, we went to the caravan."* Further discussion elicited *"It was my last holiday with Dad"*

It may be appropriate to remove cards such as*, "Do you believe in God?"* when working one –to –one with a child, but, within a group this card could lead to a discussion on different belief systems.

Likewise when considering the Grief Game, cards may need prior selection. There are themes in this game of thoughts, wishes, facts and memories with an overlap of topic. For example there are three variations on the topic of imagined sightings and four on *'what would you/your special person say to you?'* The fact cards may need to be arranged in a sequential order so that they start with less emotive facts, like, *" How many religions can you name?"* before reaching *" Do you remember being told of the death of your special person, what happened?"*

The memories section looks at all facets of the deceased's interaction with the child, from *"What made you and your special person laugh?"* to *"What's your favourite memory of your special person". (Extracts from the Grief Game cards)*

BOOKS

Books and stories plays an important role in personal development for most people, we often identify with characters and so gain understanding of our own actions and those of others. They can be incredible powerful with young people when addressing the issue of bereavement. Animals, people, even inanimate objects are given personalities, emotions, and behaviours to which children can relate, and sense can

be made of the death though the narration and pictures. Events and themes within a story can mirror the child's experience.

A colleague working with an 11-year-old boy on the autism spectrum who had witnesses his father's fatal heart attack, found the use of a book with only images worked well. He would flick through the pages relating the story to the counsellor putting his own slant on the story as it fit for him. For weeks he would ask for the book, each time he added more to the story till he finally sat observing the first image, a family photo with Dad in the picture and the last page where Dad was absent, until he was able to process it. I was working during this time with his younger sister, who was also on the autistic spectrum, and who had also witnesses the death. Although it was suggested that I may find the book helpful with his sister, she had moved further in her processing of the event through sand tray play and it would have been inappropriate to take her backwards. This highlights that there is often an appropriate time for an intervention, and they should not be used simply to extend the counsellor's repertoire.

Although Geldard and Geldard (2002) feel that books and stories are less appropriate for young people over fourteen, my experience is that the appropriate book can help to normalise situations by letting them know that other people experience similar events and emotions. Michael Rosen's Sad Book (2004) helped a young man of fifteen realise that adults also have difficulties with their emotions.

> *"Many children's novels, although not written specifically for therapeutic purposes, are suitable……selection of suitable books rests not only on subject matter but on a critical assessment of the text" (Jones, 2001:p.20)*

The theme of telling stories can be developed into the child creating their own story in which they are offered the opportunity to explore their thoughts and feelings. Naturally creative children with good vocabulary will relish the idea of creating their own version, unlike those with poor language skills who could sees the writing of a story as schoolwork and place the counsellor in a teacher role creating a barrier between the client and counsellor.

As previously mentioned young children have feelings they may not be able to articulate - an appropriate story may help put their feelings into words and pictures. The child's strengths and limitations should be taken into account before selecting a book as the emotional content may cause distress. The story could be developed to encourage the child to make links with their own experiences.

Marion Dowling (2005) suggests ways that storytelling could be developed

1. Questions about the story could be asked such as "I wonder how that little boy felt at the end of the story?"
2. Children could produce their own illustrations to the story.
3. With older children the pictures could be photocopied and they could be encouraged to write their own dialogue.
4. The child could draw their favourite part of the story; this would reveal what was important to the child and what they had taken away from the telling of the tale.
5. The story could be retold using puppets with the child playing parts and creating their own dialogue.

Body language and comments reveal to the counsellor if the story has struck a chord.

Jessica is a 10 year old whose father died whist overseas. Towards the end of her second session having looked at different types of feelings I said,

"We have about 10 minutes felt what would you like to do for that time?"

She asked what could she do, and I offered her choices. Her choice was a story to be read called Badgers' Parting Gift (1998) by Susan Varley. It tells the tale of how the animals grieve when Badger dies, however he has left his *'parting gift'* to them of learnt skills that remind them of his life.

At the end of the story we talked about which bits she liked and about the feelings of the animals.

"I liked the bit where Badger went down the tunnel and he was ok…. he didn't need his walking stick…. He wasn't hurting anymore"

(Spaces are when she was silent and thinking)

ART/DRAWING

> *"Encouraging children to draw their feelings initiates the flow of sensory memories related to what are often overwhelming emotions associated with a specific trauma…....a simple drawing of something such as "worry" can be used to help the child transform what is worrisome into something less troublesome or frightening." (Malchiodi 2003:p.4)*

The creation of an image is a universal mode of communication making a bridge to communication. In the counselling room art is not about technical or artistic ability; however it enables us to express feelings without word. The process of creating

something is as important as the final work produced, enabling children to understand their loss.

Art can be as simple or as complicated as the client wishes. One technique would be to simply ask the client to become aware of their feelings and then using, pencil, paint, crayons to express those feelings on paper. Dialogue could be developed around the finished product with open questions like *"how do you feel looking at it now?"*

Children of all ages can access art, and it is appropriate for use in a variety of contexts, at its most basic level all one needs is paper and a pencil, at its most expressive, paints, materials, card, and found objects can enable children to find a means of expressing their feelings.

There is a belief that Muslim art discourages the depiction of human or animal forms and is therefore a contraindication of using interventions such as Body Pictures when working with children from the Islamic faith. However Dunn (2007) says

> *"There is a ceremony before the funeral when family and friends are permitted to crowd around the body; they will wish to kiss and touch the face for the last time. The burial is the business of men only; they must hold back emotions while wrapping the body without touching it…….It is considered improper for children to be involved in any of these rituals…….Mourning should last for no more than three days when everyone should be encouraged to 'return to normal'; no one should then talk about death and the deceased person" (Dunn, 2007. pg 121)*

He also suggests that it is uncommon to have prolonged grief in cultures where there exist clearly defined rituals about grief and mourning, therefore whilst needing to be aware of cultural differences there may be few occasions where this situation may arise. What would be more indicative is the need for awareness around agency policy on physical contact when drawing around a child's body, and the possible options such as using shadow to create the Body Picture.

Counsellors need to be aware of allowing the child to be *'the expert'* about their work. This enables the child to feel empowered as they tell their *'story',* recalling memories and emotions. Work could be incorporated into a scrapbook or folder however there may be contraindications for some children such as those who find difficulty focusing on one activity for extended periods.

Conclusion.

Death is an experience for most children, a pet, a grandparent, friend or caregiver, and grief is a natural process of mourning. For many the simple intervention of telling their story, being heard and validated is enough and receiving the support of family members is appropriate and sufficient. However there may be families where their own grief precludes this, or, they feel *'out of their depth'* with the child's emotional and behavioural responses and seek counselling.

> *"We do have a responsibility, however, of being clear with our children that death is a normal, natural, and inevitable part of life. Adults are able to spread their emotional investments across many people – friends, partners,*

> *children, lovers. Children have everything invested in their parents" (Dunn, 2007: p. 82)*

The child's counsellor should be aware that the principal dissimilarity between bereaved adults and children is that generally, intense emotional and behavioural responses are not continuous in children. Also it may appear that a child's grief is briefer than an adult's, but I would suggest that it is intermittent, needing to be revisited at differing significant life events such as moving school, becoming a young adult, marriage and the birth of one's own children. Given that children have a differing understanding of death dependant on their developmental stage, then any intervention used beyond talking therapy should be chosen taking the child's strengths and weaknesses into account and should be timely introduced.

If therapy is engaging, innovative and sustains interest, then children will willingly interact, however the emphasis should be not on the intervention itself but on how it can engage the client and support the issue. Activities that are chosen to match the child's movement through the therapeutic progress will support their psychological safety whilst overcoming internal difficulties and resistance. I feel that games provide an intervention to which children can easily relate, however I feel that there is the potential for counsellors to be over reliant on their use as an *'easy'* way of developing rapport. For all age ranges books can be a useful creative intervention with the proviso that the counsellor does not utilise one book for all situations and ages. There may also be an over expectation that merely reading the book will resolve the problem. Art whilst useful for all age ranges does have the potential to be associated with school and the associated pressures of criticism of the final product.

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