

ESSAY FRONT SHEET

Quality Training UK

Post Qualifying Diploma in Counselling Children and Young People

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**Essay Three – Specialist Areas of Work in Counselling Children and
Young People**

**Describe one specialist area of work with young people and evaluate the
use of a variety of creative interventions in your own working practice.**

Authentication Statement

This essay is an original piece of work. It is my own work and has not been submitted either in the same or different form to this or any other Institution for any qualification.

Signed.....

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Introduction

For the purpose of this assignment I will explore the specialist area of childhood bereavement. Bereavement is a complex issue and people experience their grief in many and varied ways. I think it also important to remember that loss is not only experienced through death, loss applies to the mourning of many types of losses.

Death is a part of the human experience therefore to grieve is a natural process. I will explore how family and carers can influence the grieving process in children.

“Fear of death is not only a cultural phenomenon but a part of being human. The knowness of life and the unknownness of death, the termination of the natural joys of living, the conclusion of the relatively controllable activity of life all create a pervasive dread of death touching every man” E,A Grollman (1967)

There seems to be an inherent fear of exposing children to the finality and reality of death which can result in the idea that children need shielding from it, because if not they will become panic stricken and unable to cope. Adults are frightened of the finality of death and perhaps for this reason many adults try to keep from children the idea of death. Adults try to protect children which can often be from their own anxieties in relation to death. Traditionally, the feelings and beliefs of bereaved children have been mostly dismissed due to a belief that children do not understand, do not have the awareness or

feelings of adults, and need to be protected from death. As Grollman (1967) states:

“The gap between what the adults say, don’t say and do s well as the underlying feelings that the children sense is likely to cause more confusion and distress than if the parents/ adult tells the child the truth”
(Grollman, E, A, (1967) pg 26)

There are a number of factors that contribute to the child’s grieving process. In this essay, I will study bereavement through the varying developmental stages of the child, looking at the grief process and the effect of attachment patterns. I will also examine the form of death to the attached person, the cultural background, previous exposure to death, financial impacts, security and stability within the child’s culture as well as the emotional well-being in the child’s environment.

All these factors could mingle will interweave with the age, the cognitive ability of the child and young person. To help children cope with a bereavement we must be prepared to support them through their pain, sorrow and anxiety. We cannot make things different but we can make a difference. In order to help support children at the time of a bereavement we need to be able to understand how they think and how they process information. Children’s grief follows a different pattern from adults in that it varies according to their age and ability. (www.bbc.co.uk)

I will give examples of client work and creative interventions used within my own practice that have enabled me to work with a child or young person while taking into account any contraindications for using such techniques.

Main Body

Death is a universal and inevitable part of life, making grief and inextricable part of the experience of living, despite this it is still a remarkably taboo subject in our culture, rarely openly discussed amongst adults and much less so with children. Bowlby (1988) suggested that children could follow 'atypical pathways' through mourning if they were not given adequate information about the death and had no one to help them come to terms with their loss.

The most common immediate grief reactions in children are shock and disbelief, dismay and protest, apathy and being stunned and a continuation of usual activities. Children can be faced with anxiety, vivid memories, sleep disturbance, sadness and longing, anger and acting this behaviour out, guilt, physical complaints and problems resonating at school.

As Research suggests the link between childhood losses and subsequent mental illness in later life, it is surprising that more attention is not given to promoting healthier patterns of grieving in childhood. Thompson (1997) explores attitudes towards death in the western culture, suggesting that children are subject to inherent ageism in our society which denies them the opportunity to receive the support they need to experience healthy grief. This leads to a mystification around death which 'undermines an honest and open approach to bereavement issues' and a failure to address the affects of loss in

childhood. The child can then be left feeling even more isolated because what they are feeling is not sanctioned by society perhaps because the concept of 'children' and the concept of 'death' are seen as alien to each other.

Death as a discussion between adults is commonly treated as if it were prohibited where children are concerned as stated in Grollman (1967)

“Adults themselves are reluctant to acknowledge, as we have noted the inevitable fate which waits us all, and hence are the least likely source of information. Moreover, there are often concerted efforts to deny the child an awareness to death” E, A, Grollman (1967) pg 51

Children are faced with a scarcity of resources, support and understanding to give them the information and support they need following bereavement. The consequences of this can have a huge impact on a young person's life, leaving them with complex emotional and behavioural problems and reduced ability to cope with future losses. Children who are bereaved feel the same grief as adults, but handle and express it differently, they may have additional needs because of differences in their level of understanding and relative powerlessness in making choices about how they grieve and access information. (Bowlby, 1980). If their needs are left unmet they may require specialist care and support to help them to adjust to their loss and to begin the process of healthy grieving.

Children of differing ages react in a number of ways to the death of someone close, and not always how the adult may behave or expect the child to behave. Toddler's children and adolescents view death differently as a Childs understanding of death comes gradually.

A child under five has little abstract sense of time or distance so the words final or forever mean nothing so, dead means alive, death is a sleep or journey and death and life are interchangeable. Younger children who still think in abstract terms may feel confused about what happens after death; particularly if it is explained to them in abstract terms such as saying 'the dead person is asleep' or 'gone on a long journey'. It is not uncommon for a child at this age to whom death has been explained in this manner to be afraid when his or her parents are taking a nap, or sharply protest if somebody is leaving on a long journey.

Even though smaller children's concept of death is not fully developed, there is no reason to doubt that they react strongly to loss at this age.

Dyregrov 2008 pg 16

From five to ten, death can be a frightening; death is final and often seen as the end result of violence and aggression. There can also be an intense interest in the rituals surrounding death. At this age children are still resistant to the possibility of death happening to them. In the same way as younger children they are concrete in their thinking and need concrete expressions (rituals, pictures, and tombstone) as support in their grief work. As children grow older they understand more of the cause behind the events, making

them occupied with the justice/injustice of the event. Many children will cope better if given detailed information about the different aspects of the event.

Already in the pre-school age, but more markedly in the early school-age, there seems to be a shift in children's willingness to express their feelings. Boys, especially, may start to suppress their feelings, in parallel with the learning that takes place within peer-groups and through observation and direct learning from adults (e.g. 'Big boys don't cry') Dyregrov (2008)

Callum is a young boy aged ten who's Nana had recently died. Since her passing Callum's behaviour had changed within school and home. He had become 'according to his teachers' aggressive and angry. I quickly realised that Callum was resistant to the counselling process even though he had agreed to come. During the first three sessions Callum engaged very little, however, he would engage in play and creative drawing and writing, the process was non-directive ensuring I was accepting Callum for who he was, as well as respecting his ability to solve his problems within the therapeutic environment. Over time Callum gained more eye contact as well as becoming more expressive and verbal throughout his play. On the fourth session I invited Callum to draw me a picture of his life as it is now. By allowing him time and space without intervention gave him the opportunity to focus on his creative drawing. Callum drew his picture in days, and Tuesday was coloured in black whereas the other days were bright colours, exploration of this led to Callum talking about how Tuesday was his 'special day' with nana and how Nana died on a Tuesday. Callum felt that had he behaved differently with his

Nana things might have been different. By exploring his own helplessness in this event, enabled Callum to have an understanding of his bereavement, as well as his feelings and emotions.

From ten onwards death becomes tangible; it is the perceptible end of life, dead means dead and is inevitable, final and universal. So from this age most children will have an adult view of death, however this will depend on their development and past experiences of death. The best way to understand what children think and feel about death is to listen carefully and be guided by them. (www.bbc.co.uk)

When working with Chloe who was thirteen and had lost her dad a year earlier I made the assumption that she would be capable of discussing thoughts and feelings in an adult way, however, it appeared that Chloe did not understand the words I was using, and didn't have the ability to express herself verbally. Therefore, I utilised a number of feelings cards which allowed the exploration of her grief at a level that was comfortable and appropriate to her level of development. Chloe followed on to make a scrap book with special memories of the things she did with her dad, including photos, concert tickets and drawings.

As Dryegrov 2008 stated:

“Although the development of children’s understanding of death is linked to their general cognitive development, it also seems to reflect their experience of death and dying. If a child experiences death at close hand, and is given explanations surrounding the death, he or she is likely to grasp these facts of life more readily than other children”

Dryegrov (2008) pg 21

To begin the process of helping children to grieve, it is important that information regarding the death be delivered in an age appropriate manner so that children are capable of understanding what is being said. Children are often capable of meeting reality openly and directly. Problems in understanding arise because adults underestimate children’s abilities and resilience. A central principle in grief work with children is to see the child as a person in their own right a concept which is central to child-centred play therapy (West, 1996)

Creative interventions are alternative ways of working, which includes nondirective play activity such as miniature animals, dance, drama, art, drawing, clay, puppets, creative writing, story telling, music, and guided visualisation amongst others. Worden (1996) states:

'The assumption underlying this approach is that children process conflict and anxiety through play, imagination and creative activity. The counsellor uses these activities to explore the child's adjustment and to facilitate grieving within a safe context' Worden (1996) p155

Although there are a variety of creative interventions which counsellors can utilise, with each having their own strengths and particular areas of focus, it is important to ensure that interventions are appropriate to the goals of therapy and appropriate to the setting in which it is used. Creative interventions are very powerful metaphors which work at an unconscious level and it is imperative that the counsellor ensures that the client feels safe, secure and supported and that the intervention will not retraumatise/ traumatise the client.

It is central for the young person to be able to understand and negotiate what we are trying to achieve in the session. When working with creative visualisation in order to create image, there is a possibility of introducing material which could trigger difficult memories. I always ensure that I start in a safe place and give permission to return to this safe place at any time. Our relationship therefore, needs to be one of trust in order that the young person feels confident and safe to engage. I always ensure there is time at the end of

the session so that the child can be grounded and safe to leave. It is important for a therapist to be aware of whom not to use creative visualisation on, as there are a number of contraindications to consider. For example: you wouldn't use a flowering meadow with a child who has allergies, or use visualisations including water with a child who had a fear of water.

When working with children it is important to let the child see that it's ok to ask questions, allowing them to see it as a part of human life without the fear of upsetting adults. For example: Anna who was nine had become insular and isolated since the death of her mum, this was due to the fear of upsetting her dad. Anna was not given detailed information about her mums illness and subsequent death thus not allowing her to understand death as well as the feelings and emotions that come with it. By using various literature that was age appropriate and explained the process of death and dying as well as a work book that enabled Anna to explore her suppressed feelings and emotions, allowed her to see the normality of grief and the acceptance of her own feelings and emotions.

Children are often unable to explore verbally how they are feeling and McMahon (1992) suggests this is especially true of children who have experienced losses at a very young age; they have been subject to intense feelings around separation which have been left unprocessed but which are still having an unconscious effect on conscious feelings and behaviours. Children who have experienced loss on a preverbal level may hold the memory on a bodily, sensory level which needs to be communicated and

experienced symbolically. McMahon (1992) explores the therapeutic benefits of play therapy in relation to how distressed children can make sense and use of 'magical thinking' spontaneously bringing features of their distress into their play enabling them to express feelings safely through metaphor and symbolism.

When I started working with Georgia who was nine and had been the main carer of her mother both before and throughout her terminal illness until her death she presented as being very insular. Although being a member of a number of social groups and having many friends she presented as particularly 'lonely' within the 'child's world'. However in her 'adult place' (teaching smaller children to dance) she became confident and appeared to be more comfortable. Hence having developed a strong working relationship over many months I asked her for her help. I asked her if she could offer me some guidance on how best to support other bereaved children i.e. what kind of things would she say to them?, we engaged in role play swapping our positions (she used a flip chart and I sat behind a desk) thus allowing her to use her sense of carer/teacher but expose the 'bereaved child within' in a way that felt safe and comfortable for her. Her level of communication and self expression improved vastly and I was able to share and support her through her thoughts and feelings and at an appropriate time and pace to meet the 'real child' and release the 'adult responsibilities'. The potential contra-indication of her being placed in 'another' adult position was a significant consideration given that my work with her was to enable her to express her grief as a child rather than a responsible adult. I acknowledged that the timing

in this sense was a crucial element of the intervention and in the best interest of the child, realising that to introduce the concept too early within our work could have actually compounded her feelings of responsibility.

Children bring a range of emotions into therapy and It is not uncommon for bereaved children to deny trauma, feel shock, guilt, anger, fear, and confusion and loss following the death of a loved one and can express these feelings thorough challenging behaviour or withdrawal and surviving these feelings can be safely promoted through non-directive play therapy. Axline (1969) describes non-directive play therapy as an opportunity to experience growth under the most favourable conditions. Since play is his natural means of expression, the child is given the opportunity to play out his accumulated feelings of tension, frustration, insecurity, aggression, fear, bewilderment and confusion.

Seven year old Holly had been referred following the death of her older sibling. Her parents felt she was abnormally talking about her sister as well as engaging and playing out activities they used to do together. By listening to the parents I assessed they had kept information from her as not to upset.

By offering a safe environment in which to act out these rituals through play Holly was able to gain a better understanding of what had happened and at the same time the therapy brought her closer to her sister. For a while Holly's play was to bury numerous toys while leaving other toys on the surface of the sand (the grieving toys) having repeated this many times she eventually was

able to put words to the feelings that the grieving toys were experiencing, helping her to link words to the feelings she was experiencing.

As quoted in Smith & Pennells (1995):

“It is a way of giving the child the opportunity to ‘play out’ her feelings and problems and to learn about herself in relation to the therapist, who will behave in such a way that the child is secure” Smith, C, Pennells, M, (1995) pg 69”

Conclusion

Grief is a process which enables us to adapt and adjust to a life without the person who has died. Kubler-Ross (1989) in *Stages of Grief* describes feelings and behaviours involved in the grieving process. These are not linear – people move around within the various stages and phases and this has to be remembered when working with children and young people.

As shown in order to support children in their grief it is important to acknowledge their grief. Allow the child to talk and never tell them how they should or should not feel. The child’s reactions are what matters. As adults and therapist we need to communicate clearly by being open and honest as well as ensuring explanations suit the child’s age and stage of development. Children need to be given time to process the information by answering their questions, listening and accepting that the child’s play/reactions are a part of the grieving process. Straightforward counselling might not be suitable for

young children whose verbal communication skills are not sufficiently developed and who only have limited ability to express themselves in words. Creative interventions are a helpful alternative or addition to talking. They can be very useful ways of enabling children to express their loss.

There is no set formula for grief and mourning. Each situation and child is different and so too are their reactions to the loss. Children experiencing bereavement are suddenly thrown into a complicated world of intense feelings and often without the support and information needed to begin the process of healthy healing.

Overall, whether the bereaved person is young or adolescent, there are certain to be factors involved in his or her reaction that are to do with youthfulness. These might include feelings of being uninformed or misinformed, confused, powerless, insecure, angry and isolated. The possible outcomes of these feelings continuing, unaddressed, into adulthood are serious. As stated in Dyregrov (2008)

“When children’s needs are accepted and they are helped to confront what has happened, the grief process will proceed more satisfactorily”
Dyregrov (2008) pg 80

It is important that as counsellors we understand the contraindications of any creative interventions we might use with young people and the impact this can have on the child and therapeutic relationship. For example when working

with bereaved children the focus is on working with the child's grief, accepting the loss and moving on, so to ask a child to describe a miracle day or to engage in a creative visualisation would not be suitable as the child's fantasies of the dead person would be compounded. As Dyregrov (2008) states:

“Children's fantasies and casual thinking may have a negative influence on their grief” Dyregrov (2008) pg 80

Overall creative interventions seem to have direct therapeutic value in helping children to work through painful and complex feelings, allowing children to work out what they need from their environment and giving them the courage to ask for it. It is then that the work of parents and carers, as part of the systemic working be ready and open to respond to what their children need when they have decoded some of their feelings in the therapeutic process.

Bibliography

- Thompson, N, (1997) Children, death and ageism. *Child and Family Social Work*, 2, PP59-65
- Bowlby, J, (1980) *Attachment and Loss: Volume 3; loss, sadness and depression*. London; Hogarth.
- Bowlby, J, (1988) *A Secure Base: The clinical applications of attachment theory*. London, Routledge
- Grollman, E, A, (1967) *Explaining death to children*. Beacon Press London
- West, J, (1996) *Child Centred Play Therapy 2*, London, Arnold
- McMahon, I, (1992) *The handbook of play therapy*. London Routledge
- Worden JW (1996) *Children and Grief* Guildford Press New York
- Smith, C & Pennels, M, (1995) *Interventions with Bereaved Children*. Jessica Kingsley Publishers London
- Axline, V, M, (1969) *Play Therapy*. New York Ballantine Books
- www.bbc.co.uk/health/emotional [Date accessed] 06/05/10
- Dyregrov, A, (2008) *Grief in Children* Jessica Kingsley Publishers London
- Kubler-Ross E., (1989), *On Death and Dying*, Routledge