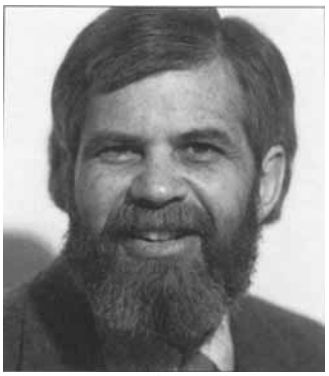
The young person's support programme



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The young person's grief support programme was set up in 1983, following requests from parents, relatives, friends, hospitals, schools, social services, clergy and the juvenile courts for some type of assistance for young people suffering the effects of grief following a death. The programme assists young people and their families after the death of a significant other[1].

GRIEF IN CHILDREN

Children, like adults, are concerned about dying and death. Grief is often more traumatic and severe for a child than for an adult. The outcome of grief is less predictable and may be more emotionally crippling because a child is building a foundation for growth and development[3]. Many children and adolescents, after the death of a parent, grandparent, sibling, relative or friend, show signs of problems with peers, unwillingness to remain in school, difficulty in learning, unreasonable withdrawal, anger, depression, suicide attempts, juvenile delinquency, increased alcohol and chemical use, inability to communicate, clinging to adults, nightmares, guilt and aggressiveness[4–11].

Children and adolescents who are in deep grief for any length of time can experience a severe emotional impact, which could slow their development. Studies[12] have shown that the death of a parent seems to have a delayed effect, especially for children who are bereaved in early childhood. Once adult, they experience problems such as depression, difficulties with gender identity, various psycho-somatic complaints, and even psychosis[13–14].

A very important point, often forgotten, was addressed by Susan Foster[15]: 'Children should be encouraged to talk freely about being born and about dying and death. They need to express their fears and fantasies to someone who can listen. Parents may not always be able to do this after a death.' Wolff[16] suggested that only when parents are helped to master their own, often conflicting feelings in the face of death will they be able to adopt realistic and helpful attitudes towards their children.

EDITOR'S NOTE

Wolfe describes his structured bereavement group work with children and it is of interest to compare it with Kitchener and Pennells' approach to groups[2].

Setting up the programme

I and a medical social worker were asked by St Mary's social service department to help design a grief programme. At that time only two grief groups existed for children in Minnesota as continual programmes, both held at children's hospitals. One was restricted to young cancer patients and their siblings, and the other to children whose siblings had died. We needed a programme for youngsters who were bereaved from any type of death. A study[17] found nothing similar to St Mary's Grief Centre on the national level.

Before each programme, we place advertisements in the local paper and mail our free quarterly newsletter *Grief News* to 3,000 professional organisations and members of the public. Media coverage also helps to publicise the programme. We do not make phone calls to people about the programme unless we have been asked to do so. We do not solicit.

Registration for the programme is accepted only from a parent or guardian. Most youngsters join between two months and two years after the death, but we have had individuals start in a group one week after a death, many others after three, five or even 10 years. We decided to have no 'absolute time rules', and this has worked extremely well.

Each programme group should have between four and eight participants guided by two professional consultants – ideally one of each sex. The consultants have been medical social workers, bereavement counsellors, graduates in counselling and social work, senior students in social work, an art therapist and myself.

The programme structure

The most important component of the programme is the preliminary interview with each child and, if possible, a parent or guardian, in their own home before the group starts. This visit is a way of getting to know the youngsters, their role in the family, and their environment. Parents have made many positive comments about these visits, and many feel that their youngsters probably would not have participated in the programme had we not made contact with them on their 'own turf'.

Groups are arranged for ages five–nine, nine–thirteen and 14–17, although we have participants younger and older than this. For seven weeks we see the youngsters, and the eighth week the parents and/or guardians. Many of the

parents or guardians who attend have also been to other grief support groups at St Mary's Grief Centre or have sought one-to-one counselling through the Centre.

Each group meets from 3.30 to 5.00pm in a very comfortable room with couches and chairs, close to the toilets, which is a must for the youngest age group. Biscuits, milk and lemonade are available for the two younger age groups and coffee is added to that list for the older one. The children rate the food highly and eating it together is usually a 'loosening-up time' for conversation. Work books are handed out to each participant in the younger age group and each week more 'pages' are added. Discussion is used almost entirely for the other two age groups, except for a few sessions where homework assignments are set. At the final session, certificates of programme completion are handed out as well as the names, addresses and telephone numbers of the group members and both consultants.

Some 444 youngsters have been interviewed for the 60 programmes offered in the past eight years, although 22 of these never attended a session. Some 368 have completed the programme, of which 214 (58 per cent) were girls and 154 (42 per cent) boys. For various reasons, 54 children dropped out, most of whom were adolescent boys. Many of those who left stated at the home interview, 'I'll try it once or twice to see how it will be.' In a number of cases it was amazing they had even come for the first group session.

During the first three years, those who 'graduated' from the programme were offered support groups every six months, with the young people and their parents still meeting separately. Our goal was to see how the young people were doing, both from their perspective and their parents'. Some youngsters came regularly; others did not attend at all. Although the reunion groups worked well, we are no longer able to continue with them because there are now too many children who have 'graduated'.

GROUP SESSIONS

Each session, although apparently loosely structured, was designed to cover certain themes.

Session 1

Explain group history and go over rules of the group. Members introduce themselves and talk about the deaths they have experienced. If time during this session, they are also asked to describe or, in the case of the youngest group, to draw, 'What comes to your mind when you hear the word death?'. Middle and oldest age groups are also asked to say or write what they hope to gain from the support group.

Session 2

What is grief and how have you changed since the person died? What did you do that you thought was perhaps not normal after the death? Describe how your parents are grieving. Using brainstorming techniques, the subject of feelings is discussed. What did you do with the possessions of the person who died?

Session 3

Likes and dislikes of the dead person are shared and a picture of the person is shown. Each member tells the group the biography of their dead person. School settings (grades, friends, support systems) and home environments (what changes have they seen?) are discussed. How are parents, grandparents and other relatives dealing with the death?

Session 4

Possessions of the dead person are brought and their importance explained to the group. We discuss developing a new relationship with the person who has died. Difficult issues are brought up, such as dating by single parents, remarriage, and what will happen if the remaining parent or caretaker dies?

Session 5

We talk about the funeral and exactly what happened at it. What support did the church or school provide? The younger members draw the funeral. Those who did not attend the funeral or visitation are asked first to describe it, and then to draw what they thought it had been like, and this is then clarified before the next session by their parent or guardian.

Session 6

Funeral-home visit to see a casket room, preparation room and so forth. No dead people are seen. After the 45-minute visit, we come back to the medical centre for a discussion about what they learned and how it felt. The youngest are asked to draw what they liked best about their visit.

Session 7

What did you like/dislike about the group? What did you learn and how could you help someone else? Why do you think your parents or guardians wanted you to join, and what changes in yourself have you noticed over the past six sessions? What coping skills have you learned? What would you tell others about attending a support group for bereaved young people? What would you want to say about supporting children after a death? What do you want us to share with your parents or guardians next week when we meet them?

Session 8

Parent/guardian session. Introduction of each adult member. Why did they want their youngsters to join a group and what changes have they seen over the seven weeks? What did the parents feel were the pros and cons of the group?

FEEDBACK FROM GROUP MEMBERS

The following comments were made by some of the young people after they had completed the programme:

'I learned to open up and say what I was feeling. The grieving process is a long hard one but with people at the group it really helps.' (20 year old)

'I can talk about my brother's suicide a lot easier now and I feel the group cheered me up.' (14 year old)

'I like best that all the kids there were my age and they all had similar experiences to mine.' (11 year old)

Parents made the following comments about meeting each other as part of the programme:

'Was good as we had a chance to ask about unsettled questions.'

'It also helps the affected parent realise the problems are not only theirs, but many are shared by others. It also gives one ideas how to cope with their problems.'

'Was good to hear other parents talk about their relationship with their kids.'

Offshoots of the programme have been presented in the USA and abroad to a wide range of people and organisations. If St Mary's Grief

Centre can assist you or your organisation, please feel free to contact us.

Other groups for young people have grown out of the Centre's programme. Our SIB's group, for children aged 7–13 who have a sibling chronically or terminally ill or with special needs, has been meeting monthly for the past six years. A six-session programme called 'Kids Can Cope' helps young people aged 8–16 who have a family member or friend with cancer, or any serious medical condition. For the siblings of children with special needs, we also run day and weekend workshops.

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REVIEWS

BOOKS

DEATH, DYING AND BEREAVEMENT

Donna Dickenson, Malcolm Johnson (eds). London: Sage Publications (in association with The Open University), 1993. £35.00 hb, £12.95 pb.

Neither a clinical guide nor an academic critique, this unusual book is a scholarly compilation of 65 separate writings expressing diverse viewpoints on the complex human issues surrounding death. These range from historical to modern, professional to personal, and scientific to literary. Indeed, the collection is a set text for the newly created Open University course *Death and Dying* – another indication of a growing national interest amongst many different groups in the subject of 'death studies'.

The book is divided into four logically sequenced parts, each with an initial and very helpful overview. The first part, Life and Death, has perhaps the most formidable task – namely of introducing a variety of contexts within which the contemporary meaning of dying and death are embedded. The result is a poignant, sometimes bewildering, juxtaposition of accounts. The second part, Preparing for Death, addresses the personal questions and uncertainties of those facing death and the professional and moral dilemmas of those who care for them. There are no easy answers to be found here but many valuable viewpoints on difficult issues such as euthanasia, living wills and organ procurement. The third part, Caring for Dying People, has a more pragmatic focus with a particularly emphasis on palliative medicine. A key theme emerging here is the importance of open communication. The fourth and final part, Bereavement: Private Grief, Collective Responsibility, explores the experiences of those left behind and how they can be helped. Here are some of the book's most personal and stirring accounts of loss.

The layout of the parts, along with the introduction and index, not only makes casual exploration easy but also lends the collection a sense of coherence, even completeness, for which the authors should be commended. My only criticism, necessarily personal but still I hope noteworthy, is the omission of any reference to childhood bereavement.

In summary, by approaching their subject through many perspectives – historical, medical, sociological, legal, theological and personal – Dickenson and Johnson have created a thoroughly readable, informative and enjoyable book which, at an affordable price, will hopefully open up new avenues of inquiry for a very wide readership. For those trying to help the dying and bereaved, this volume will inspire and move you as much as it will inform and guide your work.

Dr Bill Young
Senior Registrar in
Child and Adolescent Psychiatry

GOOD GRIEF (1 and 2)

Barbara Ward and Associates. *Uxbridge: Good Grief 1: Exploring* Feelings, Loss and Death with Over 11s and Adults, 3rd edn 1992. Good Grief 2: Exploring Feelings, Loss and Grief with Under 11s, 1st edn 1989. £25.00 each, spiral bound.§

There are children in every school who experience major loss through death or divorce. Yet there is little discussion about these issues, and teachers often feel unsure how to assist such children. Many different types of loss, including positive loss (eg moving house), can lead to grief and sorrow. When these are recognised and young people helped to work through the process of grieving, this provides not only immediate help but also a preparation for the major losses we all encounter.

Good Grief, described as a teaching pack, was developed as a response to teachers' needs for information and guidance. There are two books – one aimed at children under 11 years old and the other for over 11s and adults – and each divides into three sections.

The front section contains a series of short papers and articles, which aim to inform teachers about various aspects of loss. Some are written by mental health professionals, others by teachers giving their own experiences of coping with death and disaster, and yet others give practical advice.

The second section, which is the most extensive, contains a wide range of activities and teaching ideas arranged under several headings, eg feelings; what is death?; living with loss. Within each group the objectives are clearly stated and the teacher is referred to other parts of the book and to additional books for background reading. Ideas are then given about teaching approaches, content and activities. In the under-11s pack, ideas are often presented by describing successful school projects, and examples of children's work are included. In addition to teaching ideas, the over-11s pack contains many photocopiable work sheets for use in schools or other pastoral settings.

The final section of each book, the appendices, is a collection of reprinted newspaper and magazine articles, further short papers and extracts from books, book lists for students and teachers and useful addresses. The activities and teaching ideas draw on these materials as appropriate.

Marianne Urbanowicz
Educational Psychologist

§Available from Cruse—Bereavement Care, 126 Sheen Road, Richmond, Surrey TW9 1UR. £25 + £3.75 p&p.

TEEN PACK

Northern Ireland Cruse. 1992. £3.00.*

This well-presented, slim pack contains leaflets for teachers and counsellors of bereaved teenagers, guidelines on what to do after a death (information that seems to be aimed at adults rather than teens), and a series of leaflets that aim to explain grief and mourning in simple terms for teenagers. The topics include a look at the effect on friends at school, the emotions one feels, and changes in the family. Some poems and a book list are aimed at younger children as well. Although there is a special sheet on bereavement in Northern Ireland, which will be of special use and interest in that setting where violent death is far too common, the rest of the pack will have universal application and should prove a useful addition to the aids already available from Cruse to help counsellors, parents, teachers and others who have the task of helping young people to cope with a bereavement.

Dr Dora Black
Consultant Child Psychiatrist

*Available from Cruse—Bereavement Care, 126 Sheen Road, Richmond, Surrey TW9 1UR. £3 + £1 p&p.

FREDDIE. A DIARY OF A COT DEATH

Sarah Key. London: Heinemann, 1991. £10.99 hb.

THE FRUIT OF THE TREE

Jacqueline Luben. London: Nelson Houtman, 1992. £6.95 pb.

These personal accounts describe what happened when each author experienced a cot death – a baby dying from sudden infant death syndrome.

Sarah Key starts with the death and, in the months following the tragedy, uncovers through her diary the events leading up to the birth, the death and her reactions. This is a painful, honest book, which brings the reader face to face with many of the raw emotions that parents experience at such times. There is little about the emotional reactions of the other members of the family, but perhaps, bearing in mind the self-focusing that grief brings, in a personal diary this is not surprising. Particularly poignant is the epilogue.

Jacqueline Luben starts her story with her marriage, the struggle with a new baby and no money. She is able to share the trials of her early marriage humorously – the pain of living in a house that was being constructed around her, away from her family and friends, miscarriages, illness and the loss of a close friend. Her attachment to the house and garden grows while she is carrying Amanda. It is not until more than halfway into the book that Amanda is born. The author's readable style and the background setting to the trauma make the emotional pain easy for the reader to bear.