Resilience and bereaved children

Helping a child to develop a resilient mind-set following the death of a parent

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Abstract: The article considers a variety of inter-relating cognitive, relational and social factors that can have an impact on a bereaved child developing a resilient mind-set. It identifies some of the risk factors that can complicate a child's response to a parental death. Particular attention is given to the relevance of gender issues in relation to resilience. Guidelines for practice are outlined. Finally, the importance of understanding memory processes in developing a healthy connection between the child and the parent who has died is discussed.

Keywords: Parental death, bereaved children, resilience, gender, memory processes

Some children who have faced great emotional, physical, and environmental adversities survive, and even thrive. Yet others face ongoing struggles, often finding themselves as educationally underachieving adults with a series of failed and abusive relationships, living in deprived conditions with a range of mental health problems. Looking at resilience in bereaved children, we need to ask: what enables the survivors to succeed? How much of their survival can be predicated by genetics, parenting, education, mentoring, temperament, and mental health (Brooks & Goldstein, 2005)?

Resilient children are not simply born that way; nor are they made from scratch by their experiences. The question is no longer whether, and to what degree, genes or environments matter, but how genes and environment work together to produce resilient children and adults. Brooks and Goldstein (2001, 2002) put forward the concept of building stress hardiness by helping children to develop a 'resilient mind-set.' The degree of success the child has in overcoming obstacles is a complex combination of personal strengths and vulnerability as well as ongoing interactions with their families, friends, and community networks.

A resilient child is not only a child in a certain set of circumstances, but ultimately a child with a certain set of attitudes (Brooks & Goldstein, 2001). One in five young people bereaved of a parent are likely to manifest emotional and behavioural symptoms at a level that requires referral to specialist services (Dowdney, 2000). We have both the research and the interventions to help bereaved children (Sandler, Wolchik & Ayres, 2008). It will therefore be unforgivable if we leave future generations feeling confused, isolated and excluded.

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All the case scenarios and quotes in this article are from families that have been involved with the service provided by Winston's Wish, a UK charity for bereaved children that helps young people re-adjust to life after the death of a parent or sibling. Names and some identifying details have been changed or omitted to preserve confidentiality. The term 'parent' is used to include parent, step-parent or other key carers in a parental role.

Resilience when a parent dies

The International Resilience Project, which surveyed almost 600 11-year-old children, described the most commonly mentioned adversities reported by children. Top of the list was the death of a parent or grandparent

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(Grotberg, 1997). A child who is adapting to the death of a parent is unlikely simply to recover quickly. If they did 'bounce back' immediately it may suggest an ambivalent or inhibited grief reaction. Moreover, the child will be adapting to major family change, which often involves many secondary losses alongside all the natural reactions of grief. Additionally, their surviving parent may be significantly affected by the death themselves and the child's everyday relationships with friends may feel awkward.

Clinical experience at Winston's Wish has shown that children bereaved of a parent will generally experience a better outcome when they:

- have a secure attachment and positive relationship with at least one competent adult (ideally their surviving parent if they have one)
- maintain a healthy connection to the dead person
- engage well with their peers
- have an area of competence that they and society value.

Stephen

In a recent evaluation, parents who had experienced a child bereavement service were asked if they felt that their child showed any indication of resilience. This was Stephen's mother's response:

> 'Steve has said so many things that indicate increased resilience, things about moving on, learning to live with sadness and still have fun, about remembering always in a way that enriches his life. He says: "Dad would like this, Dad would be proud, I know he is with me." He has even helped his Grandfather cope with the loss of Steve's Gran. My dad said to me later: "I am taking a leaf out Stephen's book; there is still a lot to live for, remember and move on."'

However, Stephen had had a good start, a loving home and a close and respectful relationship with his mother. He was both intellectually and emotionally intelligent, popular, with a great sense of humour and a number of sports and creative skills, which others around him regularly praised him for. He received clear messages, particularly from his mother, about the importance of maintaining relationships in a healthy way with somebody who has died. Steve's mother also had actively sought help for her son and herself by accessing a specialist child bereavement service that was over 200 miles away.

The case study below shows a somewhat different experience for a child of a similar age who needed coaching to help him develop a more resilient mindset following his father's death by suicide (Love, 2006; Wood *et al*, submitted).

Jack

Jack's father had died by hanging, following a long and complicated mental health history. After six sessions of individual work, his mother was more able to accept that, despite her own feelings of great ambivalence towards her husband, it was important for her son to be able to construct a relationship with his father that was not damaging. Jack also understood that he needed help to firmly differentiate himself from his father's psychiatric illness and his suicide. Both mother and son were together encouraged to complete a 'memory jar' that specifically directed them to focus on more positive memories (Stokes, 2004, p114). They were given five categories that began with the following headings:

- a special time we spent together
- something we enjoyed, or laughed at together
- a memory that offers me some comfort
- something I liked about him
- one thing I valued about our relationship.

They then shared their memories with each other.

It was only possible to complete this kind of work having given both mother and son plenty of opportunities to express their considerable ambivalent

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Young people and staff at a Winston's Wish camp

feelings of anger and resentment towards the father. Jack, who was musical, created a metaphorical 'anger mountain' with sounds from African drums. After a particularly exhausting drumming session, he collapsed and sobbed: 'Why did my dad have manic depression?' This acknowledgment of his anger and sadness was a small yet significant step towards expressing his feelings and constructing a confident narrative about his father's suicide.

Bereaved children at risk

In a climate where resources for child mental health are limited, it is crucial to recognise that the death of a parent or sibling is a primary risk in itself (Dowdney, 2000). Thus even children such as Stephen who may be perceived as resilient will still benefit from face-to-face child bereavement services. However, children from vulnerable and violent communities, looked-after young people, young offenders and children who have been traumatised are particularly at risk (BMA, 2006). There remains a major piece of work to educate policy makers on the relevance and need for early and long-term intervention for particularly vulnerable children who have been bereaved.

Evaluating resilience

In excess of 400 children each year receive a direct service from Winston's Wish (assessment, individual and group work with ongoing open access). A further 8000 are supported annually via a national helpline, and many more make contact via the website 'ask' section. Over the past 15 years an estimated 10% of the children referred were **highly resilient** (characterised as easy to engage, likely to have a supportive parent and only needing the core aspects of the service). The vast majority (75%) could be termed **moderately resilient** (that is probably prompted to access the service by a professional, commonly needing re-referral when they faced future transitions and, for some, individual sessions before group work). The remaining 15% were generally **highly vulnerable** children (those in this category were affected by a variety of social and psychological factors, lacked adequate parental support or were in local authority care. Partnership work with frontline agencies and longer term relationships with a key worker were crucial here).

Recent evaluations focusing on particularly vulnerable children (eg. children who are referred following a murder) show that most will need significant outreach work to ensure an assessment actually takes place. However, the majority of bereaved children referred benefit from early intervention (within six months of the death) and there is increasing evidence to demonstrate that these services actively promote resilience for a moderate resource investment (Stokes, 2004).

Gender and resilience in children

In an analysis of families receiving a bereavement service, 75% of parental deaths are fathers and 25% are mothers (Stokes, 2004), so the majority of children who come to child bereavement services will do so to remember a father. The importance of male role models for boys has been well documented (Neal, 2007). It is also recognised that the majority of workers attracted to child bereavement work both on an employed

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and voluntary basis are females, typically aged between 35 and 65. Therefore it is important when we train volunteers to work on child bereavement programmes that we actively seek to recruit and train young male role models from culturally diverse backgrounds.

The more we can sustain a healthy vulnerability in boys, the more resilient they will become and remain. Resilience is a new hallmark of emotional well-being for boys and young males. Boys often show what Pollack (2006) calls a 'pseudo resilience' and this can fool adults, and the children themselves, into believing the stoical mask is real rather than risk an interface with the boy's deeper, hidden pain. On the outside, a boy may seem cheerful, playful and resilient but on the inside he may actually feel lonely, afraid, and desperate, because of the pressure society places on boys to act tough, follow a strict code of masculinity and hide their emotions at all costs. It is often hard to notice when boys are failing to reach their potential at school, when their friendships are not working out, when they are feeling depressed or even suicidal (Pollack, 2006). Often there is a short window when grief arising from a family death will be acknowledged; afterwards a boy's disruptive behaviour is the most likely thing to be noticed.

We know from the adult bereavement literature that there are gender differences in grieving (Stroebe *et al*, 2001). McLaren (2004) specifically provides an insight into the gender differences following the death of a child. It is therefore crucial that we design child bereavement interventions and printed resources that will also appeal to fathers and boys, male practitioners and male volunteers. An initiative at Winston's Wish has been to take bereaved teenagers on an outward bound weekend where the programme is adventurous, challenging, and physically demanding, and handled by clinicians and volunteers with an interest and experience in sport and outdoor activities. We have found that such an intervention has particularly appealed to teenage boys, a subgroup often deemed 'hard to reach.' The residential three-day programme embraces the shared experiences of a family death during adolescence and endorses emerging research that confirms the importance of physical activity in building a resilient mind-set (Brewer & Sparkes, 2008; Stokes, Cook & Reed, in press).

Hassan

A 15-year-old Muslim boy whose father had been murdered said:

> 'All that seems to matter is how my mother is feeling. Every day she cries, then shouts, then cries holding my father's photo. In the family no one asks or even notices if I am having a bad day. My teacher at school is great though. He has a list of important dates like my birthday, my dad's birthday, the day he died, and religious days when I miss him most. Meeting the other boys at the camp has been cool. One friend I email at least once a week, and I use the chat board. At last I feel like I belong somewhere and someone is noticing my sadness.'

Developing a resilient mind-set

What characteristics are needed?

Resilient children possess qualities and ways of viewing themselves and the world that are not apparent in children who have not been successful in meeting such challenges. A resilient mind-set clearly requires children to have hope for the future. It also requires them to have the capacity to trust others and risk forming secure attachments. A capacity to talk about the person who has died in a way that brings comfort and worth to the relationship is also a key resilience building-block. Above all, the child will need to find a way of creating an overall meaning for life and death issues that allows future growth. Table 1 describes different factors that may all have an impact on a bereaved child's capacity to rebuild their life. The factors expand on a shortlist drawn up by Masten (2001) relating to all children.

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Table 1: Factors that impact positively on the resilience of a bereaved child

Child

Social and adaptable temperament in infancy
Characteristics valued by others and self (talented, physically attractive, sense of humour etc)
Makes and maintains peer friendships
Has strategies to regulate emotions and behaviour
Good problem solving skills
Sets goals that are achievable
Has a feeling of control over his/her life
Positive view of self (self-confidence, high self-esteem, self-efficiency)
Shows a balanced acceptance and understanding of self, acknowledging both limitations and strengths
Hopeful outlook on life and has faith in the future.

Family

Stable and supportive home environment
Authoritative parenting style (high on warmth, boundaries, and monitoring)
Parent involved in child's education
Higher education of the parents
Socioeconomic advantages
Faith and religious affiliation
Supportive connections with family and friends
Parent or main carer confident to accept support for the bereaved child and themselves
Parent or carer had a positive relationship with the person who has died
Extended family able to offer practical and emotional support that is valued by the parent.

Community

Lives in a quality neighbourhood (safe, non-violent, affordable housing, recreation centres, clean air and water)
Effective schools academically and in terms of their capacity to respond to bereavement
Employment opportunities for parents and young people
Quality health and emergency care services
Availability of accessible specialist child bereavement services where they can meet other children who have been bereaved.

Cultural/societal

Society has a low acceptance of physical violence, drug misuse, poverty, health and social inequality
The government sets protective and preventative child policies
Policies are backed by long-term funding contracts for both the voluntary and state sector.
The death of parent or sibling is accepted as a primary risk factor for all children
Government and society value and direct resources to community child bereavement services.

Practice guidelines

There is clearly a compelling need for child bereavement services to act as a direct advocate, offering support to children, parents and the communities in which they live. Such support will nurture the resilience required to survive not only the first years after a family death, but also the lifelong journey a bereaved child will face.

What are the factors that help some children and young people appear to bounce back from bereavement while others become overwhelmed with feelings of helplessness and hopelessness? Some achieve considerable success that could never have been predicted, somehow finding the inner strength to overcome obstacles in their paths. A forthcoming study, which includes a 10-year follow up on children supported by Winston's Wish, indicates that even traumatised children have the capacity to reinvest in their new life (Brewer & Sparkes, 2008). Table 2 is included to assist practitioners who aim to enhance resilience. It is derived from need-based assessment of families seen at Winston's Wish (Stubbs *et al*, 2008).

Services specifically designed to nurture children's strengths and skills to survive and

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Table 2: Priorities for practitioners

1. Enable a child to construct a coherent narrative (story) that they can tell with emotional integrity throughout their lives (Lichter, Mooney & Boyd, 1993; McIntyre & Hogwood, 2006). Recognise that the story will grow and develop with the child, often resulting in a re-referral and the need for open-ended child bereavement services.
2. Develop cognitive and behavioural strategies to help a child rewrite negative scripts. Negative scripts are those beliefs or behaviours that are followed daily with predictable negative results.
3. Help the child to develop effective communication strategies to use with their family and friends on the subject of their bereavement and the confidence to own their story and communicate it with those they trust.
4. Ensure the child has an age-appropriate understanding of the dual process model, thus creating a mind-set that allows a healthy oscillation between 'loss' and 'restoration' to take place (Stroebe & Schut, 1999). Explain this by using age-appropriate language and using examples to give them a framework to accept the thoughts, feelings and behaviours associated with their individual grief journey. In particular this model helps young people to manage the isolation of feeling upset at one moment and the need to distract themselves with other task-focused activities in the next moment.
5. Provide opportunities for bereaved children to develop empathy and have positive connections with others who have been bereaved. Offer this both directly (eg. day groups, residential weekends), and indirectly (eg. through books, websites, newsletters, films, etc).
6. Create non-pathological services that are appealing to children. Even a child bereavement club can be experienced as fun, vibrant, cool, and non-judgmental.
7. Help children who have been bereaved to feel understood and confident with their peers and with teachers at school.
8. Always include services for parents or carers of children who have been bereaved.
9. Create services that build family cohesion and adaptability. Helping families to cope with the immediate overwhelming nature of the loss, together with current and future secondary losses (eg. a house move, new partners, step-children, etc).
10. Provide a range of age-appropriate activities that encourage children to secure and maintain continuing attachments to a parent, brother or sister who has died. Recognise that these activities will need to change and be offered again as the child matures and develops.

thrive may be more relevant than services to simply eradicate problem behaviours. This may be especially important for the children who are at an elevated risk due to known complicating factors. Timely and targeted child bereavement services may therefore serve to prevent a significant number
of children or young people being referred to mental health, youth justice, educational welfare or social services. A series of policy papers explores these issues in greater depth (http://www.childhoodbereavementnetwork.org.uk/policyPractice_policy.htm).

It is crucial that child bereavement services provide a range of cross-cutting interventions for the individual child and others who may have a positive influence on their thinking: for example, family, teachers, friends, and other bereaved children. It is the responsibility of the children's workforce to complete comprehensive assessments of children and families so that limited resources can be channelled to promote resilient mind-sets in children who have been bereaved. An excellent summary of brief interventions is presented in Monroe and Kraus (2005).

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Memory and resilience

A greater understanding of memory processes will certainly assist us in explaining why some bereaved children show greater resilience than others (Stokes, 2004, pp69–73). Lohnes' (1994) study supports clinical observations that resilience is associated with positive and humorous memories. Children invest heavily in objects that reduce separation anxiety and prompt story telling. Maintaining an emotional investment in the dead parent permits children to maintain and continue normal developmental processes. However, the nourishing of this bond also requires that children must repeatedly struggle with this loss and feelings of sadness, guilt, anxiety, shame and rejection, which can run alongside. Child bereavement services need to ensure there is a range of services that help children (and their surviving parent) achieve a balance of holding on while also letting go, in order to rebuild a different family experience without the person who has died.

The theoretical framework of the dual process model incorporating an understanding of how attachment styles impact on grieving has been core to these developments (Stroebe, 2002). In accordance with the dual process model, adults clearly need to be able to tolerate a child's need to jump in and out of grief. This is sometimes a way spontaneously to regulate feeling overwhelmed, and does not mean they are unaffected by the loss.

> 'I was six when my father came down and gently explained that mum had died moments earlier in the bedroom. To my eternal regret I then asked him for a Kit Kat.'

Younger children are more likely to reminisce with their surviving parent than older children. They are less private and more emotionally dependent on the surviving parent than are older children. Because of the important developmental differences in children, it is crucial to design both group and individual interventions that meet the needs of children at different stages of their lives (Silverman, 2000).

> 'There's a land of the living and a land of the dead and the bridge is love, the only survival, the only meaning.'
>
> Thornton Wilder (1967)

The following case study demonstrates how memory work can be used to build this bridge, not just of love but also of resilience. To be able to retain substantial and positive memories children will need to consistently re-expose themselves to information. 'Elaborative rehearsal', as in the case history below, is an effective technique for robust retrieval as the child grows and develops: the brain is a 'muscle' and we are life-long learners (Medina, 2008). Emerging research shows that a bereaved child needs a toolkit to nurture and cherish memories that construct a secure attachment with a dead parent (Brewer & Sparkes, 2008).

Becky

When Becky was four her mother was given a diagnosis of incurable illness. Two years later she died. During that time Becky's mother travelled a parallel path of maintaining hope that she would live, but she also wanted to prepare a memory box for Becky 'just in case' the doctors were right. The memory box contained a variety of objects, each one reflecting a story that would give Becky a sense of being special and loved, and remind her of early childhood memories that may be lost if not rehearsed. The box also contained a bottle of her mum's perfume that was sprayed on a soft scarf, which became a night-time comforter. Some of the items in the box (eg. letters) were prepared for later in Becky's life when the meaning would be more significant as she approached teenage.

Becky took great pride in her memory box, which she chose to keep in her bedroom, underneath her bed. In the early months after her mum died she needed to look through it with her dad almost every night.

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As time moved on she used it more sparingly and only showed it to those she really trusted. As she got older she knew it would remind her of her mum in a way that was both painful and comforting. Becky was slowly developing her own mechanism for holding on while letting go. Memories reaffirmed her sense of self, allowing Becky to build a resilient mind-set as she encountered future changes: eg. a new school, dad's new partner and step-siblings. Later, as she moved into adult life, a positive mind-set helped her to make effective personal relationships and good friends, and to feel confident in her own capacity to be a mother.

Conclusions

After the death of a parent or sibling, a child's 'life journey' is forever changed – they can never simply bounce back unchanged. However, a child can be helped to construct a meaning for themselves in relation to the bereavement that will allow him or her and others to view them as resilient. It is our job as practitioners to ensure a child's resilience 'toolkit' is packed full of resources so they do not need to embark on this journey feeling helpless, isolated and stigmatised. Multiple barriers to policy change exist but we must continue to demonstrate that a modest investment in support services in the first year after a death (and in some situations leading up to the death) can mean major financial and emotional savings in future years.

Newman (2002) has identified 'a worrying situation where children are seemingly being affected by an absolute increase in many serious problem areas, accompanied by an apparent weakening in their capacity for natural resilience.' Open access bereavement services that promote well-being, rather than services that simply focus on the identification and elimination of risk, are key to the success of the Every Child Matters agenda in the UK (Rayner & Montague, 2000). Although concepts like resilience, by their nature, are not true or false, they can be evaluated with regard to their usefulness. We are slowly beginning to see the emergence of a resilience framework for practice and policy (Newman, 2002); however, its active application to child bereavement work currently remains limited.

An understanding of, and response to the needs of bereaved children could contribute greatly to the quality of life of thousands of families, both now and in the future, and indeed, as a result of this, to society as a whole. Bereavement needs to be recognised as having a place on the childhood mental health agenda alongside more familiar subjects such as bullying, drug misuse and youth offending (National CAMHS Review, 2008). Perhaps when it is, we may see fewer bereaved children being bullied or relying on drugs and alcohol to tranquilise their grief before venting their anger in antisocial ways. A resilient mind-set paves the way forward so that a bereaved child can grow into adulthood, empowered with choices, opportunities and personal resources that enable them to live a satisfying and successful life in which they have realised their full potential. ■

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