

The Handbook of  
**Counselling Children**  
and **Young People**

themselves. This can be a helpful strategy but can also be misconstrued by the surrounding family and friends as an indication that the child or young person is not affected by the loss.

## How Children and Young People May Grieve

Although all of these models may help our understanding of the process of bereavement and loss children may experience, we need to remember that grief is unique. Children and young people understand death differently at different developmental stages and are likely to deal with it in a different way to adults (Slaughter, 2005; Himebauch et al., 2008).

Four concepts are commonly used in the literature (e.g. Willis, 2002; Orbach et al., 1986) to judge whether children and young people understand death or not. These are:

1. Do children understand that death is irreversible?
2. Do they understand it is final?
3. Do they understand it is inevitable, that all living things die?
4. Do they understand causality, that there is a physical cause to death – the body stops working?

There are huge differences of opinion about the age at which a child can understand these concepts, with some authors believing that children as young as six months can understand and others believing understanding only emerges in adolescence (Willis, 2002: 222). Broadly, however, understandings that children and young people have relate to the developmental stages they have reached which are, in turn, related to the development of cognitive understanding. As suggested in Chapter 1, Piaget (1965 [1932]) argued that children's thinking is structurally different from that of adults and suggested a theory of cognitive development based on the way that children and young people at different ages function. These ideas can be used to understand children's developing concept of death and dying (Himebauch et al., 2008).

### The Development of the Concept of Death in Children and Young People Related to Developmental Stage

#### Sensory Motor Stage: 0–2 years approximately

Normally, there appears to be little cognitive understanding of death or loss but the child does respond to separation and is often very in tune with parents' emotions. However, Raphael (1984) suggests that we may be unconsciously aware of our losses:

David, a young man of 22 who saw a dead woman being taken from the site of an accident on a stretcher. Her arm was hanging over the edge and her breast was partially exposed. This awakened a vivid and previously repressed, memory of his attempts to suckle the breast of his dead mother when he was 10 months old. (p. 79)

### **Pre-operational Stage of Development: 2–7 years approximately**

Up to around five years, a child is usually able to use words about death relatively appropriately but really it seems to be 'pretend' and there is little concept of the irreversibility or finality of death. It is common to confuse death with sleeping and death may be seen as a punishment. They may feel they have caused the death although guilt is a common feeling associated with grief right through life, including adulthood. We need to be very careful with the language we use to explain death as the misunderstanding reported by Raphael (1984) demonstrates:

Jason (2½) ... He and his father used to go to a nearby airport to see planes together. When his father, to whom he was intensely attached, died, he was told he had 'gone to Heaven to be with Jesus' ... he ran away on many occasions and was found ... [near the airport] where he had gone to 'get in a plane to go to the sky to Daddy'. (pp. 86–7)

Between the ages of around five to eight years, children gradually see death as possible but not for them, and usually associate death with old age. They begin to accept that death is an end and begin to realise death is not reversible. They often have a real curiosity in the idea of death.

### **Concrete Operational Stage: 7–11 years approximately**

Children are much more able to see death in abstract terms and can understand as much as people will tell them. They begin to realise death may include them and to understand the irreversibility of death. They are able to differentiate between living and non-living.

### **Formal Operational Stage: 11–16 years approximately**

The young person begins to have a more adult understanding. Because they are able to think more abstractly, they understand implications of death more fully. It is possible that some may think suicide is a means of getting back at someone, but they may also see it as reversible (as some survive) and re-occurable (as some try more than once). Desperate young people can engage in risk-taking behaviour which can result in death.

The descriptions of Harry Potter's experience of Dumbledore's death provide an illustration of the range of emotions an adolescent might experience – sadness, mirth, regret, curiosity, suppression of emotion, accumulation of grief and loss, isolation (Rowling, 2005: 599–600).

### Case Study Sharon

Sharon was nine years old and was referred because her older brother was killed in a car accident which Sharon witnessed. She, understandably, was having difficulty processing this experience.

Her mother, because of her own distress, felt unable to offer Sharon appropriate responses to her questions about the death of her brother, and because Sharon's 'supporters' were also bereft they were unable to help her to find a voice for her feelings of loss.

Sharon and I met for ten sessions of play therapy where the purpose was to use the child's natural medium of communication, 'play', to make some sense of her experience. Rather than interpret the meaning of the play, I look for themes and the themes in her play were predominantly about making order out of chaos and about nurturing. She rarely talked directly about her experiences or acknowledged her feelings.

The major theme of Sharon's play was nurture. She played most of the time with the doll's house which 'Mammy' or 'Daddy' kept clean and where they looked after the children. In session two, a new theme occurred through her stories, that of sudden happenings, then things returning to normal, but nothing ever being the same again.

Sharon's play became much more expressive in the seventh session and she spoke for the first time of the things that had happened to her. She again played with the doll's house and the theme of creating order out of chaos was apparent.

Session eight seemed to mark a change in Sharon's behaviour. She was much more assertive and more playful. The themes included being in control and, although terrible things happened in her stories, they had a happy ending and seemed less chaotic. This continued in session nine.

In session ten, themes of order and normality were very apparent and the session seemed very peaceful. Her play was still very ordered but seemed less stressed. The children in the doll's house did not seem to need quite so much looking after and could be very independent.

The final session was a very tranquil session and old themes and play were re-visited. The chaos seemed to have receded and some sort of order established in her life. Perhaps the therapeutic play space had allowed her to make some sense of her experience.

### Summary

How a counsellor works therapeutically with children and young people who have been bereaved will depend upon their theoretical orientation (see Chapters 2–8 in this handbook). However, in this chapter I have suggested:

- The meaning associated with the loss is what is central in understanding the loss and to working with grieving children and young people
- Reactions to loss are individual and range from feelings of sadness to serious physical, emotional, behavioural and cognitive reactions
- Responses are dependent both on the meaning of the loss and the development stage of the child or young person

In addition:

- To understand how children and young people perceive loss and grieve, it is important for us to appreciate how working with this issue with this population may affect us. It is often very difficult to witness pain in others, especially if we see the others as vulnerable children. This may make us reluctant to 'hear' the children, so we need to make sure we are well supported
- How we work therapeutically with our young clients will depend upon our training, orientation, work setting and experience, but we all need to be aware of the possible effects on us. Working with loss can make us aware of our own mortality and the mortality of those we care about, and we can become supersensitive to risk, which can be paralysing
- We need good supervision and good self-care in order to keep ourselves open to our clients and safe



## Reflective Questions

Some of these activities, as with all personal development work, may be upsetting, so make sure you are well supported if you choose to do them.

1. Think about a loss you have experienced; write down an account of your process. Does it fit in with any of the models of grief described in Table 20.1? Where is it the same, where different? Why might that be?
2. How well do the descriptions of how death is conceptualised at different developmental stages in the Box above fit with your experience of children and young people? Where is it the same, where different? Why might that be?
3. Why is it important to keep parents and carers 'on board'?
4. What strategies would you use to do this whilst still maintaining confidentiality?
5. When do you think it would not be appropriate to offer a therapeutic intervention to a bereaved child or young person?
6. You are working with children and young people who are bereft. What support do you have? How will you look after yourself so you can be open to listen to your clients?