



Considering children and parents / carers

'We'll never be the same' Learning with children, parents and communities through ongoing political conflict and trauma: a resource. Rosie Burrows and Bríd Keenan



Barnardo's

NORTHERN IRELAND

GIVING CHILDREN BACK THEIR FUTURE

Considering children and parents / carers

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The situation of our children is unique to Northern Ireland. In many ways we are only beginning to understand their needs. Understanding our children's needs in relation to this work requires an understanding of how a child develops and how the environment and the child interrelate.

Child development and parents / carers

The human child is the slowest of all the mammals to reach adulthood and during the time of development, the child needs support to survive and thrive. Everything the child does is in the interests of survival.

Survival for a healthy infant means the development of the skills and abilities needed to build relationships that will support the child throughout development and into adulthood, skills and abilities that will create the foundation for life. This includes all aspects of development – physical, emotional, intellectual and social. The child has to learn how to be in the world with others and his/her learning will be faster between birth and the age of two than at any other time in the child's life.

To some extent, it is easy to notice a child's development. There are numerous health and education-based checklists that illustrate what to expect a child to do at different ages. Babies are born into a world of people. This may seem a strange and obvious thing to say, but much of the theory that illustrates infant development focuses on development as something the infant does alone. Within this view of development, the infant is seen as striving to become like us and to join us in the world that we have already created.

However, we are learning more about how a child comes into the world both before and after birth. We know that the child:

- has some genetic characteristics (usually physical attributes or predisposition to certain health conditions)
- is 'wired for' certain things (to make meaning of the world, to acquire language, to attract adult care)
- has the potential to become a fully fledged human being
- is actively involved in his / her development both in the womb and after birth.

Recent infant research suggests that the child from the beginning is striving to make relationships with others to support their survival, growth and development (Stern, 1998). In this view of development, the child does not

simply learn to join us in an unchanging environment. Despite the fact that new parents / carers are often told that nothing will ever be the same again, caring for a child often seems like fitting the child into our pre-existing world and teaching it generally to fit in and be like us.

With the arrival of the new human being, the environment is changed for ever and continues to change with the child's development. The mother that a child needs at ten months is not the mother the child needs at five or ten years of age.

If we accept that the child is always trying to establish a relationship with us, everything the child does from the earliest age, and everything we do, is significant. As we would do with anyone we were interested in, we would look at how they are trying to communicate with us, learn about this and respond accordingly in order to build a relationship.

Attachment

What is at the heart of development is the quality of the relationship between the child and the carer. The affectionate two-way relationship that develops between an infant and an adult is often referred to as the 'bonds of attachment' (Bowlby, 1969).

Sometimes people believe that 'bonding' is automatic and natural between parent / carer and child. However, for many reasons this is not the case. Although babies are naturally 'hard-wired' to seek closeness and proximity and to attach to one or more carers, the baby's temperament and the carer's response may make bonding difficult.

To support the development of secure attachment we must be interested in the baby, want to encourage the relationship, spend time engaging with the baby, learn to notice how the baby is trying to communicate and to respond sensitively to the baby's needs which, crucially, include holding and cuddling.

Attachment has to do with the child's capacity to feel secure, safe, held and nurtured. Everything the child learns to do and experience is done within this attachment to carers. When the bond is established the child will try to stay close to that adult and will appear to want to be cared for by that person. By the end of the first year, the child will show a marked preference for that person.

In the process of forming attachment the child wants reassurance of the presence of the carer, protests if separated, feels safe to explore and move back to the carer if threatened. How the carer responds will determine the child's experience of attachment and therefore of security, safety, nurturing, love, exploration and risk-taking, and this affects how the child forms relationships throughout life.

A child may experience attachment relationships in different ways and we can see these in how the child separates from the carer, and is then reunited, and how they explore or play during this time. Attachment can be described as secure or insecure:

- secure
- insecure – ambivalent
- insecure – avoidant
- insecure – disorganised.

Secure

- The child is distressed on separation.
- The child greets parent on return, they receive comfort from the carer and return to their play.
- The parent responds appropriately and consistently to the child's distress.
- The child may grow into an adult who tends to be secure, resilient and makes and maintains relationships.

All insecure forms of attachment are marked by less capacity in the parent/carer to reflect on the child's (and others') state of mind, while securely attached children (and adults) have more experience of feeling 'felt' by a significant other (Siegal, 1999).

Insecure – ambivalent

- The child is very distressed without the parent.
- The child cannot be pacified when the carer returns.
- The child seeks, and at the same time resists, physical contact so they alternate between anger / clinging.
- The adult is inconsistently responsive.
- The child may grow into an adult who tends to be inconsistently available, preoccupied, easily distressed and tries to please others.

Insecure – avoidant

- The child has few obvious signs of distress on separation.
- The child seems to ignore the adult on return.
- The child is watchful and his / her return to play is inhibited.
- The adult is unresponsive to the child's needs for reassurance and security.
- The child may grow into an adult who tends to be emotionally unavailable, distant and dismissive.

Insecure – disorganised

- The child may have a frozen style with repetitive behaviours lacking in apparent purpose. This develops when children have been in repeatedly frightening situations with caregivers for which they have had no solution in that the parent is also a source of fear.
- The adult has unresolved trauma, loss and / or abuse in their own history.
- The child may grow into an adult who tends to be chaotic and have significant problems in life and with relationships.

In each case, the child will develop a mental picture of how 'available' the carer is – that is, how did the carer respond to the child's needs, and what does this tell the child about him / herself? Does this response tell me that I am loved and therefore lovable?

The experience of attachment becomes the representation of security and of the self that the child carries inside and as he / she grows, comes to represent his / her secure base (that is, the internal sense of being 'OK' and feeling that it is OK to risk learning or doing new things). The child forms a picture of his / her value in the world and this influences how they form relationships and respond to the experiences of life.

Siegel (1999) shows how discoveries in neuroscience help us to understand the ways in which early communication experiences are remembered and how they allow a child's brain to develop a capacity to regulate emotions, feel connected to other people, establish an autobiographical story and move out into the world with a sense of confidence and vitality.

Research demonstrates that secure attachment supports the child to develop regulation of emotion and attention, as well as development of reflective capacities (Fonagy and Target, 2001).

How to change attachment

Changing styles of attachment over time requires the development of capacities to 'tune in' and reflect on one's own and others' states of body, mind, emotion, and other non-verbal signals – to make 'contact' in a nourishing way.

Attunement

The second important aspect of the child / carer relationship is referred to as 'attunement'. This has to do with how the parent reads and responds to the child's emotional state. Often people imagine that babies do not have real feelings, but research shows that there are at least seven basic emotions with a range from mild to intense; and they are present from birth: interest–excitement; enjoyment–joy; surprise–startle; distress–anguish; fear–terror; shame–humiliation; and anger–rage (Tomkins, 1962).

Attunement is the way in which a carer is able to recognise and respond to the overall state of the child and can 'slip inside' what the infant is feeling without changing it (Glinnwater, 2000). So we can see carers recognising and perhaps joining in with, or mirroring, a child's emotion, thereby validating the child's sense of self / experience. This ability to attune or tune into the emotional state of the child allows the carer to send a message to the child that they are supporting his or her emotional experience, that it is OK to feel excited or sad or delighted.

The carer can deliberately modulate the experience of the child through attunement by the way in which they join in – that is, how strongly they express the emotion, for how long, and so forth. In this way the carer teaches the child about human emotions – how to experience and express emotions, how to respond in a particular situation, what is acceptable.

Intentional misattunement means that the carer 'misexpress' his / her feelings enough (not be so excited or frightened as the child) to alter the infant's behaviour without breaking the sense of the shared experience. Non-purposeful misattunement can occur when the carer misidentifies the quality of the infant's feeling or cannot find it within themselves.

Daniel Stern (1998) offers a model for understanding how a child develops in relation to the environment, parents and carers. Stern maintains that the infant is separate from the moment of birth and therefore is not required to individuate later on. Therefore the major developmental task of the infant is the creation of ties with others, that is, increasing relatedness.

Stern's theory states that there are various 'domains of relatedness' experienced by the infant throughout development. Unlike sequential theories of development, each of the domains remains active during development. The infant does not grow out of any of them... none has a privileged status all of the time... once formed the domains remain forever as distinct forms of experiencing social life and self... Each simply gets more elaborate.'

The domains of relatedness are ways of describing how an infant's sense of self develops in relation to its environment, both physical and human. These are:

- pre-verbal sense of self, which includes the emergent self, the core self and self-with-another
- the intersubjective self
- the verbal self
- the narrative self.

Pre-verbal sense

Pre-verbal sense of self is when the baby has awareness of direct experience before she / he has the ability to reflect on the experience. These immediate experiences form the basis of what will later become known as 'self'. This also includes the development of primary consciousness (that is, 'experiencing being alive whilst encountering the world'), the emergent self and the core self (that is, the sense of being a separate, physical unit), the child feels a sense of:

- authorship of its own actions and not of the actions of others (self-agency)
- a sense of being a physical whole (self-coherence)
- feeling the same through time (self-continuity).

When the child has an experience, it involves not just actions but sensations and emotions relating to it. The child interacts with the environment (touching the mobile above the cot and feeling delighted as it moves). As the child repeats the experience, gradually this integrates into a whole episode. This forms the basic representation of the core self. The baby is discovering a sense of being a person in the world. From birth to three months infants orient towards objects. After this time the baby begins to add relating to others. The baby, from at least three months, begins to form expectations and representations of self as part of the family, and this is known as 'core self-with-another'. Stern identifies three subcategories in this domain:

- self with a self-regulating other – both infant and carer regulate the infant's engagement with the world
- self resonating with another – imitation and synchronisation of movement with another
- self in the presence of another – the infant thinks / acts alone but in the proximity of another which forms the framing environment.

Intersubjective self

This begins with the baby expecting motives to be read (that is, someone will know what I mean / want). At this time the baby begins to point with his / her fingers when an experience or interest is shared.

Verbal self (eighteen months)

The infant can talk about him / herself and also develops 'the capacity to empathise with others'. However, being able to use language also means that we have the extra task of trying to find common ground in the way we talk about things to one another.

Narrative self (three years)

The narrative becomes the child's official self-history and is co-constructed with others. The child and family begin to create the stories about the child's early life, which become the official version of the child's life story. This is particularly important when there is such a heavy emphasis on being able to remember facts and for the early part of the child's life, memories are stored not as series of facts but as experiences which are absorbed into the body and mind.

Emotions

Emotions are the 'central organising process within the brain and an individual's ability to organise emotion is a product in part of early attachment relationships' (Siegal, 1999). Emotions are essentially biological, that is, with

each experience we learn and store our emotions. Our emotions are the way in which we monitor experience and compare one experience with another.

The child's emotional experience is vital for the child's development as a person. Through our emotions we are able to understand other human beings, to compare their experiences with our own and to feel the uniqueness of our own and to be in touch with those aspects of the experience that are most important to us as human beings.

From the beginning a child is seeking to make social relationships and his / her emotional responses are the way in which the baby guides the carer in relation to his / her needs.

The child's world

The child's experience of the world is restricted. Children have to develop their skills and abilities to move around in the world, make sense of it, learn language to talk about it, develop memory to remember things that are not immediately present, learn how to change things and create new things. Over the months and years, as the child develops, more and more of the world comes within immediate experience.

During that time, the carer is vital as the link between the child's experience and the world. It is through the relationship with the carer – and increasingly with other human beings – that the child learns how to become a person. Attending to a child's development, therefore, is not a question of always playing or talking or directly engaging with the child; rather it is about being present with and available for the child in relationship as the child experiences being alive and recognising what the child's perspective and needs might be.

At the same time, because it is a relationship, it is important also to recognise how we are changed by the experience. As with any new relationship we try to be understood, recognised, responded to and seen for our unique self. We negotiate our relationship. With a developing infant we are modulating and regulating how we are in relation to the developmental stage of the child and our own needs. This involves creatively bringing the world to the child and the child to the world in a way that supports the child to develop good contact with the world.

Trauma-bonding

Children who have been traumatised may not have much sense of self in relation to others. That is, they have not learned to be in tune with, and to trust, their own mind and body. Instead, they split off or dissociate aspects of themselves, and this once adaptive response to danger becomes destructive to further growth and development as more of their functioning is shut off and unavailable. Moreover, a 'small stressor' on an already traumatised child tends to make a big impact on the brain and body because trauma is cumulative (Siegel, 1999).

Research shows that attachment behaviour increases where danger is prolonged and severe, that is, our bonding to an in group increases while distancing and 'dumping' on an out group increases, even when that in group itself involves abuse, neglect and / or other forms of injury (Bloom, 1997).

This increased attachment behaviour in dangerous, hostile environments is known as 'trauma-bonding'. In these situations, untrustworthy and destructive relationships can become 'normal', as the child and the whole family group cling together in an effort to survive.

Children and trauma

Generally, adults mean well. We want to shield children from harm and pain and we want them to enjoy being children, not to grow up too soon. It seems unnatural to encourage a child to examine hurtful experiences.

Sometimes when a terrible event has happened to a child, well-meaning adults will decide not to discuss it with the child. They may say that children do not really understand, that it does not really mean anything to them or that they are very resilient or forget easily. They may say that there is no need to expose them to the horrors of what has happened or question bringing it up again when they seem to be doing OK.

However, children are dependent on the adults around them to help them make sense of their experiences so it is important that adults give a child support to make sense of what has occurred. In the rest of this section we have drawn on the work of Beverly James (1989) and are deeply indebted to her work.

Recovery from trauma

It is no less true for a child than it is for an adult that to recover from trauma a person needs:

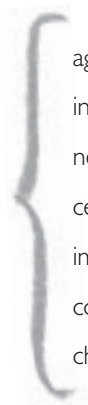
- to feel safe and protected
- to process what has happened to them, to have others witness this and support them to mourn what they have lost
- to re-establish trust and the bonds of attachment to their families and communities.

Key role of parents

Children may feel alone, abandoned, special, different and sometimes stigmatised. Therefore, they may need to reconnect in order to feel part of the world again. Above all, feeling securely attached to parents / carers provides a degree of protection to children, while insecurely attached children are vulnerable to the effects of trauma (Fonagy and Target, 2001). Parents and carers have a direct effect on development.

Children are different from adults

There are specific differences between the traumatised child and the traumatised adult and these must be at the centre of any support available. Some vital factors need to be taken into account in addition to attachment, parenting, cultural issues and the nature of community lived in in terms of ongoing conflict in supporting a child are:



- age of the child
- individuality of each child
- need to express what has happened
- central role of play
- importance of affirming, positive messages
- co-ordinated support from everyone involved
- child-focused support.

Age of the child

Because children do not experience events in the same way as an adult does not mean that they are unaffected by what has happened. However, because a child still has to complete development to adulthood, age will determine not whether the child has understood but how he / she has understood and responded to what has happened. In addition to that, as children grow, past traumatic events will have different or additional meaning at different stages of their lives and these can affect the progress of development.

Caring adults have a responsibility to support children to carefully uncover the truth of their experience as they grow older and at each stage of their growing awareness. This means ongoing and well-timed support as needed by the child.

Individuality of each child

Just like adults, each child is unique. What is traumatic for one child may not be for another. The child's constitution, temperament, strengths, sensitivities, developmental phase, attachments, insight, abilities, the reactions of his loved ones and the support and resources available to him all contribute to how an event is experienced, what it means to the child and whether or not it is traumatising at that specific time in the child's life (James, 1989). Understanding the specific effects on the individual child is essential if good support is to be available.

Need to express what has happened

Helping children to acknowledge and accept the realities of painful events in their lives is essential. If adults do not talk to the children about the traumatising experience, they will find answers – often unrealistic and improbable – within the limits of their understanding.

In addition to that, children will often try to avoid anything that reminds them of what they want to forget. They cannot start conversations about things that have been very difficult and frightening nor those terrifying things that they have hidden, even from themselves.

What happens if we do not discuss what has occurred?

- It makes it impossible to deal with the child's fantasies and misunderstandings.
- These can get buried along with the actual circumstances of the trauma and could affect the child later on.
- We can then give the child the message that the issue is too overwhelming to deal with, even for the adults. This can only serve to leave the child feeling more isolated, abandoned and frightened.
- We may be driving the child to put enormous amounts of energy into developing defence mechanisms such as extreme withdrawal, limiting their physical and emotional expression, dangerous risk-taking and aggression.

Central role of play

Play is vital for the healthy development of children. Like adults, children need to find ways to express their experiences. Where talking and writing may be the ways in which adults deal with their experiences, play is the way children interpret and make sense of, and contact with, the world.

Unlike the play of other children, the play of traumatised children may often be repetitive, grim and monotonous. To watch a child playing out the traumatic event gives a clear guide as to how they are experiencing what has happened. Many children who have had terrible things happen to them or who have witnessed horror may:

- be afraid to play, fantasise, daydream or dream at night because unbidden memories or thoughts might emerge
- feel worthless, which could inhibit their natural enjoyment and curiosity about the world
- lose the fun of play and develop a hunger to prove themselves.

Guided play, direct discussion and an open, active approach are needed to assist children in acknowledging and integrating the events that they have experienced. Traumatic experiences can leave children feeling stigmatised, unlovable, isolated and burdened. Fun is important and it is fun that keeps the child emotionally open so that positive messages can slip through his / her defences. A playful approach helps the child to understand that she / he is good fun to be with and help to regain self-esteem. It teaches the child, and the family, that it is all right to take time out to have fun and that despite the pain, life can move on.

Importance of affirming, positive messages

Clear, consistent, affirming messages of hope must be given to the child. Traumatised children may have locked inside them powerful and terrifying beliefs that they are helpless, bad and at fault. They may feel responsible for what happened to them, that it was their own fault and that they have been punished for doing wrong. They may attribute something they did unintentionally as being the cause of the trauma (for example, if they had eaten their dinner or had not had a row with their daddy, then 'X' would not have happened). They may think that

some magic force is at work and that there is nothing they can do about it. We must be very clear and positive in how we respond and never punish, blame or disbelieve the child.

The messages the child receives from everyone concerned must match the intensity of these negative messages in order to be heard, felt, and believed (James, 1989).



Co-ordinated support from everyone involved

It is essential to provide co-ordinated support for the child as needed. It is essential to involve everyone – the family, schools, community supports / churches and anyone important to the child's life. Sometimes the caring adult has also been traumatised, is frightened, distressed, in pain, not accepting the truth or realising the full impact of the event. As a result, they may feel unable to cope with the child.

A traumatised child may engage in frightening displays of destructiveness and rage. Alternatively, children can sometimes appear manipulative, overly clingy, distant, unresponsive and suspicious. These are often responses that adults find very difficult to deal with, particularly when they appear and reappear over time.

However, a frightened child needs clear, consistent guidelines and boundaries to feel safe and to know that they can rely on the adult (for example, where the child does something unacceptable, the adult must make it clear that it is the behaviour, not the child, that is unacceptable). It may be difficult for a parent or carer to carry this responsibility alone. The child and the adult may need some form of support and this should be offered at key points in the child's life, if needed.

Child-focused support for recovery

Trauma experience is held in all aspects of the child's being. That is, it will affect the child's physical, mental and emotional well-being as well as shape their beliefs about the world. In supporting recovery, we must deal with each of these. It may not be enough for a child to understand intellectually what happened; it may be vital that feelings are acknowledged and support is given to work through guilt or anger, fears of being forever physically vulnerable, that her / his body is not really under control any longer or that God has punished them.

Physical mastery

Children need physical activities in order to regain control over their bodies and the environment. They need support to relearn to trust the fact that caring adults will protect them. This is achieved through physical activity. They also need to release the physiological effects of trauma, and parents / carers can develop skills to provide this support.

Mental understanding

The child may need to be helped to understand the sequence / flow of events in order to have an intellectual grasp over the detail. This can be achieved through storytelling and other related activities as well as direct discussion of what has happened at a level appropriate for the child.

Emotional support

Emotional support focuses on the child's need to feel safe enough to explore and to express feelings that were once seen as overwhelming or unacceptable. Art and play help the child to begin to identify and express their feelings.

Beliefs / values

Restoring a belief in themselves is essential if children are to regain hope and look to the future. This can be approached through the excitement and wonders of nature (perhaps visiting the sea or walking in a wood), through playing music (studies have shown how drumming and any musical activity soothes us and help us to regain a sense of rhythm), writing stories and drawing pictures (making family story books) and through the family's own religious or spiritual beliefs or other values.



All children – but particularly children who have experienced terrible events – need to feel they have something of value within them that is beautiful, powerful and continuous, and which cannot be taken away (James, 1989).

Loss and bereavement: a child's experience

Adults often wonder how much a child actually understands about death. The question does not usually arise until a death has occurred. Caring adults want to help the children but the adults themselves may not understand the effects of bereavement.

Adults are often worried about the effects of death on children and want to protect them from what they imagine is too frightening an experience. They may say things in an attempt to lessen the impact – 'Daddy's gone to live with the angels' or 'Mammy's gone away for a while'. They may not tell the children about the death until some time afterwards or send them to stay with relatives until 'it is all over'.

On the other hand, there is a mistaken belief that children are somehow resilient and get over things quickly, or that because a child is young he / she does not really understand what is happening and so there is no reason to tell them and to make a bad situation worse. In this way, often the child's needs can be overlooked or not given a high priority when a death occurs.

A child generally responds only to the loss of someone close to them, so the carer and the child are likely to be mourning the same person and therefore the adult may not have the emotional energy to deal with the child's grief and mourning. It is important that family members or others give support at this time.

Understanding bereavement, grief and mourning

We all need to understand the effects of bereavement in order to support children well. Bereavement is the experience of loss that usually arises at the death of a loved one. However, it may also arise as a result of other major life crises such as separation, imprisonment, divorce, emigration, loss of faculties or limbs, and redundancy.

Grief accompanies bereavement and is the acute mental suffering that follows bereavement, particularly after the death of a loved person.

Mourning is the external expression of the bereavement, a vital process through which we learn to adjust to deep loss and carry on living. Sometimes grief and mourning are described as processes that we go through in stages, although it is probably more accurate to say that at this time we experience various emotions and that these can reoccur. We all experience this process differently. This is as true for children as it is for adults. Children as well as adults differ in how they experience this. Nonetheless, generally these responses can be identified as:

- shock
- disbelief and panic
- anger
- guilt
- yearning and pining
- searching for the deceased.

The child's experience

Children have a child's understanding of death. They grieve and mourn and try to make sense of what has happened, although not in the same way as adults do. In trying to support a child through grief and mourning, it is important to remember some important differences:

- age of the child
- involving the child
- child will have a child's responses
- co-ordinated and coherent response.




Age of the child

How a child understands death tends to reflect the age of the child and stage of emotional development. In addition, at each subsequent stage of growth and development, the child will revisit the experience and learn to understand it in a different way. Adults play a central role in teaching children how to respond to life's experiences.

UNDER THE AGE OF TWO: There is a danger of missing the needs of a child of this age at the time of bereavement. At this age a child learns primarily through the senses and movement and is dependent on the carer to feel loved and safe. It is generally believed that at this age children do not understand much about death as such because they have not acquired language to name the experience and the memory is not fully developed. However, children do experience separation distress when separated from the carer and are also very tuned in to the experiences of the carer. Very young children can be affected by the distress experienced by their carers.

BETWEEN THE AGES OF TWO AND FIVE: Even during the early years, children can be told honestly and clearly about death, and it is important that this is done. Without open and honest communication, the child may try to provide answers to questions that are often beyond their ability to understand and may come to very alarming or fantastical conclusions for themselves in their attempt to make sense of what has happened.

The child may believe that:

-  death can be avoided or reversed
-  the dead person is living under changed circumstances and may be concerned about how the dead person will eat or keep warm or breathe underground in a coffin
-  the deceased is missing and will return.

Over time a child may become angry and hurt, feel abandoned and may want to go to heaven to bring the dead person home. This can be alarming for an adult to hear.

BETWEEN THE AGES OF FIVE AND SEVEN: Between the ages of five and seven children are particularly vulnerable. Children have developed enough to understand some aspects of the permanent nature of death but they have few coping skills and therefore cannot protect themselves in relation to the loss.

At this age children may think that death can be fought and defeated if the magic is strong enough or that it takes only the old and the sick. Consequently, the death of a young person, particularly of his or her own age, will be very confusing and, likewise, a death not related to illness.

BETWEEN THE AGES OF SEVEN AND NINE: Children begin to understand death as something that happens to other people and cannot come to those around them. When it does happen, children try to find explanations which fit their child's experience of life and at this age children are beginning to feel their power and independence and are developing a greater awareness of the consequences of their actions. They may therefore feel responsible for having caused the death and adults need to take this very seriously and talk to the child in a way that reflects the child's world.

BETWEEN THE AGES OF NINE AND TEN: Gradually, by the age of nine or ten, children begin to realise that death is the end of each person's life and eventually they themselves will die. This age group is beginning to develop adult responses to death and needs support to grasp the fact that mourning is a process.

Involving the child

Children have little or no control over the rituals that adults organise – the wake, the funeral and the burial. At the same time, a child needs to make a closure on the life of someone close, just as an adult does, and to understand the pattern of birth, living and death.

It may be too much for a distressed adult to focus on the needs of the child at this time and think it better to send the child away until the funeral is over. They may want the child to remember the person as they had been in life or worry that the child will be frightened at seeing the coffin and so not permit the child to attend the burial. This is understandable.

Nevertheless, the effect is that the child is away from the people he or she loves and depends on. Furthermore, they are excluded from the rituals and ceremonies that support adults at the time of bereavement and do not have the opportunity to learn from adults how to grieve and mourn. It is important that the child learns from adults that it is all right to cry, feel sad and be confused or angry.

Therefore, ideally, someone needs to be given specific responsibility to take care of the child's needs at this time. It is important to find ways to involve the child appropriately in the funeral arrangements, wake and burial. Like adults, this gives the child time to begin to absorb the impact of the death and allow us to feel the support of family and friends.

Child will have a child's responses

Each child, like each adult, is unique and will respond differently to the experience of bereavement. It is important to try to see the world as they see it and to provide appropriate support.

SHOCK AND DISBELIEF: In the immediate aftermath of a bereavement, a child may experience shock, disbelief and become panic-stricken. The following points are important.

- Be honest with the child and use direct, honest language. Answer their questions honestly, using language that the child can understand.
- Do not leave the child to find explanations for themselves. Use unambiguous words such as 'death', 'dead', 'has died', 'buried', 'cremated'.
- Allow the child to see and share other people's sorrow.
- Let the child know that their feelings are important, that it is natural to feel sad / angry / lost when someone has died and let them express these if they wish.
- Give the child advance warning of the loss if possible in order to lessen the initial shock / disbelief ('Granddad is not going to get well again').
- Stop what you are doing and listen as soon as the child wants to talk about his or her feelings.

- Comfort the child. Physical comfort is especially important. Provide a comfortable and quiet environment for the child to go to, perhaps an upstairs room or a place the child likes. Hold and cuddle the child. Give soft foods that can be easily swallowed / favourite foods.
- Allow the child to play. Playing is the way in which children make sense of the world and create the foundation for adult maturity.

EXPRESSING ANGER: Anger is almost a universal response to loss. The child may feel anger at being left behind or of the deceased not being around in the future.

Grieving children who are unable to express their anger to the one who is gone will often lash out at those who remain. They may act as if nothing pleases them and the world owes them something. They cannot focus on what they have, only on what is missing. Anger may flare up at seeing other people happy and they may want to avoid occasions where other children are happy.

- Accept the fact that the child will suffer pain and allow the child to express his or her feelings. Adults usually want to protect children from suffering and distract them from sad feelings, but if the child does not express his or her feelings, it can be damaging to long-term development.
- Give the child time and attention. Include the child in the feelings of the adults who may also be grieving.
- Help the child to be patient with their feelings. Reassure the child that the hurt is inevitable. Tell them that grieving takes time but that the pain will gradually ease. Children need the reassurance that the terrible pain will pass some day and to rely on and trust the greater experience of a caring adult.
- Reassure the child, letting him or her know that the person did not choose to leave them. Children may harbour secret feelings of guilt of being responsible: 'If I had come home on time / been a good child / had not got into a fight at school, then Daddy wouldn't have died.' Let the child talk about these feelings. They are real and logical for the child.
- Do not disregard these fears or feelings expressed by the child in your efforts to make the child feel better. Encourage the child to explore these.
- Tell them clearly and frequently that they did nothing wrong.

YEARNING AND PINING: Children may want to keep the belongings of the deceased, do the things they always did, visit the places they had known together or visit the graveyard. Children half-believe that what happened was not supposed to happen and that consequently there is a flickering hope that things can go back to the way they were. Because of this the child keeps shifting between anxiety and despair; the adult has to support this by:

- accepting the child's need to do this and accept that these feelings may come back throughout the child's life
- recognising the child's desire to return and hold on to the past, that the child is going back to a simpler and familiar stage of life

- not criticising or appearing to be shocked
- making sure that young children have opportunities to play so they can resolve some of their conflicting feelings.

SEARCHING: Bereaved children commonly experience a compelling urge to recover the deceased person. Repeated attempts to recover the person gradually support the child to accept that the situation is permanent. This may lead to the child behaving restlessly and irrationally, imagining they have seen the dead person in the street, heard his or her voice or heard him or her in the other room.

The process of searching allows the child to realise that the person cannot be recovered. When this happens, children may try to replace them by dressing or acting like them or taking over the responsibilities of the person who is gone, becoming the 'man of the house' or the 'little mother'. Be patient; impatience with children at this time – for example, telling them not to dwell on the past – can delay their adjustment.

DISORGANISATION: Too often, the disorganisation stage is misunderstood and teachers and parents expect the child to settle down within an unrealistically short period. It is quite normal for previously competent children to become vague and unfocused, and school progress may suffer. Some learning gaps caused by this disorganisation may not show up until the following year. This difficulty may be made worse if the child has a change of teacher and the new teacher is unaware of the child's history. The following points are important.

- Give the child plenty of warning when they have to change what they are doing. Often during this time, they may find it difficult to move quickly from one activity to another.
- Avoid being demanding, especially within an organised environment such as school.
- Help the child to organise him / herself, for example, write lists for them and establish sound routines that give structure and order to their lives.
- Listen to children and give them time and good attention. Protect them during the times when they experience disorder.

DESPAIR: Despair is perhaps the most difficult stage to witness. It is the bleak, hopeless state of mind that resembles depression. Movement and speech may slow down and the child may lack energy or motivation and may stop caring about how they look or meeting friends.

At this time a child may lose interest in eating or may eat excessively. The child may have fantasies about dying as a way of being with the loved one but this, although alarming to hear, does not mean that the child is suicidal. Children need adults at this time who will stand by them and reassure them by word and action that they are worth caring for. The adults' protective presence will help to sustain the child through this difficult time.

- Help the child to distinguish between feelings of emptiness and hunger.
- If suicidal / self harming feelings persist and you suspect a more serious condition, contact specialist help.
- Give children time, and support them to put their energy out rather than suppressing it and turning it inwards.

FOCUS ON THE FUTURE: Gradually, with support and understanding, the child will begin to focus on the future and to form attachments with people again. Children may change their friends, leaving those who could not support them. There may be a noticeable growth socially, emotionally and physically as children make their adjustment.

It may help the child to make a 'memorial' to the person who has died – especially if they were very close – an object or a place that can be associated with the deceased (perhaps a favourite tree in the garden, choosing something to keep that had belonged to the person who has died or a photograph that the child can keep).

Often helping the child to make a memorial book in which they can keep 'special things' helps the child to remember and value the relationship they had and gives them support to bring this relationship into their future lives.

- Encourage the child to participate in a range of activities and to know that it is good to remember.
- Promote the child's physical well-being and self-esteem.
- Make sure that the child knows that you can always be trusted.

Co-ordinated and coherent response

A childhood loss may be reactivated later during important life events, for example, at significant milestones marking the move to adulthood. This does not necessarily indicate that the child's response is unhealthy but rather another means of working through the grief and loss.

It is important to support them to complete this process throughout their development as the loss is revisited and remembered. Everyone involved at the time and throughout the child's development needs to support the process of grief and mourning.

SPECIALIST SUPPORT: Sometimes adults seek bereavement counselling many years after a death has occurred because they feel that they did not have a chance to mourn or complete the mourning process and as a consequence 'things are unfinished.' If you are worried or concerned that the child is not recovering well, professional help is available if you feel the child needs more specific help.

Adolescence

Although the parents we worked with chose to focus mainly on their primary-school-aged children, there was also exploration of adolescence in the following examples.

- **Danger** – where a parent's son had been physically attacked for no apparent reason by a group of young people in a well-known city-centre venue, and the impact this had on him (he wanted to leave Belfast because he felt unsafe). There were questions over whether the attack had been motivated, at least partially, by sectarian intent. The group looked at what sort of environment is available to support adolescents in their development to adulthood and increasing autonomy.

- Exclusion – concern that many adolescents could not afford to hang out in popular city-centre venues and were thereby effectively excluded from participating in activities that other young people took for granted. We discussed social and economic inequality and its impacts.
- Condemnation – concern and condemnation in one group that a small minority of adolescents were engaged in high-risk activities that placed communities at risk (joyriding / car crime). We looked at how, as a community, we may be creating joyriders.
- Alienation from authority – concern mixed with understanding that many adolescents were involved in rioting and attacks on emergency services, seen as an expression and a consequence of disillusionment with the ‘authorities’ in general. We later looked at how adults are disillusioned with the ‘authorities’.

Unlike other present-day and historic cultures where adolescence is recognised as a highly important transition from childhood into adulthood that requires solid cultural support and rituals organised by those outside the immediate family, this society seems to largely pathologise and criticise young people (and / or their parents), while failing to provide adequate social support.

Acting out

In a context where the whole community has been, and continues to be, affected by violent conflict and trauma, we urgently need to seriously attend to the needs and rights of young people who are increasingly ‘acting out’¹ in ever more dramatic ways. For example, increased prescribed medication, increased suicide and attempted suicide especially among young males, alcohol / drug and other addictions including eating disorders, bullying, car crime, criminality, et cetera.

We only have to think back as adults to our own struggles as adolescents to recognise the need to learn from our own direct experience within the possibilities available in our particular ‘life space’ or context. Problems occur when either adolescents have not learned to tap into the wider environment for support and / or the wider environment is not supporting the young person.

Adolescents are remarkably strong-willed about learning from their own experience, a cause of endless frustration to adults who wish them to avoid the mistakes they made. Yet, it is only through action in the environment that a young person gains a sense of self (McConville, 1995).



Working with adolescents requires us to temporarily set aside our adult frame of reference and to attempt to see and experience the world as the adolescent sees and experiences it. It is only by doing this (working phenomenologically – see Gestalt theory in ‘We’ll never be the same’) that we can understand the logic of their actions.

In this context there is also a need to attend to the inter-generational impacts of trauma in understanding and responding to ‘acting out’. When adolescents ‘act out’ they may frequently be ‘re-enacting’ the traumas of previous generations. It is the responsibility of the current generation to work with the unresolved traumas of the past to ensure a firmer ground of support for the next. By helping themselves, adults in one generation support a secure relationship with not only their own children and adolescents but their children’s children.

¹ ‘Acting out’ is commonly understood as a dramatic expression of needs that can neither be experienced nor expressed directly and

may even be dangerous to the person or to others. ‘Acting out’ is common in adolescence, and the purpose is to literally make real the

self. Where the self is not strong enough to express him / herself in thoughts and words, acting out follows (McConville, 1995).

What is adolescence?

McConville (1995) proposes that adolescence is 'something akin to a paradigm shift'. That is, it is not just one of a series of equally transformative stages but rather a 'literal recollecting of childhood, a radical reorganisation of the psychological self for the journey that lies ahead'.

Hence, the important unresolved events and traumas from infancy, early years and middle childhood era are revisited and attempts are made to make a better resolution than previously available in order to leave childhood behind. For example, sleeping difficulties from early childhood may re-emerge as the young adolescent struggles to deal with fears aroused by scary films and other peer activities.

Tasks and the need for organising contexts

Meanwhile the family itself is evolving along with the different developmental phases as its children turn into adolescents (Haley, 1973). The family and community provide powerful organising contexts of support for adolescent experiences as the young person faces three main tasks (McConville, 1995).

- To disembed from the family: the pre-adolescent is held or embedded in family and the adolescent needs to rework and reorganise his or her relationship to parent(s) and siblings. In this process of changing boundaries, both the adolescent and the parent(s) are changed.
- To develop and deepen their 'inner' life requires a safe interpersonal context – to experience her / himself as 'author' of her / his life by synthesising experience and identifying who she/he is and is not.
- To integrate diverse experiences and fragments into a more complete and complex whole / organisation. Integration enables enough resilience and strength to support 'mature contact' – that is, exchanges with others that are two way, mutually influential and interdependent (see also *Considering community and transformation*). By this point, the parents' role is also transforming into something more like a guide or consultant.

The tasks and challenges of successfully authoring a life require a reorganisation of the field as a whole. For many adults who are parents and grandparents now, the conflict took place during their childhood and / or adolescence and impacted on how they authored a life and therefore also on how they support their young. In this way the challenge rests with us all and extends beyond the local to the global.



We aren't born knowing ourselves or knowing how to know ourselves. All that too is learned and the process by which it is learned is an intersubjective process. We learn how to be curious about ourselves always and only through the benevolent, stimulating, empathic curiosity and interest of another person (Wheeler, 1994, in McConville, 1995).

To advance self-recognising naturally leads one to political consciousness raising and education. (Parlett, 2000)

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Resources

- A terrible thing happened – a story for children who have witnessed violence or trauma (children aged around 4-8) by M.M. Holmes, S.J. Mudlalf, & C.Pillo
- Cool cats, calm kids – relaxation and stress management for young people by Mary Williams (early years / primary school)
- A volcano in my tummy: helping children handle anger by Elaine Whitehouse
- It won't hurt forever: guiding your child through trauma by Peter Levine. Audio cassette available from www.traumahealing.com or Amazon.com
- Bruce D. Perry: The Effects of Traumatic Events on Children: Materials for Caregivers www.childtrauma.org/ctamaterials/effects.asp
- Something Bad Happened: A Series of Six Creative Books for Healing from Post-Traumatic Stress, by Debra Whiting Alexander www.sidran.org/catalog/also.html
- A Little Elephant Finds His Courage, by Nancy Baron www.sidran.org/catalog/bali.html
- Someone Hurt Me, by Susan Cavaciuti www.sidran.org/catalog/caso.html
- The Way I Feel: A Series of Six Creative Books for Healing from Post-Traumatic Stress (a collection for teens), by Debra Whiting Alexander www.sidran.org/catalog/alwf.html
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- Why am I so different? Simon, N. (1976) Whitman: Morton Grove - Portrays everyday situations in which children see themselves as different and yet feel that being different is OK.
- The monster bed. Willis, J. & J.Varley (1990) Red Fox: London - A picture book for young children about bad dreams
- Homemade books to help kids cope: an easy to learn technique for parents and professionals. Ziegler, R.G. (1992) Magination Press: New York

Resources

Fair Play: a parents guide to talking with children about prejudice and discrimination. Barnardo's and Save the Children

Video plus teachers guide for early years and key stage 1 – Sarah and the Whammi – an award winning drama series made here by Channel 4, following Sarah as she deals with issues of difference, bullying, injustice, friendship, etc.

Websites

www.centerforloss.com
Centre for loss and bereavement

www.nickey.org
Children's Commissioner, N.Ireland

www.allchildrenni.gov.uk
Children and Young People's Unit

www.ecdgroup.com
Early Childhood Care & Development open to members of the United Nations

www.erichad.com
Grief, loss and recovery for bereaved parents

www.childtrauma.org
International Childhood Trauma

www.childparenting.tqn.com
Parenting Advice on Family Traumas

www.childpsychotherapytrust.org.uk
Child Psychotherapy Trust

www.traumahealing.com
Trauma first aid for parents / carers to use with children

