

# Ideas about Sadness

**Views of Children  
and Young People**



G. Newman

2011

Highland Children's Forum

Funded by the Joint Committee of Children and Young People

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A personal note from the author

As I have carried out this consultation, evaluated the children's responses and read the relevant literature on the topic of loss and bereavement, it has had a personal impact on me. My daughter had a complicated grief process after the loss of her brother which took her from withdrawal from social activities, through anxiety and insomnia into depression. Her physical and mental health were affected, her friendships, behaviour and achievement all altered. In our own grief, we were not able to be as supportive as we would have wanted to be.

I wish I knew then what I have learned now about how to prepare and support a child or young person through grief. We had never wanted to say out loud the truth that my step son was likely to die and so although we had never promised he would get out of hospital; my daughter had not taken on the possibility of his dying. When she was withdrawing in to her room and falling out with her friends, we were struggling socially too and did not see the danger. We tried to deal with symptoms, sleeplessness, anxiety, poor appetite, without ever tackling the growing menace of unresolved grief.

Our daughter has now received the help and support she needed and is well on her way to recovery and wholeness thanks to the support of teachers and health professionals.

I would make a personal plea to teachers in particular but also to others who work with children, to recognise that grief is a time when parents and family may not be able to see the needs of their child or offer the support which might be needed. Please undertake the loss and bereavement training/guidance and develop a proactive approach to both prepare children for and support children through a grief process.

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Grateful thanks are offered to all the children and young people who were willing to consider and share their views on this difficult topic of loss and bereavement.

Thanks are also due to the staff of both participating schools for their support and for facilitating the consultations.

Thanks to Jane Baines for her support.

Thank you to the Joint Committee for Children and Young People of the Highland Council and NHS Highland for funding this project.

## Introduction

The Highland Children's Forum exists to listen to children and young people with various challenges in their lives to influence services and policies to improve outcomes for children.

Bereavement is an issue for children and young people that was raised to the Highland Children's Forum through the "Are we there yet?" (Newman, 2008), "What makes a good life?" (Newman, 2009) and "It's not about money and resources. It's about empathy and intuition" (Newman, 2010) reports.

Some of the issues raised to the Forum were about bereavement in its standard sense; that is the death of a close relative or friend. The number of young people affected by this is stated as being around 92% of children by the age of 16 (National Children's Bureau 2007). For some of the children in our reports, there had been more than one bereavement, which can develop in to a "cumulative store of pain" (Hunt 2006).

However, the participants of the projects had also felt bereaved through separation from a close relative through family break up or being taken in to care. Parental separation can be one of the most stressful life events (Stadelmann et al 2010). Sometimes they did not know the relative they felt bereaved from, such as a child who did not know one of their parents having been separated from them since infancy.

Bereavement on the loss of a pet was another strong theme coming through from the children and young people and the importance of pets for wellbeing was something that has been expressed in many of the studies carried out by the Forum.

In each case the children or young people felt that the impact of bereavement had affected them emotionally, socially and behaviourally as well as making achievement at school a greater challenge. Teachers (in Hull) had reported similar observations of the effects of bereavement on children (Holland et al 2004).

Given the significant impact bereavement may have for children and young people both in terms of the numbers affected and the impact on wellbeing, even if temporary, the need for hearing what children say about how they are affected and how they can be supported through bereavement is vital. The Joint Committee for Children and Young People (JCCYP) agreed to fund further consultation on this topic.

Much of the research about grief for children is provided by care givers or adults who were themselves bereaved as children (Rolls and Payne 2007). Because grief in childhood needs to be understood in the context of childhood, listening to children and capturing their views about how they might be supported through it is essential. However, in consulting children about such a sensitive issue, there is the risk that it will raise emotions which could be distressing (Rolls and Payne 2007). To reduce this risk, children were not singled out for this project, rather whole classes were involved. While only a proportion of children in any class would have personal experience of loss and grief, they would be aware of loss in others and its effects. All children were asked to think in the third person about how sadness might affect an imaginary child. Story telling in the third person has been used by the Forum to enable children to use their expertise and experience without having to remember and re-tell their own, possibly painful, story. Children were able to opt out of the lesson if they chose to do so. One pupil withdrew.



## Methodology

The consultation was carried out in one primary school and one secondary speaking to pupils from age 5 through to age 14 years. In total 310 children and young people took part.

Children were seen in class groups either in their primary school classroom or during a Personal & Social Education (PSE) lesson in secondary. The project was explained and children/young people told that they were not being asked to think about or retell their own experience. Everybody was sad sometimes and because we did not want them to be focussed on their own sadness they were to think about an imaginary person and make up a story.

All children were given a piece of paper, two different coloured pens and four different shaped Post-Its ©. They were told one colour was to tell a happy story and the other colour a sad story. They drew a happy and sad face at the top to indicate which colour was which.

Children were asked to draw a stick person and give them an age (similar to their own) and a name. They were then to consider what would be needed for that person to be having a happy life. They were free to write whatever they wished but were prompted to think about family, friends, school, out of school, behaviour and health. Younger children (primary one) worked in groups using a piece of "Magic Whiteboard" ©. These children had stickers and coloured pens to decorate the shared drawing of a child. Adults supported the children by writing and audio recording their ideas. Audio tapes were deleted after transcription.

Next, "Michael Rosen's Sad Book" (Rosen 2004). was read and the drawings by Quentin Blake projected. The book covers a number of concepts around grief and sadness:

Sadness meaning you:

- Pretend to be happy when you are sad
- Want to talk to someone about it
- Want to be alone, away from everyone
- Feel angry
- Behave a bit crazily or even badly

You can help yourself through:

- Remembering everyone is sad sometimes
- Doing something you can feel proud of
- Doing something to have a good time
- Remembering happy times
- Writing about it

After reading the story there was a short class discussion about these themes. Children were then asked to go back to the person they had drawn, use the 'sad' colour of pen and then think about something sad that could have happened to that person. They were asked to write about what would be different now, again the prompts of family, friends, school, out of school, behaviour and health were used, but children were free to write about anything that might have changed for that child as a result of being made sad.

Children were then asked to answer questions on their shaped Post-Its©:

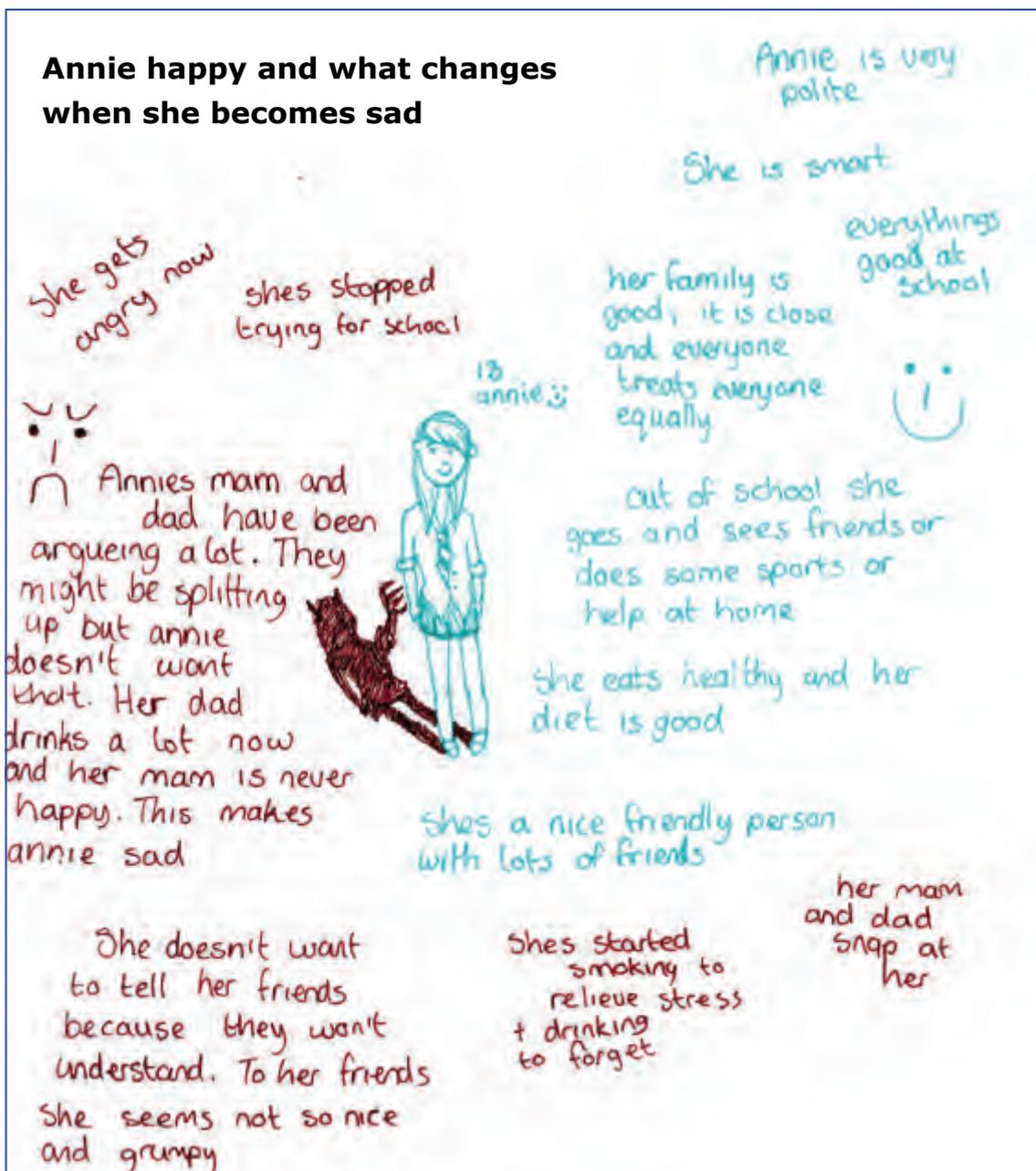
Speech Bubble shape: who would their imaginary person speak to?

Star shape: what could their imaginary person do that they could feel proud of?

Heart shape: what could their imaginary person do just for fun to feel good?

Cloud shape: what would their ideas be about what might help someone who is sad?

At the end of the session, children were reminded that there were people they could talk to if they felt sad as a result of the lesson. They were also reminded of the things that they have thought of that can help. The children were thanked for their contribution and were offered a "Heroes" © chocolate for tackling such a difficult topic.



## Results

All results within a theme are presented in descending order of popularity. The numbers in the graphs refers to the percentage of the 310 children taking part. Any result with 4% or more young people (or at least 11 participants) saying the same thing are included.

To avoid always saying "children and young people" the term "children" is used but it represents children and young people from age 5 to age 14 years.



### The Happy Story:

These imaginary, happy children live in families which generally: have siblings, have both parents living with them, have a pet, are a nice family, have contact with extended family and are a happy family. Equal numbers of children specified that the child would live in a big or a small family. Small numbers of children (less than 4%) were only children or lived with only one parent.

Happy children have lots of friends, good friends, best friends, have fun with friends, have a boy/girl friend.

Children who are happy are also good at school work, like school, go to a good school, love to learn and are good at sport.

Out of school the imaginary happy children enjoy sport, of which football is the most popular followed by swimming and have hobbies. They enjoy time with friends, screen time (TV, computer, or games console) and time outdoors. A smaller number go to clubs.

In terms of behaviour and attitude these imaginary children were well behaved, happy, friendly, helpful and self-confident. A number were 'cool', that is not too good with a touch of 'attitude' or 'a bit cheeky'.

The imaginary children were in good health, active and eating healthily. They also enjoyed treats sometimes.

## **Class Discussions**

The class discussions were around the themes in Michael Rosen's book (2004). Not every theme was discussed in every class due to time limitations, some classes presented more than one point of view. Comments about whether children agreed with the ideas from the book were broken down into "yes: no: it depends", e.g. 6:3:1 would mean 6 comments in agreement, 3 in disagreement and 1 suggesting it would depend.

### **Pretending to be happy when sad:**

The class discussions were strongly in agreement 12:0:1 that children or young people might "wear a mask" and pretend to be happy when they are sad. With regard to whether children thought others would see through this disguise, the responses were 6:3:3. The views on whether people should ask the young person about it were 4:6:3.

The reasons for the mask were to keep the issue private, to cover it up, to avoid bringing attention to it, or because they would not want to become upset. Another reason is that they might worry people 'would not like them' or would 'miss them out' if they were sad.

Close friends and some teachers would see through the mask because the person would react differently and their happiness would look as if it were 'forced'.

People could help by being 'normal'. If they ask about what is wrong it should be in private. The sad person might not want to talk about it until they have had some time to deal with it themselves. Trying to cheer them up might be helpful.

The children did think telling someone in your own time would be helpful and they had a wide range of people they might tell as is shown in the Speech Bubble responses. It might be hard for some children to find someone they could trust to tell.

### **Being alone:**

With regard to the need to be alone at times, the response was 8:1:0. Out of school, children would go on a walk to be alone or go to their bedrooms. In school they would go to the toilets or the sick room. Some children would choose the library or locker room. You had to pretend to be sick to get in to the sick room, unless your Guidance teacher had made an arrangement.

### **Others are sad too:**

There was 5:1:0 agreement that the knowledge that others were sad too and the fact that everyone was sad some of the time can be helpful.

Doing something to be proud of:

Everyone who commented thought it would be beneficial to do something to be proud of everyday.

### **Achievement:**

Children were asked if they thought being sad would affect their achievements in or out

Sophie is very sad because her mum died and she can't talk to her dad about her death. She has to pretend that she is happy at school because her friends think she's over it. She doesn't concentrate at school anymore. She gave up swimming and running and spends all her time in her bedroom. She doesn't smile or be happy anymore and wants to be on her own all the time. She doesn't have much of an appetite anymore, and spends time comfort eating. She has no one to go to.

of school, and they were 14:3:0 in agreement that it would. They thought achievement would be affected as children would be worried or distracted, in a bad mood or falling out. They might not try as hard. Those who thought achievement might not be affected thought children might be distracted from their sadness by their hobbies; that they could take their anger out through their sport or they might try harder as a way of honouring the memory of the person.

#### **Doing something that feels good:**

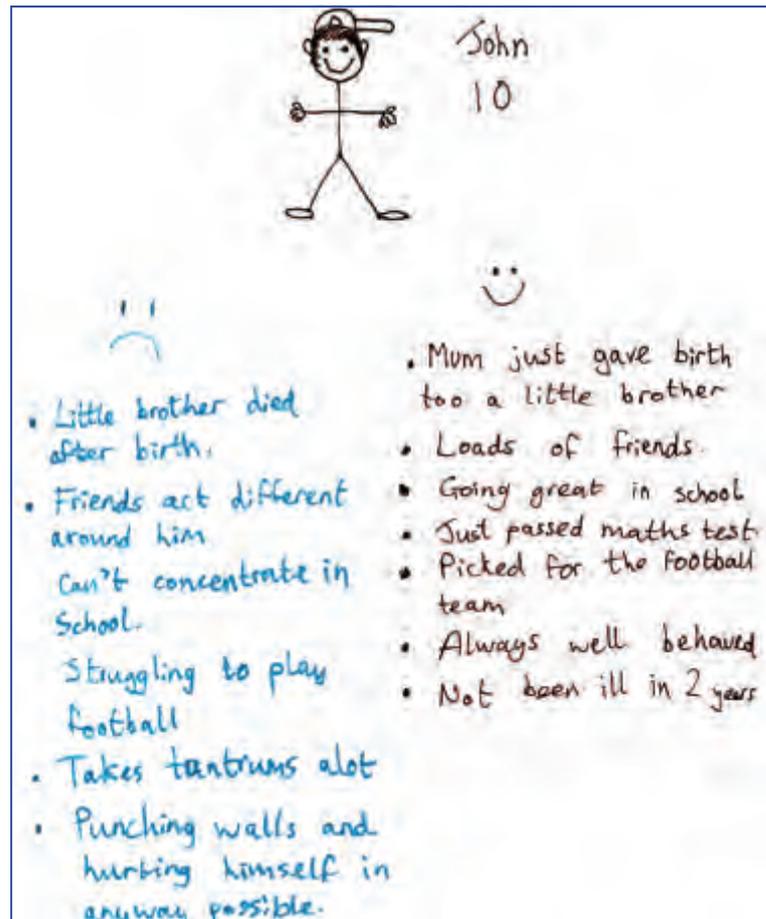
Children were 8:1:0 in agreement that doing something everyday just for fun would be beneficial because it would take their mind off their sadness. One comment in disagreement was that it would be sad to try to have fun when someone had died.

#### **Changed behaviour:**

Children were in agreement 8:2:0 that behaviour would be affected by sadness. Anger was the behaviour most mentioned but also misbehaving, fighting, breaking things, self-harming, taking it out on others, crying were all suggested.

#### **Writing:**

When asked if writing would help children when they were sad the agreement was more mixed, 6:4:2. Children thought it would depend on whether the person liked writing. Some people thought writing about it would help get it "off their chest" others thought it might act as a permanent reminder.

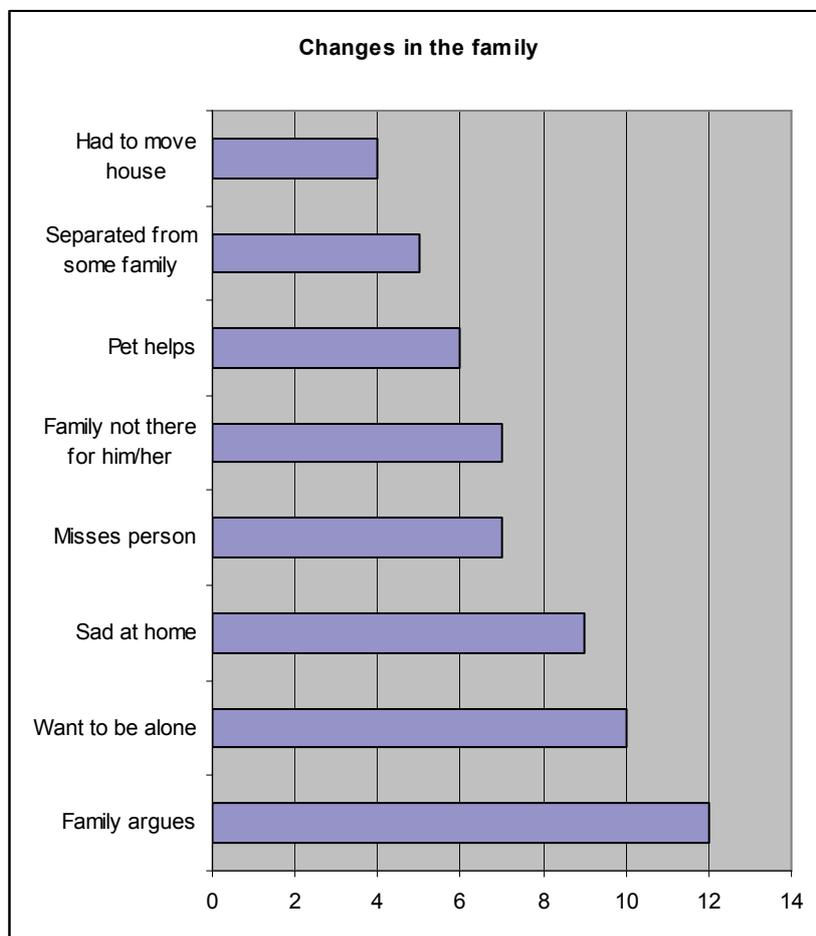


## Sad things happen

Children did not have to say what the sad thing was that happened, but 27% said that someone in the family had died, 15% said that the family had split up and 7% that a pet had died. Other reasons given included being bullied, someone in the family being ill and moving house.



## What children and young people said would change in their families after something sad had happened



### Family

When a child was experiencing loss, usually the whole family was also experiencing loss. When there had been a death in the family, other members of the family were sad too. This meant that often family were not able to be there for the child (Boyd Webb 2003). This is an argument for offering both family and individual therapy to grieving families (ibid).

When families were splitting up, an increase in arguments was the change most frequently mentioned in the family. The level of conflict experienced before the family separate will affect the grief process for the child (Stadelmann et al 2010).

Children spoke of sometimes wanting to be alone and also of being left alone. Several children wrote about the death of a sibling in their stories. Corr (2009) suggests that this means the child lives under a shadow of the lost child which cannot be denied but can be understood. Corr suggests that story books which describe death and loss for children can help them make sense of their situation.

Daniel is becoming very sad because his parents are separating. He is really miserable but doesn't show it towards his friends because they wouldn't really understand. His sister who he was close to has moved out and he can't talk to her about it. It has effected his swimming because he hasn't showed up for training and has fallen behind. Also in school he isn't concentrating. His behaviour has become sort of violent and scary. He has been eating to get his mind off it and has put on weight. He has nobody to go to. No-one understands.

The child will miss the person who has died, or the person who has left the family home.

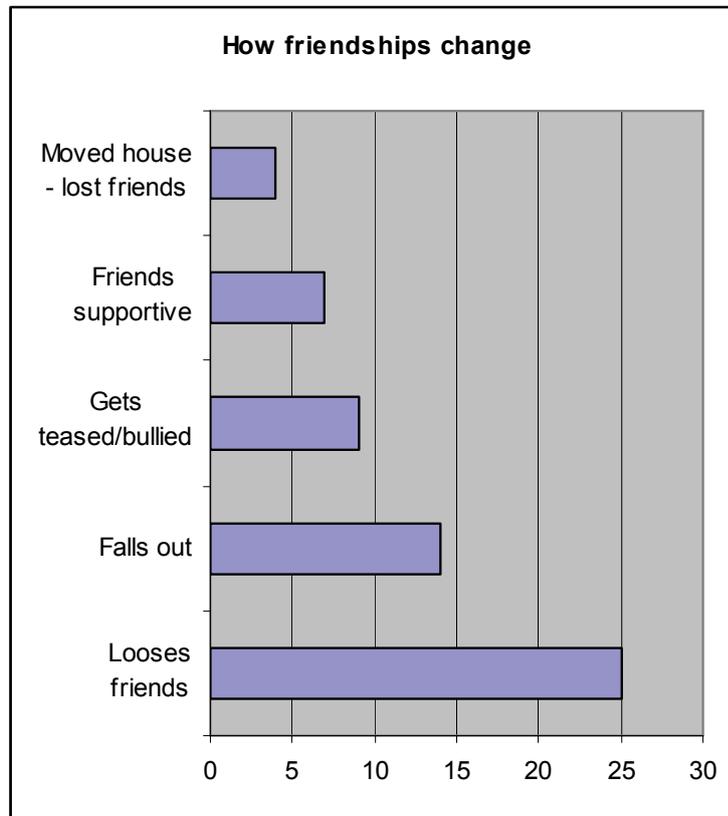
There are other changes which have an impact on families at these times. Sometimes the family has to move. Sometimes, especially in family separation, there may be a change in their financial circumstances (FSA 2009). This can often mean that the initial loss is compounded by further losses of friendships, school and community at a time when the child needs the support of people outside the family (Holland 2008).

The reference to pets was not found in other literature read for this report on the topic of grief, but the importance of pets, the comfort that can be provided by a pet at times of emotional upset and the grief of a child at the death of a pet have been raised in previous HCF consultations (Newman 2008, Newman 2010).

Parents may need support both in coping with their own grief and also in parenting their child through grief (Rolls and Payne 2007). Sometimes parents can find it hard to tell their child that someone is dying, wanting to "delay" the grief of the child (Germain 2011), but this leaves the child ill prepared for the death.

Children want to be listened to and informed about changes in their lives at times of family separation (Peyton 2008). Relationships Scotland (2011) can provide family mediation to enable separating parents to work together for the best interests of the child in their decisions about ongoing contact with both parents.

## What children and young people said would change in their friendships after something sad had happened



### Friendship

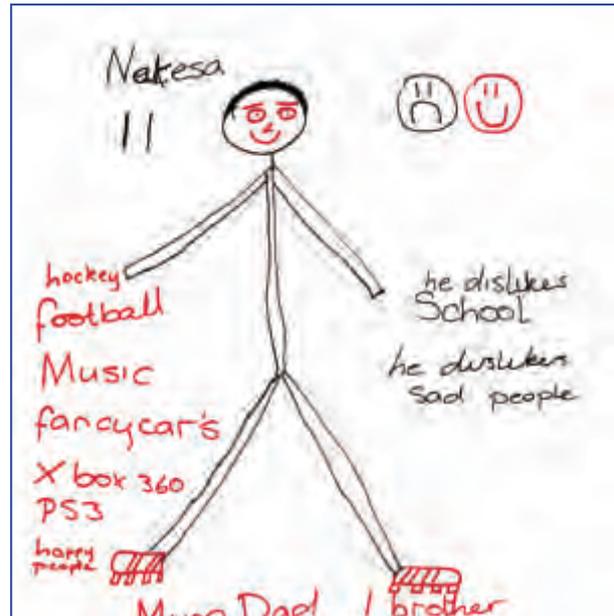
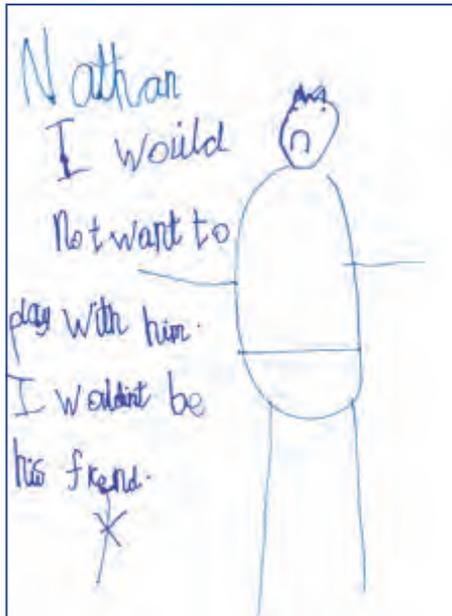
The most frequently raised change in friendships at a time of sadness was to lose friends. In some of these stories this was due to a move in house but for a lot more it was the perception that friends would not like them if they were sad a lot of the time.

Children also thought it likely that the sad child would fall out with friends and be the subject of bullying and teasing.

Only 7% of children thought their friends would be supportive. Some children reported that they would not like the imaginary person if he or she were sad.

Silverman (as cited in Tracey and Holland 2008) found that bereaved children wanted desperately to 'fit in' but peers had poor understanding of grief and did sometimes tease children about it.

The use of bereavement groups as a therapy can be helpful in this context where the child can get the much needed peer support from others who have a similar experience (Boyd Webb 2003).

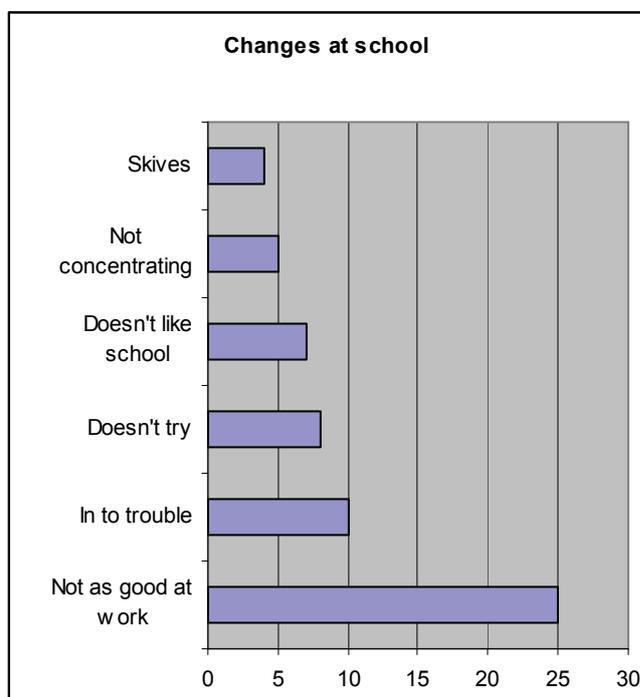


**Children recognised that other children can behave as though they dislike someone who is sad**



**The sad thing for Alex is that her best friend died.**

## What children said would change in school after something sad had happened



### School

The likely changes in a child's experience of school were seen to be a drop in achievement, partly due to not being able to concentrate, along with an increase in getting in to trouble. It was likely that the child would stop trying, would not like going to school and may skive.

These reflect the changes reported by teachers (Holland et al 2004) that they had observed in children who had been bereaved.

Children may feel the pressure of their sadness build up during the day at school. In class discussions they had suggested they might want to be on their own for a while, and would go to the toilet or pretend to be unwell to go to the sick room. Holland et al (2004) suggests providing a safe haven in school for bereaved children. He also stresses the importance of a sympathetic adult, the child's chosen 'special adult' in school who the child can turn to.

Schools have the potential to be the secure base outside of home that a child may need to move forward. Teachers should also be sensitive to the extra support the child may need in their school work for a time (Holland 2008). The Curriculum for Excellence can offer the opportunity both to support a child through bereavement and also to prepare children for the possibility of grief and loss through science life cycle teaching, religious education and personal and social education (Rolls and Payne 2003).

Doing well at school, top of the class kind of a clown too.

Lots of close friends - one very close friend called Walder

Always out playing football with friends. Found at friends houses, or friends at his.

Well behaved quite cheeky though.

Name - Aldo  
Age - 13

Mum & Dad  
1 older brother  
1 younger sister  
Dog - Freddo

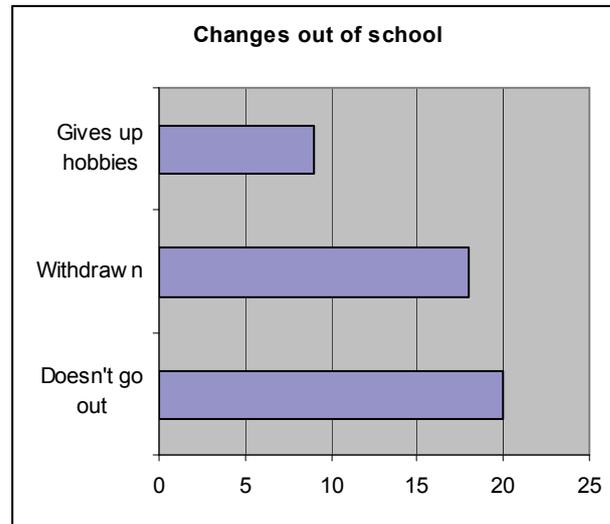
Lives with mum & younger sister. Dog too.  
Still friends with Walder but has lost everyone else.  
Never in school, always getting excluded for behaviour.  
Doesn't go out with friends anymore, sits at home in his room all day.

**Aldo, hardly attends school now and his behaviour has changed.**

- her dad died
- her family don't talk much
- she doesn't go out much any more
- her friends feel awkward around her
- her grades have dropped
- she is getting into trouble a lot
- she never goes out on weekends
- feels like running away
- she has lost her appetite

**Bereavement affects both grades and behaviour at school.**

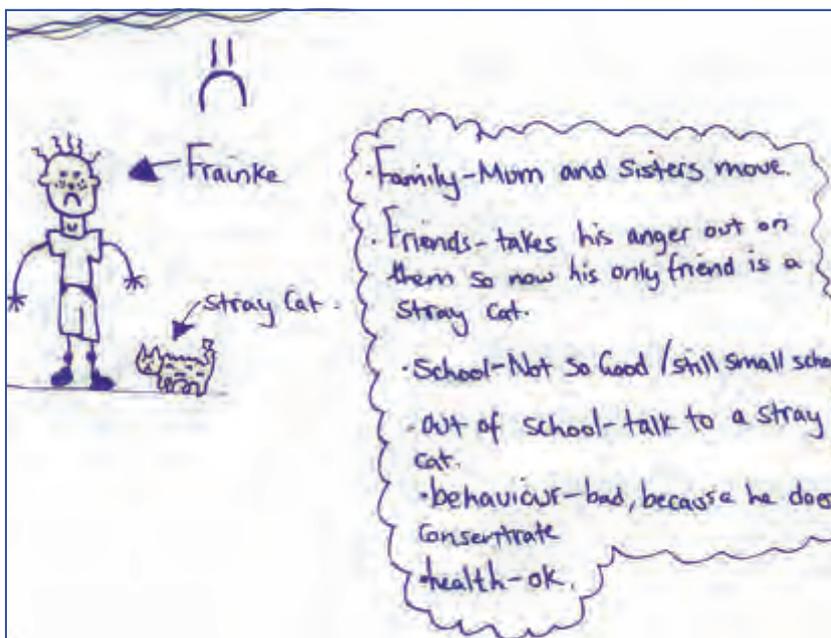
## What children said would change out of school after something sad had happened



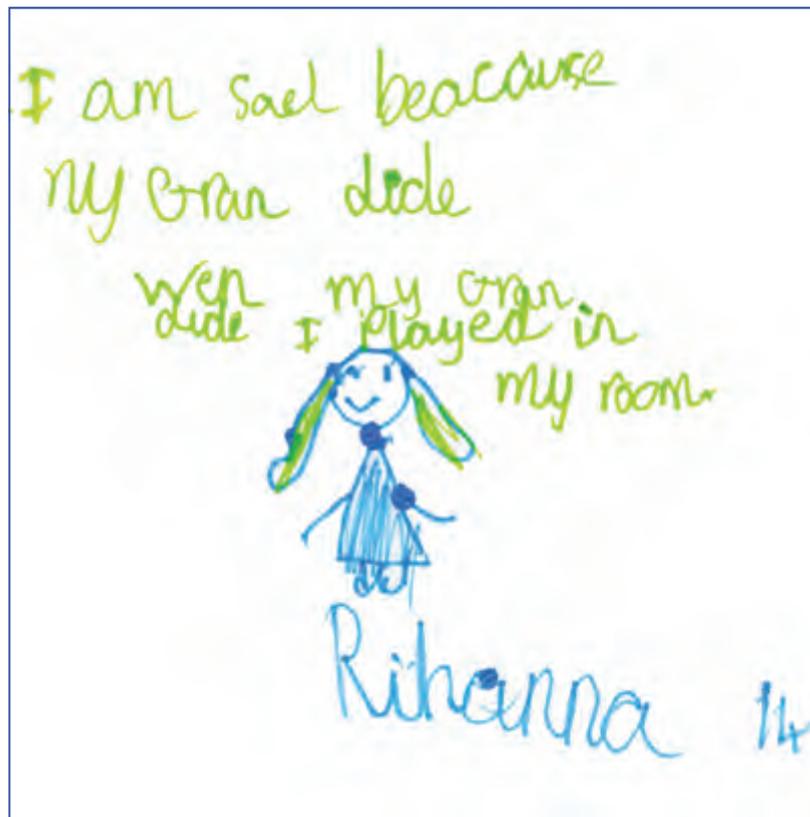
### Out of school

Most children thought the sad child would withdraw, give up hobbies and stay indoors. A small number thought the child might rebel and stay out at night or run away. This balance between withdrawal and acting out is noted by Holland (2008).

Stroebe (2002) suggests that when a child withdraws there can be a positive and or a negative aspect to their thinking. The time alone might be useful in helping the child to work through their feelings but there can also be a negative aspect in churning over the death and loss. This can lead to adaptation to the loss or prolonged and complicated grief respectively. The child may swing from the extremes of looking back considering the loss and of looking forward moving towards restoration.



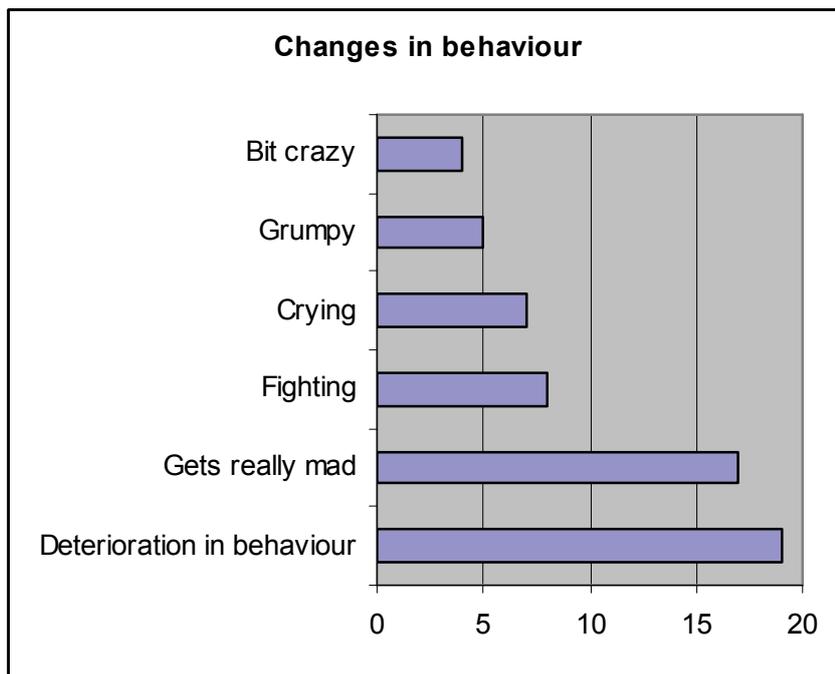
**Frainke has withdrawn from everyone bar the stray cat he has found.**



**Children withdrew indoors and often in to their room when they were sad.**



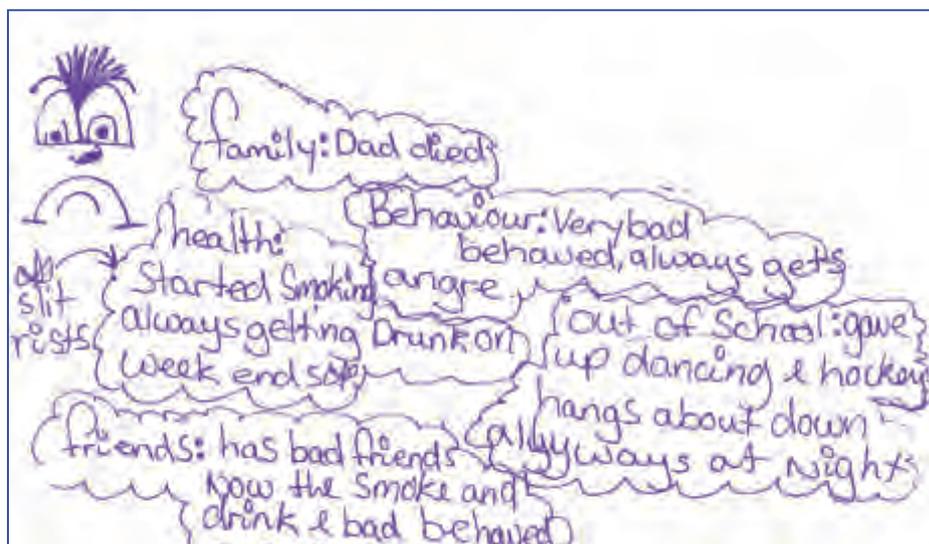
## What children said would change in behaviour after something sad had happened



### Behaviour

Children suggested that there would be deterioration in the child’s behaviour; they would be angry, fight with others and be grumpy and perhaps do unusual or ‘crazy’ things. These behavioural changes have been recognised in other studies (Tracey and Holland 2008, Holland 2008).

Williams and Lent (2008) suggest that the change in behaviour is because the child can not cope with the intensity of feelings they have and so can lash out in an uncontrolled way. The child is likely to be confused by their own behaviour and feelings and may move forward and back again in their behaviour and be unable to see that in time they will recover (Stroebe 2002).



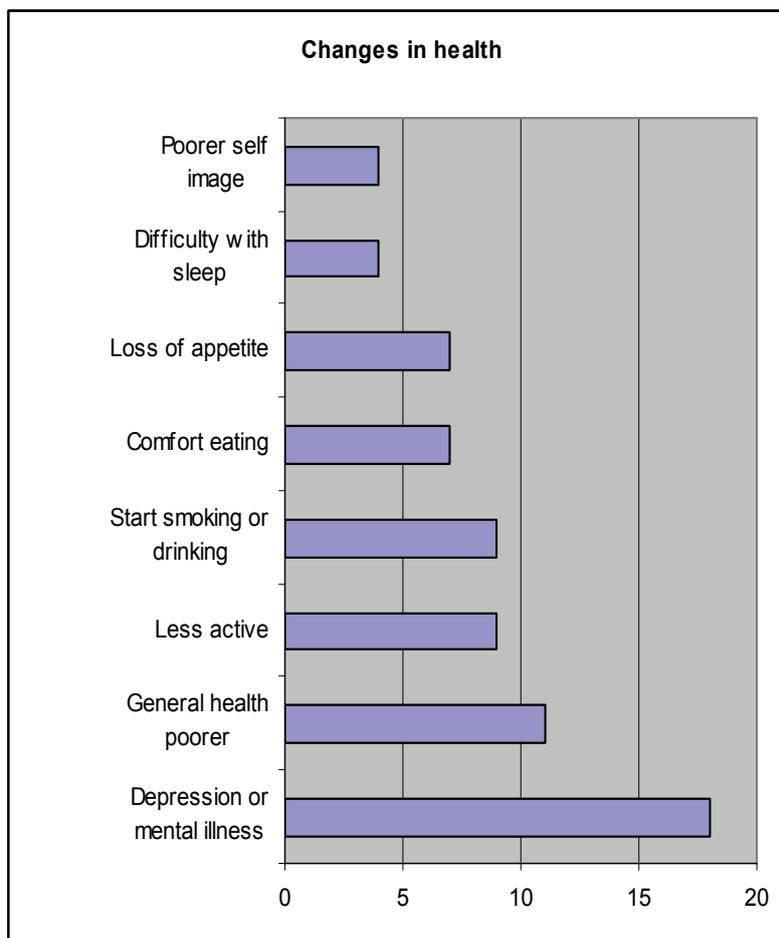
**Behavioural changes affected other areas of life.**



**From being angry to a bit nippy, struggling with anger was an issue for children coping with sadness.**

James's little brother was run over by a car. He is devastated and it has turned his life upside-down. James can't focus in school and is getting told off for day-dreaming, his teachers are curious as to why his standards are dropping. He is ~~bec~~ becoming a little nippy with his parents.

## What children said would change in health after something sad had happened



### Health

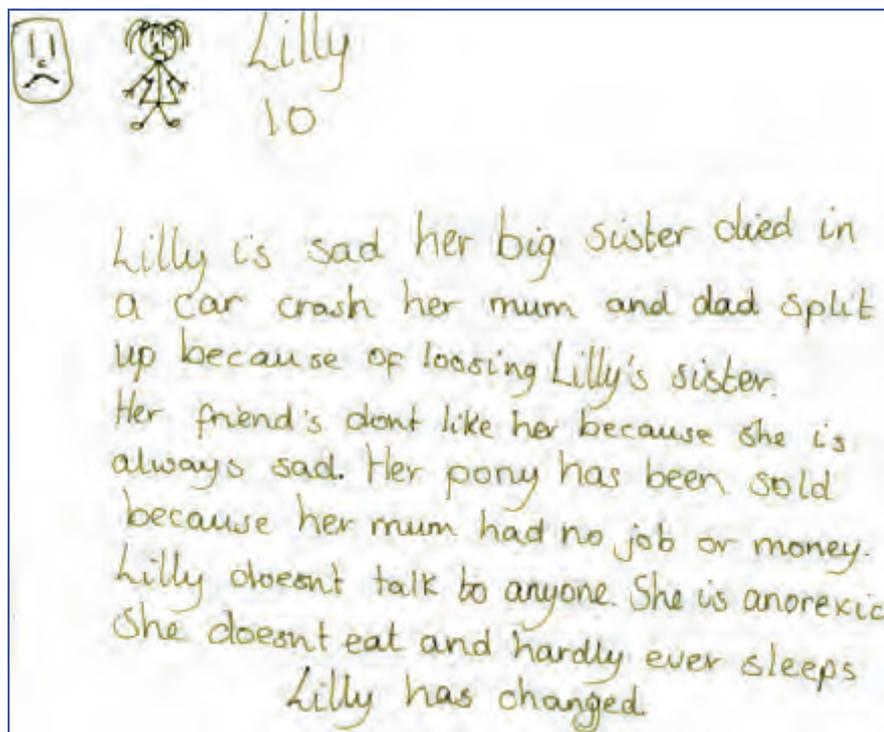
Children recognised that there could be deterioration in the child's mental health, most thinking that depression may result, but they also suggested that their general health would be poorer.

Children also thought that there would be changes in the child's health in terms of the choices that they make. Children would be less active and may take up harmful habits such as smoking or drinking. Children thought, in about equal numbers, that children would either comfort eat or lose their appetite, with some children suggesting either obesity or anorexia developing as a result. Disturbed sleep and poor self-image were also suggestions made.

These changes are again also noted by experts in the field (Holland 2008, Morgan and Roberts, Tracey and Holland 2008). While grief and the changes in health and behaviour are normal and should heal in time, some people will go on to develop complicated grief which has more serious and long term effects on mental health (Sandler et al 2010).

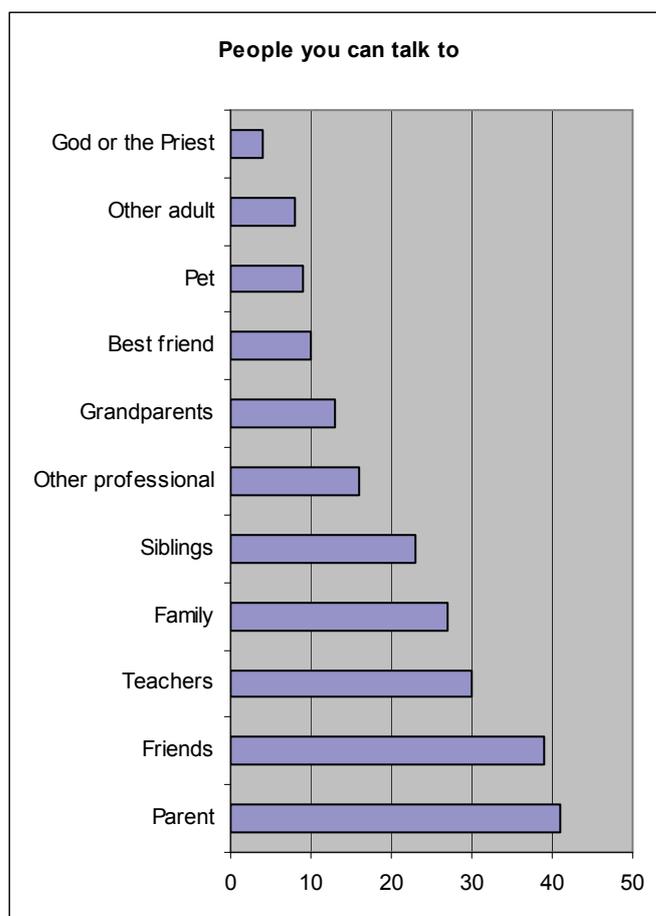


**Rebecca is depressed and feels like running away.**



**A progression of sad events tips Lilly in to mental and physical health issues.**

## What children said about who they could talk to when something sad had happened



### Speech Bubble Post-Its—Finding Someone to tell

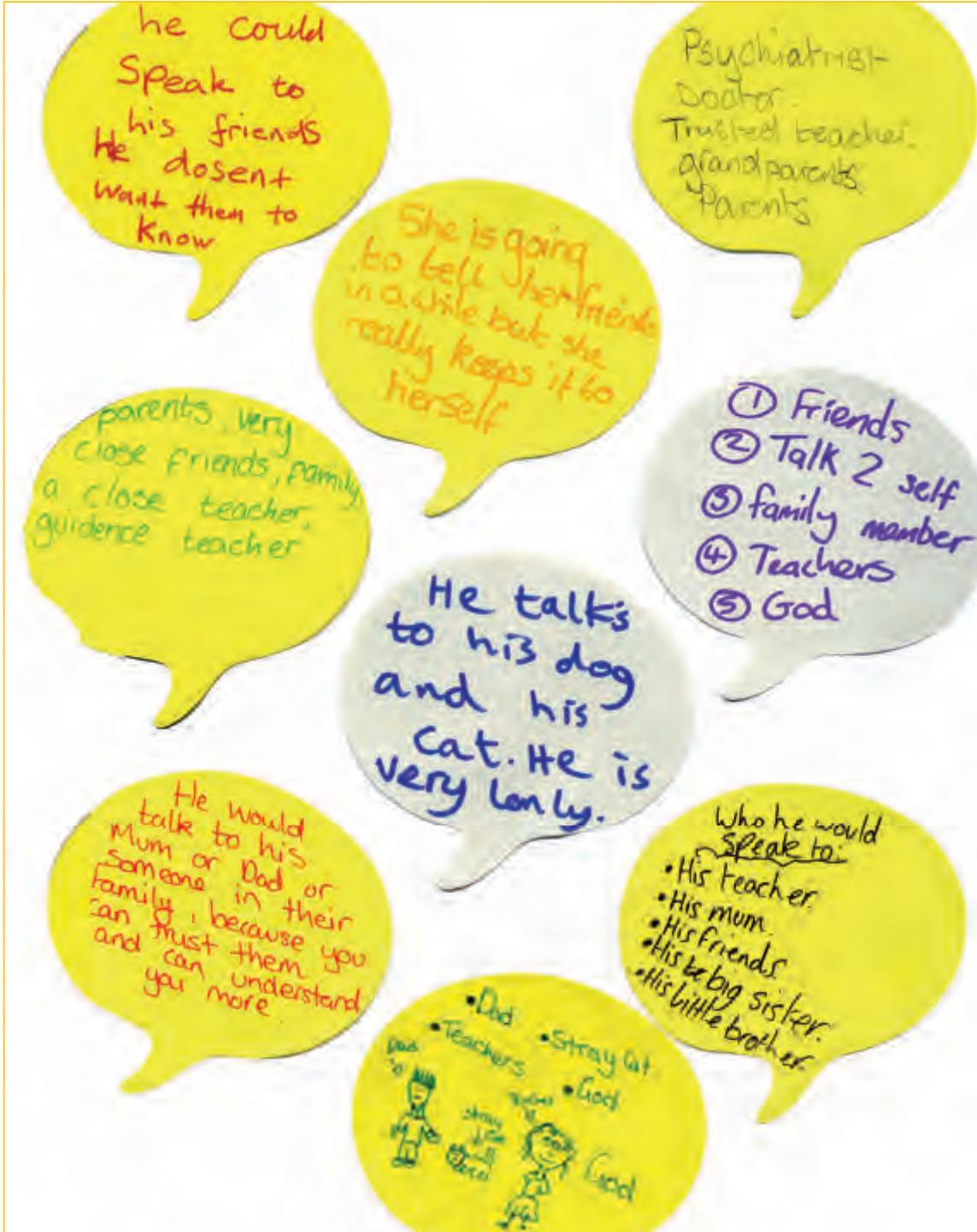
Michael Rosen had sought out someone to speak to about his feelings. In the Speech Bubble Post-Its, children were asked to write about who they or their imaginary person would talk to if they were sad.

Children chose parents, followed by friends and then teachers. This is a similar range of people children have identified in other reports as being people they could talk to when they were in difficulty (Newman, 2008).

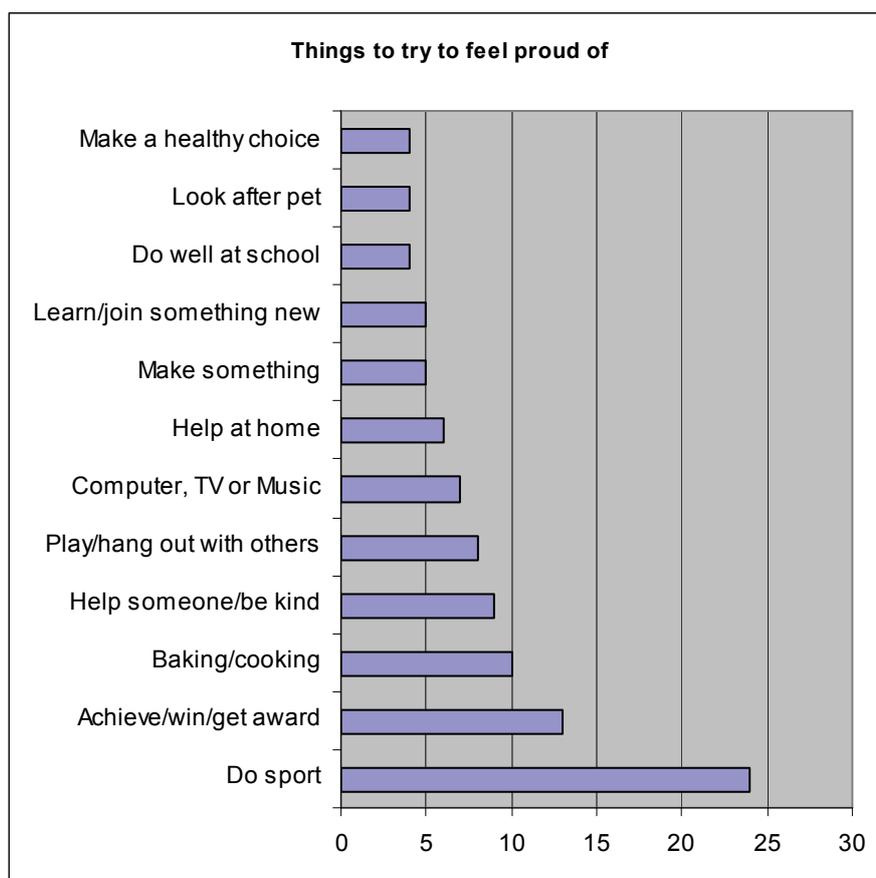
The pet features as 'someone to talk to' for 9% of children. In group discussions some children have said that they can talk to their pet, who always listens and seems to provide comfort.

Extended family members such as grandparents, cousins and aunts and uncles also featured in a number of the responses. The importance of grandparents as people who are there for you and listen to you has come out in other reports (Newman 2008, 2009). This was especially important for children who were in local authority or kinship care. For quite a number of these imaginary stories, the death of a grandparent was the cause of the sadness, so this opportunity would be lost.

Sometimes, like Michael Rosen (2004), children did not want to tell anyone at all.



## What children suggested they could do that they could be proud of



### Star Post Its—Things to do you can be proud of

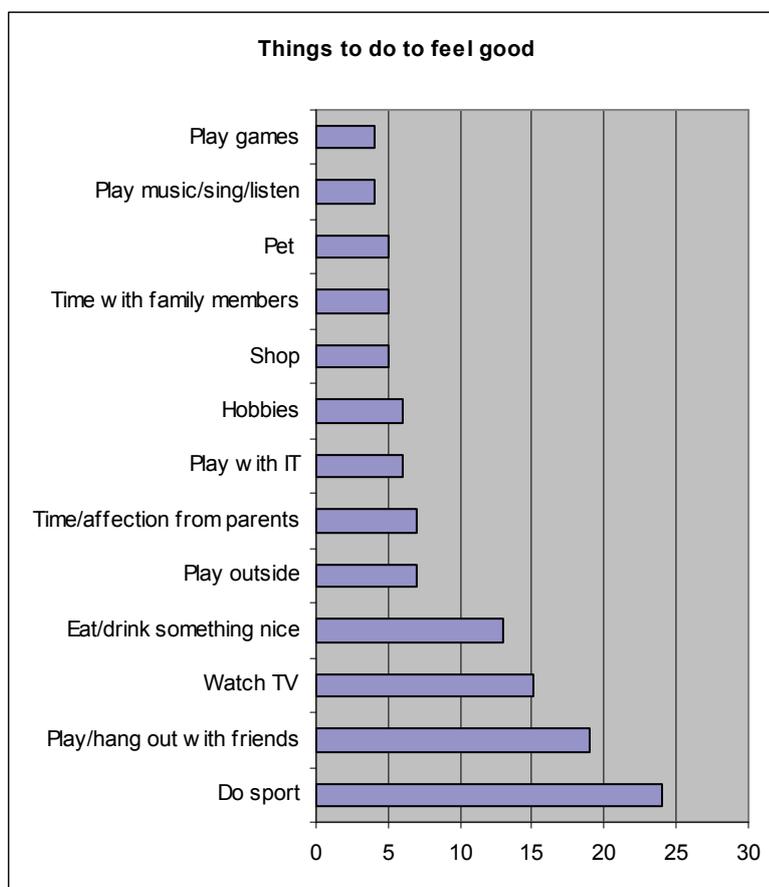
In Michael Rosen's *Sad Book* (2004), one of the things he did to try to make being sad hurt less, was to do one thing every day he could be proud of and then when he went to bed he could think very hard about that thing.

Children were asked to write on their star Post-Its suggestions of what their imaginary person could do that they could feel proud of.

Sport was the thing most frequently suggested. Getting an award or winning something publicly acknowledges achievement. The number of children suggesting baking or cooking may have been prompted because Michael Rosen's proud achievement was to cook a chicken.



## What children suggested they could do to feel good, have a good time



### Heart Shaped Post-its—Things to do that make you feel good

Michael Rosen tried to do one thing every day just to “have a good time”.

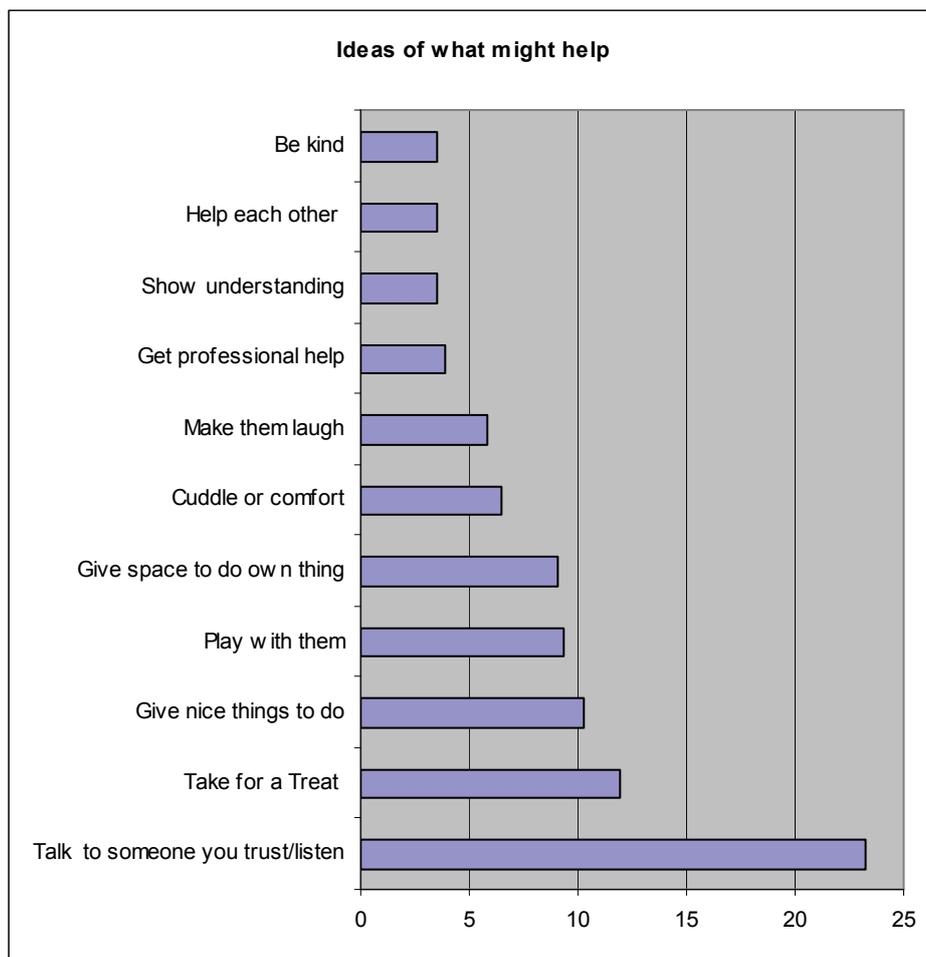
Again sport came out top of children’s list. However, children have also suggested that when people get sad they are likely to become less active and to withdraw from sport and outdoor play.

The next most popular suggestion is to hang out with friends; again this is something children have already identified as something that sad children would be unlikely to do.

This presents a paradox, the things that might most help a child feel good or proud which may then help with feelings of sadness are the very things that someone sad is least likely to feel like doing.



## Children’s ideas about what might be helpful for children who are affected by sadness



### Cloud Shaped Post-Its—Ideas of What Might help

The last thing children were asked to do before finishing was to try some “Blue Sky” thinking and come up with any ideas they had for things that might help children who were sad.

The cloud shapes may look like flowers, cloud shaped Post-Its were not available, but children wisely used their imagination anyway.

The children came up with lots of ideas, some of which can be seen overleaf, but they could be roughly categorised, from most popular to least, as talking and listening, treat activities, caring responses from others and things the children could do themselves which were more or less equally divided between extremes of remembering happy times and forgetting your troubles; and between relaxing and keeping busy. Stroebe (2002) calls this need to bounce between these extremes ‘grief work’ and suggests this cycle is helpful in children’s adaptation process.



## Stories and other expressions

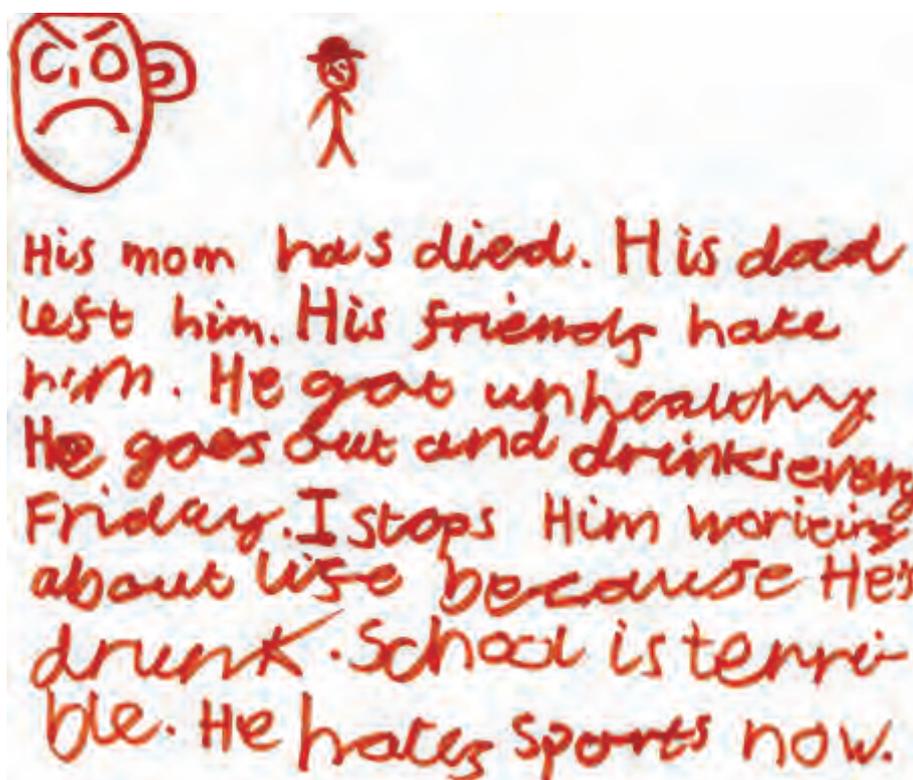
The children were asked if they thought that Michael Rosen's book was helpful and all but one or two of the 310 children thought it was helpful. There are a number of story books about death and loss for different age groups of children. Hunt (2006), Corr (2009) and Morgan and Roberts (2009) recognise the importance of stories and books with which children could identify as therapeutic tools in bereavement, as a way of helping peers understand and also as preparation for children who may experience grief in the future.

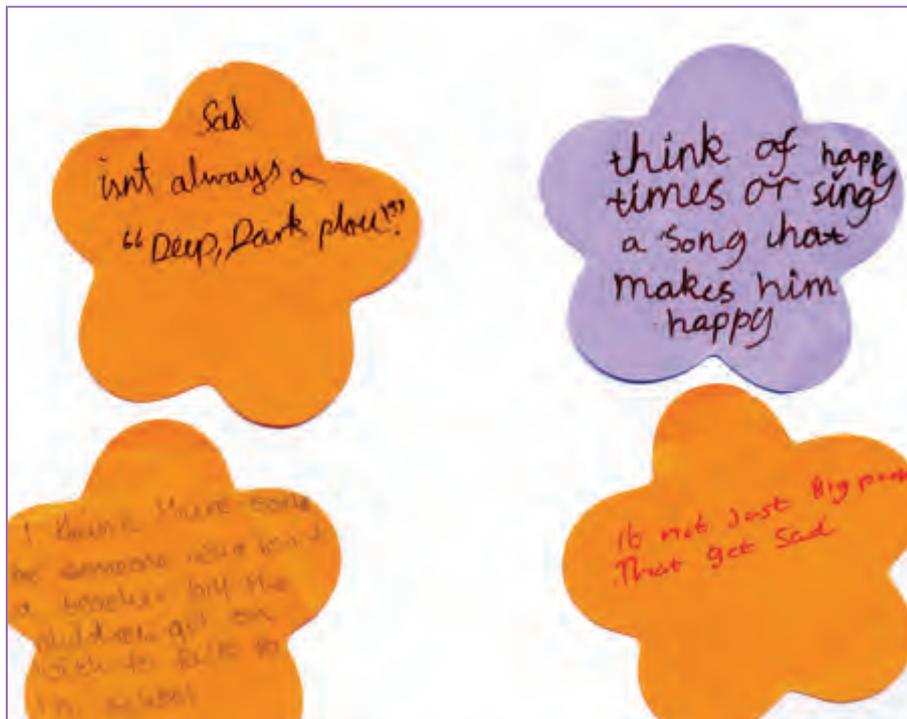
Children writing their own stories, making a memory book or a scrap book are also suggested therapeutic interventions (Williams and Lent, Holland 2008).

Other expressive therapies such as drawing, dance, drama and music will also be important and are often the preferred therapies for children (Holland 2008, Boyd Webb 2003).

## Accumulated Grief

In the introduction the cumulative effect of more than one bereavement or loss occurring in the short life of a child was mentioned as having been raised in Forum reports (Newman, 2009). This accumulation of pain can magnify the effects of grief (Hunt 2006). Quite a few of the children in their imaginary stories described an initial cause for grief and then described an escalation of loss and bereavement.





## Discussion

While grief is an inevitable part of the natural life cycle, it can still have a profound effect on the mental health and wellbeing of individuals (Stroebe 2002). Children will have a different way of responding to grief depending on their age and their cognitive ability (Morgan and Roberts 2010).

There are three concepts that are needed to understand death (Willis as cited in Holland 2008) 1) that death is irreversible, young children may believe that the person is 'gone' to return at some later date, 2) that death is universal, all living things will die and 3) that there is a cause, it is not just a random occurrence and death has not happened because of some magical link with the actions or thoughts of the child.

The child's response to grief will also depend on the nature of the child's relationship with the deceased, the way the person died (Boyd Webb 2003) and also the adult response and understanding of the child's grief (Holland 2008). The social and cultural context will also have an impact, including the family's religious belief and approach to death (Rolls and Payne 2007).

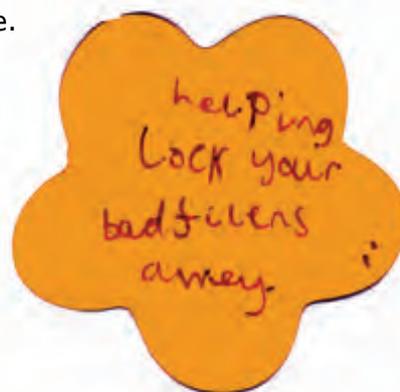
Stroebe (2002) in consideration of Bowlby's attachment theory suggests that another factor in how well children deal with death and separation will depend on the types of attachment they developed in their earliest years. Children who were secure in their attachment would find it easier to come to terms with death and loss. Children who had insecure attachment and suffered from separation anxiety might tend to remain focused on the death and the past. Those who had not made good attachments may remain detached and delay their grief process.

From this it is not hard to see that each child will have a unique response to their circumstances that will require a child centred approach to providing support.

Holland et al (2004) in his work around bereavement suggested that death was still a taboo subject which adults found difficult to discuss with children. Adults within the child's family will also be grieving and may not be in the position to meet their child's need to discuss, question and make sense of their thoughts and feelings. Teachers (Tracey and Holland 2008) and even health professionals do not feel skilled in speaking about death to children (Germain 2011).

Loss and grief for children is not just through the death of a loved one, families splitting up can have a devastating effect on a child, effects which may go on long in to adulthood (Stadelmann et al 2010). The immediate effects are not dissimilar to children who are bereaved; changes in mood, behaviour and performance (Tracey and Holland 2008). A greater proportion of children in any school are likely to have gone through a family separation (Holland 2008) and so this form of grief is incredibly important to consider too.

The views of children expressed in this project about the changes that might occur in a child's life when they are made sad through loss or grief reflect much of the other literature on the subject. The recommendations made in other literature would seem to ratify those that could be derived from the views expressed here.



## Conclusion

Loss, grief and bereavement are normal and will touch on all our lives at different times. Where such loss is experienced by children their age and level of understanding will affect their ability to make sense of their feelings and move on. The context of the child's loss, the amount of change to their lives that follows, the understanding and support of adults and the reactions of friends will all interact with the individual child's personality and personal resilience to influence the grief process.

Good relationships and understanding are key to helping children move through grief and on to health and wellbeing. Support is best if it can be for the individual and for the family. Peer group support is also important; loss of friends and lack of understanding of peers is a major concern for children.

Behaviour, health, achievement and involvement are all areas of wellbeing that will suffer through the grief process. Change in appetite and sleep patterns are likely.

Children recognise that the things that would help them most are the things they have least inclination for when grieving. However, an ebb and flow between remembering and forgetting, wanting to talk or be alone, being busy or withdrawing quietly is part of a healthy grief recovery.

## Recommendations—from children’s views and relevant literature

1. Build understanding of grief and its normal effects in to the curriculum so that there is some preparation for children.
2. Have a policy in schools and other children’s settings for supporting bereaved children and those whose parents are separating.
3. Offer a quiet space where children known to be in a grief process can retreat to. Children should be able to identify someone in the school or setting they can go to if needed.
4. Practitioners in children’s services across agencies should undertake loss and bereavement training.
5. Recognise that times of grief for children are likely to be times of grief for families and support should reach out to both.
6. Recognise that children have difficulty in maintaining friendships when sad and may be the victim of bullying or teasing; where possible identify peers who are able to understand and support one another.
7. For many children the loss will be compounded by other changes in their life, in where they live or the resources they have access to. Continuity and routine will be important to offer where possible.
8. The transition back to school after an absence for compassionate reasons should be carefully planned and supported.
9. Help with managing anger and other emotions may be important.
10. While recognising that normal grief will manifest itself with mood and behaviour swings, be aware of signs of complicated grief .

Some children spoke of a system their teacher had of greeting each child as they arrived in the morning, with the children giving a score of how they were feeling by a quick and discreet hand signal showing five to no fingers to indicate a score from fantastic to rubbish. This meant the teacher knew if someone was struggling emotionally and could speak to them later.



## Resources

[Seasons for Growth](#) education programme

[Lost for Words](#) Loss and Bereavement Awareness Training (Holland, J. et al 2004)

[Life Changes loss, change and bereavement for children aged 3-11 years old](#)

The Crocus Group are a child bereavement support group working in Highland. Contact [Lesley Young](#) 01463 70602

[Cruse Bereavement Care](#)

[Childhood Bereavement Network](#), information, guidance and support for children.

[Winston’s Wish](#), providing services to bereaved children and their families, including a useful book list.

“How to help children and young people understand death” leaflets produced by [Marie Curie Palliative Care Institute](#).

[Relationships Scotland Family Mediation](#)

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