



Early Attachment and the Building of Resilience: The Theoretical Basis of Bereavement Counselling

'When I'm trying to hide the sadness it makes my throat hurt more. I cry because I don't feel like myself, I'm completely different. A big chunk of me has gone, it's like I've got a big hole inside me. My Dad shouts at me to go to school but I need him because I feel dizzy and so sad every morning. My heart feels weak.' T., aged eleven. His mother died after a long illness.

There have been many changes in the theoretical foundations of bereavement counselling over the past century that, in many ways, reflect the changes in society. From Freud's 'Mourning and Melancholia' in 1917, Bowlby's seminal work on attachment theory, through Elisabeth Kubler-Ross, Colin Murray Parkes and William Worden to the most recent work of Kari and Atle Dyrgrov (2008). From linear tasks and stages of mourning we have moved to the development of Continuing Bonds from Silverman, Klass and Nickman (1996) and the dynamic Dual Process model of Stroebe and Schut (1999). Life and death in the twenty-first century is underpinned by family, society and cultural factors which play a part in our work with bereaved children and young people (Klass, 1999b). As in all bereavement, whilst we recognise the importance of theories which form the foundation of our knowledge, each child and young person has their own unique response to bereavement (Alexander, 2002).

Early writers, such as Freud, were of the psychoanalytic tradition which focused on the individual and his response to grief and its impact on his inner psychic world. More recent theories are influenced by systems theory, which focuses less on the individual perspective. The inter-relationships of the bereaved person, their family, friends and wider community are all seen to play an integral part in our response to death. This is exquisitely summed up in the words of John Donne:

No man is an island, entire of itself. Every man is a piece of the continent, a part of the main. If a clod be washed away by the sea, Europe is the less, as well as if a promontory were, as well as is a manor of thy friend and mine were. Any man's death diminishes me, because I am involved in mankind and therefore, never send to know for whom the bells tolls, it tolls for thee. ('Meditation XVII')

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Donne believed that everyone was connected by their community bonds as well as spiritual bonds. When misfortune happens to one person, it impacts on all those who take part in the same society or who are interconnected by the same system.

Attachment Theory

John Bowlby (1907–1990), a British psychiatrist, was a pioneer in recognising the significance of child–mother attachment or child–care-giver attachment in the development of the child. He may have been influenced by his own experiences as a child. He grew up in an upper middle-class family and his beloved nanny, his primary care-giver, left when he was four years old. He later described this as being as tragic as if his mother had died. This experience, compounded by being sent to boarding-school at the age of seven, may account for his deeply felt concern about loss in children’s lives.

Working with Mary Ainsworth, Bowlby recognised that if we are to understand the child’s behaviour we need to understand his environment (Wiener, 1989). He showed how the early family environment influenced the emotional and physical development of the child and he brought the idea of attachment theory to prominence in the early 1950s. ‘The mother is the most important person in a baby’s life for its physical and psychosocial care, and the psychosocial interaction between baby and mother is as important as the physical feeding and contact and babies become distressed when their mother does not respond to their signals.’ (Graham and Orley, 1998: 272)

After World War II, the WHO invited Bowlby to write a report on the fate of children made homeless by the conflict. *Maternal Care and Mental Health* was published in 1951. In it he concluded that ‘care in a family was the most appropriate form of care for children and much preferred to living in an institution’ (Graham and Orley, 1998: 268). He concluded that emotional deprivation and frequent separations were a major contribution to delinquency and to psychiatric disorders, which is relevant for children and young people in public care, and this is expanded in Chapter 4. He revealed how early separation from the mother, main care-giver or significant attachment figure, produced adverse reactions in babies and young children and against the popular view of the time, he advocated that mothers should visit their child in hospital to maintain the attachment. In passing, the practice of separating babies from their mothers at the time of the birth in hospital was roundly condemned. Bowlby emphasised the fact that each child needs to have a secure base from which to explore.

Unlike other analysts of his time Bowlby believed, after long-standing research and observation of children, that excessive separation anxiety was the result of adverse family experiences including threats of being abandoned, rejection by parent(s), illness of parents or siblings or death of parents or siblings. He recognised that children often blamed themselves for these family events. He was influenced by a series of films made by Joyce and James Robertson, who studied the effects on young children who were briefly separated from their mothers. They filmed children in nurseries and those placed in foster care and concluded that, although separation from a mother (mother-figure) provoked anxiety, children adapted to foster placements where a nurturing substitute mother was present (Film Review, 1976). One of the films, *A Two-Year-Old Goes to the Hospital*, documented the impact of loss and suffering by the young child separated from her primary care-giver and influenced a change in policy allowing parents to stay with their children in hospital.

Bowlby's views are powerfully reflected in the work of Camila Batmanghelidjh, founder of Kids Company, a charity that works with violent, rejected and disenfranchised young people. As she says, 'If the attachment is inconsistent and unpredictable and is not in tune with the infant's needs, the child develops an ambivalent or insecure attachment' (Batmanghelidj, 2007: 25).

Attachment is essential to the development of emotional well-being and resilience (Huertas, 2005; Frayley and Shaver, 1999; Machin, 2009). Without attachment to a significant person, usually a parent or constant carer, a child may fail to thrive, fail to relate to others and be unable to feel empathy for others. If the attachment relationship is robust and sensitive, the child gains a sense of security which can sustain him in the face of adversity.

Bowlby and Parkes (1970) defined four main stages in the grieving process:

- 1 Numbness, shock and denial which may cause the bereaved to feel a sense of unreality
- 2 A phase of yearning and protest in which grief may come in waves of crying, sighing, anxiety and the child or young person may sense the presence of the dead person
- 3 Disorganisation, low mood and hopelessness
- 4 Re-organisation involving letting go of the attachment and investing in the future.

This model was interpreted as by many as linear, which did not allow for the way in which the bereaved move backwards and forwards in their responses.

Recent research by Linda Machin (2009) has extended our understanding of attachment and its role in relationships in adult life as well as its role in resilience or vulnerability, security or insecurity, when faced with bereavement. Though there is ongoing research into the links between early attachment and response to bereavement, Machin states, 'What is clear is that relationships, their meanings and consequences for self-perception are key to the nature of grief responses' (2009: 39).

Elisabeth Kubler-Ross (1926–2004)

Watching the peaceful death of a human being reminds us of a falling star; one of a million lights in a vast sky that flares up for a brief moment only to disappear into the endless night forever. (Kubler-Ross, 1969: 276)

Swiss born physician and psychiatrist, Elisabeth Kubler-Ross was the first person to carry out extensive research with terminally ill patients. Her seminal work, *On Death and Dying* (1969), describes how those who are dying pass through a number of 'stages'.

- Denial – the patient does not accept that he has a terminal illness.
- Anger – anger towards self because their body has let them down; anger towards others including medical staff because the patient feels they have been failed in some way.
- Bargaining – the patient may bargain with God or another unseen force, for extra time to live longer or become well again.

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- Depression – the patient may feel low and dejected as they face their mortality.
- Acceptance – given the chance to grieve, the patient may come to accept their forthcoming demise and go through a period of contemplation, reflection and accept the inevitability of their situation.

Kubler-Ross went on to apply these stages to people who had been bereaved.

Though Kubler-Ross (1975) added greatly to our understanding of terminally ill patients and bereavement. Her model was widely accepted and used to explain the pattern of grief, and was included in the training of medical personnel. In fact, it became so widely known it featured on the TV programme ‘The Simpsons’ as DABDA (Denial, anger, bargaining, depression and acceptance) (DeSpelder and Strickland, 2002). However, the model later lost favour. Subsequent researchers found no evidence to support these stages and found conflicting reactions among the dying and bereaved (Stroebe et al., 1999). As with the Bowlby’s and Parkes’ model, Kubler-Ross’s was interpreted as a linear model and did not allow for the fluidity of most people’s experience of bereavement. People may alternate between these stages and may never feel resolution or acceptance.

William Worden’s Task Model

J. William Worden, psychologist and grief specialist, was, with Phyllis Silverman, co-director of the Harvard Child Bereavement Study. The longitudinal study which began in 1987 revealed that for many bereaved children the negative consequences of the death of a parent do not appear until after the end of the second year following the death. His book based on the findings of the study, *Children and Grief; When a Parent Dies* (1996), changed the way we think of children and bereavement.

J. William Worden’s four-stage Task Model is based on the idea that following bereavement there are a series of psychological tasks that have to be undertaken (Worden, 1991). In this way he continues Freud’s concept of grief as a job of work that the bereaved must accomplish. The stages are:

- Accepting the reality of the loss
- Working through the pain of grief
- Adjusting to a changed environment in which the deceased is missing
- Emotionally relocating the deceased and moving on with life.

This model was later extended by psychologist Therese Rando, who adds that readjustment includes moving adaptively into the new world, without forgetting the old attachments, to form a new identity and to reinvest in life (Rando, 1993).

From the research of Worden and Silverman in the Harvard Bereavement Study grew the theory of ‘Continuing Bonds’, discussed later in this chapter, which is now a strong theme in bereavement. Continuing Bonds were clearly prevalent in the children they interviewed (Hospice Foundation).

Colin Murray Parkes

Colin Murray Parkes has been a highly important figure in bereavement research, as his many influential texts show. His most recent works concentrate on grieving as a

reconstruction process in which the bereaved make a 'psychosocial transition' (1996). This grows out of his earlier concept which introduced the term 'Assumptive World' (1988). We each live in a world where we 'assume' life will carry on as it always has, without major transformations. Children assume they will live with their family, go to school, do their homework and have friends; however, this assumptive world may be shattered when a parent dies. Their security is split asunder, they may have to move house because of a change in financial resources, then move school and lose friends. Their world is turned upside down yet they have to learn how to negotiate their new world. This transition is the 'work' of grieving and mourning and children and young people will look to adults to find out how to move through this territory that has no map and to learn to make some meaning out of it (Neimeyer, 2005).

Continuing Bonds

The dead are an active, positive resource to be drawn on by the living.
(Riches and Dawson, 2000: 37)

The theory of Continuing Bonds was introduced by Silverman, Nickman and Klass in 1996 and was developed from findings of the Harvard Child Bereavement Study. It maintains that the bereaved keep links with the deceased person and these continue over time. The bonds move into the future life of the bereaved (Holland, 2001). This model encompasses what many feel is the reality of grief; that is, it is not something to be worked through or resolved because in reality grief is not so easily resolved. Previously, with the stage models of grief, people felt they were somehow inadequate because they could not get to the final stage of acceptance or resolution. The Continuing Bonds model, like the Dual Process Model, discussed later in this chapter, reflects the actual experience of the bereaved in which they incorporate the lost loved one in their ongoing life (Stroebe et al., 1995).

Children also maintain links with the deceased through memories, objects that they keep, photographs and so on (Silverman et al., 1995). Children also think about what their dead parent or sibling would advise them to do or behave in a way the deceased would have approved of. Many children do not want to forget or say Goodbye. 'You don't have to say goodbye; say "See you later." You always think about them but you do get over it,' was the hopeful counsel of an eleven-year-old girl.' (Worden, 1996: 172).

In many cultures continuing bonds with the dead are woven into the fabric of the culture (Valentine, 2009; Deeken, 2004). In Japan the ancestral tradition, *sosen suhai*, fosters continuing bonds between the living and the dead through a complex system of rituals, which ensure the smooth journey of the deceased to the world of the ancestors. They include rites at the funeral, in memorial services, visits to the grave and the erection of a home altar, known as *butsudan*. 'These attachments are based on reciprocity and mutual dependency, the living providing care and comfort to their dead who, in turn, look out for the living' (Valentine, 2009: 7).

Continuing bonds are particularly important in Japanese culture (Ishii, 2008). Ishii describes four main aspects of grieving which include firstly, the custom of offering food daily at the home altar or shrine and yearly visits to the grave; secondly conversing with the dead person at the home altar and at the grave; thirdly the home altar and grave are for the extended family not only the immediate family; and fourthly the living attend Buddhist rites for the dead for many years after the death. These connections are maintained in

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traditional ways and ‘provide a safe way for bereaved Japanese, a people who are known for their reluctance to show their feelings, to express their emotions’ (Ishii, 2008: 11). This cultural tradition may influence the behaviour of bereaved Japanese children who may present with school-related difficulties, such as refusal to attend rather than sadness, for example.

African beliefs about life involve continuity through ancestors, so death is viewed as a transition from one form of life to another and responsibility for the care of children is delegated through the extended family system (Richter, 2008). These kinship networks also give the primary safety net for bereaved children and young people. However, it is vital to know the cultural traditions the child lives within, so, for example, in Australia, indigenous Aboriginal people do not use the dead person’s name, so using a memory book, for example, might be quite problematic (Lansdown, 1999).

Early theorists, including Freud, proposed that those who are bereaved should work towards detachment from the bereaved. However, when his friend, Ludwig Binswanger’s son died, he wrote, ‘Although we know after such a loss the acute state of mourning will subside, we also know we shall remain inconsolable and will never find a substitute. No matter what may fill the gap, even if it to be filled completely, it nevertheless remains something else. And, actually this is how it should be, it is the only way of perpetuating that love that we do not wish to relinquish’ (Freud, 1960: 386). We maintain the bonds to those we love and learn to live with the loss rather than ‘get over it’ or achieve ‘closure’. The voice of the deceased may continue to influence present day choices even though the person is not physically present (Hedtke, 2001).

In a study by Hogan bereaved adolescents were asked what they would want to say to their deceased sibling if they could ask something. Eighty-one-per cent said they would say, ‘I love you and miss you’ – statements in the present tense indicating that the siblings maintained continuing bonds with the deceased (Hogan, 2006). In earlier research (Hogan and DeSantis, 1994) described this as ‘ongoing attachment’.

Dual Process Model

Margaret Stroebe and Henk Schut first published their ‘Dual Process Model’ of coping with bereavement in 1999. Its emphasis is on how individuals cope with bereavement and it relates to the processes, styles and strategies of managing bereavement rather than defined stages. They describe it as a dynamic model and it is sometimes known as the Oscillation Model. It describes how a person moves between Loss-oriented behaviour and Restoration-oriented behaviour. Loss-oriented coping includes intrusive grief, breaking of bonds and focusing on the past while Restorative-orientation includes avoiding grief fo focusing on the future and gives respite from dwelling on the loss and the stress of avoiding it (Abdelnoor and Hollins, 2004b). It demonstrates how the grieving person alternates between grief focus and dealing with changes in life (Stroebe and Schut, 2008). Current ideas on grief include both the letting go of bonds and holding on to the attachment (Klass et al., 1996).

Stroebe and Schut describe how this model is reflected in children’s grieving: ‘Children shift back and forth between grief and engagement – a dual process of “loss orientation” dealing with and processing various aspects of the loss experience, and “restoration orientation” of adapting to the demanding changes triggered by the loss while trying to cope with the many activities of daily life’ (1999: 216).

Narrative Approaches

The dead help us to write their stories – ours as well. In a sense every story has a ghost writer. (Becker and Knudson, 2003: 714)

Robert Neimeyer, Professor of Psychology at the University of Memphis, developed a new paradigm of grief theory in which meaning reconstruction is central (Neimeyer, 2005). It is described as a constructivist or narrative approach. This social constructivist model is based on the view that a person's assumptive world is radically altered following major loss. The world we know has altered: there is a loss of sense of meaning. We need to re-establish or re-construct meaning for our lives using all the resources that are available to us. A child or young person needs those in their immediate family and wider community to help them in this re-construction process. Neimeyer says of his view: 'The narratives that people draw on are as varied as their personal biographies, and as complex as the overlapping cultural belief systems that inform their attempts at meaning making' (Neimeyer, 2005: 28).

When someone a child or young person loves dies, it changes their life story. The world they existed in previously is changed, the characters in the life story have changed roles and one is physically absent. At that point, the plot is altered and in making sense of the loss, the child and family have to make meaning of the changes. Part of the process of making meaning may be in telling and re-telling the story of the death, events leading up to it and subsequent developments. Sociologist Tony Walter suggests that in using biography and stories as we grieve allows us to 'keep' those who have died as we talk to family and friends about the person who has died (Walter, 1996). In addition, families try to make sense of death in the stories they exchange (Nadeau, 1997).

Research indicates that young children remember more than previously thought (Gopnik et al., 1999). Families who speak together about the dead person and their time together enable the child to build his memories and the bonds with the dead person (Traylor et al., 2003). Founder of the bereavement charity Winston's Wish, Julie Stokes, in her remarkable book *Then, Now and Always* (2004), writes of the importance of working at memories and likens the process to kneading bread, so that in the shared warmth, memories can gently rise to the surface and help in the grieving process. Revisiting memories bring benefits to the child (Kraus, 2010; Monroe, 2001). The narratives that develop help bring meaning into the child's life which has been disrupted by death (Neimeyer, 2001; Eakon, 1999). Narrative therapy includes themes of strength, resilience, hopefulness and appreciation as well as ongoing connections (Hedtke, 2001).

'It's a struggle, but you can survive it. It gets easier as memories come in and grief goes out.' Twelve-year-old boy, two years after the death of his father. (Worden, 1996: 172)

For the child 'the "voice" of the deceased continues to influence present day choices and actions' (Hedtke, 2001: 5) A person who is approaching death may be helped to think about what stories and memories they wish to be remembered by after death. In this ways, bonds are actively nurtured so that death does not mean the end of the relationship (Stokes, 2004). For the bereaved continuing bonds brings solace. As Emeritus Professor Thomas Attig says in *The Heart of Grief: Death and the Search for Lasting Love*:

Grieving persons who want their loved ones back need to look for some other way to love them while they are apart. Desperate longing prevents their finding that different way of loving. Letting go of having them in the flesh is painful and necessary. But it is not the same as completely letting go. We still hold the gifts they gave us, the values and meanings we found in their lives. We can still have them as we cherish their memories and treasure their legacies in our practical lives, souls and spirits. (2000: xii)

Theories are important, but as Carl Jung said, 'Learn your theories well, but lay them aside when you touch the reality of the living soul' (Schuurman, 2008: 2).

Physical Influences on Early Development

Early experiences within the womb and during the first years of life shape a child's 'social brain', their emotional character and emotional responses (Gerhardt, 2004: 3). This emotional, cognitive and physical development is important because when a child or young person is bereaved, these early experiences will come into play. As Gerhardt says, 'It is as babies that we first feel and learn what to do with our feelings, when we start to organise our experiences and thinking capacities' (Gerhardt, 2004: 10).

As we return to earlier theories about attachment, recent research shows how attachment impacts on the development of the brain. 'New theories tie maladaptive attachment patterns directly to dysfunctional brain development that may inhibit integrative connections in the developing child's brain' (Silberg, 2003: 4). As Di Ciacco so cogently argues: 'Research has confirmed that changes can occur in the brain on a cellular level and result in altered pathway conduction, abnormal changes in hormones and neurotransmitters, lower immune system response and the risk of permanently altered brain function' (2008: 58). These changes can affect the child for the rest of his life and increase his vulnerability to both physical and emotional distress (van der Kolk et al., 2006; Hofer, 1996; Personen et al., 2007 and Scaer, 2005).

Research into neuropsychological dimensions of grief have become more prevalent in recent years because of the increased sophistication of devices which can record brain activity. 'Significant loss, especially the death of a parent early in development, becomes "hardwired" into a child's physical body, emotional responses, moral understanding, cognitive reasoning and perceptions and social skills' (Di Ciacco, 2008: 14). Early experiences of loss have a significant effect on how the brain develops (Gunnar, 2006).

There is much evidence to show that increased stress leads to higher levels of mental distress in bereaved children (Silverman and Worden, 1992) and there 'is considerable evidence that the mental health problems of bereaved parents are associated with the mental health problems of their children' (Lin et al., 2004: 674; Kalter et al., 2002).

Resilience and Childhood Bereavement

Coping in bereavement is a balance between the factors that guard against the medical and physical health consequences of grief and those that provide sources of strength and resilience. (Chaplin et al., 2008: 55)

Resilience in children helps to protect them from the adverse affects of bereavement (Cicchetti et al., 1993; Hurd, 2004). As Professor of Child Psychiatry, Richard Harrington, states, 'Factors in the child include temperament, scholastic competence, high self-esteem and the capacity to form supportive relationships. Developmental stage is also important. The relative immaturity of children may help to protect them from what is in adults one of the major complications of bereavement, depressive disorder. Children are much less prone to depressive disorder than adolescents or adults' (Harrington and Harrison, 1999: 223; Stokes, 2009).

Recent research advocates that the use of a strength-based approach to supporting bereaved children in school as opposed to the deficit-based approach which is prominent in the literature on parental loss in childhood (Bonnano, 2004). It focuses on helping the child tell their grief story from a resiliency point of view (Eppler, 2008). Children who were asked about their grief experiences following parental death spoke and wrote about their sadness but also about having a full range of emotional experiences from being happy, helpful and having fun. 'There were themes of support from immediate family, extended family, school and some peers. These children, with their full range of emotions and with helpful support systems, do not seem adequately described by a deficit-based model that focuses only on grief's sadness, anger, fear and isolation' (Eppler, 2008: 6). The children in the study stressed that they wanted others to see them as strong, resilient and normal in spite of their bereavement.

Resilience

The roots of resilience and the capacity to withstand emotionally adverse situations without resorting to defensive exclusion are to be found in the sense of being understood by and existing in the mind and heart of a loving, attuned, and self-possessed other. (Foscha, 2000: 60).

Resilience, the ability to withstand and recover from adversity, has become an important concept in mental health theory and bereavement research in recent years (Luthar et al., 2000). Mandleco and Peery (2000) describe resilience as the ability to adjust, adapt and bounce back in spite of trauma and stresses in life. Sandler et al. (2008) talks of resilience rather than recovery after bereavement. Children and young people can be helped to build a 'resilient mind-set' to strengthen their ability to withstand and manage stress (Brooks and Goldstein, 2001; 2002) and this has important implications for all who work with bereaved children.

In recent years there has been a change of focus in bereavement research to examine the significance of resilience rather than focus on vulnerability and the negative physical and mental health consequences following bereavement (Stroebe, 2009; Lin et al., 2004). Resilience research considers the factors that protect the individual from being overwhelmed by grief and seeks to find out what sources of strength and positive strategies help the young person adapt to the loss. Bonnano in his research into resilience, found that the majority of bereaved people experience short-lived distress reactions and are able to continue functioning at the same level during bereavement as they had prior to the loss' (Bonnano, 2009).

As was discussed earlier, resilience is founded on secure attachments to and positive relationships with significant carers, be these parents or others. It also includes strong social support networks, positive school experiences, feelings of high self-esteem, and

self-belief, the ability to reframe adverse experiences and learn from them – turning ‘stumbling blocks into stepping stones’ – and the opportunity to contribute to others. (Newman, 2002; 2003). When working with bereaved children and young people it is helpful to ascertain their earlier experiences and the quality and nature of their attachment to significant others.

Recent research has become more focused on how children and young people ‘survive and thrive in spite of stressful circumstances’ (Eppler et al., 2009: 2). The research has indicated that individual attributes such as intelligence, communication skills, the ability to engage with their peers, to show empathy for others, internal locus of control, positive self-esteem, family cohesion and external support systems, such as the community or church, enhance the ability to thrive in difficult circumstance (Baldwin et al., 1990; Carver, 1998; Howard et al., 1999).

Resilience following bereavement is not only about past attachments but is affected by present family relationships as well factors in the child (Levy and Wall, 2000; Luthar et al., 2000). ‘The environment of the child’s life may be changed following a bereavement with additional and cumulative stressors impacting on his ability to cope. Higher levels of caregiver warmth and discipline and lower levels of caregiver mental health problems were family-level variables that significantly differentiated resilient children from affected children (Heikes, 1997; Eppler, 2008) In addition, ‘The interplay between trauma and poor attachment relationships has been recognized as having an impact on resilience and recovery’ (Batmanghelidjh, 2007: 109).

Bereaved children’s perceptions of less threat in response to negative events and greater personal efficacy in coping with stress were ‘child-level variables that differentiated resilient children from affected status’ (Lin et al., 2004: 673). Schuurman found that ‘the key at-risk factor bereaved children demonstrate in greater proportion than their non-bereaved peers is an external locus of control. Resilient children have a strong belief that they can control their fates by their own actions; bereaved children show a higher evidence of externalising control, believing that their fate is in someone else’s hands. No wonder they display higher levels of anxiety, depression, health problems, pessimism, underperformance and lower self-esteem’ (Schuurman, 2003: 130–1).

The study of resilience focuses on discovering those processes which account for positive outcomes in the face of adversity (Luthar et al., 2000). Resilience is bound up with positive and humorous memories (Lohnes, 1994). As the child grows, memories that are nurtured and cherished will enable him to build and maintain a secure attachment to a dead parent and, in so doing, enhance his resilience (Brewer and Sparkes, 2008).

Following parental death, some adolescents used negative aspects of the grief processes to construct a positive self-identity which aided their sense of resilience (Steward, 2008; Hurd, 2004). Young people who are bereaved do indicate personal resilience including the ability to live with sadness and to remember ways in which the dead person enriched their lives. The continuing connection is reflected in comments such as ‘Dad would be really pleased about that’ or ‘Mum would have loved my painting of Hope Valley, we used to go there together before she got ill.’

Listening to the voices of grieving children, it is important to see their complete pictures by observing their positive moments, happy times, and resilience while attending to their emotions such as sadness and fear. (Eppler, 2008: 6)

‘Social capital’ factors such as networks of family and friends, participation in clubs and groups and perceived safety in the neighbourhood were strongly linked with emotional well-being’ (ONS, 2008: 2). Sociologist Dr Kari Dyregrov and psychologist Dr Atle Dyregrov, based at the Centre for Crisis Psychology in Bergen, Norway, have researched the impact of bereavement over many years (Dyregrov, 1996; Dyregrov, 2004). Their most recent focus has been on the way in which the bereaved’s surrounding network of family, friends and their extended social group offer support (Dyregrov and Dyregrov, 2008).

Some children and young people who have experienced a long-term difficult relationship with a parent who has died may need to be ‘coached’ to enable them to access positive memories (Stokes, 2009). They may be encouraged to think about a good time they had together; a place that was special for them and a time they laughed together. It may help to focus on one thing the young person liked about the deceased; one memory that gives comfort and something that was valued about the relationship. This can be accessed by the use of photos too, which can often reveal happier times when the young person was in his early years (Dunn et al., 2005). However, the young person needs to express his ambivalent and negative feelings before he can move to this exploration of positive identification (Batmanghelidjh, 2007).

A personal account

Borsi Cyrulnik’s mother and father died in the Holocaust when he was seven. He survived the war, was put into care when it was over and suffered numerous traumas. In his book *Resilience* he argues that ‘suffering, however appalling, can be the making of somebody rather than their destruction’ (Groskop, 2009: 2). As a psychoanalyst, he has worked in orphanages in Romania, with child soldiers in Colombia and with victims of genocide in Rwanda. ‘Resilience is a mesh, not a substance. We are forced to knit ourselves together, using the people and things we meet in our emotional and social environments’ (Groskop, 2009: 9).

In conclusion, there are no easy, one-size-fits-all theories that tell us exactly what to do when supporting children and young people. Each unique grieving response takes its own time. As we work with the bereaved our sensitivity, compassion, care and our ability to hold strong emotions and to contain the pain may help the bereaved to travel through their grief. And, though our work is underpinned with theory, it is the relationship we build that is of crucial importance. As psychotherapist Irwin Yalom says, ‘Therapy should not be theory-driven but relationship-driven’ (Yalom, 2000: 10).

Reflective Exercise 1

The British actor Leslie Phillips spoke of the impact of bereavement on his life:

It was because of my father dying when I was ten that my life became different. We were just an easy-going Cockney family, but my dad was often ill. But none of us thought he would pop off, and I’ll never forget crying all the way to school after he died. We were quickly in financial trouble, so we all found work. Because I did plays at school, my mother answered an advertisement for me to audition at the Italia Conti stage school. By the age of fourteen I was earning more than the lot of them. (Endnotes, *The Guardian*, 14 March 2009, page 8)

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- What was the initial impact of bereavement on Leslie Phillips?
- In what way was his mother's actions important to Leslie's future life?
- How does this article reflect his resilience?
- Can you think of any adverse events 'stumbling blocks' in your own life which you have turned into 'stepping stones'? Write a paragraph about what you gained, ultimately, from that adverse experience.
- Phillips' says no one expected his father to 'pop off'. What other euphemisms can you think of and what could be the impact of these on children?

Reflective Exercise 2

British author Charlie Higson, now fifty years old, wrote of the long term impact of his mother death when he was 18:

Losing my Mum early has instilled me with an overdeveloped sense of impermanence of things. I worry about mortality too much. It makes me a workaholic. I write something and I think, 'That might just disappear now, I'd better write something else.' (2008: 12)

- Does writing indicate resilience in Higson's life following the death of his mother? If so, how? If not can you explain your view?
- What benefit does Higson gain from his 'workaholic' behaviour?
- How do you think young people's view of mortality is changed by the death of a parent?
- Have you created anything that will still be in the world after you die?