

**SOCIAL WORK PRACTICE WITH CHILDREN BEREAVED OF A PARENT:
COMPARING TWO MODELS OF INTERVENTION**

[3 Volumes]

VOLUME 1

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Cambridge University Press. 1995.

Hemmings P. Communicating With Children Through Play.
Interventions with Bereaved Children. ed.s S. C. Smith & M. Pennells.
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Abstract

The study compares the effectiveness of two models of social work intervention with children of primary school age bereaved of a parent by cancer. It compares a traditional, 'cascade' model with an innovative, 'lateral' model of practice. The difference between the two models of intervention lies in the locus of activity. The cascade model focuses on working with the parent, in the belief that the benefits she derives will cascade down onto the child. The lateral model recognises that mourning reduces the quality of sensitivity in the parent for the child, whilst identifying the parent-child relationship as the focus of concern, and offers alternating sessions to both parent and child, with the aim of facilitating a mourning conversation between them. The lateral model is based on a new theory of how children mourn, which is described in the thesis, and involves the mourner in establishing an 'adjusted attachment' and a 'mourning conversation' with the parent who has died.

The research combined an experimental design with intensive case studies. These enabled an analysis of the parent's sensitivity to the child and of the effects changes in parental responses had upon the child's ability to initiate and sustain his mourning. The parent and the teacher in the experimental and control groups completed quantitative instruments at the beginning and the end of the intervention, as did the child in the experimental group. New practice tools and new research materials were developed specifically for this study.

The analysis showed that the cascade model was only effective when used with a sensitive parent, whereas the lateral model was able to bring about improvements even when the parent was hostile to the child. The lateral model was shown to be highly compatible with existing social work practice, although the practitioners' responses to the research created considerable difficulties.

VOLUME ONE

PART ONE

THE RATIONALE FOR THE STUDY

Chapter 1

Social Work With Bereaved Children

Introduction

The study described in this thesis tests a new model of intervention with children bereaved of a parent by cancer. The model began with my practice experience and observations of bereaved children, from which I developed a new theory of mourning, which in turn formed the basis of a new model of intervention.

In this chapter I outline my practice experience which illuminated the situation of many bereaved children, and indicated the need to reconsider the effectiveness of social work intervention in this field. I go on to outline a new model of mourning and link it to the model of intervention, which in turn is influenced by the finite nature of social work resources. The ways in which the principles of the model were transferred to the research study, and the manner in which the study developed are briefly discussed. In the concluding part of the chapter I discuss the design of the research and outline the structure of the thesis. The aim of this chapter is to give the reader a brief overview of the ideas in the study. The main points are heavily referenced and discussed in detail in subsequent chapters.

The Background

Personal awareness through practice

For two years I was part of a team of Barnardo's social workers which established a social work and counselling service at a local hospice in Newcastle. Part of my work involved attending the out-patient clinics and admissions meetings where patients' clinical histories were discussed and the criteria for admission reviewed. Although the psycho-social aspects of a patient's illness were considered, it was his physical condition which, quite appropriately, had the greatest bearing upon any decisions made.

My professional interest lay more in the impact of the illness upon the whole family and it was during these clinical reviews that I became aware that many of these

patients were parents of young children and that most, if not all did not receive any help with the effects on the children of living with the parent's illness. Further investigation revealed that there was a significant population of young children in the region who were often living for a greater part of their childhoods in families which were managing the serious, degenerative illness of a parent. Local authority social workers were not as a rule involved with such families because they did not usually fall within the criteria of child protection or disability. I was also aware that these children experienced a series of losses and crises throughout their formative years, most of which went unaddressed. These sequential losses culminated in the untimely death of their parent.

The adult tendency to diminish the child's experience

Much attention was paid by the medical establishment to the physical and psychological needs of the patient and the well-parent, but little attention was paid to the needs of the child. The medical staff and adult family members tended to assume that the child was blissfully unaware, or too young to comprehend the significance of events surrounding the illness and was therefore protected by his¹ immaturity from the emotional pain the adults were experiencing. These assumptions effectively diminished the child's experience of living with the illness.

There also appeared to be a tendency to believe that, because the child did not display or communicate any obvious distress, he was assumed to be 'all right'. These assumptions were commonly based on observation rather than any meaningful investigation of his true status.

Reduced parental sensitivity to the child's needs

It was often the case that during the decline of the parent, the child was cared for by a

¹ Throughout the thesis the child will be referred to as 'he' although this does not denote any specific gender based properties. In the text the parent will be referred to as 'she' , as will the social worker and teacher. These nomination will apply unless specific reference is made to a male child, father or male teacher in which cases the reason for a change of nomination will be clearly indicated.

series of carers, whilst the well-parent increasingly attended to the needs of the ill, and then dying parent. In these circumstances it was understandable that sensitivity to the child's needs often disappeared amongst the adults' priorities. The parents needed to concentrate on managing the relentless demands the illness made upon their diminishing emotional and physical resources. Parents who were previously loving and warm often became increasingly robotic with their child in order to contain and manage these increasing pressures. Consequently, at the time of greatest need for the child, it was often the case that the least resources were available.

I was also aware that the survival posture of passivity, frequently observed in a more extreme manner in maltreated children, often characterised these children's behaviours, thereby encouraging the adults to assume they were unaffected. This combination of factors further desensitised the parents to the child's distress, even when it was manifested in changed behaviours or somatic responses. The child's role and experience appeared to be defined in terms of what was manageable or tolerable to the adults.

The hidden population of bereaved children

If this were an uncommon childhood experience then there would be little need to dedicate services or academic attention to it, but this is clearly not the case. The national statistics indicate that there is a substantial number of bereaved children within the larger population, although it is significant that the actual number is not known, hence the term 'hidden population'. The annual incidence of mortality by cancer in the adult population of child-bearing and/or child-rearing age is significant [see table below Cancer Mortality 1993].

Mortality by Cancer 1993 [male and female : 15-44 years]

Data drawn from OPCS Population Trends: Table 14 p. 48 Table 2 pp.9 -13

Cancer Type	Stomach	Intestine	Pancreas	Lung	Breast	Gen	Urin	Other	Total
male 15-44	82	170	50	211	3	13	406	1060	
female 15-44	51	114	35	163	807	521	274	1965	

In 1993, the most recent year for which data is available, 1,060 men and 1,965 women aged between 15 and 40 years died as the result of cancer. The total cancer deaths in this age group for that year were 3,025 adults. Unfortunately, the data is not analysed in ways which provide a more accurate picture in relation to young children and any subsequent meaning is only possible by reasonable speculation.

In order to derive a conservative estimate using the available data I will make two assumptions. First, that the incidence of cancer mortality in 1993 is representative of other years, and second, that only half the total [1,512] were parents of 2 or more children. If these conditions apply, then in any one year 3,000 - 4,000 children are bereaved of a parent by cancer. It follows, therefore, that at any one time there is a substantial population children of primary school age who are bereaved in this manner. The fact that this significant group are not represented within the census data further supports the view that they are an overlooked, hidden population within our society.

They are represented in extremis when received into care [see Appendix 2 Children Admitted To The Care Of Local Authorities In England: Table 1 & Children Remaining In The Care Of Local Authorities In England: Table 2] but this is not a representative sample. The longitudinal study conducted by the OPCS in conjunction with the City University, London has broad data but it is not analysed by the dependent child factor. Any larger study to be carried out in the future would need to base it on a statistical analysis of the population in order to construct a representative sample, but nevertheless, the existing data demonstrate the need to attend to this group.

Loss as the Central Theme in Social Work Practice

It is important to recognise that although these statistics refer to bereaved children, most of the children who are referred to social work agencies have experienced some form of loss. Loss is the core theme of social work and is a central, defining feature of all experiences of physical maltreatment, sexual abuse, emotional abuse, disability,

divorce, adoption, foster care and poverty. Loss through death is perhaps the most concrete, the most easily recognisable of all losses but, paradoxically, it is the one loss which receives the least attention from statutory childcare agencies, and inconsistent regard from voluntary bereavement services.

This is a sad reflection on the accepted wisdom regarding the bereaved child's status, but that it occurs in the full knowledge of research findings about the associations between childhood bereavement and immediate and long term disturbances and disorders [immediate and delayed distress, Arthur & Kemme 1964 : adult suicide, Birtchnell 1970, Hill 1969 : raised anxiety and somatic responses, Elizur & Kaffman 1982 : developmental challenges and possible adult depression, Finkelstein 1988 : developmental disturbance, Raphael 1984 : impaired school performance, Van Eerdewegh et al. 1982] raises profound concerns about the perceived importance and value attributed to preventive interventions for this group. In particular it draws attention to the value placed by the professional services upon those interventions which focus on the pre-conditions for a happy childhood and healthy development.

Finite social work resources v.s a long term concern

The size of the population and the longitudinal nature of the problem, matched with the scarcity of resources leads to the inevitable conclusion that whatever resources there are need to be used judiciously. It is inappropriate to consider social work interventions to be the whole solution, but a positive experience of social work help at a critical time can be an influence for good in the short term, and could have a longer term significance for the parent-child relationship, although that last point is beyond the remit of this study.

The Research Study

The Need for the Study

When practice experience is combined with the national picture of random provision of services, attention is drawn to the need to develop a strong case for the bereaved child's

experience of loss to be recognised and services provided to pre-empt or reduce the factors that link childhood bereavement with adult disorders. The literature on bereavement has contested the view that children can mourn [Deutsch 1937 : Mahler 1961: Wolfenstein 1966] , which has had a profound effect upon the provision of services. There is a marked tendency for children's needs to be diminished or disregarded within the family's experience of loss because the nature of child mourning, contrasts unfavourably, for the child, with adult mourning. Adult responses have been taken as the benchmark of mourning and consequently defined the need for services to focus upon the parent at the expense of the child.

There is a need to develop a theoretical framework for understanding the impact of loss upon the child's world and how that is managed and resolved. This requires the construction of a model of child mourning that embraces the developmental element. In addition, there is a need to develop models of intervention based upon sound theoretical foundations, and to monitor and measure their effectiveness. It is only by developing a firm theoretical foundation that practice constructs can be formed, measured, compared and adapted. Continually repeating the ritual of practice advances neither the cause of bereaved children nor social work.

The Aim of the Study: to compare two models of intervention

The primary aim was to compare the effectiveness of two models of social work intervention with primary school age children bereaved of a parent by cancer. The models selected were the standard cascade model and an innovative form of practice, which has been called the lateral model.

The cascade model focuses on improving the condition of the parent. It is based on the premise that the benefits derived by the parent from social work intervention cascade down onto the child, thereby bringing about the desired changes in the parent-child relationship. It will be argued that bereavement and mourning reduces parental sensitivity and thereby inhibits or prevents this flow of benefits. This hypothesis

raises doubts about the validity of applying this model with bereaved parents, or parents in other circumstances who manifest insensitivity to the child.

The lateral model does not rely upon the parent as the sole medium for the child. It recognises the need to enhance existing resources in the parent-child relationship and for the social worker to complement, or enhance aspects of the relationship or the parent's personal attributes which are either temporarily reduced, ineffective or absent. The major practice difference between this and the former model is that social worker offers alternate, weekly sessions to the parent and the child. The patterning of sessions means the social worker sees the parent one week and the child the next, thereby enhancing her awareness of the needs of each. This pattern of practice is expected to make her more sensitive to and therefore better able to address the deficits in the parent-child relationship, and to develop the resources necessary to promote the mourning environment for the child.

In effect the lateral model looks beyond the parent as the sole resource for the child at this time, and seeks to develop a broader range of resources for both the child and his parent. These resources can be incorporated into the relationship, are not dependent upon the social worker and consequently will continue after the end of the intervention. The desired outcome for the intervention is that the parent-child relationship is strengthened by greater sensitivity in the parent for the child, and the child feels more resourceful and is able to initiate and sustain his mourning.

An outline of the theoretical foundation of the lateral model

The lateral model is based on the precepts of attachment theory. It is founded on the principle of the secure base [Bowlby 1988] within the parent-child relationship providing an environment for the child which is conducive to mourning. The model of intervention is also informed and determined by a new model of mourning, the adjusted attachment model, which defines mourning as a continuing process of learning to live with the unease caused by the loss. Therefore, resolution, as defined by other models of

mourning, becomes an irrelevant goal. This has strong implications for determining what is an appropriate structure and reasonable outcome for social work intervention.

The two elements of the need for a secure base and mourning as a continuing process of adjustment, indicate the appropriateness of a short term, structured intervention which focuses on the parent-child relationship rather than solely upon the bereaved parent. The theoretical foundations for both models are discussed in detail in Chapter 7 and the adaptations made for the research study are discussed in detail in Appendix 1.

The Research Design

It is with the bereaved child's diminished status, the effect of mourning upon the bereaved parent and the nature of social work resources in mind that the following study was devised and conducted. The study is highly unusual in social work research in that it combines an experimental design with an explicit theory of mourning and detailed case studies. In addition, the research was designed in such a way as to make these key elements complementary. Traditionally, experimental designs have enabled researchers to say whether an effect has taken place but not why it has done so, or what aspect of the practice or 'treatment' has produced any good results. They have thus not led to the generalisations which were expected of them and have often led to disappointment, in the sense that a good result in one study has often not been followed by a good result in another. The combination of methods in this study, which developed a dynamic between the elements, was intended to overcome these problems.

The experimental design involved the recruitment of 20 experienced social workers from hospices throughout the United Kingdom, training them in the methods of intervention and dividing them into two matched groups, one of which offered the experimental 'lateral' model of intervention, and the other the traditional cascade model. Cases were recruited to the study on the grounds that they met a set of criteria relating to the family structure, cause of death and age of the child [see Appendix 1, section f for details of recruitment and matching of social workers, and Appendix 1,

sections b & f for the recruitment criteria for cases].

Background data relating to each family was collected by means of a structured format to be completed during the initial sessions [see Appendix 1, section b : Family Profile]. The process of the intervention was described by means of detailed recording and, in the experimental group only, through a work book which was filled in by the child under the guidance and with the help of the social worker. The work book helped both to structure the process of the intervention with the child and to describe what was happening. One session, held between parent, child and social worker using a therapeutic board game designed by the researcher, was audio taped [for details see Appendix 1, sections b : Playwork Book User's Guide].

Measures of outcome were provided by three standardised measures [Rutter A(2), Rutter B(2) and the Bristol Social Adjustment Guide] and two measures produced specifically for the study [Child Behaviours Checklist : Parent and Child Behaviours Checklist: Teacher]. The selection and/or design of the instruments is described in Appendix 1 sections c & d. These measures were taken before and after the intervention thus allowing a measure of change.

The study aimed to recruit 30 experimental and 30 control cases. This was to be achieved by a 'cross over design'. Ten social workers were assigned to each group and required to complete two cases. The experimental group were trained in both methods and required to conduct one control case alongside the two experimental cases which they completed in sequence. The social workers were asked not to conduct more than one experimental case at a time to avoid comparisons being drawn. The cascade or control group were to complete two cases and would then be trained up in the lateral or experimental model and complete one case by that method. [By way of appreciation of their efforts, both groups were offered one or two days training in playwork with children after the study had closed.]

This design provides advantages over the traditional social work random controlled trials which controls for cases but not workers, whereas in this study workers were initially matched between the experimental and control groups, and all the workers were eventually to be involved with both experimental and control cases.

These aims were realistic in the light of what was known about the flow of cases to the social workers, but nevertheless proved grossly unrealistic or optimistic. In the event, the study contained only 5 experimental and 6 control cases. Although this presented a considerably reduced sample, it did not entirely rule out a statistical element to the analysis [see Chapter 22] although it did mean that far greater reliance had to be placed on the use of case studies. The research design was sufficiently robust to accommodate this change of emphasis and proceeded on that basis.

The value of these studies was two fold. First, they served to anchor the concepts of the theory, which are necessarily abstract, in the concrete details of cases and practice. It is likely that social workers are only willing and able to use the theory if they can see how it applies to their daily work, and one role of this research has been to examine how compatible the theory is with practice in the real world. A second advantage of the case studies is that they make it possible to refine and test the theory. For example, one of the central concepts within the model of mourning is that mourning is a continuing 'conversation', and it is through internal and external dialogues that the child comes to appreciate the significance of his bereavement. The case studies make it possible to see whether there was evidence that all children attempted some kind of mourning conversation and also to elaborate some of the conditions that might be necessary if this was to take place satisfactorily.

Thesis Structure

The sequence of chapters pursues a logical progression. In Part 1 existing social work practice in this field is examined and the need for the study is established.

In Part Two the literature review establishes the defining and influential factors in the secure base of the parent-child relationship and the characteristics of the secure child. These factors form the criteria for assessment and analysis within the research study. I then conduct a review of the literature relating to mourning and the discussion that surrounds whether children can mourn. The review reveals that established models define the nature of the mourning partly, if not exclusively by adults' experiences and resolutions.

A new model of mourning is proposed which is grounded in attachment theory. It defines mourning as a process by which the mourner establishes a different, adjusted attachment to the deceased, exemplified in the mourner's internal conversation with the deceased and external conversations with significant others. Mourning becomes a continuing experience which has no set resolution. It is compatible with the character of childhood in that it is a series of exploratory sorties into the unknown, a series of discoveries about the significance of the loss, which need to be incorporated into the mourner's model of himself and the world. Like the child, the mourner needs a secure base to which he can return when the experience threatens to overwhelm him. Hence the model of intervention seeks to promote the qualities in the parent-child relationship which characterise the secure base.

In Chapter 6 the impact of degenerative illness on the secure base of the family is examined and the need for social work intervention that promotes security for the bereaved child is discussed. In Chapter 7 the innovative, lateral model of social work intervention is elaborated and compared with the standard cascade model by factors drawn from the literature reviews and expected outcomes. The manner in which the lateral model is applied to practice is elaborated in Chapter 8.

A detailed description of how the models of practice were incorporated into the discipline of the research design are elaborated in the major Appendix 1. The modifications made to the two models for the research are discussed and the rationale

behind the data analysis is described in detail. The rationale behind the criteria for referral for the families is elaborated and the research materials described. The process by which social workers were recruited and trained for the study is described and the changes necessary to the study as a result of the outcome of the reduced sample are discussed.

In Part Three the findings and analysis of the study are examined. Both models are assessed and analysed by their effects upon the quality of parenting and the ability to promote the child's mourning . The effectiveness or otherwise of the social worker is also analysed as a variable within the robustness of the models' efficacy.

One of the great virtues of a small sample is that it is possible to test the theory against every case. In Part 3, although a systematic case by case analysis was conducted, and each case was analysed with the same degree of rigour and thoroughness, rather than burden the reader with all the material, where possible I have selected exemplary cases and included the remaining case analyses in Appendix 3.

In Part Four the conclusions from the analysis are drawn together.

There are five appendices. The first contains a detailed discussion of the research design and the events which brought about the change in the analysis from a quantitative approach to a predominantly qualitative one. The second appendix contains various tables of measurements of parental qualities. The third contains all the case material not included in Part Three. The fourth contains issues relating to social work practice with bereaved families which arose from the study. Although these had some bearing upon the subject, they were not central to the discussion. The last appendix includes a brief consideration of social workers' relationship to research, both this study in particular and practice based research in general.

Chapter 2

Research Methodology

Rationale

The study arises from my practice experience of working with bereaved families through which I had developed a theory of mourning which in turn created doubts about the appropriateness in some cases of the traditional, cascade model of intervention. In response to these doubts I constructed a model of intervention based on the model of mourning and employed it in my own practice to apparent good effect. Although I was confident from my own experience that the theory was sound and the model of intervention effective, I needed to test them without the influence of my practice and independently of my judgement. It was against this background that I designed this study which has four aims.

The first aim of the study is to set out a new model of the way in which children mourn and to relate this to the existing literature. To achieve this the study begins by relating the new 'adjusted attachment' model of mourning to its intellectual roots. The literature survey follows immediately after this chapter and further chapters develop the general theory of mourning and describe in detail what are its characteristics. This in turn allows me to identify the key variables in the model - both those which relate to the process of mourning and those which involve the relationship between the surviving parent and the child.

The second aim is to anchor the concepts and processes proposed by the model in a detailed description of the ways in which a small sample of children mourn. One reason for this is that if the theory is to be either testable or usable in practice these variables have to be 'filled out' and related to the real world. The theory proposes that mourning is a process of resolving bereavement whereby the mourner establishes a range of 'conversations' which enable the mourner to establish a new, adjusted attachment to the person who has died. On this hypothesis the process by which this altered relationship is initiated and sustained is related to the quality of sensitivity in

the individual's personal environment. If this association is to be tested by research, it is necessary to anchor the concepts of sensitivity and the 'mourning conversation' in the everyday world and recognise their various manifestations in day to day practice.

A second reason for seeking to anchor the model of mourning in detailed description lies in the diversity of ways in which individuals express their grief. The model offers a general theory about the ways in which individuals respond to bereavement and proposes that although each bereavement is a unique experience everyone responds, in a sense, in a similar fashion. However, this similarity is marked by a diversity in the way each child behaves. For example, one child may express his longing for the parent who has died by looking at photographs and talking to the surviving parent, whilst another may choose to be alone in order to think quietly to himself about his memories and his sadness. If the theory is to be useful it must document the range of behaviours that seem to be involved and enable practitioners to identify the underlying processes.

The third aim is to test a central hypothesis of the model that it is the quality of 'sensitivity' in the child's environment which facilitates and sustains mourning and that children in 'sensitive' environments will therefore show a more rapid reduction of psychological symptoms than children in less sympathetic environments. The theory describes the pre-conditions necessary for children to initiate and sustain satisfactory mourning, how it is manifested, and relates those to the quality of parental sensitivity. It therefore predicts that certain personal environments will have a beneficial effect upon a child's mental health.

I explored the relationship between sensitivity and outcome in two ways. First I used a detailed analysis of case studies to explore the association between parental sensitivity, the intervention and the process and outcome of mourning [for the use of case studies see Briar & Miller 1971; Higgins 1993; Reid & Shyne 1970; Sainsbury 1970]. Second I sought to measure sensitivity and relate changes in the child's psychological state as assessed by parents and teachers to the degree of sensitivity displayed.

To measure sensitivity I used a team of five independent assessors. All were experienced social workers who practised with bereaved children or in a related field. Each was assigned two cases - one from the experimental group and one from the control group [see below] - although they were unaware of this last detail. They were given copies of the research social worker's sessional records with the parent and the family profile and asked to comment upon and rate the quality of parental sensitivity as manifested in the parents' handling of significant events during the course of the intervention. The assessors also gave broader views of the parent's relationships with the children and commented upon the social workers' practice. These independent assessors both informed the case studies and allowed a measure of sensitivity which was blind to both the measures of outcome and my own hypotheses.

The final aim is to test the effectiveness and appropriateness of a new, 'lateral' model of social work intervention with children bereaved of a parent. The model is based on the new theory of mourning and is compared with the standard 'cascade' model which is currently widely used in social work practice. In order to achieve this I decided to use an experimental design - the so called 'gold standard' of evaluation - which was intended to provide as rigorous a test as possible of the new model. One of the advantages of a well constructed experimental design is that:

“ ... where adequate control measures have been taken against other variables, there is an inherent plausibility to the claim that changes observed in the dependent variable have been *caused* by your manipulation of the independent variable. The ability of the experiment to get at causal relationships is its big advantage over other approaches.”

(Robson 1994. p.5)

The experimental design had the further advantage that it both encompassed and benefited from the research methods used to meet the first three aims. An adequate experimental design requires a theoretical justification and clear descriptions of the groups served, the methods used to serve them and the outcomes [Cheetham et al.1996; MacDonald & Roberts 1995; Robson 1994; Sheldon 1986]. These requirements were met through the literature review and the descriptive data, which I wished in any case

to gather. More fundamentally, the different parts of the study might be expected to reinforce each other. The theory and model of practice are intimately connected conceptually - indeed, the latter largely depends upon the former. Evidence that children mourn as predicted is therefore evidence in favour of the practice model. Similarly, evidence that the practice model works is evidence that they mourn as predicted.

The criticism most commonly levelled at experimental designs is that they create “artificial and over-simplified” [Robson p.7] situations which bear little relation to the real world. The design of this study recognised and accommodated the need for practice uniformity and it was necessary to introduce some modifications to the models of intervention [see Appendices 1a & 1b]. It was also the case that the social workers were required to work with certain types of families and to deliver the service in a standardised way. Although the focus and style of intervention was pre-determined, the nature of the social worker’s practice was a matter of personal style and as such, allowed each practitioner to employ her own way of working. The families who participated were part of an established client group for the social workers and were recruited and engaged in the study in ways which were integral to existing practice. These were some of the ways by which the research study sought to create a naturalistic setting by ensuring that each social worker’s practice was rooted in the everyday world of hospice social work.

Given the close relationship between the different parts of the study, it is convenient to describe it in more detail in terms of its experimental design.

The experimental design

In order to meet the practice aims of the study I planned to recruit a team of social workers from hospices throughout the United Kingdom. [The process is elaborated in Appendix 1f.] Each practitioner was trained in either the cascade [control] or lateral [experimental] models of intervention and expected to conduct 2 cases by that method.

Having done that she was then contracted to produce one case by the other method. In the case of the control group, the social workers were given additional training in the experimental model of intervention before conducting the second set of cases. This meant that each social worker was expected to produce cases by each of the methods of intervention, a feature of the design which should have helped to take account of the influence of individual workers on the outcome.

Information was collected on the flow of suitable cases and, on this basis, it was estimated that with 20 social workers it was reasonable to expect an eventual sample of 30 cases in each group. This number would provide sufficient statistical data from the instruments completed by the parents, teachers and, in the experimental cases, the children, to enable a quantitative analysis which could be complemented by a qualitative data provided by the sessional records [Higgins 1993].

The research was designed in such a way that it tried to control the type of cases in the sample by applying specific, detailed criteria of eligibility for inclusion [see Appendix 1b]. Appropriate cases were defined by the structure of the family, the nature of the illness, the level of disturbance identified in the referred child and, in the case of the experimental group, the willingness of the child to be involved as well as the parent. This profile intended to exclude illnesses other than cancer, maltreating parents and serious mental illness, any of which would complicate an already complex family dynamic. The social workers were expected to recruit families to the research as soon as suitable referrals were made. The experimental design needed to meet the following criteria:

- i] An adequate number of cases
- ii] Matched groups of workers
- iii] Matched groups of cases
- iv] Control of treatment
- v] A close description of the process
- vi] Adequate measures of outcome

I will go through each of the requirements and briefly elaborate how each one was addressed and accommodated within the research design.

An adequate number of cases

There are three main aspects to what defines an adequate number of cases within an experimental design. The first one relates to the expected strength of the treatment. The more powerful the expected strength of the intervention the smaller the number of cases necessary to have a reasonable chance of finding the effect. The second relates to how great an effect is of interest: the smaller the effect that is of practical interest, the greater the number of cases necessary to have a reasonable chance of finding that effect. The third relates to the required degree of certainty that the outcomes are [or are not] attributable to the treatment. In general, the greater the degree of certainty desired, the larger the number of cases required. There are however, two different kinds of possible error, which are not related to the number of cases in the same way. The chance that an effect is accepted when it is not there depends on the level of significance set by the experimenter, which can be the same irrespective of the number of cases. The chance of failing to find a 'true effect' is greatly influenced by the number of cases.

These considerations determine what in medical trials are called 'power calculations'. However, power calculations are rarely made in social work research, partly because it is difficult to predict the extent of the effect and partly because practical considerations determine the size of the sample. Therefore research samples have traditionally been determined by getting as many cases as practically possible in the circumstances, which is what happened in this case.

The recruitment, selection and training processes for the social workers were meticulously thought through and planned, but the eventual sample size was very disappointing. Although I recruited and trained 18 social workers, only 4 conducted 6 control cases and 3 conducted 5 experimental cases [see Appendix 1g for a detailed account]. None of the social workers conducted a second set of cases. The reduced sample

size obliged me to adapt my original plans and reconsider the appropriateness of basing the analysis upon the statistical data because of the reduced chance of getting a statistically significant result. The numbers obliged me to use sets of non-parametric tests which, although less powerful, are appropriate to samples of this size. The small number of cases made elaborate statistical analysis very difficult. It was for these reasons that I was forced to place a greater reliance on a more qualitative analysis than I had originally intended [Walker 1985].

The need to construct matched groups of social workers

In order to ensure that the data reflected the effect of the treatment upon the families and not the effect of the social workers, it was necessary to construct matched groups of practitioners. I approached this in two ways. First, I tried to ensure that both groups of social workers carried both types of cases [see above], which unfortunately did not work. Second, I constructed carefully matched pairs and balanced groups of practitioners, a process which was conducted over several stages.

First, in order to control for variations in the nature of practice and agency I targeted hospice social workers who form a largely coherent group of practitioners sharing a common agency setting and practice remit. The social workers were recruited through an advertisement in a national hospice social work journal which is circulated to the 180 members of the association. Secondly and to ensure that this was indeed the case, I constructed an assessment procedure which collected detailed information about both the agency and each social worker's practice [see Appendix 1f]. Respondents were selected by specific criteria of professional qualifications and experience in the field. The process was designed as a rigorous and stringent process of elimination through identifying those who would be ineligible by the stated criteria, and self-selecting in as much as those who were lacking in commitment would drop out at one of the several stages. I was very aware of the problems caused by attrition in other studies and aimed to pre-empt that happening both by the methods described above and at the point of referral seeking [see below]. In light of the measures taken it would be reasonable to

assume that the remaining practitioners would be highly motivated and committed to the research.

The practitioners were matched by the criteria of qualifications, experience in post, with particular reference to their experience in working with children, and by their rated responses to a case study included in the assessment questionnaire. It was assumed that within these specific criteria and with the expected numbers who would respond, it would be possible to construct two balanced groups [see Appendix 1f].

The outcome was that the process worked very well, in that the social workers who reached the pre-training stage had completed all the stages of the selection process and were formed into two balanced, matched groups. It was possible that the reduced sample of social workers who completed cases could have compromised the matching of the practitioners and created an imbalance, but this turned out not to be the case. Based on the assessment ratings made in advance [see Appendix 1f], there was a range of expertise in each group. The ratings for each worker were as follows:

<u>Control Group</u>		<u>Experimental Group</u>	
Social Worker	Score	Social Worker	Score
C7	36		
C13	73	E6	51
C2	83	E17	90
C9	<u>64</u>	E12	<u>73</u>
total	256		214

Based on this calculation the control group had an average score of 64 and the experimental group an average of 71.3. However, some workers [C9, C13 & E12] conducted more than one case, which produces the following totals:

<u>Control Group</u>		<u>Experimental Group</u>	
Social Worker	Score	Social Worker	Score
C7	36		
C13	73x2	E6	51
C2	83	E17	90
C9	<u>64x2</u>	E12	<u>73x3</u>
total	393		360

This produces an average of 65.5 in the control group and 72 in the experimental group. There was a slight superiority in the experimental group but an examination of

the practice conducted later [see Part 3 Social Work Analysis] produced no evidence to link a high score with a better outcome. Neither was it apparent that a lower score was associated with a poorer outcome.

Matched groups of cases

In order to create a coherent body of cases I constructed a criteria of eligibility for referrals to the study [see Appendix 1b] which had to be met by all the families. This defined families thought to be suitable for and responsive to this type of treatment. The families recruited to the study had to be suitable for either model of intervention, the only difference between them being that parents and children in the experimental group had to be willing to accept social work sessions for the child as well as the parent. Although I was aware of the possible influence of this variable upon either the parent or child, it did not appear to have any effect in that every offer of either model of intervention was accepted by all the parents and children alike. Therefore there did not appear to be a differential willingness to accept either model of intervention which could have influenced the results.

It was reasonable to expect that the anticipated number of cases would provide a spread of families which ranged from those presenting with more complex problems to those for whom the presenting difficulties were more straightforward or more manageable. It was also expected that the combination of matched groups of social workers, working with a defined group of families, selected in the manner described would provide a range of permutations of highly and less experienced practitioners working with more or less complex or challenging families.

In the event the sample contained 5 boys and 6 girls. Four of the boys were being cared for by their mothers and one by his father. Of the girls 4 were being cared for by their mothers and 2 by their fathers. In the control group 1 girl and 1 boy were in the care of a non-birth parent. Taking into account the limitations of the small sample, a reasonable spread of combinations of parent-child relationships was represented.

Control of treatment

It is very important when aiming to test the efficacy of an intervention to know exactly what is being tested. I was very mindful that although the personal practice style of each social worker would need to be accommodated, it was important to ensure that each one presented and delivered the service in a reasonably standardised way in order to reduce the effect of personal or idiosyncratic practice [O'Hare & Collins 1997; Pike 1996].

For these reasons various controls were integrated into every stage of the practice, from the initial referral through to the manner in which the intervention would be closed. The study was designed to control and monitor closely exactly what was being carried out and how it was presented. Although these measures closely followed the process of each intervention, they also allowed the social worker to use and develop her own skills and style within the overall piece of work. The controls were very successful overall in that in all but one case they were closely referred to and enacted. In the one case where the social worker was less conscientious about the detail, the overall structure of the intervention held her to the pattern of the practice but could not counter her personal style. [Details of this particular case are elaborated in Chapter 17 : Case Study Holly.] The possibility of this happening was considered at the planning stage of the study and recognised as a part of the real world of practice and, as such, something which can not be eliminated.

The way in which information about the interventions was delivered was as follows. In the first place, each social worker received training in her prescribed method of intervention and was given detailed, written instructions on each step of the process, to be kept in a file provided for the purpose. She was provided with all the materials for her work which included written material on the theory and practice of the model of intervention and printed formats for the sessional records with the parent and/or child [see Appendix 1c]. Each record format outlined the areas to be covered during that session, including reminders about anticipating the last session and the need to

complete the instruments. A Family Profile was also supplied, to be completed during the initial stages of her relationship with the family and collected information such as the family's experience of events leading up to the death, how the funeral was managed and the parent's attitude to the child's school [see Appendix 1c].

The issue of how to control for the social worker's practice with the child was resolved by creating a playwork book especially for the purpose [see Appendix 6 in boxed set]. It included an instrument in checklist format for the child to complete which was designed specifically for the book. It was to be completed during the first and last sessions, thereby providing a before and after measure of the effect of the intervention on him. The body of the book contained a series of exercises and questionnaires presented in the form of play activities. A set number were to be used during each session, thereby defining the content of the session.

The fourth session was designed to include the parent and centred on all three playing a therapeutic board-game I had devised called All About Me [see Appendix 7 in boxed set]. The way in which the game was played was defined by the structure of the pack of cards that are central to the play and the general rules of the game. The social worker would audio-record this session as well as complete a sessional record, because I anticipated that the interaction and conversation could be too involved for a single practitioner to conduct, observe and remember with the accuracy and detail required.

In addition to these various controls of treatment and supportive practice guidelines, each practitioner would be able to telephone me should she wish to discuss any concerns she might have about the research case she was conducting. To facilitate and encourage that I provided my home and my work numbers.

A close description of the process

The research design required a close description of each intervention in order to explore and add substance to the concepts which underpinned the model of mourning and

relate them to the quality of parental sensitivity. Furthermore, in order to make reliable comparisons within and across the sample groups, it was necessary to have detailed, close descriptions of the process and effects of each intervention.

The manner in which these processes were either manifested or executed would be closely recorded through the medium of the sessional records. In addition the Family Profile was expected to provide a wealth of background qualitative data which would help in the construction of a broader, longitudinal view of the family's experience and resources, and serve to inform the significance of changes recorded in the instruments. The audio-taped fourth session for the experimental group cases was an additional source of information which could say much about the nature of the parent-child relationship by, for example, analysis of the vocal tone of the conversation, which written records alone often can not. The manner in which the social worker delivered the practice would be reflected in her organisation of the sessions and recording, and could be monitored accordingly.

These various approaches blended well, both in relation to the required practice and the purposes of data collection. The social workers filled in the records, usually in great detail, and found them supportive and informative to their practice. The wealth of data they yielded provided a sound and broad foundation to the analysis.

Adequate measures of outcome

The analysis is based upon a psychodynamic approach which, although highly appropriate to the aims and field of the study, is very difficult to quantify. I was mindful of the need simultaneously to elaborate the model of mourning whilst measuring the effects of the interventions, and incorporated a two stage measure into the overall design. After long deliberation [see Appendices 1c & 1d] I chose a range of measures. These were the Rutter A and Rutter B, The Bristol Social Adjustment Guide [BSAG] and the Child Behaviours Checklist: Teacher [CBCT] and the Child Behaviours Checklist: Parent [CBCT]. Some of the instruments were standardised measures used by



others and the last two were instruments designed specifically for the study.

In addition to these adult instruments, the sessions with the child were constructed around exercises and activities in a playwork book which, amongst other things, contained a self-rated questionnaire to be completed during the first and last sessions. The playwork book effectively provided a series of self-evaluations of the child's progress through the therapeutic experience and a detailed description of his mourning. The BSAG and CBCT gathered data from the child's teacher and provided a body of data from an individual who, although involved with the child, was neither directly affected by the bereavement nor was as involved in the intervention as were the child or his parent. The teacher was also not subject to the same influence of the intervention as the parent, who may have become more sensitive to the child as a result, which may have affected the manner in which she evaluated the child at the end of the intervention.

Summary

The study had four aims:

- i] to describe and justify a new model of the way children mourn
- ii] to anchor the processes and concepts proposed by the model in a detailed description of the way a small sample of children mourned
- iii] to test the hypothesis proposed by the model that the outcome of childhood mourning was related to parental sensitivity
- iv] to use an experimental design to test the efficacy of a new model of intervention based on the model of mourning.

The four aims were closely linked in that evidence in favour of the model of mourning would support the model of intervention and vice versa. Moreover, the first three aims were to be accomplished by means of a literature survey, case studies and a statistical

analysis of the relationship between sensitivity and outcome. Each of these aims could be pursued within the overall context of an experimental design which was the method chosen to meet the fourth aim.

The experimental design was designed to ensure an adequate number of cases, matched groups of workers, matched groups of cases, adequate control of treatment, a close description of the processes of treatment and adequate measures of outcome. With some difficulties these requirements were largely met, with the exception that the number of cases was far lower than had been expected. As a result the chances of carrying out an elaborate statistical analysis, or obtaining statistically significant differences between the experimental and control groups was greatly reduced. A correspondingly greater weight has been placed on the qualitative data and the analysis of cases.

The thesis continues with a survey of the literature relating to mourning which provides an intellectual context to the adjusted attachment model of mourning and a theoretical background to the innovative, lateral model of intervention.

PART TWO

**A REVIEW OF THE LITERATURE ON SECURITY IN THE PARENT-CHILD
RELATIONSHIP AND THE IMPACT ON MOURNING**

Chapter 3

The Role And Effects Of Security In The Parent-Child Relationship

Introduction

In this chapter the role and effects of security within the parent-child relationship are examined by a review of the literature. The data yielded by the studies support the argument that the quality of security in the parent-child relationship is the critical element in facilitating mourning for bereaved children. It is proposed that the promotion of security is the essential pre-condition to mourning and the critical focus of concern for social work intervention. The quality of security in the parent-child relationship can be assessed by the qualities of sensitivity, competence and sociability. The manner in which the promotion of these qualities can be incorporated into social work practice is discussed in the following chapter.

A Definition of Security Derived from the Parent-Child Relationship

The concept of security is central to our understanding of all human behaviour. It is the principle motivation for establishing and maintaining relationships and underpins the manner in which we manage separations from the people or places which help us to feel safe and nurtured.

The quality of security within the parent-infant relationship defines its character and it is this element which is the essential pre-requisite for the infant's healthy development through childhood into adulthood. Attachment theory proposes and laboratory based observations and tests have demonstrated that the experience of this relationship influences and predicts the nature of the child's functioning in specific areas. For example, it has been shown to have a direct bearing upon the child's ability and willingness to establish other relationships [Grossmann & Grossmann 1991: Main & Weston 1981: Weber, Levitt & Clark 1986] and influences the acquisition and development of personal and interpersonal skills [Arend et al 1979: Hazen & Durrett

1982: Matas et al 1978: Park & Waters 1989].

The sequential undermining of security for the bereaved child

The death of a parent in early childhood is an experience which profoundly threatens the quality of security in the child's world and compromises every aspect of the child's existence. The several losses entailed within bereavement undermine his sense of personal security and his trust in the world. The experience of living with a grieving parent further threatens the child's ability to feel safe, protected and nurtured because the parent's capacity to cherish and care for the child is diminished by the depressive nature of grief [Radke-Yarrow et al. 1985 : Radke-Yarrow 1990]. The experience of loss heightens the child's concern for his personal safety and raises practical as well as philosophical doubts for him about the benevolence and predictability of the world.

The premise of the role of security clearly defines the primary focus of all social work interventions with children. Further to this, young bereaved children need a certain set of circumstances to facilitate their mourning, the process essential to the resolution of the child's loss [see Chapter 5]. The circumstances under which this can occur largely depend upon the nature of the child's relationship with the surviving parent. Therefore, in order to promote the optimal setting for the bereaved child and his parent, it is necessary to focus social work attention upon enhancing the quality of security within the parent-child relationship. Enhanced security within this relationship is manifested in greater sensitivity to his bereaved status and communicated in the parent's behaviours and attitudes. It is when the child feels safe and sensitively held by his parent that he can initiate his mourning conversation. It is this conversation between the child and the parent which is the observable element of his mourning and is indicative of other, internal areas of mourning activity, in particular the child's conversation with himself about his continuing experience of loss.

Definition of security

To that end, I will establish a definition of security and the secure parent-child relationship. I propose that the role of the parent within this dyad is the dominant one and, therefore, has the greatest influence upon the child's personal environment. It follows that the quality of security within the parent-child relationship and the quality of sensitivity of the parent to the child's needs are the determining factors in the child's ability to establish and sustain his mourning. The quality of security and sensitivity afforded the child by the parent is demonstrated in other areas of the child's life and these areas of functioning serve as indices of the effectiveness of interventions.

The foundation and central core of the parent-child relationship is its quality of security. I would define security as a state in which the individual feels free from worry about his present and future personal safety, and the safety of those people who are significant to him. The secure individual has a well-founded ability to rely realistically upon others for protection and support in situations which may threaten that safety, or indicate a need for additional resources. A pervasive feeling of well-being and expected well-being characterises the world of the secure person. However, this does not mean that the individual assumes that all things will always be well. The 'well-being' assumption refers to an attitude whereby, although events may not always be pleasant, the circumstances that arise from them can be satisfactorily resolved.

Security within the literature

Security as a central concept is not exclusive to attachment theorists. It is interesting to note that although it may be viewed from a variety of perspectives, the concept is frequently defined in similar terms and as having common properties. Laing's [1967] analysis of human relationships from an existential perspective, highlighted the importance of security, which he defined in terms of a strong sense of self,

"...as a continuum in time; as having an inner consistency, substantiality, genuineness and worth..."

pp.41-42.

The Divided Self. Penguin.1967

For Laing these qualities are manifested in the capacity the individual has to experience the world positively and not to perceive it as perpetually threatening his existence. The secure individual enjoys relationships and views them as "... potentially gratifying..." and enriching, whereas the insecure person is "...preoccupied with preserving rather than gratifying himself...."(p.42). The insecure person has to expend so much energy in order to preserve himself, that he is unable to interact spontaneously with the world and becomes increasingly withdrawn.

Laing's definition of security and insecurity is echoed by Winnicott [1965 :1976] who defined it as having a number of properties which combined to make a 'facilitating environment' for the child's development. These properties relate largely to the ways in which the parent manages the care of the child. He proposes that the parent's ability to provide protection from unknown and unwelcome aspects of the world and to protect the child from his own harmful impulses and their effects are essential aspects of security. He also proposes that the parent must provide a reliable and stable relationship with the child in order that the child comes to expect security and consequently is able to tolerate disappointments and frustrations. Security allows the child to explore the boundaries of the relationship and eventually learn to exercise self-control through the internalisation of those boundaries.

Winnicott's definition of security is a relational one. He describes the concept in terms of its manifestations within the child's relationship with his parent and his consequent abilities to internalise the quality of the security, experienced within that relationship, and utilise it to experience the world. Winnicott states:

"In time and in health children become able to retain a sense of security in the face of manifest insecurity, as for instance, when a parent is ill or dies, or when somebody misbehaves, or when a home for some other reason or other breaks up."

p.32
Family & Individual Development.
Basic Books, New York.1965

Through the repeated experience of the secure relationship, the child develops greater autonomy, is able to feel secure and function away from the parent in the knowledge that they are in a safe, predictable environment.

Bowlby [1973:1988] described security as a central feature of his concept of parenting. He developed the image of the parent-child relationship as a 'secure base' from which the child could make sorties into the world. These sorties were made safe in the knowledge that there was always somewhere to which he could return,

"... knowing for sure that he will be welcomed when he gets there, nourished physically and emotionally, comforted if distressed, reassured if frightened."

p.11
A Secure Base.
Tavistock/Routledge. 1988

The parent's role is to be,

"... available, ready to respond when called upon to encourage and perhaps assist, but to intervene actively only when clearly necessary."

p.11.
A Secure Base.
Tavistock/Routledge. 1988

Security, defined in terms of the child-parent relationship, is a feature common to many studies [Belsky & Rovine 1988: Cassidy 1988: Easterbrooks & Goldberg 1990: Fox et al 1991: Park & Waters 1989: Shouldice & Stevenson-Hinde 1992: Thompson & Lamb 1983: van IJzendoorn et al 1992] all of whom endorse Laing's, Winnicott's and Bowlby's views and have validated the theoretical definition with empirical research. Therefore, we can define the secure relationship as one which will promote a sense of physical and emotional safety within the child whilst simultaneously encouraging and supporting his development towards greater autonomy, exploration and independence.

The child's first and most important experience of security is within his relationship with his care-giving parent. This is typically the mother but, for the sake of ease, will

be referred to as the parent in the knowledge that it could be the father or any adult who has continuous contact and care of the child. The parent-infant relationship is very special: it is the vehicle for the infant's first experience of the world. It is from this constellation of physical and emotional experiences that the developing infant will construct a model of the world and expectations of other relationships [Bretherton 1988 & 1990: Marris 1991]. The relationship that develops between the infant and his parent is more than just the sum of its interactions, it is an organising construct by which the infant learns to make sense of the world. It provides a number of services for the infant, but the provision of services is not the prime motivation for the initiation or maintenance of the relationship. The critical aspect of the attachment relationship is its ability to protect and comfort the infant. The infant demonstrates this drive by instinctively signalling distress or alarm in such ways as to encourage the parent to return and stay close, or to recall an absent parent in order to have that physical contact with her. This pattern of proximity-seeking behaviour is displayed, age appropriately, throughout all stages of life. It is activated by threats to personal safety and ceases when those feelings are assuaged.

Security and the parent-infant attachment

There is some distinction between the nature of the parent-infant attachment and other attachments which warrants further analysis of its significant features.

Ainsworth [1991] described this relationship as an 'affectional bond' which is a "...relatively long-enduring tie in which the partner is important as a unique individual, interchangeable with none other."(p.38). Ainsworth states that because the attachment is wrought from intensely emotional experiences the attachment figure can never be wholly replaced. Therefore, when a child is bereaved of a parent, the affectional bond which constitutes the attachment is irrevocably severed and that attachment figure can never be substituted by another [Weiss 1991]. This has serious implications for the nature and purpose of mourning in children, which are discussed in the next chapter.

Returning to the subject of the parent-infant attachment, what are the characteristic features that define it? Hinde [1979] described the attachment as characterised by the patterning and quality of interactions. The synchrony and complementarity of interaction demonstrate the sensitivity of the parent to the infant's needs, and her willingness to respond to him. The parent's 'commitment' to the attachment will establish faith for the infant in the reliability of the world and encourage intimacy, confidence and flexibility within the realm of the relationship. What develops is a dynamic stability, an expectation of a range of behaviours and experiences which, although within certain limits, allow and encourage exploration of novel ways of being.

Main et al. [1985] describe the secure attachment as one in which conversation is free ranging, balanced and easy with free-flowing, complementary non-verbal behaviour. The child and parent have no need for self-imposed restrictions or rituals and each obviously enjoys the other's company.

The parent as the dominant partner

It is proposed that there is an imbalance of initiative and control within the parent-infant/child relationship and that the parent has a significantly greater degree of executive power within that. Consequently, especially in the early years, the relationship is predominantly determined by parental characteristics. These, in turn, have a direct bearing upon the quality of care afforded the infant and child, and therefore, the quality of security, with that implies in this instance for the bereaved parent and child.

Although the infant is not a passive partner within the formation and maintenance of the primary attachment, she has the dominant role in shaping the nature of the relationship. Her dominance is reflected in the hierarchy of internal working models [Main, Kaplan & Cassidy 1985]. It is logical that it would be so because it is those behaviours within the control of the parent which determine the quality of care afforded the infant and, consequently, determine the quality of security that develops

within the attachment. Egeland and Farber [1984] examined the relationship between the quality of caretaking and attachment status in relation to changes in circumstances during the first two years of life. They found that it was specific caretaking skills which influenced the formation of a secure attachment during the first year, and the parent's affective behaviours which influenced its maintenance in the second year. They concluded that it is the parent's personality, [defined in terms of aggression, suspicion, sociability, anxiety and attitude to parenthood] which played an increasingly important part in the relationship and accounted for changes in attachment status.

Izard et al.'s [1991] review of the literature in this area supports this view. The authors gave considerable weight to the argument that certain infant characteristics, as rated by their parents, were also significant predictors of attachment security. The study found that there was a direct correlation between insecure attachments and the frequency of crying, demands for attention, the expression of sadness and anger, and displays of distress to limitation in daily life. Attachment theory would argue that these behaviours are indicative of unsatisfactory responses on the parent's behalf to the child's attachment behaviour and further supports the view that it is the parental role which is the determining factor in the quality of security within the attachment.

In support of this argument, van IJzendoorn et al.'s [1992] review of studies on the relationship between maternal and child problems and their effects upon the quality of attachment clearly demonstrated that maternal problems [maltreatment, mental illness, teen mothers, drug and alcohol abuse] increased the incidence of insecure attachment, as measured in the Strange Situation procedure, and that child-based problems [prematurity, deafness, Down syndrome, autism and a mixture of physical disabilities] demonstrated little effect upon attachment distribution across the groups. The findings lead van IJzendoorn et al. to hypothesise that a child's problems do not compromise attachment security in the same way as maternal problems, but may affect the way in which insecurity is expressed by the child. Their data suggested that the child cannot compensate for insufficiencies in maternal responsiveness and that leaves

him "...vulnerable to insecure forms of attachment."(p. 854).

Critical factors in the parent-child attachment

All these studies indicate that one of the critical features of the parent's quality of interaction with the infant is her capacity to interpret and respond to the infant's expressed needs, fears and desires. The quality of her responses to the infant, which I will refer to as 'parental sensitivity', is the most significant factor in determining the quality of security within the attachment and has been examined in various studies [Cummings 1990 : Egeland & Farber 1984 : Londerville & Main 1981: Pederson et al.1990 : Weber et al.1986].

What then are the conditions which promote sensitive parenting, and what are the salient features of a parent's behaviour that characterise that quality of care?

i] Complementarity

Analysis of the parent-child relationship indicates that the ability of the parent to comfort and reassure the child are reliable criteria by which the quality of attachment security can be judged. In order to respond appropriately to her child, the parent needs to be sensitive to signs of distress and know in which ways the child can best be comforted. Her ability will not depend upon a static repertoire of behaviours because the developing child will require a complementary development in responses from his parent. The parent's sensitivity to the child's needs and the development of appropriate responses is a highly significant behavioural factor in the promotion of security.

In order to establish a set of appropriate of responses, the parent needs to have prolonged and continuous contact with the infant. Only in this way can she acquire the extent of experience of the infant necessary to the development of an adequate and suitable repertoire. Aradine et al. [1980] observed:

"Combined with sensitive responsiveness to the infant's signals, continuity is a critical factor in infant development. Consistent caretakers are able to read an infant's cues more readily and to pace their responses to his needs. The foundation

is thus laid for enabling an infant to distinguish and trust the special people in his world."

p.151.

This observation is borne out in Belsky and Rovine's [1988] study in which continuity of maternal care was assessed in relation to attachment security. Although they omitted to assess the quality of alternative sources of care, the data nevertheless indicated that "...extensive nonmaternal, and especially nonparental care initiated in the first year of life....is associated with patterns of attachment that are commonly regarded as evidence of insecurity." (p.164.) [The term 'extensive' refers to 20 hours or more each week .] This study highlighted the need for consistency of care in order for the infant-parent relationship to have the optimal foundation, the beginnings of a 'conversation'.

ii] Parental sensitivity

Having established that continuity of contact is a pre-requisite for sensitive caregiving, what then are the descriptive features of such a regime?

a] Sensitivity and synchrony: Hinde [1979] described the sensitive parent as one who would orchestrate the development of a harmonious dove-tailing of needs. The ability of the parent to achieve this goal was manifested in the level of 'behavioural meshing'. Hinde proposed that this was an index of the parent's ability to anticipate, respond and interact with the infant for an appropriate amount of time. The parent's sensitivity to the infant's desires and needs would lead to 'synchrony' within the relationship and a greater mutual desire to have more contact [pp.64-65]. The notion of 'synchrony' embraces aspects of quality and timing of interventions and interactions between the pair and is a feature of the relationship as it develops. Heard [1982] described this dynamic, developmental approach as involving:

"...judgement and empathic sensitivity on the part of the care-giver and, when the care-seeker is old enough, verbal communication between the two about how much and what kind of care is necessary."

p.103.

(Family Systems and the Attachment Dynamic.
Journal of Family Therapy.1982 4:99-116)

Heard's criteria of 'judgement and empathy' describe the fundamental elements of good parenting, both for the infant and the child. Several laboratory-based studies of maternal sensitivity have yielded data which endorse these measures [Matas et al. 1978 : Radke-Yarrow et al.1985 : Weber et al.1986]. However, a laboratory observation room bears little resemblance to the day-to-day parent-infant environment. No parent is permanently and exclusively in the company of her infant with no other distractions or demands upon her attention or energies. Therefore, data relating to maternal sensitivity drawn from laboratory observations alone are questionable because of the nature of the test-environment. The demands of the infant upon the parent need to be seen and measured within a social context, as well as a controlled environment; the social context presents the relationship in its proper setting. Therefore any realistic appraisal of parental sensitivity must take this into consideration.

b] Sensitivity and supportive responses: Pederson et al.'s [1990] awareness of this environmental aspect was translated into the design of their assessment procedure which analysed the relationship between maternal sensitivity and attachment security. The mother was required to complete a questionnaire whilst the infant explored the room. The mother's sensitivity to her infant's demands was assessed in relation to her ability to complete her task whilst remaining "...open to signals..." from the infant. Her sensitivity to the infant was measured "...in the context of the need to attend to other competing events." (p.1976). This criterion yields a more accurate assessment of sensitivity because it couches it in a more mundane and therefore more realistic context. Tracy & Ainsworth [1981] also supplemented the laboratory setting with home observations, in order to gather more accurate data relating to maternal affectionate behaviour and Frankel & Bates [1990] followed a similar procedure in their analysis of mother-toddler interactions in co-operative problem solving.

Matas et al.[1978] defined sensitivity in the mother's behaviour not solely in terms of her ability to respond appropriately selectively, but also in terms of the quality of her

response. Sensitive parenting was shown to be associated with secure attachment. The more sensitive mothers in their sample, during a problem-solving task with their two-year-old, displayed a combination of 'supportive presence' and a 'quality of assistance' which matched the situational needs of the child. This study demonstrated, amongst other things, that sensitive parenting requires developmental changes on the part of the mother and can not be defined by single qualities of response but needs to embrace many different maternal behaviours.

c] Sensitivity and availability: It is sometimes possible to define an entity by its positive attributes as well as by its opposites. Sensitivity does not mean a constant state of alertness to the infant/child's needs and similarly, at the opposite end of the scale, insensitivity does not necessarily mean that the parent is unkind or cruel. It is reasonable to classify a parent as insensitive if she deliberately and routinely ignores the infant's needs for attention and comfort. The insensitive parent may, in Bowlby's terms [1973] simply not be available or 'accessible'. This lack of availability is a significant feature of the quality of care bereaved children frequently and repeatedly experience, the unresponsive parent. Bowlby describes this state as follows:

"What this means is that, although present in body, a mother may be unresponsive to her child's desire for mothering. Such unresponsiveness may be due to many conditions - depression, rejection, pre-occupation with other matters - but, whatever its cause, so far as her child is concerned she is no better than half-present."

p.43.

(Attachment and Loss, Volume 2.
Separation: Anxiety and Anger
Pelican Books. 1973.)

Parental sensitivity and the bereaved child: the orphan syndrome

A bereaved child will commonly describe the surviving parent in robotic terms, as an automaton which is merely going through the motions of caring for him. It is not surprising that this is so because the nature of adult grief is such that it incapacitates, both physically and emotionally, even the most capable and caring parents. It is

important to note that this level of insensitivity or unavailability may come upon the bereaved child suddenly and the parent may change her parenting style literally overnight. This sudden change in the quality of expected sensitivity and availability I will refer to as the 'orphan syndrome'.

The bereaved child becomes psychologically orphaned, by events and imposed restrictions. The surviving parent becomes more withdrawn and preoccupied within her mourning and effectively moves away from the child. This momentum is often accelerated or endorsed in the child's mind by others who communicate messages to him not to approach his parent because of her distress. These insensitive messages are often strong and without regard for the child's needs. This effectively leaves the bereaved child abandoned. The child who was used to an attentive and involved mother and father may lose one through death and effectively lose the other through grief and the insensitivity of others, thus creating a psychological orphan. For this child, the difference between what was and what is now, is potentially far greater than for the child who was accustomed to the experience of a poorer quality of care. Paradoxically, the bereaved child, who is securely attached to a sensitively attuned parent is arguably more vulnerable to insensitive parenting in the period immediately after the death because of the effects of grief, than the child who has become accustomed to living with an insensitive parent.

The overly attentive parent

It is also possible to classify a parent as insensitive when she behaves in exactly the opposite way and is overly attentive : the difference here lies in the intensity and frequency of her attentiveness. This form of insensitivity in the parent is manifested by her inability to allow the child to explore the world independently of her. Her 'attentiveness' constitutes interfering with the child's drive for autonomy and independence. Bretherton's [1988:1990] definition of this form of insensitivity encapsulates all these aspects of negativity in the mother's responses to the infant. She describes it as implying "...that the caregiver is not reading and supportively

responding to the infant's states or goals." (p.62).

Summary of Parental Sensitivity

To summarise, the term 'parental sensitivity' refers to a cluster of properties that characterise the parent's care-giving behaviour pattern. The term assumes a developmental awareness of the child on the part of the parent which results in flexible responsiveness, both situationally and in relation to the child's changing needs. It also implies a style of caring based upon the ability of the parent to judge the appropriate intensity and extent of any intervention, thereby developing complementarity within the relationship. A sensitive parent will encourage independence in her child and find enjoyment in the child's achievements.

Summary of the secure parent-child relationship

A definition of security was developed which described the secure individual as free from worry about his personal safety and the safety of those who are significant to him. He can rely realistically upon others in situations which may threaten his safety or indicate a need for additional resources. He has a general feeling of well-being and expected well-being based on the belief that personal difficulties are resolvable.

It has been established that the parent is the dominant partner in the parent-child relationship and therefore determines the quality of security of the attachment. The secure relationship is characterised by a cluster of properties which have been collectively defined within parental sensitivity. The child who is bereaved of a parent through degenerative illness typically experiences a reduction in parental sensitivity during the process of loss [see Chapter 6] and a psychological orphaning immediately after the death.

The defining characteristics of the secure parent-child relationship and its role and effects upon the developing child form the basis of the assessment criteria of the secure relationship and child, both of which are discussed in the following chapter.

Chapter 4

Assessing The Quality Of Felt Security

Introduction

Attachment theory proposes and research studies have supported the argument that the quality of attachment security has a critical effect upon the development of the infant and continues to play a significant role throughout all stages of the life-cycle. The way in which we manifest the level of felt security alters developmentally, but the areas of influence remain largely similar throughout life. Attachment theory proposes that the secure attachment affords the individual a base from which exploratory sorties can be conducted into the wider world and provides a reliable and nurturing environment upon return. Taking this as my base, I propose that it is possible to assess the quality of felt security for the child by assessing his behaviours and performance in key areas.

Developing the Assessment Criteria

A review of the literature revealed that particular aspects of a child's functioning are markers of his personal security and will be incorporated in my assessment criteria.

These are his capacity:

- i] to recognise and resolve problematic situations
- ii] to respond positively to the opportunity to make new relationships
- iii] to express himself within his personal environment

These three factors will be shown to be partly, if not largely dependent upon the quality of parental sensitivity and a reflection of the quality of attachment security. In essence, the assessment is an analysis of the child's secure base with his parent.

The literature also indicates that the effect of security upon the child has a developmental context : we all need a secure base but the nature of need alters with age. Therefore, any demonstration of the effectiveness of the secure base is displayed by the child in developmentally appropriate ways which reflect the quality of security in his relationship with his parent. Although the three elements of the child's functioning,

[competence, ability to establish relationships and communication] will be analysed separately in the literature review, it is recognised that they are interrelated, with significant areas of overlap. This interrelationship further supports the chosen criteria for the research assessment, on the basis that this group of factors enables the construction of a coherent model of the secure child's abilities and characteristics, and reflect the quality of security inherent in his relationship with his parent.

The findings of empirical research studies referred to support the view that changes in attachment status have a direct effect upon the child's level of functioning. Therefore, an improved quality of security is manifested in improved functioning in these spheres. It is proposed that this combination of factors form a reliable and representative criterion for measuring the effectiveness of intervention with bereaved children.

The Association Between Security And The Continuity Of Development

Attachment theory proposes that the infant is born with an innate drive to grow and experience the world within a protective environment [Bowlby 1969: Winnicott 1965]. The quality of security the child experiences determines the extent and quality of his exploration and development. All children will experience some insecurity at some times in their lives but the child for whom this is the predominant feeling will have less emotional energy and less encouragement and support to experience novel situations than the predominantly secure child. The child's ability to rely upon a certain level of security in his environment is a critical factor in this process. Any changes in level are expected to be reflected in the continuity of development.

A wealth of studies have demonstrated that it is possible to predict the developmental trajectories of children who are in stable attachments and within relatively stable environments [Arend et al.1979: Easterbrooks & Goldberg 1990: Egeland & Farber 1984: Matas et al 1978: Hazen & Durrett 1982: Londerville & Main 1981: Radke-Yarrow et al 1985: Thompson & Lamb 1983: Youngblade & Belsky 1992]. The findings

demonstrate a strong association between the stable environment and continuity of development, exemplified in a coherence of personal adaptation, and that this continuity can be measured reliably, "...even in the absence of behavioural isomorphism." [Matas et al. 1978]. The concept of developmental continuity lays greatest emphasis upon the development of a pattern of behaviour, the general tenor of responses and achievements, rather than particular skills or discreet, isolated features, and assumes that this pattern will be consistent temporally and situationally. The premise of continuity allows the assessment of specific behaviours because the perspective is one which couches them within a developmental context. The areas of functioning I have selected for assessment are not proposed to be representing different areas of ability but are interlinked, inter-co-ordinated aspects of the developing child.

Security And Resourcefulness

The way in which a child approaches novel experience is indicative of his operational security and resourcefulness. The secure child is defined as one for whom the world does not present as a threatening environment but as an interesting, inviting arena for exploration and discovery. Therefore, the child who can embrace novelty and challenge reflects the confidence security imbues.

The theme of security and resourcefulness is explored in Harris and Bifulco's [1991] re-analysis of the Walthamstow Study [Brown, Harris & Copeland 1977 : Brown and Harris 1978]. The data from the study was reviewed in the light of Bowlby's [1980] conclusions about the three categories of personality which he found to be more vulnerable to the experience of loss. This was then related to an examination of self-esteem and the role of self-reliance within resourceful resilience.

Harris and Bifulco proposed that security is closely aligned with self-reliance, in that self-reliance springs from secure attachments and enhances resilience. Self-reliance is described as a 'catholic mish-mash' of elements that constitute resilience. The authors itemise them in the following manner. They are:

"... self-esteem, self-efficacy, mastery, social competence, and sense of coherence, or, at the other end of the dimension, learned helplessness, subjective incompetence, external locus of control, negative evaluation of self and dysfunctional attitudes."

pp.260-1

The capacity of the child to develop self-reliance during the early years of his bereavement is seen as the critical factor in promoting resilience through resourcefulness. The availability of consistent care in a predictable environment is judged to be the main external factor that promotes this. The personality of the child, particularly his level of self-esteem, is the chief internal factor.

The authors draw attention to the potential the child has to develop 'protective' rather than 'injurious' self-reliance. The difference between the two is that the former allows the child to seek and accept assistance from others, which I propose is a marker of the truly resourceful child, whereas the latter is a maladaptive development which leaves him isolated and unable to approach or respond to proffered help. The authors tentatively suggest that the ability to develop 'protective' self-reliance may be connected to the theory that early childhood hardships are strengthening rather than damaging, that they :

... 'steel' a psyche to cope better with later adversity provided they are not accompanied by other more damaging childhood experiences.

pp.259-60

Harris and Bifulco propose that resilience does not have a predictable trajectory. The child can only be conditionally classified as resilient, the primary condition being that of experience. The child can only manage a certain quantity or intensity of stressful experiences before his resilience is overwhelmed. The idea that adversity strengthens an individual up to a point and, beyond that point enfeebles and damages him, is one which I have experienced repeatedly within my practice and will be exploring this theme further in a following case example [see Chapter 6: Case study : Kerri].

The concept of self as a resource

Self-reliance as a factor within resilience is also highlighted by Bowlby [1979] and, although defined with a different emphasis, is compatible with Harris and Bifulco's definition. He developed the hypothesis that self-reliance is a combination of two sets of factors, environmental and internal, which interact in 'complex and circular ways'. The environment has to be able to offer the child a trustworthy person with whom he can develop a secure attachment. The attachment results from the child's ability to recognise and collaborate with the trusted person. Reliance and self-reliance form in tandem from these qualities. Bowlby defines reliance as the:

"... capacity to rely trustingly on others when occasion demands and to know on whom it is appropriate to rely."

p.104

The child's ability to be sensitive and flexible is another key factor that determines the quality of resourcefulness. This capacity is demonstrated by his willingness to exchange roles when the situation demands: seeking help when necessary, being self-reliant when that is possible. In this way, he learns to trust others and, in doing so, to trust himself. He accepts that he has limited resources in this instance, but that they can be supplemented by the assistance of others. He accepts this position openly and without feeling diminished by it.

The concept of self as the resource, assisted by others, is echoed in Heard's [1982] consideration of the development of self-confidence. She examines the relationship between the internalised representation of self and the individual's sense of personal efficacy. Like Harris and Bifulco, Heard's view is that a personal identity results from personal experiences, from the outcomes and associated affects of experience. When the individual is confronted with a situation which is beyond his ability to manage, he is at risk of experiencing a damaging blow to his self-esteem. If, on the other hand, he can enlist the support of a stronger, more capable person than himself, and in so doing alter the outcome of that experience, then he will perceive himself to be resourceful and powerful. This then leads the individual on to internalise a self-image which is of

someone who is competent and creative under pressure. If there is too much pressure, or there is nobody available to whom the individual can turn then, Heard proposes, the mature decision is to acknowledge the situation and make a considered withdrawal. This is considered in detail in relation to childhood mourning in Chapter 5.

The child's ability to assess resources as an indicator of security

The main thrust of Heard's argument is that the child can initiate change either by eliciting caring responses in those around him, or by recognising and responding to such offers when they are made. The difficulty for bereaved children is that there may be offers of support made by people who one would normally assume were highly appropriate. However, the nature of the experience of loss changes the status of people within the group which once ably supported the child. The child's support network is compromised by his bereavement [see Chapters 1 & 6]. He is often acutely aware of this and can no longer respond to such offers in the same way as before, or expect those resources still to be there for him. The problem for the bereaved child is to whom can he reliably turn?

The child may have previously seen himself as coping with difficulties, whether by himself or with the help of trusted others, but his bereavement situation is very different to anything he has experienced before. The changes in the established order compromise and thereby inhibit the child's ability to seek and gain the required support which will maintain his coping self-image.

The significance of seeking support

The active presence of trusted others in troubled times is very comforting for all of us. It is even more so for the bereaved child, who is often very aware that he has become especially vulnerable, emotionally and physically, through his experience of loss. Many children with whom I have worked have experienced so great a need for someone to rely upon that they have actively sought them out. This in itself is an indication of the level of their need because the process is one which makes the child even more

vulnerable to further disappointment and hurt. One way in which children attempt to manage this is to test out a new relationship with tiny pieces of precious material. The child closely watches the response in the chosen person, monitoring the ability that person has to recognise and respect the trust that is being proffered. When the child's attempts to form a trusting relationship are sensitively received, then he blossoms within that relationship. The discovery of new sources of 'reliability', in what is commonly perceived by the bereaved child as an unreliable world, is of great significance. In my experience, it is this realisation that encourages the child to continue forming new, trusting relationships. It is within this context that the social worker offers herself as a resource to the child in the lateral/experimental model of intervention [see Chapters 7 & 8].

It is also possible to assess this feature of personal resourcefulness by observing and recording the child's ability to solve difficulties as they are presented in everyday life. A child who perceives himself to be capable of solving practical problems will transfer those positive experiences of self to other situations and develop an image of himself as resourceful. It is this sense of himself as a resource for himself, accumulated through experience and insight, which bolsters the child against present and future adversity. The child develops an expectation of resolution because of previous experience and a positive amplification spiral is generated based on insight and the creative ability to engage resources.

Summary To Security And Resourcefulness

Insight refers to the capacity the child has to recognise and understand the intellectual and emotional content of the experience of adversity, without becoming overwhelmed by it. The ability to recognise the magnitude of the problem and resolve it, by using those resources immediately available, or by engaging others, is the mark of the resourceful child. It is only by comprehending the true nature of the problem that the child can devise the most appropriate solution. That solution entails knowing where personal limitations lie and how to draw on other resources. The genuinely resourceful

child will not view the need to call on others as self-diminishing but as self-enhancing, on two grounds. Firstly, the strategy's effectiveness promotes the felt quality of security and the child receives great benefits from that state. Secondly, the resourceful child will perceive such recruitment as a creative response to adversity, rather than a defeat by the problem. These elements form the assessment criteria for resourcefulness.

Security And Competence

Analysis of problem-solving behaviour is a useful developmental marker and various studies have charted the relevance of this aspect of behaviour during the years of childhood. The specific focus of analysis changes according to the age of the child, but the general field of attention remains the same. Belsky et al. [1984] examined exploratory play in infants aged 12, 15 and 18 months, as did Londerville & Main [1981], who extended the age of their sample to 21 months. Matas et al. [1978] established a sample that spanned the first two years of life and focused upon problem-solving, involving a tool-using exercise which required the child to engage the assistance of his mother. Hazen & Durrett [1982], pursuing the same theme, explored the area of cognitive mapping and initiative in relation to children aged between 30 and 34 months. Easterbrooks & Goldberg [1990] assessed the argument for continuity of development and adaptation in a longitudinal study of fifty-eight children from toddler age to 6 years.

Problem-solving remains a salient issue throughout the life-cycle. It is particularly pertinent to the study of childhood bereavement because the changes generated by the loss of a parent lead to a complex series of demands being made upon the child's personal resources. These demands are made not just at the time of, or in the period immediately following the death but, because of the nature of mourning [see Chapters 4 & 5] continue to be a feature of the bereaved child's development, to a lesser or greater extent, throughout his childhood and beyond.

Motivation, mastery and enthusiasm

The child who is able to resolve the posed problem is often labelled as 'competent' and, although this term implies a practical element which is not wholly appropriate to bereavement, it is a descriptive term, aspects of which which warrant closer definition. In their analysis of younger children, Belsky et al. [1984] define competence as the theoretical capability of the child: they develop the concept further to incorporate the element of 'motivation' which is described as the force within the individual that drives him beyond routine levels of achievement. It is this motivational element, termed 'executive capacity', that describes the capacity the child has to exhibit initiative.

Hazen & Durrett [1982] also incorporate aspects of motivation and inventiveness in their definition of competence. Their results lead them to conclude that the child who displays active, independent exploration of his environment is more able to build on the information received from that experience than his more passive counterpart. The more adventurous child gains more information about the environment and this enables him to make independent decisions about possible solutions to problems. In effect, the child who is open to new experiences gains insight through initiative.

Matas et al.[1978] define competence, in relation to the 12-18 month-old child, as the ability the child has to explore and gain mastery of the social and inanimate environment, because these are the central tasks for this age period. For the two-year-old the tasks are different and are defined as the ability the child has to function autonomously "...in terms of affective involvement and problem-solving style." (p.548). The emphasis is upon the pattern of behaviour, the style of approach rather than specific behaviours. This perspective echoes Hinde's hypothesis that a global view of the parent-child relationship will give a more accurate picture of the quality of the attachment, rather than focusing down upon the minutiae of particular interactions.

As the child matures so the definition alters to accommodate the changing developmental

tasks. Arend et al.[1979], drawing upon Block & Block's research into the stability of individual differences in functioning in early childhood, advocate a competence construct for the two-year-old which centres on the notions of 'ego-resiliency' and 'ego-control'. The former refers to the ability the child has to respond "flexibly, persistently, and resourcefully", and the latter to the ability to contain, "..impulses, feelings, and desires."(p.951). The competent pre-schooler is characteristically:

"...enthusiastically involved with school tasks and peers; is (affectively) expressive in situationally appropriate ways; and is organised, persistent, and flexible when when encountering problems and stress."

p. 958.

Easterbrooks & Goldberg developed a definition applicable to six-year-olds which built on the one devised by Arend, Gove and Sroufe. The competent, secure six-year-old is defined as a person who displays high levels of ego resiliency with moderate levels of ego-control. It is argued that a moderate level of ego-control demonstrates a balanced adaptation to conflict. An association was found between less ego-resilience [i.e. a reduced ability to respond flexibly] and over or under ego-control [i.e. excessively restricted or inappropriately impulsive patterns of behaviour] and insecure parent-child attachments, thereby supporting the definition of competence for this age group as containing the prescribed balance.

Internalising competence : the resourceful child

Although the majority of definitions of competence have arisen from task-centred studies, it has been shown that this is not an inappropriate base from which to draw more general conclusions about the developing child's abilities. This has been possible because of the designs of the exercises which have accommodated affectional, as well as cognitive factors relevant to the developmental period of the samples' subjects. The discussion arising from the data highlights the need to have a flexible approach to competence and to include all relevant aspects of a child's functioning at any one stage, not just his ability to perform or demonstrate certain skills.

The data suggest that a developmental definition of competence provides the most appropriate context for the construct. Competence in the resolution of practical problems, the mastery of the inanimate, becomes integrated into the child's self-perception and his perception and expectations of others. Thus the competent infant becomes the resourceful child. The resourceful child is one who has a realistic sense of his own ability and is motivated to initiate a solution to what is perceived to be a manageable challenge. The child will not retreat from that challenge at the first setback but will adopt a flexible attitude to possible solutions until it becomes apparent that his personal capabilities are not a match for the problem. In those circumstances, recruiting others' assistance will be viewed by him as a positive, creative solution to the problem.

A resourceful attitude

All the research studies cited above have found a strong association between competence and security of attachment. The securely attached child not only manifests greater competence with problem-solving than the insecure child, but the component behaviours of competence are clearly outlined and, combined with the range of attitudes attributable to the competent child, create an index of measurable variables of resourcefulness.

The resourceful child displays confident curiosity within exploration and an enthusiasm for the perceived task which is approached in an organised fashion. He is less easily distracted or frustrated than the insecure child and shows greater powers of concentration. Through satisfying exploration, the resourceful child becomes more advanced developmentally than his insecure peers. This difference is reflected in the capacity for imaginative, symbolic play which in turn has been shown to enhance the development of language [Jacobson & Frye 1991]. A cyclical pattern of reinforcement has been proposed by Arend et al.[1979], whereby the early experience of mastery leads to early self-confidence in the child. This self-confidence encourages greater positive engagement with the environment and further satisfying experiences, which

lead to greater self-confidence and further mastery. This model is supported by Hazen & Durrett [1982], and is in accord with the concept of the development of internal working models, [Bowlby 1988: Bretherton 1988: Main, Kaplan & Cassidy 1985].

Summary Of Security And Competence

The competent, resourceful child experiences the world fully, can assimilate information, use it creatively and welcomes the opportunities challenges provide to stretch himself further. The association between this cluster of behaviours in children and security of attachment supports the hypothesis that a measure of competence and resourcefulness, as one element in the assessment of the effectiveness of interventions with bereaved children, is indicative of the quality of felt security for the child.

Security And Sociability

The literature reveals that there is a positive association between the quality of felt security and social skills. The secure child is more appropriately compliant, [Grossmann & Grossmann 1991: Londerville & Main 1981: Matas et al. 1978] and less likely to express negative emotions, [Easterbrooks & Goldberg 1990] than the insecure child. These characteristics contribute to making him a more attractive playmate or friend to his peers. It is also possible that the secure child has a greater sense of trust in the world and consequently can commit himself to social relationships with more ease than his more insecure counterpart.

Developmental context of sociability

The drive towards sociability is manifested in the child from a very early age. Attachment behaviours in the infant elicit and maintain proximity with the parent in order to gain protection and to be nurtured. The infant learns to adapt the nature and pattern of those behaviours according to the responses generated by them in the parent. This pattern of behaviours is adapted during the years of early childhood to accommodate the changing needs of the developing child for social relationships. It is

proposed that, in accordance with the concept of internal working models, the child who has a secure attachment with his parent will internalise that experience and extend it to his expectations of others. Therefore, the older child learns through experience how to behave in a social context in order to gain and maintain comfortable proximity with chosen others. In this way he establishes different types of non-familial relationships [e.g. friends, acquaintances, teachers, relatives] which can be a potential source of support in times of stress.

It is assumed that the secure child will be able to construct and gain access to this network more easily and effectively than the insecure child because of the typical characteristics of each. It is proposed that the bereaved child will need more personal support than other children because of the threat to security that bereavement poses. If this is so, then a measure of sociability in a bereaved child of any age will be an effective index of security.

Empirical studies of sociability in children

Investigations into the association between sociability and security in children have produced a body of research which has analysed this field of behaviour at all periods of development. Thompson & Lamb [1983] examined the relationship between stranger sociability and attachment status within a sample of infants aged between 12.5 and 19.5 months. Their data lead them to conclude that, "...social responsiveness to an unfamiliar adult and the security of the infant-mother attachment relationship are associated, both in their consistent interrelationships at two ages as well as their temporal consistency." (p.189). Their findings reflected those of Main & Weston's [1981] research into the relationship between different attachment status with each parent and the readiness to establish new relationships in a sample of children of a similar age. Their data suggested that a secure attachment with one parent mitigated the effects of an insecure attachment with the other and was a sufficient source of security for the child to feel confident enough to establish a friendly relationship with a stranger. The insecure children in both these samples, and particularly in the former,

were shown to have a social style which was least suited to interactions with strangers. It was suggested that it was the child's pre-occupation with maintaining proximity with his mother that inhibited his behaviour.

Izard et al.[1991] investigated similar issues in children aged between 2.5 and 5 years. They too found that securely attached children were able to interact more freely with a stranger and were friendlier than insecure children. Grossmann & Grossmann's [1991] longitudinal study investigated various aspects of the effects of the secure attachment upon the child's development. Their continuous sample spanned the first ten years of life and their analysis of sociability largely concurred with those already cited. They describe ten-year-old, secure children as having more trustworthy and reliable friends than ten-year-old, insecure children. The latter group reported having either no friends or so many that they could not be named. This group also reported frequent experiences of being ridiculed by their peers or being excluded from peer activities. (All these statements were congruent with parental reports.) These findings lead the Grossmanns to conclude that, "...early security seems to be reflected at ten years in a general confidence in oneself, one's friends, and in potential supporters."(p.108).

Summary Of Security And Social Behaviours

Sociability is an established feature of behaviour in children of all ages. It has been shown to be closely associated with attachment status in the early years and research findings have shown that, for the older child, competence in social behaviour alters in relation to changes in attachment status [Grossmann &Grossmann 1991: Main &Weston 1981: Park &Waters 1989: Youngblade &Belsky 1992]. This supports the hypothesis that there is a connection between the child's personal and social milieu and validates the statement that, although the suggested measures of security can be seen as separate entities, they are all so closely interlinked and inter-co-ordinated that they readily construct a coherent picture of the child, not only at one particular age, but form a criterion applicable to any age.

The sociable child is one who can form enduring, reliable relationships with peers. The nature of the friendships reflect the child's ability to exercise ego-control and so be appropriately compliant and responsive. This leads to a relatively harmonious relationship, one which does not need rigid rules or routines and one which encourages the sharing of both toys and trust. Park & Waters [1989] suggest that it is these, "...stylistic aspects of social interaction or competence (which) are most closely related to security of attachment."(p.1080). This view of friendships is in accord with Hinde's proposal that we view relationships globally rather than by their discreet behaviours, that we assess the pattern rather than the particular.

Security And The Quality Of Communication

The third factor within the assessment criterion of security is the child's ability to establish open emotional communication. Bowlby [1991] viewed communication as the key to a good parent-child relationship. He reasoned that communication was the vehicle for emotion and that the principal function of emotion was to communicate with the self and others "...the current motivational state of the individual." (p.294). By this process, the individual gains greater self-knowledge and awareness of the implications of actions and feelings. Bowlby proposed that only by the actual expression of emotion will the individual come to a real understanding of the self and others. This is especially pertinent to bereaved children. The experience of loss is accommodated and resolved through the process of mourning which, I propose, is in part a process of establishing internal continuing conversations, self-to-self and self-to-deceased, about the significance of the loss, and external conversations with trusted others about its significance and effects.

It is proposed that there is a positive association between the quality of security within the parent-child attachment and the child's ability to establish open emotional communication which is particularly significant for the bereaved child and a marker of the security of the parent-child relationship.

The dynamics of parent-child communication

The effectiveness and quality of the communication is not determined by the child's language skills but is a reflection of the parent's response to the child's wish and need for self-expression, and the parent's ability to encourage that in all its forms.

Therefore, it follows that any restrictions or conditions imposed upon the initiation of open emotional communication are the result of the parent's responsiveness and not determined by child-related properties.

Through the repeated experience of his parent's response to emotional expression, the child comes to expect a certain pattern or quality of receptivity [Bretherton 1988 & 1990 : Main, Kaplan & Cassidy 1985 : Shouldice & Stevenson-Hinde 1992]. This expectation colours the child's willingness to divulge intimate or intense emotions, and influences his readiness to express feelings and thoughts which he fears may not be readily acceptable [e.g. anger or resentment towards the deceased or the surviving parent]. Bereaved children typically experience emotions, thoughts and memories which, because of their intensity, can be overwhelming at times. The child's ability to establish a spontaneous, free-flowing and continuous conversation about his personal experience of loss is critical to the establishment and maintenance of his mourning. Therefore, the quality of security within the child's attachment will be reflected in the ease with which they are able to establish and maintain open emotional communication, which in turn will have a direct bearing upon the child's ability to mourn.

The quality of the conversation

Communication within the secure attachment is characterised by a free-flowing discourse. The conversation established in the early days and weeks of the infant's life evolves in harmony with the child's developing needs. It demands flexibility, and situationally appropriate responses from the parent. Successful communication does not depend solely upon the mechanics of recognition and response, but rather upon the quality of attention: there is a great difference between the parent who genuinely cares about her child and the parent who caters for her child's needs. Grossmann and

Grossmann [1991], analysing the style of mother-infant interactions, found that features of the mother's behaviour pertaining to affectionate warmth, both in her physical manner and the tonal quality of her voice, were strongly associated with the child's willingness and ability to express emotions freely. The Grossmanns' findings supported those of Londerville and Main [1981], who found that mothers of securely attached children were gentler in their interactions and warmer in their vocal tones than mothers of insecure children. They also found a positive relationship between this parental style and levels of compliance and co-operation in the child, both with the parent and with strangers. These studies indicate that it is not enough just to give the child an opportunity to talk, but that the manner in which the opportunity is presented and conducted determines whether or not the child is able to respond. This has particular significance to social work practice and the manner in which therapeutic interventions are presented to the child. This is discussed in Chapter 8 and the ethical and practice issues are elaborated in Appendix 1, sections a & b.

The Secure Child's Conversational Style

It has already been established that there is a strong link between parental sensitivity and security of attachment. It would be logical to suppose that those attributes which characterise the sensitive parent are also instrumental in the development of good communication between the parent and child, and predictive of the child's view of himself [i.e. a manifestation of self-to-self conversation]. A warm and fluent style affords the child the opportunity to explore emotional experiences through language, contemplation and experimentation. By this process the child develops a balanced, realistic view of himself, tolerating personal imperfections and those within the mother with relative equanimity [Bretherton 1988: Cassidy 1988: Main, Kaplan & Cassidy 1985: Shouldice & Stevenson-Hinde 1992].

Securely attached children of all ages have been found to express less negative affect, typically whining, crying and aggression, [Izard et al. 1991: Matas et al. 1978: Radke-Yarrow et al. 1985: Vaughn et al. 1992], except in circumstances where it could be

defined as a competent, appropriate regulator of distress [Fish & Belsky 1991: Londerville & Main 1981: Park & Waters 1989: Shouldice & Stevenson-Hinde 1992: Vaughn et al. 1989: Weber et al. 1986]. The secure child, based on his previous experiences, is confident that his distress will be recognised and accommodated by his parent, whereas the insecure child has no such expectations. Grossmann and Grossmann [1991] consistently found this to be evidence of security in their longitudinal study. Their exploration of the issue culminated in their description of the secure ten-year-old child as a person who can readily admit to having negative feelings about his parents because he is not threatened or overwhelmed by their intensity. The secure ten-year-old's conversation about his feelings was shown to be more coherent and extensive than his insecure peer, so confirming fluency and insight as a typical quality, as cited by Bowlby [1991] and others [see above].

The process of mourning requires the bereaved individual to review and examine the disrupted relationship, to explore every tolerable aspect at the time and defend against the intolerable aspects. In effect it is a process by which the mourner establishes a conversation about the loss and, like other conversations, the mourning conversation can be assessed within the same criteria as an indicator of security. The level and extent of defendedness within mourning defines the nature of the mourned relationship and indicates the quality of felt security of the mourner. Therefore the nature and style of the mourning conversation is an indicator of security within the parent-child relationship and assessed by fluency and depth of exploration. This is examined in more detail in the following chapter.

Summary

The secure individual is able to function relatively unburdened by concerns for his personal safety and well-being because he has confidence in himself as a resource for himself and, failing that, is confident in the ability of others to act on his behalf should he need additional resources. He is simultaneously an independent and dependent being and content within both status.

This definition contains the elements of personal competence and sociability which were examined in more detail within the context of the parent-child relationship. The parent, being the dominant partner in the dyad, has the power to influence and determine the quality of security for the child. The child can not compensate for parental deficiencies and is consequently vulnerable to the parent's own vulnerabilities. The parent's sensitivity is assessed by her empathy for the child which is demonstrated in her judgement about when and how to act on his behalf, and in her conversational synchrony. The child learns to expect a range of responses and moods but the secure parent-child relationship is characterised by a dynamic stability which describes a reasonable limit to that range.

The secure child perceives himself to be a resource for himself. This prime factor is based on his experience of himself through the world and vice versa. He is able to assess potential resources and develop insight. He may be practically competent but, more importantly, the secure child is psychologically competent and resourceful.

The secure child is able to form and sustain a range of social relationships. He establishes different levels of conversation and trust in each one and is able to manage these with appropriate boundaries. The secure parent-child relationship is characterised by a behavioural synchrony, genuine attentiveness and responsiveness. The securely attached child is able to establish a continuing conversation with his parent through the media of language and behaviour. The conversation is fluent, warm and free-flowing, and leads the child to develop a balanced and realistic view of himself and others. The content of communication between parent and child is characterised by less mutual expression of negative affect than in insecure dyads but, when the secure child is distressed and exhibits such behaviour, then it is in order and in expectation of receiving comfort. There is a marked difference in the quality of language and comprehension between secure and insecure children, [Jacobson & Frye 1991] and this is reflected in a more coherent style and extensive exploration of the subject.

Conclusion

The qualities that characterise a secure child and parent-child relationship have been examined within the literature and found to be compatible with the requirements of the secure base upon which the mourning conversation is constructed.

The elements of parental sensitivity, competence and social behaviours have been distilled as the characteristic elements of the secure parent-child relationship. The quality of these elements is expected to determine the extent to which the bereaved child is able to develop his mourning conversation, the nature of which is discussed in the following chapter. The secure parent-child relationship and the initiation of the child's mourning form the basis for the assessment of effectiveness of the models of intervention and will be integrated into the rationale of data collection and data analysis in this research study.

Chapter 5

Developing The Adjusted Attachment Model Of Mourning

Introduction

In this chapter the concept of mourning is examined. A brief overview of some of the more prominent models of mourning highlights the difficulty that has surrounded the construction of a universal model which is equally applicable to adults and children. It is proposed that it is neither possible nor desirable to define mourning as a single process. A model of mourning [the adjusted attachment model] is proposed which describes mourning as a continuing process of maintaining an attachment to the dead person based upon two internal conversations [self-to-self and self-to-deceased] and external conversations with significant, trusted others. The hypothesis that adult and childhood mourning are essentially the same process and have the same objectives will be discussed and related to the universality of attachment needs.

It is proposed that the developmental needs of children create essential differences between adult and child mourning and that although they have some features in common there are also some significant differences. It is proposed that these differences indicate a need to define a child's mourning in terms which recognise the special means whereby this process is initiated sustained and communicated. This is examined and discussed in more detail in the following chapter.

Models of Mourning

Introduction

The need to grieve the loss of a loved person has long been recognised within literature and the arts; it is a theme which has been a perennial concern of major authors and poets. From the earliest formal writing, through Mallory, Milton and the metaphysical poets, to contemporary works, the theme of grief and mourning continues to stimulate creative thought. Marvell's poem, 'Eyes and Tears' (c. 1650), beautifully encapsulates the paradox of grief, that only through the experience of deep sadness can the bereaved

person come to joy.

Yet happy they whom Grief doth bless,
That weep the more, and see the less:
And, to preserve their sight more true,
Bathe still their Eyes in their own Dew.

(The Metaphysical Poets. pp.242-3.
Penguin. 1970)

Although there has long been an acute awareness of the impact of loss and mourning upon the individual within the arts, it was not until relatively recently that a scientific perspective upon the experience of loss has been developed. It is as a result of this awareness that a variety of models of mourning have been developed.

Defining the terms

In preparation for the following discussion I have set out the definitions of the terms which will be used throughout this chapter. I will use the term 'model' to refer to a specific theoretical framework pertaining, in this instance, to mourning. A model is built upon a theoretical foundation which reflects the thinking of a particular school and which defines the processes involved within mourning.

The process of mourning is comprised of the cognitive and emotional adjustments which the bereaved person is compelled to make in order to accommodate the experience of loss; these separate incidents are defined as grief experiences and combine to form the individual's pattern of mourning. Grief is characterised by intense emotional and cognitive episodes specifically related to the bereavement. The experience of grief is essentially different to other emotional and cognitive experiences, it often overwhelms the mourner by both its sudden onset and intensity. The sequential experiences of grief combine to form the bereaved person's mourning process. It is recognised that the frequency and intensity of grief varies over time for adults and it is often the case that changes in the pattern are perceived as indicators of resolution.

The resolution of mourning is more difficult to define but the various models discussed

and their proposed resolutions will be explored. The resolutions will be referred to as the model's 'goals' or 'aims'.

Established models of mourning

It seems that for many models the goals of mourning ultimately define the nature of the process. With this in mind, I will briefly outline some of the more notable models of mourning which have been proposed within the literature with a view to comparing them with models of childhood mourning.

Psychodynamic model

Freud's seminal paper, 'Mourning and Melancholia', recognised a special process in adults that followed the loss through death of an emotionally significant person. He defined mourning as a process of decathexis through a series of psychological adaptations. The process resulted in the bereaved person overcoming the emotional trauma of loss and, freed of that emotional tie being able to reinvest in other relationships. Mourning was accomplished by the following means:

Each single one of the memories and expectations in which the libido is bound to the object is brought up and hyper-cathexed and detachment of the libido is accomplished in respect of it..... when the work of mourning is completed the ego becomes free and uninhibited again."

(p.245)

The premise of Freud's psychodynamic model of mourning, a sequential process of attenuating and eventually relinquishing ties to the deceased, has been widely adopted by the major authors in this area, (Bowlby 1969, 1985; Deutsch 1937; Miller 1971; Nagera 1970; Parkes 1972; Raphael 1984 ; Wolfenstein 1966.) Freud's theory has been adapted and developed and there has been considerable discussion around the resolution of mourning, which is discussed in a following section.

Sequential or stages models

The sequential models propose that the mourner progresses through several stages of

cognitive and emotional adaptations until they are able to accept the fact of their loss. Once the reality of the loss has been assimilated the emotional pain of that reality has to be experienced in order for the bereaved person to begin to attenuate the bonds of that relationship. Two tasks then simultaneously face the mourner, the tasks of emotional disinvestment in the deceased and reinvestment in other relationships.

The stages follow a predictable if not totally clear cut trajectory from shocked disbelief, through the pain of realisation, acceptance and gradual disengagement from the lost relationship, to the final stage of detachment and reinvestment in other love relationships. On the whole it is not suggested that the passage from one to the next is smoothly linear. The process is characterised by a degree of oscillation, reaching one stage and then returning to a previous one, but the emphasis of the model is placed on an overall pattern of progress through moving forward and, in moving forward, the mourner moves away from the dead person. This model implies that there is a pathway and that the route has a direction and an ending. There is an expectation that the process will take an amount of time to achieve and implicit within the model is that any marked or excessive deviation from the process' pathway is classified as pathological.

The medical model

The sequential model is incorporated within the medical model which lays great emphasis upon bereavement as an injury. Bereavement is viewed as a 'wound' to the psyche, an assault upon the psychological and cognitive integrity of the individual, which needs to be attended to and healed by the mourner. If the 'wound' does not appear to be responding within the expected parameters of 'healing' then it needs to be 'treated' with psychotherapeutic remedies.

Although this would seem to be a reasonable model within which interventions could be structured, it has the central flaw of implied illness. Mourning is seen as a medical condition, a state of unhealthy imbalance which needs to be remedied, treated, made better in some way. The mourner assumes the identity of a patient and the mourner

who experiences particular difficulties within his grief is labelled as 'sick'.

There is an uncomfortable stigma associated with that 'sick' status in these circumstances, one which is not usually a part of other illness states. The notion that extremes of affect and behaviour in these circumstances is in some way indicative of pathological disturbance does not serve the best interests of the uncertain identity of the bereaved person, for whom grief is only a part of his emotional and cognitive life. Admittedly, in the early stages and at times of raised sensitivity to the loss, grief is a major part of the bereaved's existence and may indeed temporarily consume all other aspects of his being. However, to define that experience in terms of illness creates an all-embracing identity which does not allow the bereaved person easily to establish the autonomy and creative solutions necessary for the resolution of his unique experience.

It is also an inaccurate description of mourning which, as will be elaborated in a later passage, is not a progressive sequence of experiences but a dynamic state of continuing integration of the loss within the mourner's model of the world. Mourning is a state of flux, of simultaneously looking backwards and forwards in order to define the present. The medical model also attributes an unhelpful identity, an identity which can easily become assimilated and cause longer-term problems, especially when it becomes appropriate for the mourner to embrace a new identity and independence.

Proscribed outcomes of mourning

The medical model creates certain expectations among professionals involved in the caring services and in the wider community. The meaning and terms of mourning that emanate from this model's premises create a perspective upon the process which simultaneously defines its desired outcome of emotional and cognitive detachment from the deceased and the parameters within which this process of 'normal' mourning is set. This process, which I will refer to as the 'colloquial' view of mourning, has been disseminated within the broader community and is prevalent among non-bereaved people, who place the locus responsibility for well-being with the mourner.

As was shown in the previous chapter, children are at risk of having the parameters of acceptable behaviour defined for them from a number of sources and so it is, to a degree, with bereaved adults. The societal tendency to limit the period of mourning to a comfortable year following the death and to restrict the range of tolerable behaviours prescribe the boundaries of mourning. The medical model embodies all those elements within its structure. Although it may provide a useful framework within which to judge the impact of bereavement upon the mourner, it does not allow for individual needs and timescales to develop within that experience, neither does it allow for mourning to be a continuing process because there is an essential ending proscribed as resolution. As will be discussed later, the tenets of this model contradict the needs of childhood mourning and, therefore, has a restricted application within clinical interventions in this area.

There is also another aspect to the medical model which does not rest easily within a positive view of the values associated with mourning and that is the outcome of healing. If bereavement is a 'wound' and mourning is the natural healing process of that wound, then the outcome of healthy mourning will be wholeness accompanied by some emotional scarring. Admittedly the imagery is employed symbolically to enhance the thesis, but the medical model clearly indicates that the bereaved person retains some inelasticity of psyche as a healthy outcome and thus is always damaged by the experience of loss. As Schneider (1981) points out:

“These models can often represent a reductionistic notion of grief, and only examine the biological, emotional or behavioural manifestations of grief.”

(p.43)

Tolerable unease as a reasonable resolution

The notion that mourning has a beginning and an end, and that the end is always the goal of balanced inner contentment, creates an impossible criterion of successful resolution for many mourners, for whom that may not have been their original position. It also diminishes the value of unease. Psychological well-being does not have to be defined in terms of perfect inner harmony. Brady's paradigm has special relevance in this regard

She recognised that the rejection of the "...legitimacy of distress and suffering fails to take account of the vital role which both play in stimulating growth and maturity and underestimates the resilience of human beings." [Brady 1990].

Compare the resolution of the medical model with Pollock's [1978, 1988] model of creative resolution, the antithesis of the medical model's resolution. Pollock's model concentrates upon internalisation as the dominant process. It is one which is much more in sympathy with the dynamic flow that characterises mourning and the potential the experience of loss has to release creative energy within the individual. He views mourning as a creative process, which demands that the mourner finds new solutions and discovers previously unknown, or barely recognised aspects of self, in order to resolve the experience of loss. Pollock defines the process of mourning as one which, although sequential in nature, does not have distinct, set stages. The phases, such as they are, are characterised by various affectional states and have three possible outcomes: successful completion with a creative outcome, an arrest at a particular stage, or a pathological, depressive outcome which is an "affective matrix" of low self-esteem, apathy, anxiety, guilt and remorse. Creativity, whether it results in a concrete work of art, contribution to scientific thinking, or is a less tangible achievement, is not only associated with the optimal outcome but is an integral part of the process of mourning. Creativity is inspired "...phylogenetically in order to facilitate survival of the individual and the group..." [1978 p.263]. Thus Pollock's model allows for incomplete mourning and creativity to go hand in hand, a theme which will be touched on again when the issue of children's mourning is discussed.

There is a school of opinion which defines mourning as a process which has the primary aim of the decathexis of the the lost relationship. This model of mourning, founded on Freud's thesis, defines the ultimate aim of mourning to be the ability of the individual to relinquish all ties with the deceased through the processes of reality-testing, acceptance of the loss and separation of memories from the hope of reunion. [Bowlby 1980; Deutsch 1937; Nagera 1970; Wolfenstein 1966]. The primary pre-

condition of this model is the presence of the reality principle which permits total acceptance of the irrevocability of the loss. Only when this has been achieved can mourning start in any meaningful way. The mourning process that stems from this closely follows the route of the sequential model. What is of particular interest here is the importance attributed to the ability of the mourner to remove all emotional investment from the deceased, to establish a position of emotional distance and, in so doing, attenuate any connections there may have been between them. Although it will be argued that this is an inappropriate aim for children, it is also clearly an unrealistic aim for many adults, particularly elderly adults.

Couples who have had a close, loving relationship for thirty, forty or more years, are highly unlikely to be able or even want to separate themselves from their dead partner. The emphasis this model lays upon the necessity to do so in order to resolve the loss, creates extra stress within the bereaved, both from the disseminated colloquial view and the opinions this model supports within the caring professions. Combined with the points made by Schneider [1981] and Brady [1990] about the need to redefine what is psychological well-being, it presents an integral problem when trying to formulate reasonable therapeutic goals for children and adults alike.

My practice experience has been that, rather than aim to detach emotionally from the deceased, the mourner seems to struggle to find some new closeness. Mourning becomes a process of trying to achieve a state of inner balance, an homeostasis that allows the deceased to be held contentedly within, whilst acknowledging that the relationship can never be resumed in its previous form. It is very rare for the mourner to feel at peace with the world when they are no longer able to feel close to the deceased, in fact the reverse seems to be true.

The internalisation model of mourning recognises the value of this and describes a process of remembering by the mourner which realistically accommodates the loss, whilst simultaneously allowing a continuation of the severed relationship in an altered

form. [Altschul 1988; Baker et al 1992; Hamilton 1988; Palombo 1981; Vaillant 1985; Wortman & Silver 1989]. Vaillant's eloquent article, 'Loss As a Metaphor For Attachment', encapsulates this school's argument. He proposes that the ability to internalise the deceased is the critical aspect of resolution of the loss and that, "It is loving that saves us, not loss that destroys us..." [p.61]. He clearly states that the ability to remember coupled with a good quality of attachment define the outcome of mourning.

Grief work is remembering, not forgetting; it is a process of internalising, not extruding. Attachment, if properly treated, provides us strength forever.
[p.63].

and this hypothesis is echoed in the work of Baker et al.:

Thus, it appears that a reworking of the relationship is essential to the bereavement process, but that detachment per se is not. In fact, the ability to maintain an internal attachment to the lost person may be a sign of healthy recovery, not of pathology.
[p.109].

This view provides us with a model of mourning which embraces the basic tenets of attachment security and creates a value for the principle of proximity enhancing security even with the dead person.

The model stresses the importance of the construction and reconstruction of internal working models of the mourner. The altered world and self-images must be adapted, and this constitutes the continuing task of the process of internalisation. The act of remembering and holding those memories demands that the mourner commits herself to the painful task of accepting the separation and its irrevocability, without placing undue importance upon the necessity for detachment. It is this model which most closely addresses the issues common to adult and child bereavement whilst allowing a developmental perspective for children.

Savin (1987) describes mourning as a "labour of love" which brings the bereaved to a

state where the dead person can be held internally without that inhibiting the formation of new relationships or from having a "...zest for life and a joy in living." [p.134]. This resolution is most appropriate for childhood mourning because it contains the essence of what constitutes healthy, happy childhood. It is the quality of internalisation achieved by the mourner which determines the quality of the resolution, if indeed 'resolution' is the right term to apply to this state.

So far in this chapter I have examined several models of mourning. It has been argued that those which propose the goal of mourning to be the attenuation and relinquishing of emotional ties with the deceased provide a theoretical framework which poses some unanswerable questions. The medical model makes assumptions about health and well-being, and creates considerable difficulties in relation to what is a good resolution. Pollock's model of creative internalisation seems to suggest a more sympathetic approach to the issues involved. It is with this model in mind that I will outline my thinking in this area.

The adjusted attachment model of mourning

The model which I have constructed is one which embraces the internalisation model and stresses the importance of attachment needs. It is based on the premise that bereavement is a continuing state of adjusting to the loss, which is particularly relevant to our understanding of the implications for children. The premises of the model indicate the parameters and foci of social work intervention.

I became aware from both personal and professional experiences of bereavement that the bereaved person struggles to maintain a realistic relationship with the dead person. Mourning is not motivated by a desire to relinquish the person or even to create distance between the two people, but is a struggle to hold the deceased within. It is the goal of altered holding which is the critical element within the mourning process.

Mourning becomes a process which seeks to create an environment which incorporates

the dead person without the energy that involves inhibiting the bereaved person from finding 'zest and joy' in the world. The 'adjusted attachment' which the mourning process constructs, is one which acknowledges the end of the previous form of that attachment and the physical separation that the death implies, whilst knowing that death is not the end of the meaning of that attachment. By being able to hold that person who has died, the bereaved person can still love them and receive love from them. There is still a dynamic flow between the two, it is different, but it is still there: it has become an 'adjusted attachment'.

Therefore mourning can never be a finite process with a resolution because there is no end to it. It is not a case of trying to 'let go', as many schools advocate, instead it is a life-long commitment to the creative process of maintaining a conversation with the dead person appropriate to the altered status of the relationship. It is a creative process because, as the bereaved person develops through life, so his relationship with the deceased changes and this requires a series of creative adjustments on the part of the bereaved. It is a paradox that the two who are apart grow together. [In this instance 'together' refers to the continued synchrony or asynchrony (Hinde 1979) of the relationship].

This model incorporates the reality-principle and accepts that the deceased-bereaved relationship needs to be adjusted accordingly, but the essential difference lies in the direction of that adjustment. Whereas most models see the deceased disappearing, much like the Cheshire Cat, until only the tolerable smile is left, my model proposes that mourning aims to hold, contentedly and uneasily, the whole person within. The aim of mourning is to maintain a whole awareness of the deceased in order that he can continue to be an interactive part of the bereaved's life.

It does not propose that the ultimate goal is for the bereaved person to feel at ease with that state of being, that would be unrealistic. It is reasonable for the bereaved person to feel a degree of emotional and cognitive unease and still to be said to be adjusted

within their bereavement. As proposed by Brady [1990], psychological well-being is too rigidly and unrealistically defined when it excludes the role of tolerable unease. That state of unease is very appropriate to bereavement. The emotional, cognitive and philosophical challenges imposed upon the bereaved are too overwhelming ever to be assimilated totally and comfortably. I would suggest that nobody who has been bereaved ever feels completely at ease with that experience, or its continuing implications.

Points of contact between the adjusted attachment model and attachment theory

This framework for understanding mourning explains why there is such a great similarity between attachment behaviours and mourning behaviours. Both situations stimulate the same responses and it is not because the dead person is irretrievably lost that the bereaved ceases to call out and search for them, but because they have found them in another form. Mourning/attachment behaviour becomes less active because the mourner has been able to retrieve the deceased, hold them safely and feel securely held by them.

This model provides a framework for understanding both adults' and children's responses to loss through death and its ability to do so is a reflection upon the integrity and universality of attachment theory. Attachment theory illuminates the human condition and explains behaviour in terms of the basic needs of each one of us, and so it is with mourning behaviours. The mourner accepts the separation of death, exhibits heightened attachment behaviours and creatively devises a new way of continuing to be with the deceased. It is the achievement of this 'adjusted attachment' through internalisation which creates an adjusted proximity and reduces the attachment behaviours within mourning.

This model encourages a positive definition of times of heightened mourning attachment behaviours, even when these occur months or years after the death. As time passes and the bereaved person develops and grows so there is a need to review the nature of that 'adjusted attachment': it is part of the continuing commitment to maturation. As the

individual needs to assimilate experiences of the world, so the internal working model is adjusted to incorporate them. It is at these times that the balance of internal energies is changed. The bereaved person needs to dedicate attention to the troubling experience of bereavement in order to be able to assimilate the adjusted attachment within the revised internal model. Thus the conclusion that mourning is never finished becomes obvious.

Summary of the adjusted attachment model of mourning

My model posits a view of mourning which is a dynamic relationship of thought and feeling between the bereaved and deceased, which will have times of lesser or greater intensity and will always be part of the bereaved's life. This is not to say that the bereaved is condemned to mourning, rather that, like all significant attachments, the adjusted attachment needs to be considered and reviewed from time to time. In this way the bereaved gives value and meaning to what has been lost and what is still present. Therefore, the notion of open emotional communication is not only pertinent to the surviving parent-child relationship, but also has a role within the dead parent-child relationship as the 'mourning conversation'. This will be explored in greater detail in a subsequent chapter.

As demonstrated in the previous chapter, confidence in the self and the environment to encourage and support exploration is the primary feature of a secure child and an essential requirement for healthy development. Any model of childhood mourning must have this as its foundation accompanied by a developmental perspective which allows the child to grow into and through their bereavement, age-appropriately. This will be explored in greater detail in the following chapter.

Summary

The subject of the applicability of traditional adult models of mourning to the child's experience has been discussed with reference to the extensive debate within the literature. It has been shown that the classic model, based upon Freud's thesis and

widely applied to adult mourning, is not the preferred model here. The reason for it being rejected is the premise that deatathesis is the primary aim of mourning. I have proposed that mourning is a process that gradually integrates, rather than attenuates the attachment. It has also been proposed that as soon as the child is able to acquire a working concept of death, mourning is possible.

Conclusion

I have proposed that the resolution of mourning is not a set, achievable goal but a dynamic state of adjustment to the loss of the relationship. It is a continuing process of review of what has been lost and its significance both in the present and the future. It is a state which creates a degree of unease which is recognised by the mourner to be bereavement related and is tolerable. It is a resolution to bereavement and mourning which I find to be compassionate to the individual and in empathy with the human condition. It neither places responsibility on the mourner to be 'well' or to be predominantly or exclusively bereaved, but allows a dynamic state of living with the loss.

This definition of mourning and its resolution raises questions about how children resolve bereavement. Can children mourn? What are the differences between adult and child mourning and how are they manifested? These and other issues are discussed in the following chapter.

Chapter 6

Childhood Mourning And The Adjusted Attachment Model

Introduction

In this chapter I will explore what is developmentally possible for the bereaved child to achieve in terms of mourning. To that end I will first outline the development and role of the concept of death with regard to its impact upon the child's ability to comprehend death. The contentious issue of whether children can mourn or not will be discussed in relation to the extensive debate within the literature with particular reference to some of the major hypotheses concerning the feasibility of childhood mourning. It will be shown that the process described in classic adult models is highly inappropriate to the child. It will be proposed that previous definitions of mourning have not served the child well. It will also be argued that, although children and adults have common goals within mourning, the means whereby they are achieved are affected by the developmental differences within the maturing child.

In the light of these factors a model of childhood mourning is proposed which in turn defines realistic goals for social work intervention with children who have been bereaved of a parent through degenerative illness. The intervention is based upon the secure parent-child relationship [see Chapters 2 & 3], and will be discussed in detail in Chapters 6 and 7.

A Review of the Adjusted Attachment Model of Mourning

The adjusted attachment model of mourning proposes that the resolution of bereavement is a continuing process. It is a dynamic state, a struggle to establish an adjusted attachment between the mourner and the deceased. The process is a lifelong experience which varies in intensity according to internal and external influences upon the individual. The process generates a degree of tolerable unease which is integral to the dynamic of adjustment and part of the resolution. It is proposed that it is this state of tolerable unease and continuing commitment to the adjusted attachment

which is the only reasonable goal for mourning. The ability to achieve this resolution depends upon the mourner being able to re-establish a satisfactory sense of security within the world in order to initiate mourning. Therefore, the child's ability to mourn depends upon the establishment of a sensitive environment and requires it to continue, developmentally appropriately, in order for the process of adjusted attachment to be maintained.

In the previous chapter, various models of mourning have been reviewed and discussed. As a result the creative internalisation model was developed within the context of attachment theory to form the adjusted attachment model. I have proposed that this is the most appropriate model for adults and children and is the preferred theoretical framework for social work interventions with bereaved families. It will be argued that, provided with the mourning environment, most children can fully embrace this experience within a developmental framework. The discussion that arises will pursue a clearer appreciation of those behaviours which can be expected as a part of a child's mourning and establish the parameters of therapeutic intervention which are incorporated in an experimental model of intervention tested in the research study, the effectiveness of which is compared to the standard cascade model.

The Development of the Concept of Death

The child's ability to mourn has been the focus of a debate which is reviewed here. I will propose that the adult template of mourning prescribes and diminishes the child's experience and that the premise that mourning can only be conducted according to adult precepts needs to be challenged.

The concept of death and the child's ability to mourn

The concept of death is multi-faceted. The nine main components which combine to construct the mature concept are acquired by the child during the normal process of maturation and development. Some authors have suggested that the infant's interest in 'peek-a-boo' games is a reflection of their earliest awareness of death issues. Although

this may be overstating the case somewhat, it has long been recognised that a child will be aware of the phenomenon of death from a very early age and display a natural curiosity in the subject. Anthony [1940] drew attention to this developmental feature in her observations of children as young as three and four years. However, an awareness of death is different to the acquisition of the concept of death and this has become an important fulcrum within the debate about the child's ability to mourn.

There is a large body of opinion which supports the view that the child needs to have developed, amongst other things, a mature concept of death before they are able to embark upon mourning. [Anthony 1940; Deutsch 1937; R. A. Furman 1964; Koocher 1986; Murphy 1986; Savin 1987; Wolfenstein 1966]. After the factor of realisation, one of the most important elements of that concept which the child needs to have assimilated is that death involves separation. This is widely considered to be one of the essential pre-requisites to mourning and, combined with an awareness of the permanence of that separation, form the basis of the 'reality-principle' of loss. This compound element is dependent upon and stems from the infant's ability to appreciate the prolonged absence of the carer and respond accordingly; a developmental feature normally acquired within the last quarter of the first year. It is upon this tenet that Furman (1974) and Bowlby (1980) base their argument that children as young as six months are able to mourn.

Separation awareness is one component of the concept of death but could be considered to be the essential element in determining the child's ability to mourn. However, there is a cluster of factors that combine to constitute the concept of death and need to be present in some form, in order for it to be possible for the child's responses to loss through death to be defined as mourning as opposed to separation responses. It is a subtle distinction because the behaviours and goals of mourning are so closely aligned with those of attachment behaviour but it is an important and necessary distinction to draw or the boundaries of mourning will be blurred and the goals of therapeutic intervention would be obfuscated by the misinterpretation of behaviours and affects.

The development of the concept of death : a review of the literature

During this century there has been a great upsurge of clinical and research interest in the area of the child's understanding of death. This interest has established a collection of data, which is continuously being re-examined and refined. The work was originally stimulated by, amongst others, Maria Nagy [1948] in her Budapest study. Nagy's study examined the the changing pattern of understanding of death among a group of three to ten-year-olds and led her to conclude that the concept developed in three distinct stages.

The first stage [3-5 years], is characterised by the belief that death is a temporary state, one which can be reversed. Children of these years believe that there are degrees of death: although the body may be buried, it can still hear, cry, grow, need nourishment, move and have feelings. Death is seen very much as a departure to another way of living. There is a marked difference between children of this age and the next set [5 -9 years] where death is personified as a 'reaper', a dark, cloaked figure who threatens disaster or an evil skeleton. The figure is always male, is the bringer of illness and the stealer of souls. It is a force outside the realms of everyday life and is associated with an element of random menace. Nagy's third stage [9+years] is characterised by the recognition that death entails the cessation of life and comes from within. It is seen as inevitable for all of us and this element of universality awakens the child to the moral and mystical implications of the phenomenon.

Nagy's theory of the development of the concept of death is closely linked with normal cognitive development and it reflects the findings of Huang and Lee [1945], regarding animism [the difference between *living* and *having life*]. They found that children normally develop a mature understanding of animism and anthropomorphism by the age of eight and a half years. That this is so is not contested; the findings have been replicated in other studies, [Anthony 1940; Piaget 1948, 1951; Safier 1964]. What is debatable is whether the child's ability to comprehend fully the implications of death is not realisable until they acquire a mature understanding of animism. This is a

critical factor in determining the feasibility of mourning in children below the age of eight years and one which will have a direct bearing upon the nature of therapeutic goals.

The studies cited have all been conducted with non-bereaved children. It would be reasonable to assume that the child who has been bereaved during their early years has had a different experience of 'life' and 'death' issues than the non-bereaved child and has an altered developmental awareness. This argument can be extended to embrace all those children who experience loss, either intimate or removed, as part of their daily life [e.g. war, starvation, persecution, genocide etc.].

The need for precocious maturity in the bereaved child

The 'computer theory', as Safier [1964] terms Huang and Lee's conclusions, suggests that it is the quality of the experience and information provided in explanation that determine the child's ability to understand it and not solely the developmental process. The young child who is too immature to understand death and who is confronted by the experience, especially as the result of a prolonged illness like cancer, is more likely to develop a precocious maturity for two reasons [Koocher 1986; Lampl-de Groot 1976]. First, they will have had the appropriate experiences to accelerate their awareness of this aspect of life. Second, given the right information, they will be able to accept the implications more easily. It is the child's acceptance of the long-term implications which confirms a true appreciation of the event, not just an acceptance of the event in the present. His ability to accept the long-term implications is manifested in his ability to mourn. The reason this is a criterion of childhood mourning is that this acceptance demonstrates the child's capacity to tolerate the cognitive and affective implications of loss, and in so doing, construct a realistic working model of the world which will enhance his sense of security in it. Acceptance helps to make sense of the experience and, thereby, makes the world more secure. Even though the emotional pain of loss may be very great, the pain of anxiety, stemming from confusion, is even greater. Therefore, the bereaved child is primed for precocious maturity through

circumstances and developmental imperatives.

One of the most enlightening pieces of research in recent years has arisen from the work of Barbara Kane. Her study [1978] drew on the previous findings of Piaget and Nagy and extended our understanding in this area. She developed a more refined and specific study than had been conducted before. She constructed a sample which accommodated the differences in experience between bereaved and non-bereaved children by age, and examined the maturation pattern in relation to nine factors. Her findings supported Piaget's model of stages of understanding, [preoperational, concrete operations and formal operations] and showed that one stage grew from and then subsumed the previous stage, thereby constructing a gradually evolving process of development. With regard to Nagy's findings, Kane did not find that children reified death, which may have been influenced by Czech culture, and she also found that children from the age of eight years consistently demonstrated a mature understanding.

There are two findings within Kane's work which are of particular interest to my practice and this study. The first is that the concept develops rapidly between three and five years of age, and plateaus between six and twelve years. By the time most children are six-years-old seven of the nine factors had been assimilated, thereby forming an almost complete concept. The seven factors which had been assimilated were:

1. Realisation - an awareness of death as an event which happens and leads to the living dying.
2. Separation - that the dead are located elsewhere.
3. Immobility - the ability the dead have to move or initiate action.
4. Irrevocability- the degree of permanence and reversibility connected with the status of death.
5. Causality - the beliefs about what brought about the state of death.
6. Dysfunctionality - the ability of the dead to have any bodily functions, other than the senses.
7. Universality - the ability to accept death as everyone's fate.

The only two which had not been acquired by the age of six years were sensitivity, which refers to ideas about mental and sensory functions, and appearance, which refers to the notions held about the presentation of the dead person.

The second finding is the conclusion drawn from the clear evidence indicating that children who had been bereaved before the age of six years experienced an accelerated development of the concept of death. The combination of these two findings support the view that children younger than eight-years-old normally have a working understanding of death. Children who have been bereaved have been exposed to a series of stimuli and through those relevant experiences can be assisted to comprehend the most important factors of the concept well before the expected age of maturity. Kane's conclusions are echoed in the work of Blubond-Langer, who studied leukaemic children. She found that the child's realisation of impending death was not age-related but strongly correlated with the child's experience of illness combined with an accumulation of stimuli relating to his and others' states of health. Both of these impressive research studies lead us to believe that the child of six years who has been bereaved of a parent through cancer, will either have acquired or be highly receptive to the acquisition of a mature concept of death because of the combination of experience and relative maturity.

Building upon this work, further studies [Lansdown & Benjamin 1985; Orbach 1985; Lansdown 1991], have shown that the majority of children of four or five-years-old, have the potential to develop a good working understanding of death in the right circumstances. The right circumstances include, "...the basic cognitive tools (and) a child free from anxiety..." [Orbach et al p.460]. The readiness with which death was accepted was directly affected by the level of cognitive ability and the extent of defensive strategies, both of which were said to reflect the level of anxiety within the child. It was shown that the acquisition of the concept of death was not a linear process but that it is a dynamic relationship between the child's cognitive ability, their experience of death and the level of anxiety prevailing at the time. Therefore, it can be

concluded that the ability to understand death is an indication of the level of felt security within the child's environment, especially with younger children.

Summary of the Development of Concept of Death

To summarise, the research findings confirm the hypothesis that it is reasonable to expect a five or six-year-old child of normal intelligence, who has been bereaved of a parent by cancer, to have acquired or be receptive to the acquisition of a mature concept of death. This is an important premise to the argument that follows concerning the feasibility of mourning within children of this age. It has also been shown that the acquisition of the concept of death and the consequent initiation of mourning is dependent upon the quality of security within the child's environment.

Can Children Mourn?

It has been established that, contrary to popular belief, a child as young as five or six-years-old has the capacity to comprehend the meaning of death. It had also been shown that, as a result of relevant experiences, children younger than this can appreciate and experience the cognitive and emotional implications of death and bereavement. It has been established that a child needs a secure environment to realise this potential precociously. It therefore follows that if these two conditions prevail then it should be possible for a child of this age to embrace a commitment to mourning.

I have specifically chosen to use the phrase, 'embrace a commitment to mourning', as it seems the best way to describe the process, particularly in its application to children. Mourning is not something for which the young child is prepared; he is not equipped to manage this experience in the same way as an adult may be. He does not have the cognitive or emotional maturity to anticipate the implications of the event, neither does he have any expectations of others in this situation. This is unknown emotional territory: mourning for the child is an exploratory sortie and can only be carried out if there is a secure base to which he can return. Therefore, the bereaved child has to

have an environment which enables him to initiate and sustain mourning. This environment is one which supports his endeavours to understand the nature of the event and experience the emotional implications of his understanding, not only at that time but progressively. This set of conditions will be referred to as the 'mourning environment'.

A Review of the Literature

One of the earliest discussions of the feasibility of mourning in children is found in Deutsch's classic paper, 'Absence Of Grief' [1937]. The title indicates the author's opinion that mourning in children is not possible and that it is evidenced in the lack of emotional expression in bereaved children. Deutsch lays particular emphasis upon the absence of tears or overt expression of sadness. She argues that the child's ego is not strong enough to tolerate intense or prolonged emotional states and so circumvents mourning in the interests of "...narcissistic self-protection..." [p.13]. The child who engages with mourning is "...rent asunder..." [p.14], because they are not able to mourn as adults do. Mourning is viewed as an all-embracing, finite process, which "...must be carried to completion." [p.21] in order for the attachments to be decathected.

It is surprising that Deutsch considered it appropriate to apply the criteria of mood pattern and process in this fashion. Observation of bereaved children reveals that intense mood-states are not maintained for extensive periods of time although the reverse is true of adults. Children generally are more mercurial in their moods than adults and the inability to maintain mood states for long periods of time is a characteristic feature of their behaviour. In keeping with this feature, bereaved children can and do experience genuine and profound sadness, display all the signs of distress that accompany that state and yet are able, after a relatively short time, either to displace that mood in activity or to experience a change of mood or mood intensity.

The child's pattern of mourning

The differences between adults and children do not mean that children do not mourn. To interpret their inability to sustain prolonged grief states as evidence of that does not treat the child's experience with the respect it deserves. To apply adult standards to the child's experience seems perverse: it would not be tolerated in other areas of analysis and neither should it be here. The intermittency of mood that characterises children's grief reflects a developmental feature of all healthy children. It is not possible for the young child to dedicate himself to one prolonged thought or feeling to the exclusion of all others, therefore, it is not an expected feature of childhood mourning. It is part of the child's problem that, unlike adults, he is not perceived to be weighed down with the burden of sadness: paradoxically the perceived differences are one set of reasons why the child is denied his status.

The child's pattern of mourning is one which is characterised by long periods of apparent unconcern, punctuated with deep, deep pockets of intense emotion. These intense experiences may not be obviously apparent to outsiders, many of whom expect tears to be the language of sadness. The child's pockets of grief may present as day-dreaming or withdrawal, and may only last a few minutes. Several young children have described these experiences as though they are suddenly watching a film or a video which is running inside their head. The more emotionally intense experiences seem to be beyond their control; they have not started the film and neither is it in their power to stop it running. These experiences are different to the 'flashbacks' associated with traumata because the memories are not necessarily painful or distressing, sometimes they are very pleasant and comforting. Whatever their nature, these episodic, intense grief experiences form the pattern of children's mourning and differentiate it from the adult pattern.

This example underlines the inherent flaw in any model which seeks to apply the same criteria and parameters of behaviour patterns to child and adult mourning, especially those models which subscribe to the goal of decathexis. Indeed, the notion that mourning

is a process of decathexis has already been abandoned in an earlier part of this chapter. However, Deutsch's paper is an important landmark in the history of this debate and no discussion of the subject would be complete without reference to her hypothesis. As Nagy's work in relation to the development of the concept of death, so Deutsch's work stimulated great interest and discussion of this issue.

The criterion of reunion to disallow childhood mourning

Several authors have followed her model in the search for a clearer understanding of the definition of mourning in relation to children. Lampl-de Groot [1976], and others, [Hamilton 1988; Mahler 1961; Miller 1971; Spitz 1960] firmly argue that it is essential to maintain Freud's classic definition of mourning in order to establish an appropriate status to the process. In doing so mourning is placed well beyond the developmental abilities of the young child, is possible in late childhood and probable in adolescence. Wolfenstein [1966] also supported this view, seeing the young child's reactions merely as preparatory stages to mourning, as trial mourning for when decathexis is possible within the mature personality.

The critical element in Wolfenstein's theory is the child's persistent hope of reunion. It is this feature which, she maintains, indicates that the child does not accept the irrevocability of the loss and, in not accepting that, the child does not accept the reality of his situation and therefore can not mourn. This point is unsubstantiated and the argument does not acknowledge the presence of reunion-hope within all bereaved people. It may not always be openly voiced or explicit among adult mourners but their behaviours show this to be a significant feature of adult grief, particularly in the early stages: it also persists, in milder and more subtle ways, throughout the bereaved person's life.

Summary of the Literature

The main premise of these authors' arguments stems from Freud's premise that mourning is a process of decathexis and reinvestment. As children do not seem to

respond to loss in this way they have been assumed to be incapable of mourning. This somewhat asylogistic argument invites the possibility that there may be other ways to view mourning, other parameters to the process which take account of the child's experience and which consequently have other outcomes. The fact that there are a number of predictable responses that are seen in bereaved children and that these responses, although similar in nature to those of adults, follow a very different pattern, would seem to indicate that there is a great need to do so, in order that we can construct a theoretical framework for understanding the child's experience. In response to this need, several authors have sought to re-examine mourning with the child as the prime focus. It is their collective argument which points the way forward, both in terms of our thinking and with regard to the nature of therapeutic intervention.

A model of child mourning

There are four main elements which emerge from the debate about a child model of mourning: the process, the general content, the aims and the prevailing conditions [mourning environment] which enable mourning.

The process of child mourning

The process of mourning in children is recognised to be different to that of adults in one essential way, it's incompleteness. As the child is an incomplete being so the process of mourning can not be finished within childhood, if at all. There is a school of thought [Altschul 1988; Buchsbaum 1987 & 1990; Gray 1988; Hagin & Corwin 1974; Knight-Birnbaum 1988; Nagera 1970; Palombo 1981; Perman 1979; Sekaer 1987; Sekaer & Katz 1986; Weller et al 1991] which proposes that early loss involves a life-long commitment to it's resolution and that this indefinite process is not one of decathexis but of sequential cathexis of the deceased. This model clearly contradicts the classic model of mourning for adults and the prescriptive definition of childhood responses. The reality of the separation inherent within bereavement is accepted but in a different way to that of adult models. The adult gradually lets the deceased attenuate the connecting bonds, although never entirely letting them dissolve. The child has a more

dynamic attitude: there is an acceptance of the separation but, simultaneously, the child holds a residual hope of reunion. There is an oscillation between acceptance and hope which characterises the dynamic nature of the reality-testing process underpinning mourning. This hypothesis is echoed in Bretherton's [1990] view of internal working models. She proposes that it is possible for the child to maintain two or more conflicting internal working models. So it is for the bereaved child: part of him believes in the continuing absence of the deceased, whilst another part holds the parent closely to himself and continues an adjusted attachment. It is this conflicting model that causes most difficulty and leads to misunderstanding about behaviours, as will be seen later. I suggest that it is not essential for healthy mourning that the child relinquishes this hope.

The process of mourning for the child is one in which the reality is accepted and the affects it generates are tolerated and expressed. There is also a more subtle facet to the process, one through which the child develops an adjusted attachment to the deceased within the parameters of the accepted reality of permanent separation. It is only in the presence of the optimum mourning environment that this facet will be openly acknowledged and shared because it involves the most delicate psychological balance.

It has already been recognised that developmental immaturity means that the child is, by definition, an incomplete individual, therefore, the developmental factor will have a direct influence upon the nature of childhood mourning. In the same way that the child is incomplete, so childhood mourning is an incomplete process, one which must be couched within developmental terms. A developmental perspective applies a non-judgemental framework which accommodates the child's developmental immaturity within reasonable outcomes for his mourning. By this I mean that if the child is not able to resolve entirely the emotional issues arising from his bereavement then they will be re-evoked and reconsidered repeatedly and in varying degrees of intensity, continuously, throughout childhood. The developmental perspective allows children to mourn age-appropriately and differently to adults and has formed the basis for the

following models of childhood mourning.

Models of child mourning

Baker et al.[1992] proposed that although mourning is a developmentally related process for children it is achievable in three, sequential, task-oriented phases. This 'Timing Model' views mourning within a structure which is compatible with Furman and Bowlby's stages models and which is applied without any judgements about when a child 'should' be at any particular phase. The first phase is concerned with understanding what has happened and feeling secure enough to be able to experience the implications of that knowledge. The middle phase has three tasks, accepting the reality of the loss, exploring the lost relationship and tolerating the emotional pain that generates. Within this phase a continuing attachment is recognised as a possible sign of healthy recovery, not pathology. The third phase is characterised by five tasks which revolve around the reorganisation of the child's identity without the deceased and the reinvestment in new attachments.

This model is very sympathetic both to the developing needs of the child and the needs of structured interventions. The tasks can be embarked upon whenever the child is ready but there is an assumption that there is a complete sequence, a progressive pattern to mourning. The inherent hazards with regard to unrealistic therapeutic goals are acknowledged by the authors but it is undeniable that such a structured, stage-based model immediately superimposes an expectation and a value judgement upon the child's ability to progress and master a task-stage. This model places responsibility for successful mourning upon the child within the context of their environment. However, within that setting, the child is expected to pursue a process which eventually distances him from the deceased. It is the presence of these two elements, sequential progression and decathexis, which make the timing model less attractive, as are all models which subscribe to the notion that mourning is a sequential, task-based or stage-based process.

The Adjusted Attachment Conversation

The model I find most relevant to the experience of mourning is one which allows the child and the adult to move within their experience of mourning with a certain degree of fluidity. By that I mean that mourning is not a progressive process of achievements which can be ticked off as a checklist of tasks to be done. It is much more akin to a continuous, dynamic attachment or conversation between the mourner and the deceased.

The 'conversation' is an essential, central feature of the adjusted attachment model. It is a global term which embraces the spoken and unspoken, external and internal communication that is mourning. It is a process of remembering and incorporating past experiences and models of the world in the present. Simultaneously the mourner examines his present circumstances with a mind to a future which will be experienced without the deceased. Janus-like the mourner stands in the midst of his loss and looks backwards and forwards in order to construct the present. The conversation develops into an integral part of the mourner's internal working model of the world and himself within it. It is a global appreciation of the lost relationship and a developing appreciation of the significance of the adjusted attachment.

The internal conversation is between the mourner and the deceased and is about the shared past and the maturing or growing awareness the mourner has of the deceased's role in that and his place in the future. The external conversation is conducted with trusted, significant others. This element focuses more on the present and the struggle to find a comfortable state in which, simultaneously, to be with and without the deceased. It also focuses on the future and how that relationship will be assimilated into developmental changes and into a changing pattern of relationships.

The personal timetable of mourning

The concept of mourning as a conversation allows for a personal timetable to be constructed, one that incorporates the mourner's current situation without there being any expectations upon him to be at any particular point along a spectrum of mourning.

Mourning becomes a perpetual state of review and contemplation without any goal of completion or resolution because both of these are irrelevant.

The quality of the adjusted attachment becomes the mourning focus: the degree of attention paid to this relationship varies, depending upon the prevailing situation and the nature of the conversation with the deceased.

The adjusted attachment model allows a completely non-judgemental view of mourning. It accommodates all personal styles, regardless of age or maturity, and encourages a view of mourning as a the process which has the focus of concern and the locus of control within the individual. It is a developmental model which accommodates the current maturity of the mourner, as well as accommodating the quality of the developing conversation. It is a model which allows the bereaved child to establish an age-appropriate rapport with the deceased and to continue the adjusted attachment throughout their life-time. For example, all the bereaved children with whom I have worked have, during play sessions, wanted to tell their dead parent their news and the surviving parents have often felt the same. Although this is a somewhat prosaic example it describes the mundane level of the mourning conversation.

Other models of mourning would place a negative value upon such a need to continue to communicate with the dead parent but the adjusted attachment model recognises the need to maintain contact of a variety of levels which are incorporated in the concept of the mourning conversation. This model is in harmony with the internalisation model and incorporates aspects of Bretherton's thesis concerning conflicting internal working models in ways which construct a reasonable foundation for postulating what mourning is as a process, as well as what will be the manifestation of that process.

The content of children's mourning

Having established the model of mourning, I will now consider what can broadly be expected in terms of the content. Those models which prescribe the goal of mourning as

decathexis, negatively define any behaviour which indicates that the child is attempting to maintain links with the deceased. Such behaviours are typically defined as 'regressive' or 'stuck'. The adjusted attachment model would view such a feature quite differently. The role of fantasy within children's mourning provides a good example. Fantasy has emerged as a characteristic feature of childhood mourning. Decathecting models have commonly defined it as resistance to accepting the reality of the loss and indicative of the use of defence mechanisms to protect against identification problems. It would seem that, because it is such a common feature of children's responses to loss, and because it is not routinely associated with pathology, it is helpful to reconsider its role within a different value system.

If we define fantasy as a buffer against the harsh reality of the situation, it has overtones of it being a maladaptive response, the result of a need to defend against rather than assimilate the experience. A more positive definition is of fantasy as serving to mitigate against a possible developmental vacuum and the imaginary parent as a creative solution to a possible attachment hiatus. [Nagera 1970; Perman 1979; Raphael 1984; Sekaer 1987; Sekaer & Katz 1986]. It is argued that if a child needs to have consistent parental models in order to develop healthily, then the loss of a parent presents a threat to the integrity of development. Therefore, the bereaved child creatively devises a solution to this potential threat by using his imagination.

Fantasy is closely linked with remembering and aids the establishment of an adjusted attachment. Several authors have noted this latter element as a strong feature of mourning within children [Buchsbaum 1987; Furman 1974; Renvoize & Jain 1986; Sekaer 1987], and have attributed a positive value to it.

Memories of the deceased serve as an essential
bridge between the world with and the world
without the loved person.

(B.C. Buchsbaum. 1987. p.100.)

Memories become a constant feature of normal mourning but the act of remembering is

less constant. For example, there are times of heightened sensitivity to the loss [anniversaries : Renvoize and Jain 1986] or experiences which generate bereavement-related memories. The deathecting model would judge the presence of such a heightened state as indicative of the need to re-work unresolved issues within mourning. The adjusted attachment model would view such experiences as indicative of a greater, more explicit awareness of continuing themes within the mourner's conversation with and attachment to the deceased. The bereaved child is never completely without an awareness of this aspect of his life and at times this conversation necessarily and rightly becomes a dominant feature.

These examples highlight the positive emphasis of the adjusted attachment model. This does not mean that it resists defining any behaviour as negative or pathological, rather that it presents a more sympathetic perspective upon the goals and the meaning of behaviours within that process than models which define mourning in terms of relinquishing attachment. It is inherently more sympathetic to the needs of the mourner because it incorporates the attachment needs of the bereaved and defines mourning behaviours within the parameters of attachment behaviours.

The aims of mourning

The conversation is not only developed between the mourner and the deceased but is integrated within the mourner's developing sense of identity. Therefore the criterion of success for the process is the child's ability to continue the development of this aspect of himself alongside expected maturational norms. Mourning becomes a developmental feature of the bereaved child, a feature which is expected to have a similarly maturational component as all the other aspects of the child [Altschul 1988; Furman 1974; Palombo 1981]. Thus it is demonstrated that the aims of mourning define the process and the general content but mourning does not occur in isolation. It requires a personal and environmental context in order to be initiated and sustained.

The mourning environment

This brings us to the last element of the model, the circumstances in which the reality of the loss can be accepted, the necessary adjustments to the attachment made and the mourning conversation initiated and sustained. It has already been argued in Chapter 2 that the child needs a secure, sensitive environment to develop to his full potential. The same criteria apply to mourning. The initiation of mourning has been compared to an exploration of an emotional world previously unknown to the mourner, one which needs a physically and emotionally secure base. Bereavement has been shown to pose a fundamental threat to the child's sense of security [see Chapter 3], therefore he needs to have higher levels of security manifested within his environment than his non-bereaved peer.

One of the prime concerns for many bereaved children is that their very survival is being threatened. It is not uncommon for children to express fears about the ability of the surviving parent to care for their physical needs and this very real fear is possibly a reflection of the child's awareness of the changes in that parent since the death. Following the death of her father, one seven-year-old girl asked who was going to pay the supermarket bill that Friday. A four-year-old boy was worried about who was going to take on the role of cook after his mother died. These are very basic, pragmatic concerns about future well-being. Children are typically very aware of the practical implications the loss of one parent has for them and will express it in very concrete terms.

These practical concerns are closely connected with the child's perception of the competence of the surviving parent. This harks back to the child losing one parent to death and the other to grief, and the feelings of total abandonment and vulnerability this situation generates. Consequently it is very important that the child's physical needs are accommodated because this is a concrete manifestation of competence and represents the parent's sensitivity in being able to anticipate and respond to the child's expressed needs. It is only when the child feels physically secure and in a world

which has predictable and meaningful boundaries drawn by their surviving parent, that he can begin to contemplate the exploration of mourning.

The child's emotional environment also has to be secure and accommodating to permit the expression of emotion essential to the process of mourning. [Bowlby 1980; Furman 1974; Hummer & Samuels 1988; Raphael 1980; Saler & Skolnick 1992.] Although there may be others around him, the most important aspect of this aspect of his environment is the receptivity of the surviving parent. The deficit model of mourning, as proposed by Stroebe et al. [1988] describes the bereaved adult as needing to engage the supportive resources of those around them in order to be able to master the experience of loss. The same applies to the child in relation to his parent and, eventually, with regard to his wider personal environment.

Reasonable goals for social work intervention

Having established that the young child, given the appropriate environment and experiences, can embrace a commitment to mourning, what then are the aims of social work intervention? I have proposed that childhood mourning is a protracted experience of adjustment to loss, one which is pursued within the current developmental capacity of the child and dependent upon the prevailing quality of security within his personal environment. Therefore, the aims of social work intervention are twofold. The first is to enhance the quality of security and, in so doing, assist in the creation of the mourning environment. The second is to help the child to develop his mourning conversation with himself, with the dead parent, the surviving parent and possibly with one or more trusted others.

For the more insecure child who is unable to embrace mourning, his relationship with the social worker may fulfil the role of trusted other, but that must only be a temporary role. The primary aim of the social worker's relationship with the child is to help the child to feel safe with his thoughts and feelings about the dead parent and share them, ideally, with his surviving parent. It is expected that when the insecure

bereaved child has acquired a better understanding of and control over his situation, that his relationship of trust and the conversation that characterises it will be transferred to the surviving parent. It is at the point of transfer that the social worker will gradually withdraw, leaving behind a more empathic, sensitive and secure environment, one in which the child can sustain his mourning for the rest of his childhood.

This is the ideal situation but, to be realistic, it is one of degrees rather than absolutes. It may be that because of the quality of personal resources available, most children can only be helped to have a 'good enough' experience of loss. Nevertheless, there may be interesting and creative challenges that stem from this adequate set of circumstances. Children do strive to achieve well-being, often in spite of their personal situation. There are worse things that can happen to children than to lose a parent through death. If a child has been loved and knows it, then there is always hope. As Pollock [1978,1988] points out, there is a strong correlation between childhood bereavement and adult creativity.

It has become clear from my professional experience in this field, that childhood mourning is a very creative process itself. It is an experience which requires the child to consider concepts beyond his maturity, to contemplate philosophical issues which most people do not encounter until their late adolescence, and to find solutions to the profound unease which those thoughts and feelings generate. The ways in which children struggle to understand and express themselves require immense energy and commitment and yet, given the right circumstances, they will come up with wonderfully new ways of doing just that.

The structure within which social workers can help the child in this process will be outlined and discussed more fully in the following chapter.

Summary

Models of mourning which are based upon sequential processes have been considered and set aside. A model of mourning that describes the process as a 'conversation' between the bereaved and the deceased has been elaborated. It is one which allows the development of an adjusted attachment within the parameters of the mourner's maturational level. This model emphasises the need for childhood mourning to be seen as having a fluctuating pattern and that the process is dependent upon personal and temporal circumstances.

It has been argued that in order to initiate mourning the bereaved child needs an enhanced quality of security within his environment. The literature reveals that there is a strong culture against the child's ability to mourn which is based on inappropriate models of mourning and a prescriptive adult template. A model has been developed, couched in attachment theory and based on practice experience, which accommodates adult and child bereavement responses and which indicates that the foci of concern for social work intervention are the parent-child relationship and the child's mourning conversation.

Conclusion

An examination of childhood mourning reveals it to be a long-term process of continuing adjustment to the world with and without the dead parent. It underlines the need to match finite social work resources to what is a long-term, continuing concern further complicated by adult misconceptions of the child's need and ability to mourn.

The adjusted attachment model of mourning has indicated the need for social work intervention to focus on promoting security in the parent-child relationship in the expectation that this will facilitate the child's mourning conversation with his parent and with himself. The standard, cascade model of intervention relies upon the parent as the medium of benefit for the child. The nature of adult mourning combined with a cultural tendency to diminish the bereaved child's status militates against this being an

effective approach with bereaved parents and children. The reasons why this is so are explored in greater detail in the following chapter and indicate the need for a different approach to work with bereaved families.

Chapter 7

The Impact Of Bereavement On The Family System

Introduction

In this chapter I draw together the conclusions from the previous chapters and review the context of the family at the point of bereavement to form the theoretical foundation of a model of social work intervention which has been developed and applied to work with bereaved children of primary school age.

The process of bereavement through illness is explored and the effects of that process upon the immediate and extended family network are outlined. This demonstrates the depletion of personal resources that occurs rendering the bereaved child doubly vulnerable to distress and disturbance. It highlights the need for enhanced resources within the child's environment. Reasons why the child's need for intervention may become obscured are examined as are those for responding rapidly in order to pre-empt further deterioration in the child's security and faith in his existing resources.

An experimental model of intervention is outlined which is founded upon the need for a secure base for the child's mourning. It seeks to reverse the process of attrition of security and resources which has occurred within the child's environment as a result of the impact of degenerative illness. The model is elaborated in the following chapter.

A Review of the Previous Chapters

In Chapters 2 and 3 I established that the quality of security within the child's environment, particularly within his relationship with his care-taking parent, determines his ability to function in a variety of areas. It has been argued that the secure parent-child relationship is characterised by parental qualities of predictability and stability accompanied by an adequate degree of sensitivity to the child's needs. The secure parent-child attachment is evidenced in the ability of the individuals to establish and maintain free-flowing, coherent conversation that is not

rule-bound and demonstrates complementarity and balanced participation. The quality of security in this relationship is internalised by the child and reflected in his personal qualities. The child's internalised security enables him to function independently of the mother and explore the world around him in the knowledge that this secure base is reliable and available should he need to return.

It has been established that bereavement profoundly affects our sense of security on all levels. Models of mourning which have proposed that detachment is the goal of mourning have been discounted. I have argued that the process of mourning addresses the reconstruction of a whole new order which strives to incorporate the dead person in an adjusted attachment with the mourner. The states of 'tolerable unease' and 'adjusted attachment' have been established as the optimum, continuing state that is healthy mourning. When mourning is defined as a dynamic and perpetual state there can be no outcome in the conventional sense, therefore a state of tolerable awareness of the loss, one which is manageable and not inhibiting, is the only realistic resolution.

I have argued that the child's ability to appreciate the meaning of death determines their cognitive capacity to mourn and that, in the case of children bereaved by protracted illness, this ability can be acquired precociously. Therefore, a child of primary school age is able, in the right environment, to establish his mourning and begin the process of adjustment necessary to healthy development.

Creating the mourning environment

Based on the premises of the definition of security, the secure relationship and the definition of mourning established within the first chapters, the model of intervention seeks to promote the characteristic qualities of the secure relationship within the child's wider personal environment, thereby creating a mourning environment. The effect of this is expected to lower the child's anxiety and promote behaviours which are indicative of mourning. The prevalence of these features are expected to correlate with the degree of the child's felt security.

The Process of Loss through Illness

The nature of loss experiences

Loss is the core theme of social work. Every adult and child in crisis is managing an acute loss experience. Within that current experience other past losses rise to the surface to be reviewed and incorporated in the present crisis.

Loss is an integral part of change and all personal development involves change. Some changes can involve more gains than losses, for example passing one's driving test or promotion at work. Some changes are expected and welcomed, for example marriage and the birth of a healthy baby. Although these are positive events they also incorporate a degree of loss: promotion may mean that, in assuming managerial responsibility at work, one has to forgo the camaraderie of the team ; becoming a parent for the first time involves a major shift of identity as the parents are now committed for the rest of their lives to the well-being of their child. So change bring losses and gains and it is the balance between these two factors which defines whether it is a positive or negative experience.

Some losses are perceived, even at the time of the experience, to present a manageable challenge which stimulates creative responses, thereby enhancing the individual's sense of competence and potential to manage other such situations. At the other end of the spectrum loss experiences can present the individual with such intense, multiple demands upon existing resources that he is overwhelmed. The several and various losses that are inherent within bereavement range across the whole spectrum and present the mourner with a plethora of often new and intensely personal experiences that simultaneously call for both established and creative solutions.

The sequential losses of degenerative illness

The difficulty for the bereaved individual is that events that lead up to the experience of bereavement itself may diminish many of the resources which are essential to the management and resolution of loss. The sequential losses that characterise degenerative

illness relentlessly drain a family's energies leaving it, at the point of bereavement, in a depleted and fragile state. It is at this point of depletion that the members of the family, in order to resolve these intense experiences of loss, need to embark upon the strenuous and emotionally taxing process of mourning.

Another significant factor in this situation is the isolating effect of loss. Bereavement is predominantly an intensely personal experience. The relationship which has been severed by death is unique to the mourner. Each bereavement is a unique experience: it is unique to that person, at that time in their lives and in that particular set of circumstances. Consequently the experience of loss and its resolution are essentially personal matters that require personal resolutions.

Change demands that we adapt to accommodate the new state of affairs. Some changes are expected and welcomed, or of such a minor nature that they can be accommodated relatively easily and do not require extensive adaptations: amongst these would be, for example, those within the bounds of the normal developmental stages. Major changes, or those which are not anticipated or welcomed, are not so smoothly assimilated and the necessary accommodations have to be made gradually. This is a process comparable to the adjustments made within mourning, entailing the reconstruction of internal working models over an extensive period of time and at each person's pace.

Bereavement as a result of cancer is also distinguished from other causes of death by what precedes it. Loss and change are inherent features of protracted, degenerative illness, both for the patient and for all those upon whom it impinges. The diagnosis of a life-threatening illness constitutes a major threat to the family's security and expectations of their shared and individual futures. Progressive illness demands a sequence of adaptations from each person and the strain this imposes is especially great because the sequence is not predictable. Consequently, the struggle is to maintain some semblance of normality against a background of shifting uncertainty and intense emotions. Therefore, from the time of diagnosis of a life-threatening illness, the

family members are bereaved. They have lost the established pattern of family life, lost their notions of what is reliable and predictable in the present and have been robbed of their assumed future. The diagnosis is a critical event in the family's life.

The family of the cancer patient loses that person many times over before the actual death. During the course of the illness each time there is a new development, a new symptom or treatment regime, there is a change of tempo within the family and their view of the illness. Sometimes there is increased hope that this time it will be the cure, at others there is despair at the advancement of the condition. It is living with uncertainty and the anxiety that generates which drains the physical and emotional energy of the family. There are repeated demands made upon the collective resources and very little available to replenish them [Pincus & Dare 1978: Rando 1984]. The family who enters into mourning after such an experience is understandably diminished by the relentless sequence of losses and changes that have characterised the months and possibly years of living with illness.

The loss of resources within the family

It is not uncommon to find that families which stoically manage the illness state are the ones who are more affected by the death and, within those families, it is the children who are usually the most vulnerable people. Perhaps it is more accurate to say that there is a greater contrast between the two states and that the bereaved state is a truer reflection of the intensity of their emotional life during the time of coping with the illness but that these feelings were suppressed in the interests of managing the day-to-day stress of living with loss. Whatever the underlying cause, children in these families are vulnerable to feelings of insecurity because of the intensity and degree of change experienced following the death.

Similarly, a child who is a member of a close-knit family is, paradoxically, vulnerable to the experience of dramatic change because the fabric of their whole family is often torn apart by the loss of their parent. Resources which may have been

readily available to them in the past are now diminished or inaccessible. It is often the case that when a child's parent dies he loses not only that person but also the emotional availability of other adult members, anchor strands his web, because they are immersed in their own grief.

The child's relationship with the grandparents is changed and compromised. Those grandparents who are the parents of the dead parent have lost their child; they are bereaved parents. The parents of the surviving parent naturally feel for the pain their own child is experiencing, as well as mourning their own losses. Both sets of grandparents are subsumed within the adult world of mourning and, as has already been outlined in the previous chapter, the nature of adult mourning, unlike the child's, is all-consuming. This process of devolving loss diminishes or even removes the child's personal resources.

The bereaved child may have siblings but they too are involved in their own experiences of loss and will not be able to offer the quality of care and empathy essential to the generation of security. Although siblings can be a good interim source of comfort and support in times of crisis, [Bank & Kahn 1982: Dunn & McGuire 1992: Dunn J. & Plomin R. 1991: Stewart 1983], the quality and consistency of that support is conditional. It essentially depends upon the needs of the sibling at any one time and the resources available to them.

Sibling support is also dependent upon the ordinal position of the bereaved child. A younger sibling can not care for the older child in any meaningful way, although it has been demonstrated that an older child will attempt to comfort a younger sibling in times of distress in around half the cases when the parent is not available to them [Stewart 1983]. It is interesting to note that brothers were more active in caring for younger sisters and sisters for younger brothers than same sex siblings were towards each other. However, this is a transitory, conditional experience of caring and not a healthy or satisfactory solution to the protracted experience of diminished resources

for the bereaved child or his sibling. Therefore, the influence of siblings in the generation and maintenance of security in the personal environment of the bereaved child has limited value. It is not an appropriate resource to be cultivated as a reliable, primary source of comfort.

The following case illustration, from my own practice, draws these points together and demonstrates the effects such a diminished environment can have upon a young child.

Case study : Carol

Carol was eight when her father Graham died: he had been ill with cancer for six years. She belonged to a close-knit family which lived in a small, rural mining village. Her mother, Susan and her twin sister had courted and married two best friends. The couples saw each other regularly and, after they married, formed a strong, two-family alliance. Their children grew up together with grandparents, aunts and uncles in common. This was a common pattern of kinship networks within the community.

The family was a warm, openly affectionate blend of adults and children with a well articulated support system. Problems were ironed out as they arose and not left to rumble under the surface until they were too dangerous to manage comfortably. Graham's illness was managed in this style with the children appropriately included all the way through. However, after Graham died, Carol became extremely anxious and, although it is difficult to define in bereaved children, had many of the symptoms of clinical depression. She became very withdrawn, had difficulties in going to school and manifested several somatic symptoms of distress which echoed illnesses she had experienced in her early childhood. Her condition developed and worsened gradually. It was not until she clung to her mother one morning at the school gates, weeping and begging her not to leave her there, that the family realised the extent of Carol's distress. Carol had got to the point where her security was so profoundly threatened that she could not tolerate any separation from her mother or home.

Susan contacted the hospice social worker she had got to know during Graham's illness and Carol was offered some play sessions which she readily accepted. During these sessions it became clear that she was not just bereaved of her father, terrible as that was for her, but that she was bereft of her whole family. Her mother was immersed in her sadness and exhausted by her own grief for Graham. Her aunts and uncles were similarly mourning his death and so a whole stratum of the family was removed from Carol. Her grandparents, who had always been special friends to Carol, were either bereaved parents themselves or desperately worried about the welfare of their child, Susan. Carol's sister and cousins were struggling to manage their own feelings and did not have the capacity to accommodate her needs at this time. There was a lot of goodwill towards the children but Carol needed more than implicit help, she needed explicit, additional support but the family were not in a position to provide that.

Carol realised that each person was trying to manage a personal crisis as best they could but the adults and peers upon whom she had always assumed she could rely were now unavailable to her. Her whole support system was diminished, if not effectively removed, at the very time when she needed it most. Not only that, but the system was also not able to recognise or respond to her increased needs. Therefore the perceived lack of support was even greater because the gap between need and resources was wider than she had ever experienced before. The world had become far too dangerous to be explored and Carol needed to stay close to her mother in order to feel safe and to ensure that nothing happened to her mother .

Case study : discussion

It is very understandable that a child in such a family may feel that the loss of one person has brought a whole world of loss upon himself. This condition can be mediated by the quality of the relationship with the surviving parent in conjunction with additional non-familial resources, resources which are free of the emotional contamination of the bereavement. This is where the child's teacher has such an important role to play, one which will be discussed later in this chapter.

Loyalty and Survival

There are two other aspects of the child's experience which warrant consideration and they are the issues of loyalty and survival. It has been shown in the previous chapter that children are highly sensitive emotional barometers who can intuitively assess the emotional atmosphere associated with significant people and events. It is often in the interests of their own survival that they are able to do so and adapt their behaviour accordingly, as in the case of maltreated children.

Although usually more benign than in maltreating families, the degree and extent of emotional pressure within bereaved families has been established as a distinctive feature of the experience of progressive loss and is a condition which encourages the bereaved child to become more than usually sensitive to the prevailing mood. The child in these circumstances often feels there to be an implicit message about what is expected from him. For many this felt message is expressed explicitly by well-meaning adults because they assume that young children are relatively unaffected by bereavement. Adults advise the child to be 'good' for his parents because the parents have enough to manage at the moment without the child creating any further difficulties. The child is usually only too well aware of this and, as a result of this insensitive view of his needs, adopts a watchful stance and becomes wary of openly expressing his own feelings for fear of adding to the burdens of others.

The feelings of loyalty to the parent and the child's own survival instinct compromise his status within the family. The pressure to be constrained in his behaviour and repress his emotions inevitably results in inhibited mourning. The child needs to feel sure of the receptivity and reliability of trusted others in order to be able to explore his mourning.

The importance of recognising and responding to the child's distress

Many children experience intense distress accompanied by parenting which is 'good enough' to assuage their intolerable unease. However, there are some children for

whom this is either a persistent or intolerable state. It may be that there are antecedents which result in greater or more intense distress for them than their parents can manage, or their distress is comparable to other children but the resources available to them are insufficient to their needs. For this group there is a need for positive intervention in order to pre-empt the inevitable deterioration in their sense of security. The pre-emptive element is important because once the quality of security begins to deteriorate it spreads rapidly to all areas of the child's life and has serious implications for the effectiveness of the eventual intervention. The following case study, again drawn from my own practice, illustrates these points.

Case study : Kerri

Kerri [5 years] was a sociable, bright little girl who was the youngest of three children by three years when her sister, Sarah, was born. The baby was healthy and Kerri was allowed to care for her in many ways; to take her out in the pram, bath her and give her the first bottle of the day, supervised by one of her parents. She loved her baby sister dearly and the kudos of being trusted with her care made her feel very special and grown up. Although she was no longer the baby of the family the gains within her new status more than compensated for the losses.

The baby was four months old and apparently in good health when she died as the result of Sudden Infant Death Syndrome. Kerri was the first person to realise that something was wrong with Sarah when she came to pick her up from her cot one morning to give her her feed. She called for her mother to come and see why the baby was not moving and looked so different. As soon as her mother saw Sarah she became hysterical and pandemonium ensued. Kerri's father tried to give Sarah the kiss of life, her mother called an ambulance, there was a lot of shouting, screaming and crying. The parents knew the baby was dead but they still had to try to save her. Kerri sat on the end of her parents' bed and watched and heard everything.

Sarah was rushed away to hospital and Kerri never saw her again, except in pictures. The parents had very few photographs of Sarah so they took pictures of her in her burial clothes and these were displayed in the home. None of the children attended the chapel of rest or the funeral, for the usual reasons; they were considered too young to see adults in distress, or to appreciate the meaning of the church service, or to be part of the burial ritual. Neither Kerri nor her siblings were asked whether they wanted to go to the funeral, instead they were sent to a friend's house and returned home a few hours after everything had finished.

Kerri's mother became depressed and stopped eating. Her father withdrew into his sadness and the children could not understand how this had all come about, least of all Kerri who had lost so much. The older children would talk to their grandmother and an adult neighbour but Kerri had no vocabulary for this conversation. She would listen to them talking but could not understand much of what was said, the concepts were beyond her. All she knew was that she had bent over the cot to cuddle Sarah and this terrible thing had happened. She started to connect the two, as children of this age do, and, because nobody tried to help her, worked out what had happened in her own way.

She came to the conclusion that there was something about her that was involved in Sarah's death. Some naughtiness or bad thoughts in her had come down her arms and out of her fingers as she touched Sarah, and killed her. She told nobody what she had deduced. When she did ask her mother what had happened she was told that nobody knew, as is so often the case with cot death. [The post mortem had revealed no conclusive cause, so there was no clinical explanation.] This uncertainty about the cause fuelled Kerri's fantasy about her role in events and her culpability.

Sarah's death had serious repercussions for Kerri. Her mother was no longer available to her, her father had become sullen and silent and her siblings talked among themselves in language that she did not understand. Those around her who could have helped, considered her too young to be affected by this experience. The effects of

bereavement and adult assumptions about the child's experience came between Kerri and her resources.

As is typical of bereaved children, she appeared quite normal to everyone around her but there were subtle, progressive changes in her behaviour and mood. At home she had stopped going out to play with her friends and tended to shadow her mother around the house and stay very close to her when they went out anywhere. She went to school each day and did her class work, the only difference now was that she was much more subdued than before, she never laughed and sought quiet corners in the playground during breaks. She was very compliant with all adults and would avoid any confrontation with her peers. This passivity permeated all her behaviour. It was most noticeable in her persistent reluctance to participate in any spontaneous activity with her friends and in her resistance in class to putting up her hand, even when she knew the answer to the question. The passive child is not a problem to teachers or parents, particularly parents who are immersed in their own grief. Kerri's sadness went unnoticed for several months and it was not until she had become so distressed that it could no longer be ignored, that her problems were addressed.

Kerri was manifesting many of the symptoms of depression. She was struggling to understand what had happened and became increasingly convinced of her culpability. She began to punish herself and, as is often the case with incidents of self-injury, it was as much self-punishment as a plea for help.

Adult assumptions about bereaved children hampered her communication: although she was expressing herself articulately through her behaviour, those around her were not receptive to her predicament. A sequence of behaviours developed over the following months which indicated increasing levels and arenas of anxiety for Kerri.

Kerri had always taken great pleasure in her appearance. She was rather dainty, had long, wavy hair which she loved to have brushed and dressed by her mother. She

delighted in wearing pretty dresses and lacy socks: a little girl of the old-fashioned school. All this changed. She took to wearing her oldest clothes and resisted having her hair-bobbles put in. Then she started to have accidents, falling over, grazing her knees and getting far more bumps and bruises than she ever did before. She was discovered at school one day by a dinner-lady stabbing her arms with a fork at the lunch table. The fork was taken away and she was given plastic cutlery to avoid any further injury: and yet nobody associated her distressed behaviours with her bereavement.

She started to wet her bed and have similar accidents at school. It became such a regular occurrence that she was sent to school each day with a change of underwear. Still nobody thought to seek help for her. She began to soil herself, only very occasionally at first but it escalated until, after six weeks, it was happening two or three times a day. By this time she had stopped going out to play, her academic performance was dipping below an acceptable standard, she was bursting into tears at the slightest thing and could not bear to hear anyone mention Sarah's name.

It was the nuisance of the soiling which triggered active concern. The smell in the classroom was causing other children to refuse to sit next to her and the cleaning-up was taking up too much time each day. The teacher spoke to Kerri's mother one day after school and suggested they got someone to see if there was something the matter with Kerri. With the mother's permission the local social services office was contacted by the school. The social worker assessed the situation accurately and referred on to the Orchard Project, a Barnardo's project specialising in working with bereaved families.

Kerri's family was genuinely concerned about her and the assessment process helped to highlight for them the extent of the distress she was experiencing. When her parents realised how changed she was they were full of remorse. They loved her very much and felt that they were failing her. In time they came to appreciate how this had come about and how understandable it was, but they too were diminished by her experience.

It had taken over eight months for Kerri to receive the attention she needed. By the time she started play sessions she was a very flat, silent and fearful little girl who would sit hunched in a chair, close to the worker by choice, but turned away. She did not speak for two sessions and would only watch any activity through glances and listen obliquely. She could not afford to place any trust in adults, they had repeatedly disappointed her and shown themselves to be insensitive to her needs. It took three, hour long sessions before she would engage with any activity and her understandable hesitancy to place faith in others considerably extended the number of sessions necessary to achieve a satisfactory outcome and construct a sensitive termination to the work.

Case study : discussion

Kerri became anxious and depressed for a number of reasons, all of which pertain to the qualities of security and communication within her personal environment. The unresponsiveness of adults to her experience of loss and their insensitivity to her expressed distress directly contributed to Kerri's increasing anxiety and insecurity, which was manifested in her inability to explore her social or academic worlds. The absence of any meaningful communication about the nature and meaning of the events she had experienced, witnessed or heard about [chapel of rest, funeral etc.] created a lacuna in her understanding which she filled with dark fantasies. These fantasies developed their own logic and resulted in self-injurious behaviour and the public ordeal of shaming events which in turn damaged her self-esteem.

There were two other aspects to Kerri's overall experience which underpinned this negative spiral: one was that she was denied the chance to care for her sister after her death and the other was that she was unable to say her own good-bye to her. Through the medium of play she developed ways of expressing herself in both these areas and was able satisfactorily to work through these lost opportunities. Although she was able to manage this process through play it is always a poor second to the actual experience.

Background to the Model

Attrition of parental sensitivity to the child

Whilst working for two years in a local hospice, I became aware that there was a substantial population of young children living a greater part of their early years in households which were forced to weather the vicissitudes of degenerative illness and bereavement. The parents of these children were understandably pre-occupied with the nature of the illness and events surrounding it and the children often managed as best they could. The experience of living with pervasive uncertainty creates anxieties for the individual in all areas of life, not just those related to the cause, and this was apparently the case for the children. When the illness resolved itself in the death of the parent, the nature of the anxiety changed and was transferred into those which characterise mourning. This was the case for all family members.

Although it is recognised that children can get by in the short term with 'good enough' parenting, the experience of bereavement through illness was often protracted, lasting for months and even years in some cases. Many children were spending the greater part of their early childhoods living with loss. The management of this continuing state and the resolution of the final bereavement by death was a long process and not one which can be by-passed or put on hold without it causing developmental disturbance. As discussed earlier, there is a strong association between childhood bereavement and major psychiatric disorder in adulthood although the exact nature of the relationship seems to depend upon mediating factors.

A combination of experiential factors was apparent: sequential and cumulative loss experiences culminating in bereavement in early childhood within the context of reduced adult sensitivity to the child's experience and an apparent lack of social work involvement either at the time of the illness or afterwards were typical. Consequently, at the point of death these children were highly susceptible to short term disturbance through distress and vulnerable to developmental disturbance in the long term.

Short-term intervention for a long-term concern

The problem this realisation presented was how to construct a model of social work intervention which could accommodate the long term nature of mourning within the relatively short term commitment of social work services and without undermining parents' self-esteem. It seemed that a structured approach which could be adapted to cohorts of session was the most appropriate in the circumstances. It also seemed appropriate to harness resources within the child's environment, with particular attention to the potential within the teacher-pupil relationship. This became a focus for the development of a sensitive other as a resource for the child, someone who was relatively consistent, within the discipline of school and free of the family's emotional pressures.

Creating the Mourning Environment

The hypothesis upon which the model is based is that when working with an insecure child whose mourning is inhibited, the promotion of security within his personal environment assists him to initiate and sustain mourning. Traditionally social work practice has viewed the child in the context of the family and offered sessional work to the parent based on the cascade principle, or seen the child alone for a number of therapeutic play sessions usually focused on a specific behavioural problem. Although this constitutes an adequate approach for many children this perspective does not accommodate the wider view of the child's continuing needs within the mourning process. The model of mourning I have developed in the previous chapter proposes that there is a need to view the child's mourning as a long term process which needs resources compatible with that sequential experience and time scale. It is as a consequence of this conclusion that the model seeks to create a more sensitive and accommodating mourning environment. This is achieved by a collaboration between the social worker, parent and teacher to develop a team and network of support for the child and the parent-child relationship.

It is expected that the child's perception of available support will be a critical factor in

the success of the intervention and that this will be apparent in the positive concern shown to them by the adults. Once the network has been established and the benefits to the child demonstrated then the social worker's role changes. One of the model's primary aims is for the mourning environment to be self-sustaining after the social worker has withdrawn. This is demonstrated by the parent's and teacher's abilities to continue to support the child in the established manner and by the child's continuing ability to manage the changes and challenges of childhood, whilst incorporating his developing awareness of his mourning.

As a result of the intervention it is expected that the child will develop and demonstrate a more executive role than was the case initially and will demonstrate a greater sense of himself as a resource for himself in times of adversity and situations that challenge his competence. The child is enabled to act more creatively in times of stress and marshal the resources needed to manage that threat. This capacity has a self-reinforcing tendency and generates improved resilience in a variety of personal areas.

Although the research study concentrated on applying this model to children bereaved of a parent by cancer, it should in principle be equally applicable to children who have experienced other sorts of bereavement, as the case illustrations will demonstrate. It is also expected that, with minor adaptations, it will be transferable to children who have experienced other crises, for example sexual abuse, divorce or possibly physical maltreatment, although this is not discussed in detail here.

The three foci of the intervention

The quality of security in the child's environment is the most significant factor. The hypothesis is that the promotion of security in three significant areas of the child's environment will enable the child to embrace and sustain the process of mourning. Consequently the model has three foci to the intervention which are addressed concurrently: these are the parent, the child and the school. The model seeks to develop a relationship between the three, facilitated by the social worker.

The web of resources

This model is not linear in its process, although that is descriptive of a component of work. It is more complex than a purely linear process and can be best represented symbolically by a spider's web. The web represents the child's personal environment. It is a delicate and strong structure, holding the child within a secure, nurturing base. It is composed of a variety of strands which represent the various elements in the child's world. Some are instrumental in anchoring the overall structure in the outside world: among these are the elements of immediate and extended family, friendships and peer relationships, social activities and school. Some strands radiate to the outer edge and represent elements within the child's internal working model of the world. The inner strands could be said to be the elements of personal experience and the thoughts and emotions that these generate. Although the anchoring strands have a more critical function than others, each one depends upon the others for the overall cohesion and strength of the structure. The eventual sum is greater than the parts.

The child is simultaneously vulnerable and resilient. He is vulnerable to personal assaults upon his physical safety which may have repercussions upon his healthy development. His ability to manage such assaults is a mark of his resilience and is demonstrated in his creativity and resourcefulness in situations of perceived threat.

It is not unusual for the web of the child who is bereaved as a result of protracted illness to have become gradually weakened over time. The web may not have disintegrated but repeated and prolonged demands upon its resources result in the strands becoming attenuated and the overall structure becoming less robust and flexible. The young child does not usually have the personal resources necessary to restore the web on his own and needs adults' assistance, to be available at the time of perceived crisis and remain so should further needs arise.

The aim of the intervention is for the social worker to assist in strengthening the child's environment in such a way that the child feels more securely held and

sensitively managed. The critical element for the child is that he is aware of resources being available to him which he was not aware of before, resources which will continue in the social worker's absence because they do not have their genesis with her and are not dependent upon her offices. At the point when the social worker terminates her contact, those resources which have been developed within the child's environment are able to continue to function without her presence and the child is able to identify times of vulnerability himself and seek the resources necessary to support him.

Summary

From this brief outline of the effects of illness and the immediate impact of bereavement upon the family, it can be seen how vulnerable all children are to both the primary and secondary effects of loss. It is also apparent that there are several influential factors which can act against the needs of the bereaved child and that these can be present in the most loving and caring families.

For many children this is a temporary state, one which can be endured with 'good enough parenting': the supportive web will be re-generated and strengthened adequately in time. However, those children for whom this is either a persistent or intolerable state there is a need for positive intervention in order to pre-empt the inevitable deterioration in their sense of security.

Conclusion

All families who arrive at the final bereavement of death as the result of degenerative illness are in an impoverished state. Their resources are diminished and the energy required to re-generate them has been drained. Some families can hold the child well enough to bridge this bleak time, others can not. It is with both these sets of families in mind that I have constructed the model of intervention which is elaborated in the following chapter.

Chapter 8

Theoretical Foundations For The Cascade And Lateral Models Of Intervention

Introduction

In this chapter I draw together the conclusions from previous chapters to form the theoretical foundation of a model of social work intervention which has been developed and applied to work with bereaved children of primary school age. This is compared to the appropriateness of the traditional cascade model, which becomes the control model in the research study. The comparative effectiveness of the two interventions forms the basis of the research study which is described and discussed in Part Three.

The process of bereavement through illness has been explored and the effects of that process upon the immediate and extended family network outlined. The depletion of personal resources that occurs renders the bereaved child doubly vulnerable to distress and disturbance, and increases the need for enhanced resources within his environment. An experimental model of intervention which recognises and responds to these factors is described in detail.

Drawing on the findings from Chapters 2 and 3, areas of the child's functioning which reflect the quality of his security are defined. These are his personal and social competence and his ability to establish his mourning conversation with his parent and trusted others. It is argued that it is possible to measure changes in functioning in these areas and that these constitute reliable indicators and measures of effectiveness between two models of the intervention.

The child's ability to establish a conversation about mourning issues within his relationship with the social worker and then extend that conversation to his relationship with the surviving parent in the absence of the social worker is considered to be the ultimate validation of the effectiveness of an intervention.

Comparing Two Models of Social Work Intervention

Existing social work practice in hospices

Bereavement counselling within the hospice service typically follows a Rogerian, client-centred approach which concentrates upon the issues currently uppermost in the parent's thoughts at that session whilst addressing issues known to be central to the work of mourning. The model of mourning most commonly referred to incorporates features of the medical model and the tasks model as developed by Worden. The tasks model encourages a view of mourning as a process of progression through stages or states, between which the mourner may also oscillate without that being a sign of pathology. Resolution within Worden's model is defined as a state in which the mourner is able to distance himself from the emotional pain of the loss without denying its existence and in which he is able to establish a life-style which reflects an ability to invest in other relationships.

These are the principles which underpin the general body of practice and which are reflected in the larger body of social work practice.

The cascade model

Social work practice has traditionally followed a cascade model of intervention. The model recognises that in times of difficulty individual family members may express or demonstrate a need for help and support. Although this is accepted, the social worker focuses primarily if not exclusively upon supporting the parent or parents. The intervention is based upon the premise that the parent is the critical member of the family and the benefits of counselling and support for the parent will cascade down and be experienced vicariously by the children [Bebbington 1984: Crittendon 1985: Crockenberg 1981: Lyons-Ruth et al 1990].

This would appear to be a reasonable premise and the model has been shown to be satisfactory for many families in a variety of circumstances. This approach however can not be called 'family counselling' because every member is neither afforded the

same degree of access to counselling nor considered to have equal need of that service. It has become established practice in a variety of areas of social work for a number of reasons which, although not the subject of this discussion, are worthy of mention because they have a bearing upon the need for reviewing this approach in the light of what is known about the nature of work with bereaved families.

Reasons why the Cascade Model is widely used with Bereaved Families

First, it addresses the primary problems as identified by the parents who are frequently the source of referral. Second, and as a consequence of the first point, because the parents have identified the initial focus of work they are then seen as potentially the prime resource or prime movers within the process of resolving those problems. Third, the approach promotes a pattern of work which is compatible with and appropriately uses the professional abilities of most social workers, the large majority of whom, unless they are in specialist posts, have had little training in working directly with children and are consequently understandably reluctant to engage in such work. Fourth, the lack of social work training in this area of family work compounds the tendency to rely on parent-report and is further reinforced by the lack of play materials or premises in which to work with children, even when the need to do so is identified.

The Inappropriateness of the Cascade Model for Working with Bereaved Families

The appropriateness of the cascade model with bereaved families is diminished because of what we know to be the characteristic features of such families. The most significant features have been established as reduced sensitivity in bereaved parents to their child's experience and response, a factor which leads to the under-reporting of his distress. This tendency is compounded by both the effects of the common definition of children's mourning, which creates a false assumption of insensitivity and lack of mourning in the child, and by the tendency within adults to 'protect' children from distress by avoiding talking about the dead parent or death-related issues [Becker & Margolin 1967: Silverman & Silverman 1979: Silverman & Worden 1992].

In addition to these adult tendencies the child's own loyalty-survival tendency [see Chapter 6] further serves to silence him. The combination of all these elements creates an adult-comforting picture of the child as 'resilient' and in less need of personal counselling than adults. These features of the bereaved child in the family amplify the flaws inherent within the cascade model and indicate the need to approach practice in this area from a different perspective.

The lateral model of intervention

Theoretical Foundation of the Model

The sequential losses entailed in death from degenerative illness have been discussed and their effect upon the quality of security for the family in general and the child in particular examined [see Chapter 6]. The antecedents to bereavement highlight the vulnerability of bereaved children to developmental disturbance. The lateral model which I have adopted and used in my own practice is based upon the premise that bereavement profoundly undermines the child's sense of security which in turn inhibits mourning. The child has a desire to mourn but recognises that the resources necessary for that are absent or unsatisfactory. The aim of the intervention is to promote those qualities in the child's environment which enable him to initiate and sustain his mourning conversation with his parent. This is the desired outcome of the intervention.

It has been established that the resolution of bereavement lies in the long term, continuing process that is mourning. It is also clear that social work resources are at best finite and at worst inconsistent. The dilemma is how to match the identified need with the available services. The lateral model when applied to primary school age children identifies the need to be additional resources within the child's personal environment and particularly within the parent-child relationship. The model adopts a global view of the context of the child's loss, assesses the resources available and those which can be created or enhanced in order to promote a secure and sensitive mourning environment for the child.

The Process of the Intervention

There are three stages to the model: assessment, counselling and evaluation.

The assessment stage

The assessment has three aims:

- i] to collect information and construct a basis for evaluating the quality of existing resources
- ii] to determine what is the appropriate method of intervention
- iii] to determine what is a reasonable outcome

The assessment is conducted largely during the first two to three sessions. Although it is concentrated in this period of the intervention, it is not unusual for additional material to be revealed during the parent's counselling sessions and incorporated in what is a continuing process of review for the social worker.

Information is collected by the gentle questioning and review process that characterises the early stages of most bereavement counselling relationships. The parent is encouraged to review the family's experience of the illness from diagnosis onwards and how particular events within that sequence of experiences were managed for and responded to by the child and his siblings. The nature of the death and the funeral are also explored from the same perspective and within the family culture.

The nature of the child's relationships with the dead and surviving parents from birth onwards is examined in order to determine who has actually died for the child, what has been lost and what remains for him. The child's attitude and performance at school are assessed as is the parent's attitude and involvement with the school staff.

The cause for referring the child is also reviewed. In my experience the reason for referral is often obscured by the bereavement. In many cases the bereavement throws a longstanding difficulty for the child, the parent or both into sharp relief. The identified difficulty is referable because of the nature of the social work agency and the

contemporary context. To elaborate, hospice social workers do not have the same stigma attached to their status as local authority social workers and bereavement is considered to be a non-stigmatising cause. This enables the parent on both counts to approach the social work agency or accept the offer of such professional involvement. There is no implied criticism of the parent or family and 'counselling' for adults is rapidly becoming an accepted therapeutic imperative following bereavement.

Although for ethical reasons the assessment process needs to be conducted through the parent, it is essential that it is always undertaken with a keen awareness of the effects of the under-reporting tendency and the adult tendency to assume resilience and define the child's responses accordingly.

During the process of information gathering the social worker is continually taking in non-verbal information about the parent's personal warmth, demeanour, implied manner towards the child, levels of insight and so on. The spoken and unspoken information combine to form the body of assessment data.

The parent as the expert and the teacher as a secondary source of information

It is difficult within the assessment process to counteract the influence of the parent upon accurate information gathering. For ethical and practical reasons the parent is invariably the prime source of information but the social worker needs to be aware of the influence the parent-filter can have upon a full and true description of the child.

The need for relative privacy and the establishment of a supportive relationship with the parent prescribes the assessment process. It is possible however to acquire a fuller picture of the child without that information-gathering threatening the privacy of the family or the parent's self-esteem. This can be achieved by agreeing with the parent to arrange a meeting with her and the child's teacher. The reasons for and purpose of this meeting arise from the social worker's judgement of the need for more direct intervention with the child. The judgement derives from the information already

provided by the parent within the assessment process and comes at a time when the relationship between the social worker and the parent has already been established.

It is intended that the premise of the parent-social worker partnership is endorsed through having the meeting and reinforced by the manner in which it is managed. This second level of information gathering is conducted relatively informally, through a three-way conversation in which the parent is encouraged to play an active role and expresses her expert opinion of her child. This experience for the parent of being the expert aims to enhance her self-image and starts the process of raising her self-esteem, as will be discussed in greater detail in a later passage.

The Outcome of the Assessment

If as a result of the assessment it is clear that the parent is able to help the child herself then this is the preferred model. Although it is similar to the cascade model the social worker is always acutely aware of the child throughout each session with the parent. The parent is offered six to eight sessions to consider her bereavement related issues and those of the child and is offered guidance and support in managing both aspects.

If the assessment reveals that the child is distressed and the parent is unable to help him and resists the offer of direct work for the child from the social worker, then it is imperative that the possibility of other agencies is pursued. If these are also unacceptable to the parent then the social worker suggests that they continue to work together and monitors the child as closely as possible through her sessions with the parent. Should the child's situation deteriorate and the parent still refuse the offer of direct work with the child then the social worker needs to discuss the professional and legal implications with her supervisor. Although it is unusual this situation does occur from time to time and needs to be accommodated within the broader scope of responses within the practice strategy.

If the assessment reveals that the child is distressed and it is apparent that the parent is unable to help the child at this time then the offer of the lateral model of intervention is made. This is a short term, structured intervention of alternating individual sessions for the parent and child, which focuses on enhancing sensitivity in the parent to the child's mourning thereby strengthening their relationship.

Summary of the assessment process

The assessment process provides a body of information which forms the basis for the decision about what preceded the death, what is the real referral, what are the existing resources, what could be considered at this point to be a reasonable outcome and, in relation to these factors, what is the appropriate method of intervention.

The Structure of the Lateral Model

The sessions are conducted in waves or cohorts of individual sessions for the parent and the child, both of whom are seen on a fortnightly basis. The sessions are alternated so that the parent is seen one week and the child the next, thereby affording the social worker a continuing and growing awareness of the pattern of the parent-child relationship and issues as they arise. From this cumulative picture of the dynamic and resources available to the parent and child she can draw on the strengths and seek to supplement the vulnerabilities within the relationship and construct a reasonable outcome at this time.

That last phrase indicates that this is a continuing process and part of a reasonable outcome is that the parent and/or child feels able to return to the social worker should either feel the need of her services, without that making them feel diminished.

The parent as the expert complemented by the social worker

The manner in which the offer of sessions for the child is made is extremely important. Bereaved parents frequently feel demoralised and full of despair about the child and the future of the family at this time and an offer of intervention with the child which

does not accommodate this feature of bereaved parents' diminished self-esteem and confidence in their parenting skills can be an additional insensitive sleight to an already impaired self-image.

Therefore the offer is couched in terms of the parent as the expert and the most important person for the child but one who is in need of some additional resources at present. The work with the child is presented as complementing rather than substituting the parent. The offer is made by the parent to the child in order that the child can refuse without embarrassment or, if he accepts, may interpret this offer of help as a manifestation of his parent's concern and competence in engaging resources on his behalf.

The content of the parent sessions

The social worker encourages the parent to review the broader significance and impact of the bereavement for her as an individual whilst maintaining an acute awareness of the child's presenting needs as revealed by the assessment and the parallel sessions with the child. Although for reasons of confidentiality, the child's needs are not explicitly expressed within the sessions with the parent, the social worker's awareness of the child's current status enables her to make useful links and insights to enhance the parent's sensitivity to the child's experience. She encourages the parent to adapt her view of the child if necessary, and her behaviour, in order to accommodate the child's needs and promote his mourning conversation.

The content of the child's sessions

The child is offered non-directive play sessions in accordance with the ethics of the therapeutic relationship and the requirements of child protection legislation. This is explicitly stated at the beginning of the relationship and repeated when necessary throughout the course of sessions.

The child is fully aware that this offer has been made because of his bereavement and

because he appears to be unhappy in ways which his parent is unable to address at present. The social worker offers herself on a short term basis for the purpose of exploring what might be worrying the child and thinking about ways in which he might be able to resolve those worries with her help.

There are certain tasks which need to be achieved as part of an initial assessment process with the child which can be done in an informal manner during the first sessions. For example the social worker needs to check the child's understanding of what caused the parent's illness and death and his role in that. She needs to assess the nature of his relationships with both parents and how he now perceives the surviving parent. She needs to give permission for the child to express any feelings or thoughts within the knowledge that these are respected and held safely within the confidentiality of the therapeutic relationship. In effect she gives him permission and indeed encourages him to recognise his need to review what has been lost and establish his mourning within the secure base of the therapeutic relationship.

Establishing the bridge between parent and child

The aim of the intervention is simultaneously to enhance sensitivity in the parent to the child's mourning whilst enhancing sensitivity in the child to his mourning and confidence in his competence to manage the process in his broader environment and share it with his parent.

This is a subtle and delicate element in the process. The social worker needs to be acutely aware of the ethical constraints of confidentiality at all times and yet encourage the mutual sharing of confidences between parent and child. It appears from practice experience that the success or otherwise of this stage rests largely with the parent's ability to create openings for the child's mourning conversation or respond appropriately to his overtures. The literature supports the view that the parent is the executive partner in the parent-child relationship and therefore it is her qualities which determine the nature of the outcome of intervention.

The development of the teacher as a resource

The model seeks to develop other resources within the child's environment to supplement the parent after the social worker has ended her involvement. It has been my practice to develop a dialogue with the teacher, with the parent's and child's permission and, on occasion, their active involvement. This dialogue is based upon the teacher's suitability to offer additional support to the child at school and to keep that relationship within the boundaries of the teacher-pupil relationship. She is also encouraged to provide a supportive link between school and home for the parent.

The teacher is the first choice person because she has daily contact with the child combined with an intimate knowledge of this social and academic performance. She can readily identify areas of concern and offer extra support to both parent and child without that compromising her role as a teacher.

The teacher is asked to offer herself to the child as a 'friend' during school time, as someone to whom the child can turn if he is distressed or wants to discuss something to do with his bereavement. She is also there for him at agreed times should he just want to potter about inconsequentially doing small tasks for and with her in the classroom. The child has control over the conversation; the teacher is advised not to broach the subject of the child's bereavement but to make herself available in these ways and allow the child to create and control the tempo of their conversation.

Teachers who have taken on this role have been supported by information about how children mourn and by contact with the social worker on request. It has been my experience that once the teacher's anxiety about having a bereaved child in their class has been reduced by the information and offer of professional support, they experience great satisfaction at being able to make a contribution to the child's welfare at this time of great need.

There has been a secondary gain to this element of the intervention in that teachers

frequently extend their awareness of loss within their class and school to other children, and not only those bereaved by death. Although this outcome is beyond the remit of this study, it supports the argument that schools are often an under-used resource for bereaved children.

The evaluation of outcome

The outcome of intervention lies in the beginning. A reasonable outcome is largely defined at the start of the intervention as part of completing the assessment. It is essential to the purpose of practice to have some notion of the desired outcome. If one embarks upon an intervention merely with the idea of completing a number of sessions and closing the file then practice becomes arbitrary, self-indulgent and even dangerous, for who knows what secondary purposes are being played out below the surface if one does not assess the whole situation before becoming actively involved?

The ideal outcome of interventions with bereaved families is that the child is able freely to explore his mourning with his parent and any other chosen individuals and to pursue his normal developmental route. The ability to return to the social worker or another social work agency should the need arise, without that being defined as a sign of weakness, is also a positive outcome for the intervention. Those are the ideal outcomes but social workers practice in the real world and in the interests of establishing realistic goals, we need to compromise the ideal to the reasonable. A reasonable outcome would be for there to be a marked improvement in the quality of sensitivity in the parent for the child and an increase in the frequency of mourning related exchanges between the two, particularly those which are initiated by the child. The other element to the reasonable outcome is that the child's level of anxiety or manifestation of distress is reduced. These changes also demonstrate improvements in the elements in the child's environment which characterise the necessary pre-conditions to mourning being sustained.

The second aspect to outcome is that the social worker may decide that as much as is

possible at the time has been achieved but that, after a planned break and period of consolidation, she would consider conducting a second wave of sessions. This approach is useful because it allows social work involvement in the family without the social worker becoming part of the family. Vulnerable parents may be very tempted to identify the social worker as the saviour of the family, without whom the family will disintegrate. The pattern of cohorts of sessions addresses the need to offer the lateral model over extended periods of time for some families but still on the basis of structured, time-limited involvement.

Summary of the Lateral Model

The lateral model has a three-stage design. First the assessment process develops a global context to the illness, death, bereavement and the parent-child relationship. It is an essential part of the decision-making process about what is the appropriate model of intervention and what are reasonable outcomes. The counselling sessions focus on the presenting issues of the time in conjunction with the need to enhance sensitivity in the parent for the child and strengthening the bridge of communication between the two. The outcome is largely defined at the beginning but needs to be reviewed and adapted and, if necessary, involvement continues in the manner described.

Summary

There is a need to base models of social work intervention with bereaved families on sound theoretical bases. The nature of mourning, its characteristic features and length, raises questions about the appropriateness of routinely applying the cascade model and supports the view that a pre-intervention assessment is a necessary part of the overall process. It is essential that the social worker takes time to assess the potential each parent-child relationship has to develop the resources necessary to promote the secure environment and thereby promote the conditions necessary for mourning. It is also important that we recognise the uniqueness of each loss and the features common to bereaved families and work with both sets of descriptive features when constructing

reasonable outcomes to the intervention.

The assessment process is obliged to rely upon the parent as the primary source of information but the social worker is mindful of the tendency to under-report. She seeks to determine the quality of resources currently available and match them with the child's presenting needs as described by the parent. The teacher is a valuable source of additional information and support to the child and parent and engaged at the point when additional resources appear to be necessary. The assessment defines the need to involve direct work with the child as opposed to utilising the existing resources within the parent-child relationship.

Conclusion

The lateral model was developed in response to a model of mourning in children and in recognition of the need to use existing social work resources in a structured and purposeful manner. The practice is described in detail in the following chapter.

Although I have found it to be a successful method of working, its true effectiveness could only be evaluated by eliminating my role in the practice and devising ways of comparing it to the standard cascade model. In order to achieve this within the discipline of a research study and without compromising the ethical foundation to practice, certain adaptations had to be made. These are discussed in detail in Appendix 1: sections 1a & 1b].

Practice Guidelines For Working With The Lateral Model of Intervention

Introduction

In this chapter I describe the lateral model of intervention in detail in preparation for discussing the need for modifications within the research study.

The suitability of the model within existing social work practice is also outlined as are the advantages of structured interventions. It is proposed that the incorporation of this model of intervention to social work practice is a necessary adaptation in order to address the needs of the bereaved child to feel more secure within his relationship with the surviving parent and to promote mourning. It is also argued that this model of intervention strengthens social work practice with bereaved families.

Working with the Model: Practice Guidelines

In cases where the assessment process, elaborated in the previous chapter, reveals the need for a more intense, direct involvement than afforded by the cascade model, the parent is offered the lateral model of intervention. The practice process by which this offer is made is discussed and content of the consequent intervention elaborated.

The practice has three foci, the parent, the child and the teacher.

Counselling The Parent

The process of advocating the need for direct work with the child

There are three elements to the work with the parent: personal bereavement counselling, guidance and advice about the child and support in establishing a channel of communication with the child's teacher.

Following the referral, the social worker offers the parent a set of six, fortnightly counselling sessions with the possibility of a further set should it be necessary. The

need for continuing is reviewed after or around the time of the fourth session. During these sessions the parent's personal bereavement issues are explored and she is afforded the opportunity of considering her experience of bereavement, aspects of her relationship with the dead parent and other mourning-related issues.

At each session the social worker asks specific questions about each child in the family and carefully ensures that generalised responses are pursued and more detailed information gained. These sessions may be part of the hospice social worker's routine follow-up of a bereavement and it may be that the referred child appears as a result of this process. Whatever the route, once the social worker is aware that one of the children is exhibiting raised anxiety by any of the nominated ways, it is then necessary to focus more deliberately upon the needs of that child and the potential the parent has of managing this situation herself. This is the intervention of first choice for the following reasons.

Complementary parenting: the need to support the parent's parenting

The sequential losses experienced before the actual death usually leave the bereaved parent physically and emotionally exhausted. Alongside the exhaustion there are usually feelings of personal inadequacy accompanied by high levels of anxiety about parenting skills and the ability to manage all the responsibilities and tasks that lie ahead. If the social worker offers to take over the parent's role at this time it may result in lasting damage to the parent's self-image as a competent carer and further diminish the child's personal resources both in the immediate and longer terms.

Family, friends and neighbours often freely offer conflicting advice about ways to manage matters as they arise. Although this may be welcomed by a concerned parent, this flow of 'do's and 'don't's can transmit an implicit message of inadequacy to the already undermined parent. The conversation that the parent can establish with the social worker is very special in that it sensitively explores the ways the parent has managed matters in the past and seeks to build upon that. This approach aims to support

and extend existing skills rather than superimpose new ways of parenting. Supporting the parent in this way directly benefits the parent and indirectly benefits the child. The second aspect of complementary parenting is conducted with the parent and the child's teacher. The three-way meeting affords the parent an opportunity to extend her view of the child through establishing a conversation with the teacher. The teacher sees the child in a different context to the parent, one which is contained within the discipline of the classroom and exclusive. By developing a conversation with the teacher it is possible to come to know and assess a variety of elements of the child's behaviour within a long-term, structured and constant environment. This relatively predictable backdrop allows analysis of the child's academic performance, his social behaviour with other adults and peer group and his ability to adapt to new situations and challenges, all of which are established indicators of felt-security.

Having established a degree of rapport with the parent and having assessed that there is a child within the family who is experiencing raised anxieties which the parent feels unable to address herself, it then becomes a positive step for the social worker to offer the child sessional playwork on the parent's behalf. This approach is an essential element in the eventual outcome of the intervention as it establishes the partnership of social worker and parent working together for the benefit of the parent and child.

Counselling The Child

The approach

The social worker initially approaches the child obliquely through the parent. The parent suggests to the child that he might like to have a special friend with whom he can share worries and feelings, just like the parent herself does with the social worker. The parent describes how the social worker understands how children feel when someone special to them dies and that she would like to help the child and have some fun together. The offer of six play sessions is made through the parent thereby confirming the parent's caring qualities and competence in being able to organise access to this resource for the child. It is also important that the child is approached in

this way so that he does not feel coerced or embarrassed into accepting the offer when he would rather not.

If the child finds this offer acceptable then the next session with the parent is arranged so that the social worker has the opportunity to meet him informally. At this time the social worker outlines the way in which she works with children and answers any questions the child might have about her and the arrangements. They then agree to the time of their first session and this is written into the social worker's diary in the child's presence so that he can see how important he is to the social worker and that this is a firm commitment on her part to their relationship.

Creating the secure working relationship and play environment

The same principles that apply to creating a secure base from which to explore the world apply to creating the secure play environment within and from which the child can explore his mourning. The play environment is characterised by the qualities of security, sensitivity and open emotional communication. These qualities determine and direct the practice. The ways in which these features are established in the social worker's relationship with the child are as follows.

I follow a non-directive approach in my work with children and this is also the manner in which I would conduct the offer of play sessions and my introduction to the child. The parent offers the opportunity of play sessions to the child in my absence to avoid undue coercion and, if accepted, a meeting is then arranged at a time and place of the child's choosing. At this meeting the social worker presents herself in a similar fashion to the way in which she presents to the parent, as a professional person who cares about his welfare. The child is offered a 'special friendship', one which is based upon a combination of professional expertise and personal warmth. The expertise is expressed to the child by the social worker introducing and describing herself as someone who is knowledgeable about bereaved children's feelings and as someone who would like to help the child think about what happened to him and how that feels.

The principle of partnership with the child

The reasons why this is a 'special friendship', a different kind of friendship to others, are outlined to the child. The differences lie in its time-limited nature, in the fact that the social worker will not be as readily available to the child as friends usually are and because the child will only meet the social worker in certain sets of circumstances. It is also special in that it is a relationship between adult and child which is not typical of the usual patterning of such relationships.

The social worker needs to explain to the child that he will have a degree of control over the way in which this working relationship is arranged and managed. This feature of greater equality than is usual needs to be established right from the start and is embodied in the way in which the sessions are organised in terms of time and place: both of these are discussed with the child and compromises made in the child's favour. For example, if the child prefers a certain time of day for the sessions, then that wish needs to be accommodated even though it may inconvenience the social worker. In order to promote the secure relationship, that day of the week and that time is confirmed as a fixed point in the social worker's diary for the child for all the sessions.

The child needs to have proof that he is a partner in this relationship before the sessions start in order to ease the openness of communication which is the primary aim of the work. Although this is an important premise to the working relationship it is also equally important that the child is aware that the social worker will set limits to the degree of compromise. This is a positive setting of boundaries, an essential feature of the truly secure environment and arises from the conversation between the two about what is preferred and what is reasonable. It is expected that this combination will help the child to feel part of the establishment of the relationship and yet know that the social worker will exert reasonable control over excessive behaviour or demands. This is the basis for all that is to follow.

The social worker as a secure base

The social worker also needs to consider how she presents herself physically to the child. This is an important element in the creation of the relationship, one which is not always attributed the importance it deserves. Children use all their senses when identifying adults, therefore it is important that the social worker presents a consistent image to the child in terms of her dress, mood, language, non-verbal behaviour, availability and even smell. All these factors contribute to the child's picture of the social worker and create the internalised model of how she is between their sessions and what to expect of her during their sessions.

Alongside the child's process of image construction, the social worker constructs a personal picture of herself for the child through the gradual sharing of personal details. This is an integral part of the work of the first play session with the child and will be discussed in greater detail in that section of this chapter.

The playroom as a secure base

Another element in the establishment of the secure environment is the provision of a comfortable and predictable setting for the sessions. Ideally the sessions are held in a room which is not too far away from the child's home and is private, in that nobody will enter it during the sessions and neither will there be any intrusive noises. The room needs to be furnished with comfortable chairs and a surface for drawing and playing with toys. Although play sessions can take place in a variety of settings, it is helpful to have a constant background for the majority of the sessions against which to monitor changes or significant differences in behaviours.

The role of food within the sessions

The last feature of the secure play environment is the provision of food. Children need nurturing emotionally and physically. It has already been established that a bereaved child has very real concerns about his physical well-being and the reliability of others. The thoughtfulness behind the provision and the intimacy in the sharing of a

tube of Smarties, a tangerine or whatever is the child's choice, adds significantly to the relationship on a number of levels and serves a number of purposes.

It can be used by the child to change the tempo of the session, to provide a natural break, to fuel flagging energy, to give comfort if distressed or merely as a treat. The way in which the food is used is an interesting and often informative activity. Some children may use it at a certain point in each session, for example as a half-time event, others may use it right at the start to help them settle in to the session, others may use it to try to extend the time of the session. Some children use it in a different manner each time. Whatever way it is used I have found it positive and helpful in the work and a useful additional constant with which comparisons can be made.

The patterning of the child's sessions

The child is offered six, fortnightly play sessions. These are conducted in an alternating pattern with the parents' sessions, therefore the child is seen one week and the parent the next and so on. In this way a progressive, articulated understanding and conversation develops between the parent and child with the social worker, one which can be used in both counselling arenas within the boundaries of confidentiality.

The broad purpose of the child's sessions is to assess his sources of anxiety and address the issues generated by them. They also afford the child an opportunity to consider his experiences of loss and bereavement and explore his thoughts and feelings.

The number of sessions is limited to six for two reasons: first, experience has shown that this provides a satisfactory amount of time in which most children become accustomed to and use the therapeutic relationship, and second because it places a manageable time-limit upon the relationship. This is an important aspect of the structure of the model for both the parent and the child but is particularly so for the child. The need to continue the sessions is considered in the same way as for the parent.

Time boundaries and termination management

By offering a limited number of sessions the social worker is able to draw positive boundaries around the intervention with the child. These boundaries reflect the deliberately contrived nature of the 'friendship' and underline the need to be aware of the finite nature of the contract. The ending of the relationship is anticipated from the inception of the sessions and remains a *leitmotif* throughout thereby emphasising the need for the social worker, child, parent and teacher to recognise the significance of the event and develop some management strategy from the start. Termination of contact needs to be managed from the very first session as it inevitably holds echoes of the experience of the loss that brought about the referral.

The creation of declared time boundaries around the relationship pre-empts some of the problems which can arise from termination. It is not expected to eradicate all associated difficulties but that can be used in a productive and positive manner within the overall aims of the intervention in that it is a controlled experience of loss for the child, one which he is encouraged to manage with the social worker and involve the parent.

The philosophy and features of the relationship between the child and the social worker are established and reinforced through the introductory activities within the first play session and continue deliberately to be a prominent feature of all subsequent sessions.

Establishing the relationship while assessing the child through play

As stated above the social worker's primary task is to establish a degree of ease and rapport with the child in the first session to enable him to feel secure enough to withstand the possible unease of the content of subsequent sessions. Although there can be no definitive way of achieving this, there are certain techniques which have been found to increase the likelihood of it happening. Problems may arise at this point in the relationship between the need to establish a working ease and the social worker's need to have basic information from the child about his experiences of the illness and death,

and to gather some impressions of what are his concerns now. This can be done without the child feeling that they are being examined by the social worker, but it presents a practical dilemma.

Some social workers have tried to resolve this by asking the child to help them understand who is in his family and getting him to draw either a family tree or ecomap and then talk about the family members and their significance. Although this is an effective way of gathering information it does not reinforce the reciprocity component in the relationship: this is a process of giving rather than sharing information. The aim of appropriate reciprocity requires that the child knows about the social worker in comparatively equal measure. The problem for the social worker is how to give the appropriate amount of personal information without transgressing the boundaries of the professional relationship.

It is essential that we have some information about the child's sense of security, foci of anxiety, social competence, self-esteem and any established mourning behaviours. This body of data constitutes the foundation of the social worker's understanding of the child and provides indicators of areas of work or emphases within the work for future sessions. It is not appropriate that the social worker should share this sort of information with the child because it would negate the stronger, wiser image that underpins the therapeutic relationship. How then to go about collecting the information without it being a one-way flow?

In order to collect the information without compromising the principles of the therapeutic relationship I have constructed an initial session which is based upon parallel questionnaires which are completed together, side by side. The questionnaires are presented in the form of a personal inventory which covers likes and dislikes, favourite books, television programmes, pop groups, clothes and so on. Couched within these questions are some which address the critical areas of the child's functioning.

The conversation is, for the most part, lighthearted and feels like the start of an heuristic journey for both the child and the social worker. Children I have worked with have always been fascinated by information about what I was like when I was their age, for example what games I used to play, the fact that I did not have a television and that I lived in a flat in London. Sharing this sort of personal information helps the child to see the social worker as a whole person, someone who remembers their own childhood and consequently will be able to understand his a little better. The social worker also demonstrates that she is happy to share certain personal details which helps to confirm the different nature of this adult-child relationship to other non-familial ones. There is also a lot of fun to be had in remembering some past events and it is relatively safe territory because time has drawn some boundaries around those experiences. It is not uncommon for some bereaved children to ask if the social worker is a bereaved child like them. If asked directly then it is essential to answer honestly without too much detail and only to an extent which is comfortable.

The child's understanding of death

Alongside the need to establish the egalitarian nature of the relationship is the need to assess the child's cognitive capacity to comprehend the meaning and significance of death. It has already been established [see Chapter 5: Childhood Mourning] that the capacity to do so directly influences the ability to engage with mourning as opposed to defining the responses as merely reactions to the separation component. Therefore the maturity of the child's concept of death needs to be evaluated. The assessment process, if managed appropriately, can provide an opportunity to explore the child's experience of what happened when his parent died.

The way in which this is managed varies slightly according to the age of the child. One would want to know how he came to realise that something was not right with the parent and when he was told or realised that the parent was seriously ill. It is also important to have some idea of what the child understands to be the outcome of death. This is often a subtle blend of hard facts softened by wishes for things to be otherwise.

The degree of defensive exclusion is revealed within this part of the assessment and needs to be accommodated within the subsequent approach to this topic. It is not easy to be with a child as he struggles to explain the balance between what is and what is wished for, his thoughts are often expressed haltingly and poignantly. It is not helpful to suggest answers because the manner in which a child assimilates the reality of his loss is one of the indicators of the effectiveness of the intervention.

Insight and affect recognition

The child's ability to recognise affect in others and in himself indicates his level of operational insight and sensitivity to himself and others. It is possible to assess his level of affect recognition in a variety of ways [e.g. masks, sheets of different facial expressions, tableau pictures, stories etc.]. The process of assessment also provides an opportunity to develop a conversation about when and where the child has felt certain emotions. This is also an opportunity to assess the fluency, creativity and openness of his conversation at this initial stage in the relationship with the social worker.

Security and trust

I have argued that the quality of security in the child's environment is critical to the initiation of mourning, therefore it is necessary to assess the level of felt security and in what circumstances he recognises or experiences feelings of security. It is proposed that the quality of security in the child's environment will be evident through his performance in different areas of his life.

A significant feature is expected to be the ability to trust others appropriately with personal details. The child's ability to do this demonstrates insight into his own feelings and sensitivity to the possible responses in others to the information he is sharing. These qualities may be learnt during the work within the sessions and, if that is the case, can be said to be indicators of the child benefiting from the intervention. Play exercises which specifically address this issue for young children are scarce but one which I have developed and used with a number of children throughout the age range

of the research sample is the Trust Circles exercise [see appendix My All About Me Book : Page 16] which is carried out in the same way as with the parent.

The child identifies himself within a small circle in the centre of the page and another circle is drawn concentrically and close to this one: this is the area of unconditional trust. The child is asked to place those people with whom he can share his innermost feelings at any time and to place them within the circle, either close to the boundaries of his or further away, as he thinks fit. Another, larger concentric circle is drawn around this one: this is the area of conditional trust. The child is asked to place in this space anyone with whom he can share some but not all personal issues on most occasions when they meet. Lastly a fourth circle is drawn with an even wider space available: this is the area of considered trust. The child places in it people with whom he can only share some considered personal issues and only when certain circumstances prevail.

This concrete representation of the child's personal resources, in conjunction with an assessment of degrees of trusted and trustworthy others is a rich source of conversation about who is available to support him and in what circumstances. Sadly it is often the case that the unconditional circle for bereaved children remains empty long after the bereavement and is testament to the concept of the orphan syndrome.

The Degree of Defensive Exclusion within the Child's Thoughts about the Dead Parent and the Surviving Parent

The work of mourning for children and adults is to remember and integrate the dead person into their lives in an altered state, to construct and develop an adjusted attachment. This process hinges upon the mourner's ability to remember the dead person as realistically as possible. Although idealisation and eulogy are indications of a degree of defensive exclusion they are not by themselves automatic indications of pathology or distorted mourning: this is especially true of young children.

The excessive use of idealisation can be considered counteractive to healthy mourning when it inhibits the mourner from thinking about the dead person. Idealisation as a defence stratagem is usually employed when contemplation of the deceased generates overwhelming emotional pain. However, it is often the case that the presence of a degree of idealisation of the dead person actually facilitates remembering because it protects the mourner from intolerable images or thoughts, and filters the more acceptable ones into his consciousness. The benefit of defensive exclusion is that the mourner gradually allows himself to construct a more realistic picture as the pain of memories is dulled through the repeated act of remembering that which is tolerable at the time.

The extent of the mourner's ability actively to remember and share memories with others is prescribed by the nature of the relationship between the mourner and the other person, therefore it is proposed that the extent to which the child is able to enter into this activity with the social worker, the parent or the teacher is an indicator of his ability to manage an important element of his mourning and needs to be a focus of the social worker's intervention.

Within the play sessions it is important to assess the degree of integration within the child's memories of the dead parent and his image of the surviving parent. In the past I have done this through general conversation and the use of the child's own family photographs, or by using body outlines of each of the adults and getting the child to colour in characteristic features of each, with particular emphasis upon behavioural and emotional traits. The process of thinking about that person in detail and then translating those thoughts into a concrete representation of shape and colour, concentrates the child's mind and provides a third object through which the child can channel less acceptable material more safely than in a direct conversation. As with other activities, this body-mapping exercise seems to lessen the stress of the process and so produce more accurate and detailed responses than one might expect from such young children.

The quality of security

The quality of security is fundamental to the child's ability to mourn. The internalised feeling of security may be a general, amorphous sense of safety and its lack experienced as a degree of free-floating anxiety. The maxim that knowledge is power is particularly relevant in this instance because it is the extent of the child's knowledge about what he needs in order to feel safe and secure which enables him to exercise some control over those situations in which he feels unacceptable levels of anxiety because of overwhelming personal threat.

Many children respond to stories about fictional children in dangerous situations and relate incidents in which they too have felt threatened. The outcomes of these situations are indicative of what they perceive to be satisfactory and unsatisfactory resolutions.

Open emotional communication between child and parent

A child develops depth to his mourning conversation when he is confident that the person who is listening is actively attending to the substance of his conversation and not merely hearing his words having already decided on their response. The bereaved child learns to explore gradually the genuine sincerity of adults who offer a listening ear because he will have experienced the dismissive or diminishing response that results from the misconceptions about childhood bereavement. The repeated experience of either of these responses to the child's conversational overtures results in him learning to retreat into silence. He may even avoid entrusting his thoughts and feelings when a genuine opportunity does present itself because he has learnt from experience not to make himself vulnerable again to rejection through others' misunderstanding.

The need for sensitive listening in adults as the basis for the mourning conversation

The social worker models sensitive listening to the child through her general demeanour and attentiveness. Through her work with the parent she increases her sensitivity to the child's developing needs. She encourages the parent to create special time for the child and to listen as impartially as possible to what he communicates and

recognise his distress in certain behaviours. The teacher is another model of sensitive listening for the child and it is expected that this combination of caring adults will enable the child gradually to unfold and discuss sensitive issues with increasing confidence in both the listeners' and his own communication skills.

It is essential that the social worker consolidates any achievements in this area of the work because it is the quality of the parent-child conversation that will sustain the child's mourning after her withdrawal. The need to consolidate during the intervention is especially important because the ability to establish and maintain the conversation does not rely upon a formula and therefore the experience of successful communication and its outcome needs to be reinforced with both the parent and the child in order for it to be internalised and continued.

There can be no set formula for this conversation for two main reasons. First, because every individual has a unique style of communication and in order to develop and maintain coherence and integrity within that aspect of the relationship, it is essential that the individual maintains the idiosyncratic element which defines his or her particular characteristics. The second reason is that each person has different and changing needs: what may be appropriate or wanted at one stage in the child's life may not be so at a later stage. For example, the distressed six-year-old may need to be comforted with a cuddle and kind words whereas the same child five years later may want a completely different form of comfort responses from his parent. The sensitive parent responds within the parameters of Hinde's principles of synchronicity and complementarity which requires an adaptive repertoire of responses.

The parent's self-esteem and confidence in handling future crises for the child hinges upon her ability to manage this one. The child's ability to trust the parent with delicate, personal matters is tested in this conversation and the pattern for future trust partly set by its outcome. Although this aspect of the work is highly individualistic, it is a critical element in the overall assessment of the current

effectiveness of the intervention and indicates the potential success of the intervention in the longer term.

Summary of the working relationships with the parent and child

It is proposed that the careful construction of the foundation of the relationship, combined with an equally considered physical environment for the play will promote the optimum conditions for the initiation of open emotional communication between the child and the social worker. The social worker's ability to present an empathic adult model to the child complements the work undertaken with the child's parent. The parent is being encouraged to develop greater sensitivity to the child at the same time as the child is learning how to communicate his concerns and feelings. The concurrent relationship with the class teacher, which is described in a later passage, adds another layer to the child's internal working model of who are trustworthy people.

It is the coming together of a constellation of factors which I propose is the source of the effectiveness of this model of intervention and because it addresses the child's experience on several levels and in various significant areas of his life whilst allowing him to maintain control over that experience throughout.

The Bereaved Child In School

The child not only needs to feel safe and cared for at home but also at school. It has been demonstrated that the quality of security at school affects the child's ability to achieve and maintain a satisfactory academic standard and directly influences social functioning [Arend et al. 1979: Belsky et al. 1984: Greenberg & Speltz 1988: Rubin & Lollis 1988: Easterbrooks & Goldberg 1990: Hazen & Durrett 1982: Jacobson & Frye 1991: Park & Waters 1989: Youngblade & Belsky 1992]. The model of intervention incorporates the school as an important arena for the promotion of security.

The school is an arena for various activities from which the child develops a personal identity and sense of self-worth which may be different to his self-image at home. At

school he has the opportunity to develop self-esteem through academic and social performance. As a collective body the school has the opportunity to develop a sensitive environment which can support the child in his mourning and which can be achieved in the following ways.

The teacher as a resource for the bereaved child

The primary school age child spends a significant part of each school week in the company of his class teacher. The teacher is a very important person in the child's life, both as an authority figure and as a source of comfort in times of distress. In both respects she has great influence upon the child and can make a valuable contribution to the creation and maintenance of his mourning environment.

The model seeks to promote the teacher as a resource for the child by developing the normal teacher-pupil relationship into a more intimate relationship, without that development compromising the discipline of the primary relationship. It is expected that the addition of such a resource to the child's environment will enhance his sense of felt security and provide an opportunity for the promotion of a more open conversation between child and teacher. It is expected that the child will demonstrate the benefits of this resource in his mourning behaviour. Although I have identified the teacher as a potential resource for the child, his class teacher may not be his automatic choice. There are certain factors which need further consideration. The first is who is the right person?

Contra-indications for the teacher as a resource for the child

Although frequency of contact and availability may indicate that the teacher is the preferred person it is not always the case that she is the right person. For example, it would not be appropriate to encourage the teacher to 'befriend' the child if it was known that she was intending to leave the school in the next few months. Neither would it be appropriate to engage her in this work if she had serious reservations about her ability to manage the emotional demands it may make. A teacher who had recently been

bereaved herself would need to consider carefully whether or not she was able to take on this sort of commitment to the child. Similarly, a teacher who had been bereaved of a parent in her early childhood may understandably feel that the child's experience is uncomfortably close to her own and so exclude herself.

Whatever the reason, if the teacher feels uncomfortable about the implications of this added responsibility, she should not be encouraged to pursue it but should be asked if there is someone else within the school establishment who might be suitable. It may be that one of child's past teachers would be willing to be involved, or a kindly secretary or dinner lady. The teacher is the preferred person but if that is not possible then an alternative person needs to be identified.

It is also possible that the teacher may not be the right person because the child would not choose her. The social worker would become aware of this through the assessment process with the parent which would reveal her suitability. The task then is to discover who the child might select and this person is then approached via the class teacher. It is essential that this process is followed by the adults within the child's team so that the child is able to exercise some choice and establish a relationship with a person who is known to have either an existing or potential rapport with him.

Supporting the teacher

If we assume that the teacher is the acceptable nominee, then we need to address the next stage in the development of the relationship which starts with support for the teacher. Support is provided in two ways, through information about childhood bereavement and through the relationship with the social worker and parent.

Although teachers are usually concerned about the personal welfare of their pupils, when confronted by a bereaved child teachers are often reluctant to initiate conversation for fear that they might say or do something which would further upset the child. To avoid this impasse the teacher needs to have relevant information about

what to expect of bereaved children of this age. The maxim that knowledge is power is true in that it serves to diffuse fear and enables the teacher to feel more comfortable about the meaning and purpose of the emotions, moods and behaviours the child may exhibit. By having a broad knowledge-based perspective the teacher can better understand the importance of her role in creating the mourning environment.

The social worker discusses in general terms the nature of childhood mourning based on a general description of children's experiences of bereavement through cancer and some of the commoner responses they manifest. She then describes the need for the child to have additional resources because he feels less secure and in particular the need for a trusted person at school to help him feel more secure. She is encouraged to consider the possibility of assuming this role or finding someone within the school who could. The teacher is encouraged to contemplate the issues involved, ask informed questions of the social worker and parent and so come to a considered decision about the appropriateness of her involvement.

The involvement of the teacher is the second level of sustainable support, the relationship between the teacher and the parent which also initially involves the social worker. This triad develop a working conversation that concentrates on creating and sustaining an effective team for the child and for each other. The nature of the team will be discussed in greater detail in a following passage.

The teacher as a friend

The third aspect of the teacher-child relationship is the creation of the right balance between teacher as authority figure and teacher as carer.

School is a structured environment and it this structure and order which can create positive boundaries for the insecure, anxious child, therefore it is important that any personal resource developed within that milieu should be couched within the existing structure. It would not benefit the child to compromise the boundaries of the classroom

or his relationship with his teacher beyond reasonable limits, to do so would alter and distort the child's known world, amplify anxiety and thereby undermine one of the main assets of the school environment.

Although the construction and management of the teacher-child relationship is necessarily not egalitarian, nevertheless it reflects the principles of giving the child informed choice and appropriate partnership, principles which permeate all aspects of the work.

The bereaved child needs the teacher to be a stronger, wiser person than himself; stronger so that she can bear the burden of the child's distress and wiser so that she can appreciate the significance of it. However, the balance of the existing relationship needs to be adjusted to help the child establish a greater ease with the teacher, an ease which is conducive to a more open conversation about the child's inner state. The way in which this can be achieved is outlined by the social worker, but each pair will need to determine and define what is a comfortable arrangement for them within the agreed boundaries.

The relationship is not a peer friend relationship, neither is it predominantly characterised by the inequality of status usual between adult and child. Ideally the teacher would strive to create a significant element of the mother-infant attachment style, described by Hinde [1979] in terms of synchrony and complementarity which allow and encourage the child to relax into a greater intimacy with her, and develop a greater sense of sensitivity to his needs within school. Both these features enhance the child's mourning environment at school and have a positive effect upon his view of his parent, who is perceived to be an active agent in the promotion of his welfare.

Creating the pattern of the relationship within the school timetable

Another elemental feature of this relationship stems from the need to maintain it within the limits of the classroom and school timetables. Once the teacher has offered

the child the chance to have some private, special time and conversation, the pair need to discuss what would be the best arrangement for them within those parameters. Some children who find it difficult going to school have found it helpful to have that time at the beginning of the day, others have decided that playtime was better for them. Others have preferred the period just at the end of the morning and before lunch, whilst the time after lunch before the afternoon sessions began was better for others. Whatever the time agreed upon, it needs to be equally acceptable and manageable for both parties and, if any change needs to be made to the arrangement, it must be negotiated openly with clear explanations why, especially if the teacher is initiating the change.

It is expected that the content of the relationship and the child's use of the time will vary greatly according to the nature of the people involved and over time as the child's needs change. Some children are content to potter about the classroom doing light tasks, chatting about mundane matters and may apparently never want anything else from this time. Another may start like that and gradually choose to share more of his personal life with the teacher as he grows in confidence in the developing rapport.

Whatever develops needs to be at the child's pace and under his control so that neither his privacy within his bereavement is invaded, nor does his bereaved status become mingled against his wishes with his pupil status. The child needs to keep the two as separate as is wanted and have control over those boundaries. The teacher's availability and sensitivity to his needs will communicate her genuine willingness to listen to anything which troubles him and to offer appropriate supportive comfort at school. It is for the child to decide how to use this resource.

The need to bridge the hiatus of school holidays

If the bereavement occurs at the end of the academic year then it will be necessary to consider how this relationship will continue to be managed the following year. It is a matter of deciding whether the same teacher will continue or if it is more appropriate for the next class teacher to take on the mantle of 'friendship'. The child's need for this

resource does not usually fit neatly into the academic calendar but presents as a constant need, to a lesser or greater extent, from year to year. This does not mean that the social worker or the teacher will be involved with the family in perpetuity; the primary aim of the intervention is to create the resources, strengthen them in the described manner and then withdraw, allowing them to function independently of the social worker but aware that that is a resource for them should it be needed.

Secondary benefits

It is proposed that there are immediate and direct benefits of this regime for the bereaved child and that, in creating this resource for a specific child, there are secondary benefits for the teaching staff and the pupils both currently and in the future. In my experience, teachers who become involved in this way feel that they have made a significant contribution to the welfare of the child and his family. They also feel rewarded by helping a child at this particularly vulnerable time and gain a special satisfaction from seeing the benefits of their efforts. The teacher feels more self-confident in this area and will more readily offer a similarly supportive relationship to distressed children who come into their classes in following years.

Another area of gain is within the classroom culture. The bereaved child's peers become aware that this is a child who needs extra help at this time and that it is important enough for him to have special time with the teacher. This time does not carry the stigma attached to naughtiness or learning difficulties, but is voluntary time characterised by need stemming from an unwanted status. The class awareness of this delicate balance assists in creating a greater sensitivity among the child's peers which reduces the frequency and intensity of peer cruelty and encourages the generation of a culture of empathy with the bereaved child's current experience and consequent needs.

Summary

A lateral model of social work intervention was constructed based upon the attachment theory principle of the role of security in the personal environment and the adjusted attachment model of mourning. The need for this new intervention approach was highlighted by the inadequacies and inappropriateness of the traditional cascade model with parents with reduced sensitivity. The model had seven distinct advantages.

1] The intense, time-limited involvement is highly appropriate to the nature of the problem. It provides a focused service to the bereaved family, so keeping to a minimum any interference with their need to re-organise as a group.

2] The child has the opportunity to have a special relationship at a time of particular vulnerability. The work allows him to gain insight into his experience, whilst enhancing his self-esteem and resourcefulness.

3] The parent and teacher are encouraged to take on increasing responsibility for the child's welfare. Although this is initiated and supported by the social worker, the other members of the team grow in confidence and their ability to make sensitive and informed decisions about the child grows with time.

4] The mutual support that develops between the parent and teacher enables the social worker gradually to withdraw and adopt a less prominent role, so allowing the parent-teacher conversation to manage the child's welfare.

5] The development of new resources enables the social worker to reduce and gradually terminate involvement, having created a more nurturing environment for the child.

6] The nature of the intervention avoids creating dependency at a time of heightened vulnerability because of its contractual nature and because it aims to enhance skills in others, rather than solely providing services for them.

7] The contractual arrangement lessens the impact of termination, an aspect of this work which needs very sensitive management as it is often the first significant loss after the bereavement. From the very outset the ending is continually acknowledged with the child and the parent.

Conclusion

Established models of social work intervention provide a service which focuses predominantly on the parent's definition of the child's problem. The bereaved parent is known to have reduced sensitivity and under-report distress in the child, therefore children often do not benefit from social work interventions based on these models.

The lateral model of intervention was developed which is grounded in a model of mourning and based upon the principles of attachment theory. It is a practice model which is compatible with existing social work resources.

It is proposed that the incorporation of this model of intervention to social work practice is a necessary adaptation in order to address the needs of the bereaved child to feel more secure within his relationship with the surviving parent and to promote mourning.

The means whereby this model of intervention was modified for the research study is discussed in detail in Appendix 1: sections 1a & 1b .

PART THREE

THE FINDINGS AND THE ANALYSIS

Introduction

The hypothesis tested in Part 3 is that the quality of parenting is the most influential factor in a good outcome for the child. The models of intervention aimed to develop resources in the parent-child relationship which facilitated the development of a shared mourning conversation . This was expected to be associated with a reduced incidence and/or intensity of the child's identified distress. I have argued that:

- i] the control model is less effective in this regard because it relies too heavily upon the parent at a time when parents are known to have reduced sensitivity to the child
- ii] the experimental model is more effective because it provides additional resources which supplement the parent and initiate the process of mourning for the child with the social worker, which he is then able to transfer to his relationship with his parent.

The analysis first examines the effects of the interventions upon the parent, because she is the dominant partner in the parent-child dyad [see Chapter 2] and is expected to have the greatest influence upon the outcome. The second section concentrates upon the social worker because, as the agent of change, she delivers the intervention and her skills and personal style is expected to effect the quality of the practice delivery. The last section analyses the changes brought about for the child. The degree to which a child is enabled to feel more secure and establish his mourning conversation is a measure of the outcome of the intervention.

A change in the role of the independent assessors

The independent assessors were asked to identify and comment upon two critical events for one case from each group, although they were unaware that this last condition applied [see appendix 1: Section 1d]. I had intended to use their assessments and opinions to confirm, amplify or challenge my view. However, in the event my

colleagues took a broader view of the brief. Some did complete the task as required and others did it, but as part of an analysis of the whole. This resulted in each case being analysed in considerable detail in an attempt to develop a context to the practitioner's opinions. It developed into a casework exercise which they clearly enjoyed and to which they applied their skills with the thoroughness I had expected. However, the data yielded was less structured than I had anticipated and hoped for and consequently it was more difficult to apply to the relevant area of the analysis, which was contained in Chapter 10. Therefore, because the assessors had effectively contributed generous overviews of each case, I incorporated the data in Chapter 9, attaching it to the case studies analysed there. I have included elements of other assessors' contributions in later chapters where possible and have borne it in mind as each case was being analysed.

The rationale behind the case selection

I outlined in the introduction to the thesis that although each case was analysed in a systematic and thorough manner, to avoid repetition in Chapters 10 - 21, I selected those cases which best described the circumstances appertaining to others in the group or in the sample as a whole. Those which were not selected are included in Appendix 3.

Section One

Chapter 10

An Analysis Of The Process Of The Interventions : An Overview Of The Relationship Between The Quality Of Parenting And The Outcome

In this part of the analysis two cases from each group were selected for detailed examination from referral to outcome. The cases selected were those which had either the best or poorest outcomes in their groups : the differences between them were expected to accentuate the effects of the interventions.

The analysis focused on the process of the interventions, the impact on the dynamic of the parent-child relationship and the association between the quality of parenting and a good outcome. As part of the overview I shall refer to the parents' scores from the Child Behaviours List Parent [CBLP] and Rutter A and which appear in appendix Parent Scores : Case by Case. The independent assessors' comments are also included.

The families are briefly described in order to develop the context for the analysis in their experiences of the illness and death and to outline the pre-existing resources.

The Rationale of the Analysis

The process and dynamic of the intervention were analysed by the following elements:

- i] route to the social worker
- ii] parent's definition of the problem
- iii] parent's attitude to the child
- iv] onset and development of the problem
- v] adaptations made and/or resources developed
- vi] outcome

It was expected that there would be a positive association between the four elements following the referral [ii - v] and the outcome, and that the experimental model would be better able to facilitate that process than the control model.

Analysis and Findings

Two Control Group Cases

Case Notes : Edward

Family structure

Surviving parent:	mother [31]	Housewife
Dead parent:	father [31]	Clerical worker
Length of relationship	8 years	

Children

Age at intervention

Edward	Son	6 years
Rachel	Daughter	21 months
John-Liam	Son [posthumous]	8 months

Interval between death and intervention : 9 months

Dead parent

Father died just after Christmas in January.

For the first six months of Edwards's life his father worked long hours and was not involved with his care. After this he had a clerical job with an insurance company and worked from home. He had sole care of Edward for 2-3 days a week because his wife worked part-time.

Before he was ill he used to take Edward swimming, play football and have rough and tumble play sessions together.

Surviving parent

The mother was pregnant with Rachel at the time of the primary diagnosis. She was also heavily pregnant with their third child when her husband died: this child bears the father's name. She was involved in Edward's care from infancy onwards and enjoyed the experience. She very much wanted to have family and the couple shared the responsibilities and pleasures of the children together.

They presented as a close and loving couple who were able to be equally loving as parents. They were supported by the extended families and by their church community.

Route from illness to death

The diagnosis had been obscured and was slightly delayed as a result. The father had been ill for just over one year with bowel and liver cancer before he died. The brief optimism for recovery the parents shared after the initial surgery was cut short by the reality of the symptoms. His treatment for pain-relief was not very effective and the prognosis they described was not resisted by either parent when their significance became unmistakable.

Both parents welcomed and encouraged Edward to be involved appropriately in father's care [he was in charge of giving him his tablets] until his father became noise sensitive, at which point he could not tolerate the children being present. The mother answered Edward's questions about his father's deterioration as honestly as she could.

Death was in hospital, from coma, peaceful and with adult family members present. Edward was involved at all stages of the rituals through his genuine and informed choice.

School

Edward attended the local Catholic school. His father had been interested in his education and used to read with and to him when he was well and throughout the illness. The mother was equally involved and was considering training to be a nursery nurse.

Edward and his mother were offered unlimited support from the school and the mother had a positive relationship with the teachers. Edward had a particularly sensitive male teacher to whom he turned for support. When the teacher left shortly after Edward's father's death, the mother tried to ensure that Edward received similarly sensitive treatment from his successor, but with limited success.

Reason for referral: Edward's anger

i] Route to the social worker

The social worker had known the family during the father's illness because he had been a patient in the Palliative Care Unit. She had made two bereavement visits during which the mother expressed concern about Edward's behaviour at school. The social worker mentioned the research and the mother immediately said she would like to be involved was "very interested" and "warmly welcomed the support" she hoped it would give. She had a positive attitude to the social worker throughout the intervention.

ii] Parent's definition of the problem

The mother defined the problem as a bereavement response exacerbated by the dynamic of their relationship. She also stated that the solution was not Edward's sole responsibility.

iii] Parent's attitude to the child

The mother was very concerned about the gap developing within their relationship. She was also concerned that Edward's anger would spill over into the school arena and affect him there.

iv] Onset and development of the problem

The mother noticed that Edward became more irritable after his father died. She perceived her own distress mirrored in Edward's anger and empathised with his need to express it. He rejected her offers of comfort which she found very hurtful but she defined them as his distress at the loss of his father not a rejection of her: consequently she did not reject him in turn.

Edward continued to reject his mother's offers of comfort, particularly at bed time when he was at his most challenging. She remained firm and insisted that he went to bed. She tried to manage the incidents without anger.

v] Adaptations made and/or resources developed

The mother welcomed the chance to discuss her concerns with the social worker and tried to incorporate her advice and insights into her own management regime. The problem persisted and during the third session the social worker witnessed the mother's management of Edward when he was refusing to go to bed. She described the mother as managing the "... quiet battle of bedtime with great patience and sensitivity". The social worker admired her consistent handling of the demands Edward made and the way in which she reinforced the established boundaries of her discipline. It drained the mother but she stuck firmly and gently to her resolve.

The mother also sought resources for Edward at school to ensure that he was not developing anger-related problems there too. She continued to communicate to him her concern for his sadness when he looked sad and offered him warm comfort.

vi] Outcome

Although the mother stated she did not perceive the situation to have improved much, the second wave instruments she completed indicated the opposite to be the case. This was compatible with the social worker's comments that the mother tended to underestimate the progress made with regard to Edward's anger. The social worker also suspected that more improvements had been effected than the mother realised. At this point the social worker was unaware of the quantitative evaluation and assessed the improvement by the manner in which the mother responded to her suggestions and perceived Edward.

The mother scored an overall improvement on the Rutter A and the CBLP [see appendix Parent Scores : Case by Case].

The Independent Assessor's Comments

The mother recognised that the child was mourning the father and responded to him with great sensitivity, as she had done throughout the preceding times. She was able to

contain his upset states in a loving and caring manner. There seems little more that she could have done in the circumstances and there is every reason to believe that Edward will be well cared for in the future because of her sensitivity to him.

Discussion

The optimum experience

The child appeared to have had the best possible experience of bereavement. He had been involved as much as he wanted throughout the illness and the openness that existed during that time continued afterwards, indicating that this was not dependent upon his dead father but a personal quality in his mother too.

The mother demonstrated all the qualities of a sensitive, competent parent that both models sought to promote. She responded positively to the offer of help. She defined the problem as a bereavement response arising from Edward's anger at abandonment, and empathised with him, using her own experience to gain insight into his. She was a highly sensitive, altruistic, competent parent who had a good relationship with her son. She managed the preceding stages in a child-centred manner, enabling Edward to choose and determine his experience of bereavement, and continued to do so in spite of the additional stress his distress caused her.

Her sensitivity enabled her to anticipate other difficulties before they occurred, for example the teacher leaving, and initiate resources for him to pre-empt their worst effects. Her pro-active competence would be expected to increase Edward's sense of security.

The mother followed the social worker's suggestions about setting sensitive and consistent boundaries for Edward, which she managed very well. The mother also showed great insight and genuine concern in approaching the school to ensure that he was responded to similarly there. She continued to care about him regardless of how stressful his behaviour was for her.

The degree of improvement she recorded in the Rutter A and the CBLP was matched by the social worker's assessment and was as much a measure of the mother's sensitivity to Edward as it was of his actual improvement

The appropriate conditions for the control model

This is a good example of when the control model can be employed effectively, but this is an exceptional parent, both in terms of the sample and in more general terms. Her personal qualities, combined with the practice of the social worker lead to a good outcome for the child which supports the hypothesis that there is a positive association between good parenting and good outcome. The personal qualities which characterised this parent-child relationship are those which the experimental model seeks to promote in order to enable the child to mourn.

The fact that the mother was unable to recognise the degree of change brought about adds support for the argument that bereaved parents are less sensitive to their children. Although in this instance it did not have an obviously negative effect, if the social worker had not been involved the mother may well have become increasingly despairing and the relationship could have deteriorated further for want of an objective, encouraging view of her parenting.

Case Notes : Jane

Family structure

Surviving parent:	Father [41 yr.s]	Electronics Engineer
Dead parent:	Mother [46 yr.s]	Housewife
Length of relationship	17 years	

Children

Age at intervention

Jane	daughter	8 years
Sally	daughter	6 years

Interval between death and intervention : 6 weeks

Dead parent

The couple had been married for 9 years when she discovered she was pregnant with Jane. She was delighted, especially because she had given up hope of having children. She gave up paid work after she was born. A second baby, Sally, was born two years later. She was a full time mother by choice : she enjoyed looking after the children, was very involved in their schooling and encouraged their leisure activities. She took full responsibility for the running the house, caring for the children and managing domestic tasks for the father and the children.

The family had no extended family nearby because the couple had moved from London to the north of England several years before because of her husband's job. The mother's father became ill and died at the same time as she developed secondary tumours.

Surviving parent

Father was pleased by the pregnancies, but there is a suggestion that he was less so than his wife. There is a strong suggestion that this was because he had to share her with the babies and was no longer her sole concern. [In his journal he referred to Jane as "Susan's child" and displayed inappropriate competitiveness when Jane was distressed, both of which support this view.]

The father had a strained relationship with his own mother who was relentlessly critical of him. His sister had an even more difficult relationship with her and there had been a rift between her and her mother for several years, which was painfully evident at Jane's mother's funeral. The father's mother dominated her husband to the extent where he would deny having an opinion if he suspected it might differ from his wife's. [Jane's father nicknamed his mother 'Mrs. Bucket', referring to a television character who was overly concerned about appearances and social status, and whose husband had learnt to agree with her if he wanted a quiet life.]

Jane's father was very involved with his work which he found satisfying. In his leisure time he enjoyed walking in the countryside, cross country motor racing and car mechanics, all of which he did on his own.

Route from illness to death

The mother died three years after her diagnosis of breast cancer. The primary diagnosis was followed by a two and a half years of relative good health, during which time she maintained her hope of a full recovery. She developed bone and cerebral secondaries which caused sudden violent headaches. She resisted acknowledging the implications of these developments and remained active and optimistic until a few days before her rapid decline and death.

She was responsive to Jane's questions throughout her illness and responded with honest and age-appropriate explanations. Jane saw her mother daily when she was cared for at home and, in the final stages of the illness, when her mother was admitted to the local hospice, she visited regularly. However, as her mother became less well the father defined and limited the style of visits, which often meant the sisters spent long periods waiting together outside the room. The mother died from a comatose state, having been visited by Jane a few hours beforehand. The father was present.

School

Jane's mother had been very involved and interested in her schooling and had supported her learning. Although Jane had difficulties reading and was less able academically than her younger sister, she was well able to achieve the required standard.

The father had little involvement with the children's schooling. There was one incident which, in spite of his lack of involvement, he should have recognised for its significance. Jane was awarded the year prize for having made the most effort: it was presented to her a few weeks after her mother's death by the teacher who brought it to their home one Friday evening. The father responded to the teacher and the award in a

dismissive manner, diminishing Jane's achievement. This event is cited in the events analysis as indicative of his profound negativity towards her which probably has its genesis in his resentment at having his place in his wife's affections usurped by her arrival and a reflection of his jealousy because, in comparison to his twin sister who was a solicitor, he underachieved at school himself. This might also explain why he was not as resentful of Jane's younger sister.

Reason for referral: bed wetting

i] Route to the social worker

The social worker had known the family in the terminal stages of the mother's illness but had not had any sessions or regular contact. The father had already expressed interest in having social work help to tell his children "the right way" about his wife's illness, dying and bereavement. He was enthusiastic about the research, which he perceived to be purposeful and a positive outcome in itself.

ii] Parent's definition of the problem

The father took Jane to the G.P. because he thought the bedwetting might be symptomatic of a urinary infection which could be cured in some way. The doctor diagnosed no organic cause, however, the visit to the doctor raised anxieties in Jane that she was unwell like her mother which was associated with an increased rate of bedwetting. When she told her father her worry and how it had come about he dismissed her concern as being unnecessary fussing. He did not attempt to seek any psychological explanation of her bedwetting but defined it egocentrically as a problem for him because it was a drain on his limited reserves. He also referred to the practical implications for him of all the extra washing involved and the bills for the tumble drier. He was unable to alter these views throughout the course of the intervention.

iii] Parent's attitude to the child

The father was hostile and occasionally inappropriately punitive towards Jane. He was unable to make any connection between her bedwetting and her bereavement, even

though she tried to tell him that in her mind the two were connected.

He resented the manifestations of her mourning and explicitly diminished her need to mourn in comparison to his own, stating she had less need because she had lost less than him. When Jane approached him looking for comfort because she was feeling sad, or when she expressed her longing for her mother, he told her that she should be sorry for him because he had chosen to live his life with her mother whereas she had just arrived. In addition he told her that one day she would choose someone to live with and would have her chance of happiness then. The social worker was aware of these exchanges with Jane and was unable to effect any change in his attitude.

iv] Onset and development of the problem

The father reported that there was no history of Jane bedwetting prior to the death, however, there was a recorded instance of her younger sister wetting the bed prior to the mother's death and the father asking her why. Her response was that she was worried about her mother which instantly silenced the father. He was apparently unable to reply because of his anxiety and became 'busy' with the sheets.

He discovered Jane had been wetting the bed because of the smell in her room; she had been hiding the sheets for fear of his anger. She judged his response well, as the following extract from his journal shows:

11.08.93.

Jane disappeared to clean up her bedroom and I discovered where the smell was coming from, she has not been telling me but she has accidents and wets the bed most nights, there is no waterproof on the mattress any more it has slipped so the mattress now STINKS. I think it may be a throw away job now it really does reek. Swapped it for the mattress in the garage, off the single divan bed that was in Susan's room as part of the captain's bunk. I'm afraid that she did not half get her ears bashed, more

than anything for not telling me before. If I know there is a problem then it is possible to find a solution. So the new plastic sheets stay ON.

There was a distinct pattern of bedwetting incidents when Jane was under pressure [e.g. away from home at camp or in Cornwall with her paternal grandparents], at the time of an anniversary [e.g. wet bed every night throughout Christmas], or after a disagreeable incident with the father [e.g. threatened or real abandonment]. The father was aware that her bedwetting started immediately after the death. He had also recorded the connection made by the younger child between her enuresis and her worries. The father's inability to make the connection for Jane was indicative of his lack of altruism and inability to empathise.

v] Adaptations made and/or resources developed

At the beginning the father oscillated between towering rage and studied control following each bedwetting episode. There was one instance at the end of September when he was tolerant and tried to remain calm and accommodate Jane's need for comfort.

Journal 30.09.93.

Found Jane wet and asked her why, nicely. She had been dreaming of mummy buying fishing nets for them on the beach. She had a little sob and I gave her a cuddle. She seems OK. but it has done me no good at all now, but it may help later.

The way in which he emphasised that he asked 'nicely' indicated his awareness that he was not always 'nice' to Jane about her bedwetting and suggested that he had to make an effort to be so this time. This incident proved conclusively that he was aware of the significance to Jane of her enuresis but resisted it.

He attempted to distance himself from its significance by giving Jane a personal stereo to listen to in bed, in the hope that it would stop her from bedwetting. Three weeks later he made the following entry in his journal :

Journal 19.10.93.

Jane went to sleep last night using the personal stereo, we thought it might distract her from thoughts of Mum. But this morning she is wet. At least it made sure she did not get up and come downstairs for another of her chats.”

He threatened her with her mother’s displeasure at her wet beds and having to wear nappies again, no Brownie holiday, ridicule, financial pressure because of the electricity bills, and finally that he will collapse because of the work involved in laundering the sheets. He promised her a cat, money and Brownie camp if she is consistently dry. He did not respond to the social worker’s suggestion that he could praise her when she was dry.

v] Outcome

There was no change in her bedwetting or his definition of it during the intervention. Jane became increasingly flat in her mood, very compliant and quiet. The father scored an improvement for Jane in her security, sociability and mourning, but a deterioration in her competence which may reflect his feelings about her persistent bedwetting.

The Independent Assessor’s Comments

The father was not used to close involvement in his children’s lives. He had not appreciated how much personal freedom he had until he had to assume complete responsibility for the family. The burden of responsibility undermined his self-confidence and he is ill-equipped to manage either the practical or psychological tasks entailed. He managed to develop a routine for the household tasks and to organise himself at work, but he managed the psychological tasks less well.

The quality of his responses to Jane’s obvious distress exceeded the boundaries of acceptable behaviour in a parent. He was unable to recognise her feelings or appreciate

the effect his behaviour had upon her and was entirely self-absorbed at times when most parents would have some regard for their child [e.g. Christmas, mother's birthday].

Discussion

The need to assess who has died in the family

The mother was older than Jane's father, an age gap which would have been even more significant when they married [29 & 24]. There was considerable support for the view that the mother ran the house, her husband and the children with smooth efficiency, thereby enabling the father to lead a relatively independent life within the family, almost as a mother to him too.

The mother was a caring and loving parent who was interested in the children and all that interested them. The father cared about the children but loved his wife above them. This profile suggests that he was in need of unconditional love from his wife because of the emotionally impoverished experience he had as a child with his own mother. They appeared to be a compatible, loving couple who adjusted satisfactorily to the demands of parenthood. In the circumstances, it was very unfortunate for the children and the father that he was as ill-equipped as he was, both practically and emotionally, to manage after his wife's death.

The effect of the egocentric parent

Jane's need for social work help was the fifth item in a list of five concerns the father had, the first four being about himself. He consistently defined her bedwetting as a great inconvenience for him rather than a sign of her bereavement distress. He responded to each incident with hostility and threatened greater punishments if she did not stop wetting the bed. It was doubly significant that this happens within a bleak, affectionless relationship which did not offer Jane comfort or support in other areas of her life.

Jane and her father were both profoundly saddened by their bereavements, but the father's despair absorbed him totally. His lack of insight or inability to tolerate the emotional implications of a more child sensitive attitude meant he was unreceptive to his daughter's distress. Throughout the intervention he resisted recognising the connection between Jane's enuresis and her bereavement, regardless of the other indicators.

The social worker was unable to effect any change in his attitude to her, his definition of the behaviour or his response, consequently there was no improvement either in the quality of his parenting or Jane's distress. This is particularly interesting because in the instruments he recorded a marked improvement, one which was only second in his group to Edward [see above].

The reason for the referral

The father sought out the social worker and actively engaged in the relationship, but, as expected, this was not predictive of genuine concern or associated with the outcome. The reason for the referral apparently was the father's request for help in managing matters correctly for the children, although the social worker did not appear to decipher what those matters actually were. The sessions with the father touched on the needs of the referred child but only in passing and only when directed by the social worker. The model of intervention was unable to alter the emphasis of the father's concern for himself or to alter the nature of his definition of the presenting problem of Jane's bedwetting, which was negative and persecutory.

The limits of the control model with an insensitive parent

The control model was unable to address the child's needs or to develop any resources in the parent-child relationship that were expected to promote her mourning. The father's lack of insight inhibited him from recognising her mourning overtures to him. He continued to resist her bereaved status by effectively creating a league of loss in the family, with Jane at the bottom.

The disparity between the outcomes of the qualitative analysis and quantitative data raises several questions about what the instruments were evaluating and how the father was using them. The data suggested that in resisting Jane's right and diminishing her need to mourn, the father recorded an improvement because he could not tolerate manifestations of her mourning. This explanation is entirely consistent with his attitude and behaviour in the other aspects of the analysis. The instruments appear to be developing a value in measuring the parent's sensitivity to the child rather than the child's actual status.

If the larger analysis supports the hypothesis that the experimental model produces better outcomes then, unlike Edward, Jane would probably have benefited from receiving the experimental model. It was surprising that although the social worker was aware of Jane's situation, she did not suggest offering sessions to her at the end of this set of sessions, or referring her on to another agency. Neither did she suggest to the father that they continued their sessions in the hope that she could effect some change on her behalf. This raises questions about the effectiveness of the control model to enhance the social worker's sensitivity to the child.

Two Experimental Group Cases

Case notes : Adam

Family structure

Surviving parent:	mother [38]	Housewife
Dead parent:	father [43]	Printer
Length of relationship	15 years	

Children

Age at intervention

Adam	son	6 years
Rebecca	daughter	3 years

Interval between death and intervention : 9 months

Dead parent

The father had been delighted at Adam's birth and had a good, loving relationship with him. They played football together and went to watch the father's favourite team. He was very open with his son about his illness. He made a great effort to spend time with him whenever he could: he kicked a ball about with him in the back garden a few days before he died. They were very close. Adam later recalled that his father had taught him how to tie his school tie and he worried about how he would manage that without him.

Surviving parent

The mother supported the policy of openness about the illness and involved the children as much as possible. She talked everything over with her husband and they managed each stage together. When they realised that the prognosis was terminal they reaffirmed their marriage vows.

She tried to think about what the children needed and to accommodate them but had doubts about some of the decisions she had made, for example not letting them see the father after death and excluding them from the funeral because she was unsure how she would manage it herself.

Route from illness to death

The diagnosis of cancer had been delayed for almost two years. The father was convinced he had cancer but presented with symptoms which doctors were unable to attribute to organic causes. He was diagnosed as having a psycho-somatic disorder. The diagnosis of lung cancer was finally made on Adam's fifth birthday, by which time he had bone and adrenal secondaries. Although he had surgery and radiotherapy he considered these to be palliative rather than curative strategies. He had unsatisfactory pain control and lost a lot of weight and was very tired most of the time.

He died peacefully at home the day after the children had gone to stay with friends.

School

The mother had been a secretary at the school and knew many of the staff. The school were aware of the situation for the family and were supportive. Both parents were very committed to Adam's education, particularly because the father had been obliged to leave school at 16 years when his father died and felt that he had missed out on a proper education.

Reason for referral : anger and inhibited mourning

i] Route to the social worker

The social worker approached the mother when the Macmillan nurse told her of the difficulties the mother was having with Adam. The mother welcomed the social worker's involvement because she had recognised Adam's distress and had not known what to do to help him.

ii] Parent's definition of the problem

The mother recalled an incident when Adam had been given a book [Badger's Parting Gifts] by the Macmillan nurse before he was consciously aware of the prognosis. The text anticipated his father's death and Adam was shocked and frightened by the experience. He became very wary of bad news and was anxiously alert from then on. At the time of referral he was unable to talk about his feelings, which his mother felt he locked inside himself. Occasionally they emerged in awkward or angry outbursts. She said Adam used to be kind caring and looked after the bullied children but now he was the 'bully'.

The mother was cautious about becoming involved with the social worker but, once the parameters of the relationship were established and tested, she settled comfortably into the sessions. She found Adam's behaviour improved and she developed a broader view of the problem which she saw lying in the quality of their relationship rather than in Adam's behaviour thereby taking most of the responsibility for his difficulties.

iii] Parent's attitude to the child

She found him difficult to manage and felt they were drifting apart. She recognised that he was unhappy but could not bridge the widening gap between them. She was sympathetic and largely accepting of the cause of his unhappiness although the manifestations were less easy to tolerate.

iv] Onset and development of the problem

It began after the book incident and escalated after the death. The mother also recognised that her reduced energy due to her own mourning made management of the problem more difficult.

The change in Adam's behaviour was particularly marked because he was once considered timid. He became more manageable at home and his anger reduced in intensity during the course of the intervention. His mother saw an improvement in his mourning conversation with her which also reduced her anxiety about him suppressing his feelings and thoughts. By the end of the intervention she felt they had managed to resume their relationship on a better footing for both of them.

v] Adaptations made and/or resources developed

The mother tried to be patient with him and not to become angry as quickly as she had been. She tried to avoid confrontations by recognising them as they developed. She responded warmly to his increased mourning and created opportunities for him to share his thoughts and feelings with her.

vi] Outcome

The mother had sought support since her husband's death because of Adam's distress. Other sources had proven to be unsatisfactory: friends and family had advised punishing Adam, the priest had shown himself to be insensitive by giving unwanted advice and warning her against sex outside of marriage [presumably a risk now that she was a single woman again!] and that it would be a sin to remarry within two years.

It was unsurprising that she had not pursued that avenue any further. It was equally unsurprising, in light of these experiences, that she needed to test the mettle of the social worker before she could trust her. It seemed that once Adam's and the mother's relationships with the social worker were established, the mother did not find Adam's behaviour as difficult to manage.

She was aware that Adam began to share his feelings with her about his father as soon as he had established his relationship with the social worker. Her image of him was improved by his response to his experience of the social worker and she was also able to respond more sensitively towards him in other situations.

When she was completing the second stage instruments, the mother commented that she was aware that assessing her son is not a simple matter but full of subtleties which the instruments did not accommodate. She also recognised that she needed to continue her contact with the social worker, on a less frequent basis, and so did Adam. They both did this for the following two months.

The mother scored an overall improvement in all the factors in the Rutter A and the CBLP. The assessment process integral to completing the instruments enabled the mother to acknowledge that the intervention had been equally beneficial for her and Adam.

The Independent Assessor's Comments

The father's cancer was originally diagnosed as a psychiatric problem. This would have had an effect upon relationships in the household and taken away the time the mother needed to adjust. The doubts she had about her ability to parent the children were very understandable when she had had so little time to get used to the idea.

Sending the children away at the time of his death was an understandable lapse in her otherwise good management of the illness and death. Her parenting is basically good but

she has no confidence in herself and feels powerless to stop Adam drifting away from her. The social worker helps her to see that she can manage and that Adam does want to be closer to her.

The social worker's ability to challenge the mother constructively was instrumental to the good outcome. She was aware of the problems the mother was having and of her need to keep up a front of smiling activity, but she did not allow her to keep this facade going at the expense of the practice. She challenged her gently and consistently until the mother was able to show her inner feelings because she knew the social worker was committed to her and reasonable. By the last session she was able to admit she genuinely cared about and loved Adam, which was the best outcome for everyone.

Discussion

The sensitive parent's need for permission

The mother started at the same point as all the parents in the control group. She was exhausted by the events that preceded the death and had insufficient energy to manage the extra demands Adam's behaviour made upon her diminished resources. She accepted the offer of social work support, as much in recognition of her own problems as Adam's. The difference lay in what happened subsequently.

The effect of additional resources for both parent and child

The mother had demonstrated sensitivity to Adam before the death but, regardless of this, was unable to bridge the widening gap between them which she defined as being caused by his anger. There is a strong suggestion that Adam's anger reflected her own and that both of them had become highly insecure and anxious following the death. If the parent was in need of the same resources as the child then this would explain why even this sensitive mother was unable to accommodate her child's needs at this time and why both of them benefited to the extent they did.

The mother's definition of Adam's problem and attitude towards him indicated her

sensitivity and genuine concern. There was a positive association between the mother establishing the quality of support available through the social worker and her ability to perceive his problem as having part of its source in their relationship. From this point onwards she took much of the responsibility for Adam's difficulties on herself. This was done in a balanced manner which enabled her to act on his behalf.

An effect of presenting the social worker to the child as a secure base

During his first session with the social worker Adam asked her if he was going to get cancer and she was able to reassure him that it was unlikely. In light of his negative experience with the nurse who ambushed him with unwanted knowledge, this is a highly significant event. It suggests that the model's framework for the relationship between child and social worker, the process of preparation for the session and the context of the conversation, were instrumental in enabling him to open up this highly sensitive issue in the early stages of the relationship. The relative rapidity with which he asks it is also suggests that he had been waiting for some time for the right person to appear and that the model contributed in presenting the social worker as that person.

It was apparent that Adam was able to transfer his mourning conversation to his mother after the first two sessions which suggests that he recognised his mother's willingness to receive his approaches but he needed to remove his anxieties in order to initiate the conversation and then introduce it within his relationship with her.

A secondary reason for the referral

There were explicit, valid reasons for referring Adam and these were addressed within the intervention. There also appeared to be a secondary motivation for the referral, in that the child was the route for the mother to receive the help she had sought unsuccessfully from others. The referral holds strong echoes of the mother's own anger at the delayed diagnosis and mismanagement of the illness and suggests that this might be a 'mutual' referral.

She had expressed intense anger about her husband's delayed diagnosis and ineffective treatment through the channel of legal letters, but this had not met her need for a therapeutic expression and resolution. By the middle of the intervention there had been a change of emphasis and the legal case was being pursued solely by her brother-in-law. By the end, she was relieved to be informed that the complaints were groundless because that meant she no longer had to pursue the legal case. In my experience, parents who have unresolved anger will pursue minor matters with an intense, crusading devotion and are not put off by such a low-level hurdle. Therefore it is reasonable to assume that the mother's anger was assuaged by the social worker's intervention.

The hypothesis of the mutual referral in no way seeks to diminish the validity or concern of the parent, but occurred several times within the sample and is not uncommon in general practice and therefore warrants consideration.

Timeliness of an intervention

The model of intervention provided Adam and his mother what they needed at the time and in ways which were equally acceptable to both of them. The reduction in the mother's anxiety was matched by the child initiating his mourning conversation with her. This shift for the child was associated with the reduction of his anxiety about cancer being contagious, which he had not expressed before and is consistent with a child's need for an outsider for some issues which he fears might upset the surviving parent.

The optimum outcome was achieved in that both parent and child benefited from the experience. It also enhanced rather than diminished both individuals' self-esteem, an outcome which was demonstrated in their wish to continue the experience for a little longer than the first cohort. They chose to do this in a manner which indicated that the decision was a resourceful choice and not motivated by dependency.

Case Notes : Holly

Family structure

Surviving parent:	mother [40]	Housewife
Dead parent:	father [57]	HGV driver
Length of relationship	7 years	

Children

Age at intervention

Holly	daughter	5 yr.s 7 mt.s
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Interval between death and intervention : 5 years [including 18 months remission]

Dead parent

The father's illness affected his personality and the atmosphere in the family. His symptoms created a rollercoaster of uncertainty for the five years of his illness, which was reflected in his unpredictable outbursts of anger interspersed with periods of depression. He loved Holly but his unpredictable behaviour made her anxious and fearful of him. He treated his wife in the same manner.

Surviving parent

The mother was fearful of her husband and the couple were unable to resolve the tension between them. The father was highly critical of her parenting and expressed his doubts to Holly's teacher about her mother's ability to manage Holly after he died. The situation did not improve and parenting Holly became a battlefield for the parents.

The mother's sister had been widowed twice, once through cancer and the second time as the result of a car crash. The mother expressed the view that the women in her family were fated to have "...terrible luck with their husbands."

The mother was lonely and socially isolated. The only regular contact she had was with her mother who was not sympathetic to the husband and tended to be critical of the mother and her parenting of Holly.

Route from illness to death

The father was diagnosed with renal cancer shortly after Holly was born. He developed lung metastases 18 months later followed by a long period of remission during which time he felt so well that he was preparing to return to work. During the five years of the illness he had courses of chemotherapy and radiotherapy, pleural taps and received good pain control.

He died quickly after a sudden deterioration. It would appear that he was aware he was dying, became panic stricken, called the MacMillan nurse and was admitted to the local hospital where he died 6 hours later. The mother was not present because she stayed at home at his request. She was told by telephone. Holly witnessed her mother crying on the 'phone and later recalled that was when she knew her father was dead.

School

The teachers had an ambivalent attitude towards the mother, which had been reinforced by the father's comments. Holly was a lively child in class and had a good relationship with her reception class teacher, as did her mother who helped as a volunteer, listening to children read. However, the current teacher was less positive about the mother and expressed the view that she was not firm enough with Holly and allowed her to have her own way too much.

Reason for referral: sleep disturbance [night terrors] and anger.

i] Route to the social worker

The mother asked the Macmillan nurse to get help for her because she was distressed by Holly's night terrors and unable to manage her anger.

ii] Parent's definition of the problem

At first the mother was unable to define the problem. Her response to Holly's anger was to smack her. Although she did associate the anger and the night terrors with her husband's death, she defined the behaviour as naughtiness. She was unable to balance

her negative responses with incidents of comfort.

Towards the end of the intervention the mother made a connection between an incident during which Holly was distressed by some children taking away her pram and her night terror that night. The association was all the clearer because the previous few nights had been undisturbed. The mother had an insight into what the disturbance might mean to Holly. She connected the significance of Holly's experience of her father as a fearful person who used to hurt her with the night terrors. The incident of insight brought about a qualitative change in the mother's perception of the problem. She was able to modify her definition to incorporate an element of compassion for Holly and perceive her daughter's distress more clearly.

iii] Parent's attitude to the child

The mother was initially worried about whether she could manage Holly and did not understand what the night terrors were about. She was wearied by Holly's demands upon her very limited reserves of energy. The mother associated Holly's anger with her father's temper in a way which indicated that she was projecting her fear and dislike of her husband onto Holly. She also made references to how Holly was her father's "... pride and joy..". She was ambivalent towards Holly and her dead husband and appeared to have blurred the boundaries between the two.

She did not overtly express bitterness or hostility towards Holly, but there was scant evidence of unconditional love for her. During the course of the intervention there was an appreciable improvement in the mother's attitude to her which was demonstrated in her increased willingness to adopt a more child-centred view of the situation. This was most clearly manifested in her ability to make the connection between Holly's distress and their shared experience of the father, who had been an aggressive and sometimes violent man towards them both. By recognising that they had the same problem of resolving this fraught relationship within their mourning, she was able to make a qualitative change in her attitude to Holly.

iv] Onset and development of the problem

Holly had been having night terrors for a few weeks before her father died and, from that time onwards, had fallen asleep on the sofa and gone up to bed with her mother. After the death Holly had more serious and more frequent night terrors, which the mother was unable to manage. She described Holly as having a zombie-like appearance and shouting out to ward off the attacks which characterised the incidents. She found these experiences very distressing to observe and could do nothing to help her daughter. She was not aware of any pattern to these episodes.

v] Adaptations made and/or resources developed

The mother had followed the line of least resistance with Holly but it was not improving matters and she looked for additional help. The social worker defined the disturbance as a symptom of Holly's insecurity and sought to promote a more consistent regime of boundary setting from the mother, which was based on passive responses and some rewards rather than the punishments that had been the preferred response to date. The mother responded well to the proposed plan. During the course of the intervention she changed her management regime and withdrew privileges and expressed her disapproval of Holly when she misbehaved, rather than smacking her and threatening further punishments as she had been doing. She appeared to be unable to offer comfort to the child, which would have been a more positive response.

The social worker

It is important in this case to make an additional reference to the social worker because of the quality of her practice. She was a very experienced practitioner and was able facilitate change, but she was also instrumental in compounding the difficulties between the mother and Holly. This was most explicitly exemplified in the All About Me session when she gave a definition of the father's anger which contradicted the mother's definition. The social worker explained to Holly that her father had been angry with her because his illness had made him short-tempered. She had not checked the validity or acceptability of this explanation with the mother before elaborating

upon it at the shared session. The mother denied that this was so and told Holly that her father had been angry because she had been naughty. This episode ended in an awkward hiatus, which was resolved by moving on to the next person's turn.

Not satisfied with contradicting the mother on this occasion, the social worker doggedly pursued her definition in her next session with Holly. She repeated the explanation given before and which she now knew to be unacceptable to the mother. It was apparent from this example and others, that the social worker was somewhat rigid and highly prescriptive to an extent which would be expected to have a detrimental effect upon the parent-child relationship and, consequently, upon the outcome of the intervention.

vj] Outcome

The change in approach brought about a small difference in the frequency with which the episodes occurred, but a more significant difference in the way in which the mother defined the problem and herself. She perceived herself to be more competent and confident, which in turn helped her to feel that she could manage even though there was little perceptible improvement. This was probably the most reasonable outcome.

On the Rutter A and the CBLP the parent scored no change in mourning behaviours, a slight deterioration in the quality of security and a larger deterioration in competence and sociability. The overall deterioration was not matched by Holly's self-rating [see Appendix 1e : Child Self-Rating Scores]. She evaluated a deterioration in her mourning and sociability, but she felt more secure and competent.

The Independent Assessor's Comments

Mother and child: there were positive and negative aspects to all Holly's life experiences. For example, she is a much wanted child, but her father is seriously ill from her birth onwards; her turbulent behaviour shows that she can make her feelings known, but she is punished for it; Holly remembered that her father used to clean her shoes for her, but he also smacked her and shouted at her. Nothing is without a price.

Her mother tried to compensate for these negative experiences and struggled to gain some control of her life after his death. She cleared out all remaining symbols of his existence by clearing the garden and re-decorating the house, but what did this mean to Holly? Was she allowed to love her father, to remember him?

The relationship between mother and father is as ambivalent as that between mother and child. The mother appeared to have little understanding of the impact of her behaviour upon the child, but tried to do her best for her. There are examples of her wanting to care for Holly which are matched in almost equal part by her impatience and intolerance of her.

She makes a great effort to look after Holly and tries very hard to understand her distress but she has limited insight and has her own difficulties with the relationship with the father to resolve, which is a major problem for her at this time. I would assess the overall outcome to be moderate to good for the mother and for the child.

The social worker: she wrote very full and vivid records which gave great detail and depth of information to every session. One had a sense of the mood and content of the sessions because of them. However, she had a patronising attitude towards the mother and tendency to presume to know more about her than she does, which was very concerning. She also had a very negative view of the child and inappropriately labelled her as 'hyperactive' and 'dominant' on the basis of other people's opinions. Her attitude to the child was totally inappropriate and would inevitably influence her ability to work with her and reduce the child's chances of benefiting from the sessions.

Discussion

The mother demonstrated great initiative in making the referral but, as expected, this was not associated with a good quality of insight. The referral stemmed from her understandable exhaustion with Holly and her situation. The mother defined the behaviour as a problem after the death when her reserves were low. The social worker

adopted the view that the difficulty resulted from Holly's insecurity and worked to improve the practical management, as well as the mother's model of herself and Holly. This worked well in that the mother felt more competent.

The mother's responses were characterised by a lack of sensitivity to Holly's distress and a lack of insight into the underlying causes. The hypothesis that genuine adaptations require a foundation of insight, otherwise management becomes a series of reactions to incidents rather than responsive to the underlying cause, was supported by the change in attitude heralded by the mother developing some insight into Holly's distress. It was at this point that there was an improvement in the quality of the parent-child relationship.

Both the mother and Holly responded well to the social worker but the mother was unable to develop the quality of insight which would have enabled her to understand the cause and effects of her ambivalence for Holly. It is possible that a lack of insight is associated with ambivalence and would be expected to have a bearing upon the effectiveness of any intervention.

The social worker's practice was questionable and would be expected to weaken the potential effectiveness of the model. However, in spite of this Holly felt she had made considerable improvements in herself and there was a qualitative improvement in the parent-child relationship. This is possibly a reflection of the strength of the experimental model, that it is able to reduce the negative effects of poor practice.

Discussion of the Effects of the Interventions on the Quality of Parenting

The process of the referral

Parents tended to make or accept a referral at the point when she had exhausted her repertoire of responses and was beginning to despair. The weariness that characterises adult mourning was reflected in the parents' inability to manage any longer. Making

the referral was generally perceived as a positive move, one whereby additional resources could be recruited to supplement the parent, rather than as a sign of failing as a parent. However, although it was defined positively there was no association between the referral and a good quality of parental sensitivity as evidenced in the range of outcomes.

The definition of the child's behaviour

Parents tended to use terms which described the child's distress in terms of his behaviour. This was usually either persecutory, as if the child was *doing* whatever it was *to* the parent, or as mystifying in that the connection between the behaviour and the bereavement was unclear. The mystification element derived from the parents being unable to appreciate the significance of the anger, separation anxiety or disturbed sleep as being related to the child's mourning. This was the case even when the parent had the same or similar responses as the child [e.g. (C2)Jane's father was deeply sad and anxious : (C3) Rachel's mother was desperately in need of comfort : (E4) Holly's mother had disturbing dreams : (E5) Laura's mother was vary angry at being abandoned]. The parent's weariness and reduced sensitivity influenced her definition of the child's distress and her responses to it. The parent who defined the child's behaviour negatively was frequently supported and reinforced in her attitude by the prevailing adult culture which made uninformed assumptions about children and mourning. Family and friends typically supported the parent by sympathising with her sadness and recognising how exhausting it was to have a child who would not do as he was told / stop bedwetting / sleep / eat / leave her in peace / stop being angry and so on. The family and friends did not usually suggest that the child was anxious / sad / worried / feeling abandoned and in need of comfort.

The route to a good outcome : the initial step

A good outcome followed the route of the parent being able to develop a definition of the child's distress as bereavement related and the child wanting the parent to comfort him. This initial step was associated with the parent being able to adapt her model of

the child and respond more sensitively to him.

The potential to enhance empathy through an example of a shared experience

Several of the parents managed to achieve this by relating the child's distress to their own feelings and what they needed in order to manage. This suggests that when working with parents who have reduced sensitivity, the social worker may have greater success in enhancing empathy for the child if she finds a point of similarity between the parent and child and uses that as a bridge between them. This in effect is what the experimental model does in relation to mourning, but with the social worker as the bridge. The effectiveness or otherwise of this will be explored in other parts of the analysis.

Reorganising the internal working model of the parent-child relationship

The parent's enhanced insight was associated with a range of more sensitive responses. In those cases which had a good outcome the parent was able to reorganise her understanding of the child's behaviour, reducing or eliminating the persecutory element of the initial definition, and increasing her recognition that the child was needing the same increased sense of security and sensitivity that she was. It was also accompanied by an increased awareness that the difficulty lay in them both needing the same resources, not that she was failing as a parent or that the child was seriously disturbed.

In the cases where the parent was sensitive to the child, a good outcome was characterised by the parent being able to establish the pre-bereavement relationship. In those cases where the parent was less sensitive the parent-child relationship required greater modifications. In some cases the relationship needed to assimilate elements that had previously belonged to the child's relationship with the dead parent and in others the parent needed to establish a different model of her relationship with the child. The process appeared to be associated with the parent's ability to recognise the child's mourning and accommodate his need to share that conversation with her.

The characteristics of a good outcome

A good outcome was characterised by the parent feeling less anxious about the child and more confident in being able to continue to manage after the intervention. The parent felt more competent and resourceful should other difficulties arise. It was also associated with a reported reduction in the frequency of episodes of the child's distress or a reduction in their intensity. It was unclear whether this was the real situation or whether, because the parent had redefined the child's distress, the behaviours had lost the intensity of their previous significance for the parent. The child's need to mourn and the behaviours which indicated his willingness to share that with the parent became apparent to the parent and she responded to him more positively.

The appropriateness of quantitative instruments with insensitive parents

The previous points raise questions about the role and legitimacy of using quantitative instruments with bereaved families. The literature has revealed a tendency in depressed parents to under-report their child's distress [Brody G.H. & Forehand R. 1986 : Hummer K.M. & Samuels A. 1988 : Kazdin A.E., French N.H., Unis A.S. & Esveltd-Dawson K. 1983 : Saler L. & Skolnick N. 1992]. Depression is one of the characteristic features of mourning, therefore bereaved parents would be expected to under-report to their child's distress and this would be reflected in the scores in the Rutter A and the CBLP. If this were the case then these instruments become a measure of the parent's sensitivity. It follows then that the quantitative instrument which has the most value with regard to the child is the child's self-rating.

The advantage of a voluntary agency as opposed to a statutory agency

The parents in all the cases expressed no qualms about being involved with the social worker once the boundaries of the relationship were clarified. It was clear that she was a social worker and not a counsellor: this was confirmed by the research letter each parent received which also clarified the association between the hospice social worker and the Barnardo's research social worker. The hypothesis that a voluntary agency would facilitate the social worker's acceptance by the family was supported by all the

cases and supported the view that children would have easier access to therapeutic services if they originated from a non-stigmatising agency. The hospice social worker was received by the parents as a benevolent and non-critical resource, which is often not the case when practitioners from local authority or psychiatric agencies are involved. The image of the hospice social worker was expected to facilitate her involvement with the child in the experimental cases and not to require additional accommodation within the study or analysis.

Summary

The association between the quality of parenting and a good outcome was supported by the analysis. A good outcome was associated with an initial change in the parent's definition of the nature of the referred problem from persecutory and deliberate to bereavement related. Both models of intervention were effective in this respect when the parent was sensitive and resourceful, which was predicted, but the control model was unable to effect any change when the parent was not sensitive.

The findings further indicated that it is possible that the control model has a potentially damaging effect if applied with an insensitive parent who was unable or unwilling to adapt her model of the relationship. If the parent is unable to adapt after having received social work help she may feel supported in her original, negative definition of the problem and reinforced in the view that this is the child's problem. The implications of this situation for the child's future development are bleak and consistent with associations made by other studies between childhood bereavement and the development of psychiatric disorders in adulthood in individuals who did not receive any therapeutic services following the death of the parent [Birtchnell 1970 : Brown & Harris 1978 : Finkelstein 1988 : Harris & Bifulco 1991]. It is possible therefore that children who are referred to social workers who practice a control model of intervention may appear to receive social work services but are, in reality, not only vulnerable to being overlooked, but also at risk of having the problem compounded. This will be examined in more detail in later chapters of the analysis.

The experimental model was moderately effective with a less sensitive parent with regard to outcome but there were qualitative differences within the process which emphasised the importance of assessing the effectiveness of intervention by what is a reasonable rather than an ideal outcome. The concept of 'well-being' [Brady 1990] imposes unrealistic pressures on both the practitioner and the parent, therefore the assessment of effectiveness needs to attend to the quality of the process as well as the degree of change of behaviour.

The Relative Merits of the Two Models with Regard to Improving the Quality of Parenting

The following four hypotheses can be drawn from the analysis:

- i] With good parenting the control model is able to effect a good outcome.
- ii] In the absence of good parenting the control model can not improve this, nor develop the resources within the parent-child relationship which could promote the child's mourning. On the contrary it may exacerbate insensitive responses on the part of the parent and the social worker towards the child, thereby rendering the child more vulnerable to harm.
- iii] With good parenting the experimental model is able to effect the optimum outcome for the parent-child relationship.
- iv] With poor parenting the child is still able to derive some benefits from the experimental model.

The analysis has concentrated upon the process and quality of parental responses to the child in relation to outcome. The elements which have been the focus of attention here will be analysed across the sample, starting with the critical events, to determine whether the criteria of parental sensitivity and competence are associated with better management of those experiences for the child.

Chapter 11

Findings And Analysis Relating To The Critical Events

Introduction

A number of events which describe the child's experience were identified from the literature and confirmed in my own practice [see Appendix 1 : section 1e]. They fell into two groups: the first group was made up of events which occurred within the period from diagnosis to death. They are markers of the progress of the illness, the quality of family life sustained during this protracted experience and the family's experiences of the rituals that mark the end of the parent's life. They were also selected because they combined to describe the experiential and qualitative foundation of the child's bereavement.

The second group was made up of two events which happened after the death. Although they occur after the death, their explicit nature fulfilled the criteria of critical events.

The conclusions drawn from the analysis establish the foundation of the experiences and the resources available to each family as it embarks upon mourning. It is hoped that a more detailed appreciation of the resources that existed in each family before the death will elucidate and enrich our understanding of the process and outcome of the intervention.

Findings and Analysis

Findings relating to the parent's experience of the illness

The possible scores for this category ranged from 5 - 25, with a high score as positive. The cases' scores ranged from 4 - 23 with the order of cases as follows:

C2	23
C4	20
E5	17
C5/E4	16
C3 / C6	15
C1	11
E1	10
E3	5

Diagnosis: six of the cases had moderate to positive experiences of the diagnosis. The diagnosis brought a degree of relief at naming the condition and/or was given clearly and honestly by a doctor who was perceived to have a caring manner.

There are three cases where this was not the parent's experience [C1, E1 & E3]. In the first two cases the diagnoses were obscured and delayed, and communication with the doctors poor and insensitive. The parents of one child [C1] resist the diagnosis [see Prognosis].

In the third case the primary diagnosis results in treatment which defines the illness as cured. The couple went on to have another baby after the all clear, which indicates the level of confidence they had in the doctor's opinion about the father's future health. The secondary diagnosis is followed by a rapid decline with no time to adjust or prepare for the death.

Time: the length of time between diagnosis and death varies from 2 months to 3.5 years. 5 families have more than 1 year, 4 have more than 6 months and 1 has only 2 months.

Prognosis: the two families [E4 & C2] which had the longest interval between diagnosis and death respond differently to the process of adjustment. Neither of the ill-parents in these families have uncontrollable pain or sickness, which are acknowledged as influential factors in the quality of life.

E4: the parents are unable to develop any rapport or accept the father's approaching death. There is continual conflict at home : the father ends his life angrily and apart from his wife and child.

C2: the parents are able to monitor the progression of the illness and use the time constructively.

Four of the remaining families made reasonable adjustments to the death and three managed to accept death as inevitable only in the terminal phase. There was no common time interval among these families. The remaining family has only two months in which to accept the prognosis which, understandably they were unable to do.

Treatment: none of the families viewed the treatment received as a positive experience, which is understandable in light of the outcome.

Two families [C5 & E5] expressed the view that the medical treatment was good. In both cases the ill-parent was suspected to be under-reporting their pain. Two families [C2 & E4] describe a moderate experience with most of the symptoms being largely controlled. Four families [C1, C3, C4 & C6] describe the experience as poor and two [E1 & E3] as negative.

Of these seven families, six reported periods of uncontrolled pain and sickness which lead to a significant deterioration in the quality of life for the patient and the family.

Management: four families considered the medical management was positive [C2, C4, E4 & E5]. All had moderate to positive experiences of the diagnosis and interval of time between diagnosis and death.

Three families [C3, C5 & C6] consider the medical management of the illness to have been moderately good. This had been their experience throughout the illness.

One family [E1] described the management of the illness as poor, which also reflected the overall experience.

The last two [C1 & E3] described their experiences as negative. The former had uncontrolled pain throughout, and the latter had experienced a delayed diagnosis followed by inappropriate curative rather than palliative treatments.

Discussion

It appeared that in most cases a firm, honest delivery of the diagnosis by a caring doctor was perceived to be a positive experience. A delayed diagnosis lead to problems. This is possibly because, by the time the diagnosis is given, the patient has defined the illness in other terms which are not compatible with the eventual medical definition and require a degree of modification which is understandably resisted.

There was a wide range of experiences of the time between diagnosis and acceptance of the prognosis which suggested that time alone is not a significant factor in adaptation.

The absence of pain or presence of low-level pain is associated with a more positive view of the medical treatment's success. The presence of pain, sickness and concomitant weightloss is associated with a poor or negative experience of the care afforded the ill-parent. It is expected that this experience would have a significant bearing upon the quality of family life in the period affected by these symptoms.

The perceived quality of medical management was linked to the quality of responsive treatments and symptom control, particularly pain and sickness. A delayed diagnosis is associated with a poor or negative experience of medical management. It is possible that the parent loses confidence in the medical staff as a result of this initial experience which becomes a critical marker of the quality of care afforded subsequently.

Findings relating to the parent's experience of the death and the immediate post-death period

The possible scores for this category ranged from 5 - 25, with a high score as positive. The cases' scores ranged from 5 - 25 with the order of cases as follows:

C1 / C2	23
C4 / E5	22
C6	20
C5	18
C3	16
E1	15
E3	12
E4	5

Place : all but one of the families described the place where the parent died as the place of their choice. The most damaging experience [E4] resulted from an emergency admission in response to extreme anxiety in the ill-parent. This left the surviving parent feeling rejected and distanced at the point of death.

Preparation of parent : six parents [C1, C2, C4, C5, C6 & E5] felt they were well prepared for the death and aware that it was imminent.

Two [C3 & E1] described a degree of resistance but accepted it in the final stages.

Two [E3 & E4] felt wholly unprepared. Of these one [E3] had only two months between diagnosis and death and the other [E4] was the parent who experienced the emergency admission of her husband just before he died.

Preparation of child : although it is unusual for a child to communicate spontaneously and verbally an awareness of the impending death, in my experience it does happen often enough to require to be accommodated within the range of possible scores.

Three [C1, C2 & E5] are well prepared. They have either been involved in the treatment [e.g. giving pills, receiving good explanations for observed changes etc.], or are informed that it is inevitable and imminent.

Three [C3, C4 & C5] are moderately well prepared in that they are informed when the parent is actively dying. In two cases [C3 & C5] it comes about because the reality can no longer be resisted by the surviving parent. In the third case [C4] the grandparents [the parents of the dying parent] had insisted that the child not be told.

Two [C6 & E1] are poorly prepared because it is either the ill-parent's wish or the wish of the surviving parent. The reasoning behind both of these cases can be described within the criteria of the protective-exclusion syndrome.

Two children [E3 & E4] are negatively prepared : one [E4] because the ill-parent was hostile and refused to discuss illness related matters or have them discussed with the child, and the other [E3] because the death occurred very suddenly.

Nature of parent's experience of partner's death: four parents [C1, C2, C4 & C6] reported positive experiences of the death. These are characterised as peaceful, comatose declines. Two [C5 & E5] reported good deaths which were pain free. In one instance the parent was roused by the child's presence when she visited during the last hours, and cuddled her.

One [E1] had a moderately good death which although it was peaceful was scored as moderate rather than good because the child was excluded by being sent away from home during this time. One [E3] had a poor experience because the death was very sudden.

Two [C3 & E4] had negative experiences, in one case as the result of an emergency admission to hospital in the final stages, and in the other as a result of increasing hostility in the ill-parent to the family's presence.

How child was told : seven children [C1, C2, C3, C4, C6, E3 & E5] had good experiences. They were told of the death immediately after it had happened, by the surviving parent or another close family member. The children cried or expressed their sadness in other ways and were given comfort.

One [C5] had a moderately good experience. One [E1] had a poor experience, being told the next morning that his father was a star and then being sent to school. One [E4] had a negative experience, overhearing her mother being told on the telephone, seeing her crying and making the connection.

Findings relating to the parent's experience of the intermediate post-death period

The possible scores in this category ranged from 8 - 40. The cases' scores ranged from 12 - 40 with the order of cases as follows:

C1	40
E5	38
C5	28
E3	27
C4	21
C2	18
C3	14
C6/E1	13
E4	12

Viewing the body and the choice given to the child: in three cases [C1, E3 & E5] the children were freely offered the opportunity to see the parent after death. C1 put a drawing in the coffin, E3 kissed his father and E5 visited her father, along with the rest of the immediate and extended families, each day at his parents' house where he was laid out.

One child [C5] had a moderately good opportunity because her teenage siblings insisted that she had the same need as they did to see their mother. One [C2] had a poor experience. She had visited her mother while she was comatose and actively dying, however, when she asked her father what her mother would look like after she had died, indicating an interest in seeing her, her father said he did not know and did not need to know. The conversation was closed : neither the child nor the father saw the body.

The remaining five families [C3, C4, C6, E1 & E4] did not offer the child the opportunity to see the parent for one or more of the following reasons :

the child was were considered to be too young [C3]

it was not part of the family culture [C4, E1 & E4]

the body was emaciated and too changed [C6]

None of these children were part of a discussion about the event and neither did they have an opportunity to express their wishes in any meaningful way.

Parent's response to viewing the body: two parents [C1 & E3] had positive experiences alongside their children. They were able to accompany the children and share in their experience, offering comfort and listening to their distress.

Two parents [C5 & E5] had moderately good experiences. The former was coerced into accompanying the child but described it as being largely positive. The latter wanted to go with the child but was angered by grandparents who had effectively reclaimed their child, her husband, and removed him from the family home to lie at rest in their home.

One [E4] had a poor experience in that she went alone to see her husband and reported it in terms which describe a bleak experience. The remainder [C2, C3, C4, C6 & E1 had negative experiences. These were characterised by not seeing the body at all because of cultural expectations or for personal reasons which were translated in terms of the body being too unattractive. In these cases the possibility of viewing the body was not discussed amongst the adult family members and there is no record of the children broaching the subject by asking questions or saying they wanted to see the parent.

Child's response to viewing the body: the four children who see their dead parent [C1, C5, E3 & E5] all have a positive experiences. They express their awareness of the death and their emotions and thoughts.

e.g. C1

"That's my Daddy - he's gone to Jesus."
The mother recalls: "Edward was quiet. Gave his dad a kiss." and that he cried coming home.

e.g. E3

He was given the choice of seeing his father, which he accepted. He asked questions and kissed him, having been warned that he was cold. Following this the child cried with his mother, was comforted by her and they shared their sadness together.

One [C2] is scored as having a moderate experience. The extended family is riven with feuds and bitter wrangling. Her father does not want to make things worse and adopts the most passive position possible within the whole procedure. In effect he determines the child's response by asking her a closed question about seeing her mother. She avoids the confrontation inherent in wanting to see her mother, but in doing so is denied the opportunity to express the love she feels and has expressed poignantly all the way through the illness. This child insisted on visiting her mother when she was comatose and actively dying; she kissed her face before leaving. The father's act of asking if she would like to see the body becomes a notional positive and raises the score from poor to moderate, although the child herself may not have rated it so generously.

Five children [C3, C4, C6, E1 & E4] had negative experiences. They were not consulted or considered within the process.

Sibling's response to viewing the body: the siblings' experiences and responses largely reflect the referred child's experience. This is the case whether the siblings are older, younger or both.

Type of funeral : two parents [C1 & E5] report a positive funeral service. Both have full funeral services attended by family, friends and people from the local communities. They are the only families which have a professed faith and both are Roman Catholic.

Four parents [C4, C5, C6 & E1] describe good funeral services. All have full church services followed by burial or cremation. One of these [E1] is Roman Catholic and the family culture was largely defined by the religious precepts.

Two parents [C3 & E3] report moderately good services. One was a practising Roman Catholic and had a full service, the other had crematorium services.

Two parents [C2 & E4] report ceremonies as negative experiences. The first has a full church service with music chosen by the surviving parent played during the service, which would appear to be the basis for a positive experience. However, the event becomes a battlefield for old family feuds and rifts which are played out in the organisation of the funeral cortege, throughout the service, by people seating themselves strategically, and around the coffin. It is a bitter and fraught experience.

The second negative experience resulted from the minister not visiting the surviving parent at home before the service, as he had promised, and conducting an impersonal service during which he does not mention the parent or the child. The parent says he conducted the service:

“ absolutely by the book.”

She is very distressed by the coldness of it. Several months later she organised a memorial service in order to erase the memory of this experience.

Parent's experience of the funeral: the two parents [C1 & E5] who had positive funeral services also had positive personal experiences. Five parents [C3, C4, C5, C6 & E3] describe a moderately satisfying experience. A sixth [E1] is awarded a moderate score in the absence of adequate data and in conjunction with other data.

One parent [C2] reported a poor personal experience because of the feuding that continues throughout the service and around the ritual. One parent [E4] reports a negative experience because of the impersonal service.

Child's experience of the funeral: three children [C1, C4 & E5] have positive experiences of the funeral. They participate in the service [e.g. putting flowers or scattering earth upon the coffin] and express their emotions. They attend the funeral breakfast or wake.

Two children [C2 & C5] had moderate experiences. They attended with conditional permission, the condition being that they observe the adult experience rather than have their own. Neither of them were given information before the service or explanations during the procedures.

Two children [C3 & E4] had poor experiences for very different reasons. The first one did not attend but went to school, returning to the house to find the funeral tea in progress. The difference between this being a poor or a negative experience lay in the fact that the parent took the child to the crematorium the next day to lay some flowers and involved her in scattering the father's ashes.

The second child was included in the funeral but the impersonal nature of the service made it a profoundly unsatisfying experience for the parent who was distressed and unable to offer comfort to the child. It is expected that the child would have had a poor experience as a result.

Three children [C6, E1 & E3] had negative experiences. The first one was sent to school having been refused permission to go to the funeral. He went on a school trip knowing the funeral was taking place. He was angry with his mother for denying him the opportunity to attend.

The second child was sent to school without being asked if he wanted to attend the funeral. He expressed some resentment at his exclusion.

The third child had a similar experience to the first but the parent took him to see the flowers the following day. However the mother's refusal to let him attend caused him to be very angry with her but unable to express it until the All About Me session when he accuses her of tricking him out of going [M = Mother : J = James : S = Social worker]:

M The saddest day of my life was...the day that Daddy died.

J I knew you would say that.

S Would yours be the same?

J Yes.

S Was that as sad as the day of the funeral?

M Yes.

J Well I don't really know what happened at the funeral. I was at school and I had to go to school because it was spellings.

S Because it was spellings.

J If it wasn't spellings Mummy would have let me go to the funeral.

S Really!

M I told you about the funeral. I never mentioned spellings.

S Would you have wanted to go to the funeral, do you think?

M There were so many grown ups...

S But you went straight away afterwards.

J If I gone to the funeral... it was just a church,

M In the church..

J In the church..

M You were an awfully long way away from the man who says the prayers. There were lots of flowers. You would have had to stand very still and wear smart clothes.

J I would have done that.

M You would have been climbing over everything. You had to stand very still and listen that was all you had to do.

J You had to look smart.

M People do. They dress up in Sunday clothes.

J Oh oh.

M You know what they look like. You saw them at the house afterwards, all in suits.

J No.

M You came out of school and saw them. Mark and Peter and Paul and Granny and Grandad they all had suits on. We all had our smart clothes on.

James starts to make sounds which indicate he is disinterested .

The mother maintained that she had asked her son when in reality she had presented him with a battery of spurious reasons, as far as he is concerned, why he should not go.

Sibling's response to the funeral ; the siblings' experiences match the child's.

Discussion of the Impact of Critical Events At the Time and Immediately Following the Death of the Parent

Introduction

With one exception the place of death was a positive element in the overall experience. The inevitability of the death was accepted in the majority of cases with the exceptions being the two cases complicated by the ill-parent's anxiety and the briefest interval between diagnosis and death when presumably adjustment was not possible. The parent's ability to accept the prognosis was reflected in the way in which the child was prepared. Those cases where there was some disparity can be explained by the presence of other factors [e.g. resistance of grandparents to informing the child, refusal of the ill parent to allow the conversation].

There was a range of experiences of the death. The better experiences were reported as those characterised by peaceful declines with the child having visited recently. The less positive experiences were characterised by the child being distanced from the event by circumstances beyond the control of the family or as a result of the parents' wishes.

Children have good experiences when given informed choice

Those children who are afforded the opportunity of seeing their parent after death were asked and any questions about what it would be like were answered, for example advance warnings about the body being cold, still and hard. The children were able to express their continuing love and desire to care for the dead parent which they did in a variety of ways, for example, giving drawings, kissing and stroking the parent. Several children chose to touch the parent, thereby experiencing the physical changes brought about, an experience which is known to assist confirmation of the reality of the death. None of the children who saw their parent were overwhelmed by the experience or unduly distressed.

Most of the children were effectively disenfranchised. One child's teenage sibling recognised that the child needed to be included or given the choice about being included

in seeing the dead parent and attending the funeral, and argued her case successfully with the parent. However, this was typical in that the young child's experience depended largely upon the surviving parent's ability to tolerate the experience herself and, without someone to speak up for him, he was allotted a role rather than consulted about what he would like to happen.

The context for a good experience of viewing the dead parent

Of the four children who see their dead parent, the surviving parents have good experiences. The quality of the experience appeared to be associated with the context of the experience and not the experience itself. The optimum experience was afforded when the parent was able to manage her own and the child's experience in her own way, unencumbered by having to consider others. When the parent has to consider the context and weave a diplomatic route between family members, a degree of unease is introduced and the tension detracts from her experience of being with the dead person.

The least satisfying experiences are associated with cultural expectations determining the experience of the adults' and, as a direct consequence, defining the child's experience. It may be that a cultural reason is given when it is the parent's personal preference but they feel unable to express it in those terms for fear of disapproval or being challenged.

What determines a good funeral experience?

Those parents who report the most positive services are part of a religious culture which defines and supports them through the process. The church is an established element in their lives and they are known within that community. However, this is not the deciding factor because moderately satisfying and negative experiences are also reported by parents who had similar profiles. The quality of their experiences is affected by the context of the ritual, with particular emphasis upon harmony amongst the extended family and the warmth of the minister.

The parents' personal experiences largely reflect the ability within the service to celebrate the dead parent within a supportive group. Any differences between the two are slight and suggest that the quality of the personal experience lags marginally behind the nature of the service.

The effect on the child of participating in the funeral

The children who attended the funeral fell into two groups, those who participated and those who observed. The children who participated did so willingly and to good effect. [Laura commented on how positive the experience was for her in the All About Me session]. Those who observed appeared to have less significant experiences and in one case attendance was a negative experience, apparently because of the quality of the service. The parents' relationship has been very unhappy and the funeral may well have generated mixed feelings in the mother about the father which she was expressing in her hostility to the minister and resentment of the service, feelings which she was able to acknowledge by the end of the intervention.

One child was not given the opportunity to go but was taken to see the flowers the next day. This was defined as including her indirectly, in a manner tolerable to the parent.

The last category appeared to have the most detrimental affect upon the child. These are the children who wanted to go but were not allowed to because the parent could not tolerate their presence, or the family's culture defined what was appropriate. These children expressed resentment and anger at being denied or cheated of the experience. The parents later doubted the validity of their reasoning but excused themselves because of the prevailing circumstances.

Therefore it is possible to conclude that when asked in an open manner a child elects to see the dead parent and attend the funeral, has a positive experience of these events and his experience is matched by the parent's experience if she is free of other concerns at the time.

Findings about Other Critical Events: Christmas, Anniversaries and Other Events

Introduction

Each family was assessed on two out of three critical events which occurred after the death and before or during the intervention. These are Christmas, an anniversary [the death, wedding, birthday etc.] or, if one of these does not occur within that time scale, another shared event of similar importance. The analysis is in two parts: the first element describes responses across the sample and the second draws out case by case comparisons across the two events for each case. The possible scores in this category ranged from 4 - 20. The cases' scores ranged from 4 - 20 with the order of cases as follows:

C1	20
C3 / E1	16
C4 / C6	12
C5	10
E3 /E4/ E5	8
C2	4

Christmas

Seven families [C1, C2, C3, C5, C6, E3 & E4] experienced their first Christmas after the death.

Three parents [C1, C3 & C6] managed it positively: they anticipated the emotional tension for themselves and the child. They constructed slightly different routines in recognition of the need to have a family day which is pleasurable for the children, whilst accommodating their collective sadness and need to remember the dead parent.

One parent [C5] manages it well: the significance of the day is acknowledged but nothing is done to accommodate the child's needs. The family used the opportunity to heal a rift which centred on developments related to the death and the parent saw the benefits of a closer family network for the child.

Two parents [E3 & E4] were awarded a poor rating. The former [E3] did not

anticipate the difficulties associated with the holiday and did not comment upon any plans to accommodate the needs of the child. In the latter [E4], the period of the intervention does not cover Christmas or another critical event and an estimated score was awarded which reflected the quality of other responses which were reported within the body of data.

One parent [C2] managed the event in a negative manner. He anticipated that it will be a difficult day for himself but did not attempt to consider the child's needs. He spent most of the day in his bedroom, away from the child who remained downstairs in front of the television. He offered her no comfort during the day even though he was aware that she has been more distressed than normal in the preceding weeks.

Anniversary of the death

Seven families [C1, C2, C4, C5, E1, E4 & E5] experienced an anniversary.

Two parents [C1 & C4] managed it positively. C1 organised a memorial service for the anniversary of the death which the child attended and they shared the experience together. C4 anticipated the significance of Mothering Sunday for the child and took her to the graveside with some tributes to her mother. They too shared the day together.

One parent [E1] managed it well. She was able, with a little prompting, to accommodate the child within her larger plans for the day.

Two parents [E4 & E5] managed it poorly. E4 was awarded a rating based on other data for reasons stated above. E5 was unable to manage the personal pressure she felt in anticipation of the wedding anniversary and was overtly distressed at home in an unrestrained fashion which the child observed. It was assumed that this experience would be distressing for the child.

Two parents [C2 & C5] managed it negatively. C2 disregarded the child's experience even when she told him that she was upset because it was her mother's birthday. C5

left the child with other family members and went on holiday during the period which covered the anniversary of the death.

Other events

The families for whom either Christmas or an anniversary did not occur during the course of the intervention were assessed by another outstanding event during this period. There were six families in this category [C3, C4, C6, E1, E3 & E5].

One parent [E1] managed the event well, recognising the significance of a frightening experience associated with the death to the child's persisting distress around similar experiences.

One parent [C3] managed the event moderately well. The family have to move house and the parent decided to leave the child at her school for the last two terms of the year because she was aware of her need for continuity. She later decided to change her school at the same time as they moved. The mother reported this decision to have been made by the child following their 'discussion' of the change of plan. The child was 5 years old.

Two parents [E3 & E5] manage the event poorly. The child in E3 witnessed the aftermath of a road traffic accident on his way to a session with the social worker. The social worker managed the experience well and related the event to the child's mother when she took him home. There was no comment reported by the mother in that sessional record or in her next session. Although this relied upon the accuracy and detail of the social worker's recording, the absence of comment from the parent can only be construed as insensitive.

The child in E5 was disregarded on the day of the wedding anniversary. She would be expected to be aware of the significance of the day because she was present when her parents had married the previous year [post-diagnosis] and because her mother received a large bouquet of flowers on the day from the paternal grandparents. The mother made no comment about the child's experience of the day and neither did she

include her in her conversation about the event.

Two parents [C4 & C6] managed the event negatively. The parent in C4 decided that he can no longer care for the child on his own and organised other family members to take responsibility. This was done in a relatively considered manner. The child had some involvement in the process, but it is only notional. By the time she was consulted, the decision about where and when she will be going had been made. The family constructed a gradual transition for her but, at the point at which this about to be put into operation, the father created a personal crisis which resulted in the child being moved overnight and without many her personal belongings. The father would appear to be overwhelmed by the experience, which is understandable. He probably felt he was failing the child and letting the dead parent down. By creating the crisis he accelerated the process and removed himself from the most painful part of it. His management demonstrated insensitivity to the child and an inability to accommodate her needs before his own.

There were some similarities between this and the second case in this category [C6]. The mother spent a weekend away, for which she prepared the child well and made good care arrangements. When she returned she developed a cold. Although her neighbours and family are available and willing to help, she did not contact anyone but expected the child to prepare meals and look after himself and his younger brother. He is nine years old. The mother effectively created a situation in which she throws the family back into a crisis which resounds with echoes of the sequential crises of the father's illness. The differences lie within the shift of perspective in that the mother becomes the patient and the child becomes the carer. This incident raises questions about the mother's genuine ability to understand the child's needs.

Case by Case Summary of Findings

C1: the parent demonstrated great sensitivity to herself and the child. She accommodated the child's needs within her arrangements in a manner which demonstrated an excellent quality of sensitivity to the child and the occasion.

C2 : the parent was unable to manage the events for himself or to appreciate the child's needs. He was also unable to appreciate the child's experience of his behaviour. His responses demonstrated an absence of sensitivity the effects of which were tantamount to emotional abuse.

C3 : the parent managed the first event in a manner which demonstrated excellent sensitivity to herself and the child. She managed the second event less well in that she was aware of the child's' needs but decided to disregard them in order to effect the changes she wanted for herself. She justified his course of action by diminishing the importance of the child's needs, thereby demonstrating at best a moderate quality of sensitivity

C4 : the parent managed the first event by anticipating its effect upon himself and including the child in a manner which demonstrated excellent sensitivity to her needs. The second event was managed less well because the parent was overwhelmed by the pressure of his own mourning and inability to care for the child. He was unable at this point to manage his own or the child's needs and effectively abandoned her. This was a negative experience for both of them which afterwards required major adjustments.

C5 : the parent manages the first event well. She was aware that, like herself, the child would have mixed feelings about it and that she needed to create a balance to the day. The second event was managed very poorly in that the parent avoided the child by going on holiday, leaving the child in the care of others. There was no discussion of the avoided event on her return.

C6 : the parent managed the first event in a manner which demonstrated an excellent quality of sensitivity to herself and the child. The second event was managed negatively in that the parent imposes wholly inappropriate responsibilities and worries upon the child by creating a crisis which could easily have been palliated or even avoided by the use of available resources.

E1 : the parent managed both events well. She was aware of the child's needs and was able to accommodate and respond to them well.

E2 : there was no data available for the family's experiences during the first three periods covered by this analysis. Consequently there is no context within which to analyse the two post-death events for which there is some data. The first was managed moderately well and the second became an arena for family friction within which the referred child's needs were effectively disregarded by the parent.

E3 : the parent managed both events poorly. Neither event was appreciated from the child's perspective and she made no effort to develop a better understanding of his experience. She was not deliberately callous but the quality of her unresponsiveness is such as to be classified as marked insensitivity.

E4 : there is no data available for these events for this case, therefore a rating was awarded in relation to the quality of the parent's responses to other critical events. These were considered to be poor.

E5 : the parent was aware of the effect of the events for herself but was unable to accommodate the child in either of them. She was not deliberately callous but, from my own practice experience, I would assess the quality of her responses to be classified as markedly insensitive.

Discussion of Parents' Experience of all Critical Events

Diagnosis as the point of bereavement

The experience of receiving the diagnosis is an experience which parents need to remember and, in many cases, relive in order to make sense of what followed. It is as if the information causes their world to disintegrate and reconstruction has to start at this point of destruction. The data indicated that a firm, honest delivery of the diagnosis by a caring doctor was a positive experience that made sense of what was already half known and feared. It is possible that to receive an early diagnosis may reduce or preempt the construction of an alternative definition of the symptoms, one which may be incompatible with the eventual diagnosis and therefore require an extra effort to accommodate.

A diagnosis of terminal illness redefines the family, for example this is now a family that is not going to be together for years, and in principle the information allows the parents to begin to make decisions about how to use the time that is left. Some parents are able to share their sadness and make the most of the days when the ill parent is well enough to share in family activities. However, the analysis demonstrated that the level of adjustment to the outcome was not related to the time available, which suggested that time alone was not the critical factor in adaptation but that it was a combination of factors, some of which may be related to the quality of symptom control.

The relationship between good medical management and the quality of family life

A good quality of medical management was strongly associated with the absence of pain or presence of low-level pain. The presence of sickness and concomitant weightloss was associated with a poor or negative experience of medical care. Living with someone who is persistently nauseous, vomiting or in pain generates tensions and anxieties within the family. These may spill out in angry exchanges which are often immediately regretted, or suppressed and expressed as frustration at not being able to make the patient if not well again, at least comfortable. Both extremes and all states along that continuum are reviewed within mourning as part of the process of making sense of

what happened during the illness. Therefore it is expected that a poor or negative experience of medical care accompanied by a brief time for adjustment to the prognosis would have a significant bearing upon the quality of family life during the illness and may be associated with troubled mourning.

The dynamic relationship between knowing and permission to accept the prognosis

It may be that time allows the parents to accept the diagnosis and tentatively plan for the future but that requires that the prognosis has been accepted by both parents.

Therefore the element of acceptance and, possibly, permission to accept the prognosis may be influential factors here.

It is my practice experience that usually the prognosis is accepted earlier by the well-parent but that permission to accept it openly lies in the gift of the ill-parent. In effect the illness becomes the property of the patient not the family. If the well-parent has accepted the terminal outcome then she is presented with an inexpressible dichotomy which often causes tension between the parents that is unresolvable until the ill-parent gives permission for openness. It follows that if this dynamic prevails then the length of time between diagnosis and death may lead to increased discord and unhappiness rather than present as an extended opportunity to create a well managed ending.

It also follows that although the well-parent may be aware of the prognosis, the lack of permission means that the child can not be prepared for the death. It has been my experience, and this is borne out by the research sample, that in families where this dilemma of conflicting prognoses occurs, the well-parent takes control at the point at which the ill-parent is no longer active. There is a shift of executive control of the illness which may be matched by a shift of involvement for the child. It could be as a result of the well-parent being freed to involve the child because permission is no longer required, or because the well-parent recognises that her loyalty now lies predominantly with the child, or because she now recognises that it is inevitable and

talking about it is not going to affect matters one way or the other. This last point . underlines the significance and effect of magical thinking in adults during this time, the belief that if death is not spoken about then it will not happen.

The association between parental sensitivity and preparing the child for the death

There was a positive association between the surviving parent's ability to accept that death is imminent and the quality of the child's experience of being informed, comforted and included. It is obvious that a parent who is not prepared herself can not prepare her child. However, it does not necessarily follow that a parent who is prepared herself for the death may similarly prepare the child. The children who were included by information were in families where the parent was not only aware of the death being imminent but was also willing to recognise the child's need to be included in what was a family experience. It is interesting that there are no examples of the parent being encouraged by others to prepare the child. This would suggest that there is a need for hospice social workers to consider actively intervening on the child's behalf at this point, particularly in light of the findings [see below] of positive experiences derived for the child from contact or the choice of contact with the dying parent.

The association between the peaceful death and the child being allowed to visit

Some children were informed of the imminent death and allowed to visit the dying parent. The children who saw the parent shortly before death were those whose ill parents slipped into death from coma. Those who were denied access to the parent were either not asked or were asked a closed question.

The children who saw their parent after death had positive experiences. They used the opportunity to express their continuing love and desire to care for the parent. They all touched the parent, which helped to confirm the reality of the death. None of the children were overwhelmed by the experience or unduly distressed. The siblings' responses largely reflect the child's experience and this was the case whether the siblings were older or younger. The children who did not view the body had the common

feature of lack of genuine consultation. This would suggest that if children are asked they usually decide to go and have a positive experience.

The other children were effectively disenfranchised. One child was able to see her mother only because her older siblings intervened on her behalf. The rest were excluded on grounds of assumptions about their place within the process, or on grounds of cultural precepts, 'This is what we do in our family'.

The pre-conditions for a good parental experience of viewing the body

The parents of the four children who viewed the body have good to positive experiences. The difference appears to lie in the context of the experience and not the experience itself. The optimum experience was afforded when the parent was free to manage the shared experience unencumbered by considerations of others. When the parent has to consider the context a degree of unease is introduced and the tension detracts from the overall experience of being with the dead person and being there with the child. In support of this, the least satisfying experiences were associated with cultural expectations which determine the experience for both adult and child.

The pre-conditions for a good funeral

The parents who reported the most positive experience of the funeral rites were part of a religious culture and community. However, this was not the deciding factor because moderately satisfying and negative experiences were also reported by parents who had similar profiles. The quality of their experiences was affected by the context of the ritual, with particular emphasis laid upon the character of the extended family and the warmth of the minister. This indicated that a positive experience of the funeral was associated with harmony within the family and the quality of celebration of the dead parent within a supportive group.

The children either attended the whole funeral or were absent; none attended part of the ritual. The children who attended fell into two groups, those who participated and those

who observed. The children who participated did so willingly and to good personal effect. Those who observed appeared to have a less meaningful experience and in one case attendance was accompanied by a negative experience because of the tenor of the service.

Those who did not attend also fell into two groups: those who did want to go, and those who did not or do not express a wish to have gone. The first group manifested the strongest negative affect and it appeared that being denied this experience had the most detrimental effect upon the child. The children appeared to be reluctant or unable to express their anger and resentment at being denied the experience. One child in the experimental group held his anger inside for several weeks until he was able to express in the All About Me session.

If the child did communicate his dissatisfaction, the sensitive parent responded by questioning the validity of her decision, but the only option available was that she had made the best decision possible at the time. There was a sense of regret and resignation for the parent at having done her best but recognition that she had fallen short of the mark.

The emerging need for an advocate for the child

It was noticeable that in none of the cases did someone spontaneously appear who promoted the needs of the child to be informed or involved. This was most clearly seen in the experiences of viewing the body and attending the funeral. There were several instances of adults doing nothing for the child or advising against involving him, but nobody appeared as an advocate for him, with the exception of one child whose teenage sibling said she should have the same opportunity to attend the funeral. Although theirs was not a harmonious relationship, the teenager had expressed jealousy and resentment of the child and referred to her as being 'spoilt', nevertheless the older child recognised the need for her sister to be included in the family's experiences at this time and adopted the role of advocate for her. Many primary school age children do not

have teenage siblings to speak up for them, in fact this was the only child in the sample who did. The reduced sensitivity of the bereaved parent indicates the need for someone to adopt this role, one which is very appropriate for a social worker but not one which was readily adopted by the social workers in the study who had contact with the families before the death.

The two post-death events

The two events that follow the death are the first test of the sensitivity of the surviving parent to the referred child. The scores indicated that overall the parents in the control group managed these experiences better for the child than the experimental group parents. If this is so then the control cases could be expected to derive equal or greater benefits from the intervention than the experimental cases because they would be more receptive to the child's needs.

This is rather a blunt conclusion, based as it is on one set of events and will be further examined in the analysis of the significant events, which follows, however, when seen in the larger context of the patterning of ordinal position by event category across the sample, an interesting picture emerges which can best be summarised as follows:

Order of scores : positive to negative

<u>Total</u>	C1	E5	C4	C5	C2	C3	C6	E1	E3	E4
<u>Illness</u>	C2	C4	E5	E4/C5	C3/C6	C1	E1	E3		
<u>Death</u>	C1/C2	E5/C4	C6	C5	C3	E1	E3	E4		
<u>Post-death Period</u>	C1	E5	C5	E3	C4	C2	C3	E1/C6	E4	
<u>Post-death Events</u>	C1	C3/E1	C4/C6	C5/E2	E3/E4/E5	C2				

The Profile of the Optimum Experience from Diagnosis to Death and some Implications for Practice

The profile of the optimum experience from diagnosis to death is one which starts with an early diagnosis by a sensitive doctor. The symptoms of the illness are manageable and the decline is over a period long enough for the parents to adjust to the altered reality of the family's future. The child is given information as and when he asks for it and is involved in the parent's care in whatever way he chooses. The child has regular access to the parent and the death is peaceful and in a chosen place.

The funeral is experienced as a process of personal remembering and celebration of the parent's unique qualities. It is conducted in the context of a supportive extended family and some times as part of a religious community.

Although from a purely practical perspective the length of time available has a bearing upon the potential for adjustment to the outcome, length of time alone did not emerge as the critical factor in adaptation. It may be that time allows the parents to accept the diagnosis and tentatively plan for the future but that requires that the prognosis has been accepted by both parents. Therefore permission to accept the prognosis may be the influential factor here.

The role of the social worker as advocate for the child

The need for someone to adopt the role of advocate for the child became clearer. Overall nobody emerged from the family and none of the medical staff or social workers took on this responsibility. The importance of adopting this role is supported by the fact that all the children who were asked if they wanted to have these experiences said they did. When they visited the dead parent or attended the funeral, the children responded in ways which indicated that they were positive experiences and served to provide good memories in the longer term. Therefore it is possible to conclude that those children who were allowed to be involved at any stage of the illness, death and funeral would choose to be so and had positive experiences.

The fact that the children who take these opportunities to be involved do not become distressed by them, either at the time or later, also suggests that a child is able to make good decisions for himself in terms of choosing whether or not to expose himself to the experience or that, given the opportunity, he is able to manage the stressful elements of the experiences better than adults would believe. This creates additional support for the need for social workers to act as advocates for the child so that he can not only have the chance to choose but also have the chance to make informed decisions.

The need to give the child a genuine choice

Many of the children in the sample were given all-or-nothing offers. Although none was refused, it is preferable for the child to have genuine choice based on information about the event, so that he can decide which elements he wants to experience. For example, if a child knows what is entailed in a funeral he can choose if he wants to go to all of it, certain parts of the service or reserve his right to withdraw at any stage on the day. The child's decision whether or not to be involved is not a genuine choice if the child has to choose the adult's experience.

All the findings contradict adult assumptions about these types of experience and support the argument that children benefit from being afforded opportunities to be involved through experience and conversation both in the shorter and longer terms.

The profile of the two groups

The findings and analysis have supported the over-view of the family described in the pre-death stage [see Chapter 6] and have shown that by chance the parents in the control group apparently demonstrated a better quality of sensitivity than parents in the experimental group. The quality of parental sensitivity to the child is tested further in the analysis of the significant events which follows.

Chapter 12

Findings and Analysis Concerning The Significant Events

Introduction

The following events are a set of experiences which are more subtle, more discreet representations of the child's loss than the critical events [see Appendix 1, section e]. They tested the sensitivity of the parent to recognise them as significant and respond in ways which comforted and supported the child. The discreet nature of the events meant that the quality of the parent's responses demonstrated her genuine sensitivity to the child. They are itemised and analysed on a case by case basis.

Case Events Selected For Analysis

Two significant events were selected for each child.

C1: i] the child's favourite teacher leaves : the parent ensures the school manage this well for him

ii] parent continues with a routine developed with the dead parent and which the child finds comforting

C2: i] child wins a merit prize at school which the teacher brings to the house but the parent barely acknowledges the achievement

ii] the child is involved in a road traffic accident while at Brownie camp but the parent does not acknowledge her experience or offer her comfort

C3: i] the child visits the grave with the parent but the parent burdens her with worries about being able to afford to buy flowers each time

ii] the parents gets a job and makes arrangements for the child to be cared for after school without consulting the child who has been referred because of her separation anxiety

C4: i] the parent is concerned about the child's inability to talk about her mother and discusses how to help her with his sister who gives him some advice which he follows but not satisfactorily and fails to see the significance of the child wearing her mother's earrings

ii] the parent decides to keep dead parent's journal until the child is old enough to appreciate the sensitive material it contains

C5: i] the parent anticipates the child's response to a forthcoming injection but in mildly derogatory terms

ii] the parent misinterprets the child's anxieties about being unwanted, which arise out of a family crisis which does not directly involve her, and rejects the child thereby confirming her fears of threatened desertion by the parent

C6: i] the parent becomes aware of child's view of himself as being the man of the house and carefully removes the burden of responsibility from him

ii] the parent anticipates and accommodates the child's needs when a favourite teacher leaves the school

- E1: i] the parent takes the initiative, after a delay, to respond to the child's worries about the location of the dead parent's body and assuages his anxiety
- ii] the parent responds warmly to the child's Playwork Book and appreciates his experience of his relationship with the social worker
- E2: i] the parent displays a figurine made in memory of the dead parent but makes no comment on its significance to the child
- ii] there is no other example available from the data
- E3: i] the child makes a new friend whose parents are divorced and the parent suspects that the child is hoping that his own separations from his father are as temporary as his friend's
- ii] the child stays away at a friend's house overnight and the parent is aware of the achievement he has made in being able to be away from his home for a night
- E4: i] the parent recognises that the child has the same need for help from the social worker as she does, but only recognises it in terms of her own need
- ii] the parent is able to make a partial link between a distressing experience the child has and her night terrors

- E5:** i] the parent recognises that the grandparent is being argumentative with the child and causing the difficulties between them, for which the child has been blamed until that time
- ii] the child becomes anxious at times of stress in the family and engineers days off school because she is 'ill' in order to be close to the parent, who is resentful of the extra demands this places upon her

Findings and Analysis

Each of the two elements in the event was awarded a score in the range of 1 - 5 which were totalled [see table Significant Events Scores]. The possible scores in this category ranged from 4 - 20. The cases' scores ranged from 4 - 20 with the order of cases as follows:

C1 / C6 / E3	20
C4 / E1	17
C3 / E4	14
E5	13
C5	9
E2	8
C2	4

All the cases achieved the same or similar scores for each event, with the exception of C5. This parent was awarded a moderately good score for the first event and a negative score for the second. It is possible to understand the disparity between these scores when the second event is examined in a little more detail.

It happened in the context of a family crisis [the teenage daughter informed the parent that she was pregnant] and consequently may have elicited a more extreme response in the parent than might have been the case in calmer circumstances. However, it also needs to be borne in mind that this family had a tendency to respond in extreme ways and the insensitivity of the remark made to the child, which is evaluated here, is not exceptional.

In the conclusion to the analysis of the Critical Events I proposed that the scores for the post-death events would be the most accurate assessment of the surviving parent's quality of sensitivity. I suggested that if this were so then the scores for this factor would be reflected in the order of scores of the Significant Events. The order of scores in the post-death events category was:

C1 C3/E1 C4/C6 C5/E2 E3/E4/E5 C2

and the order of scores for the Significant Events was:

C1/C6/E3 C4/E1 C3/E4 E5 C5 E2 C2

Half the cases appear in the same or similar positions [C1, E1, C4, E5 & C2] but the positions of the rest have little in common across the two analyses. The scores by case for each factor were as follows:

<u>Case</u>	<u>Crit. Event</u>	<u>Sig. Event</u>	<u>Total</u>
C1	20	20	40
C2	4	4	8
C3	16	14	30
C4	12	17	29
C5	10	9	19
C6	12	20	32
E1	16	17	33
E2	8	8	16
E3	8	20	28
E4	8	14	22
E5	8	13	21

Some cases have similar values for both factors [C1, C1, C3, C5, E1 & E2 (E2 by default)] but the rest have values which differ on a range of 5 - 12.

The search for consistency

If these events are evaluating the parent's personal sensitivity alone, then it could be that there is a consistent performance for all four factors across both analyses. In order to explore this further I will examine the bands of scores to see if any pattern emerges.

One case, Edward [C1] scored positively overall [36 - 40] and scored the maximum on all events. This is consistent with the findings from the analysis of parental sensitivity [see Chapters 10, 11 & 12].

There are four cases [C3, C4, C6 & E1] which scored well [29-35]. Two scored consistently [C3 & E1] and two [C4 & C6] had scores which differed by 5 and 8 respectively.

Three cases [E3, E4 & E5] scored moderately overall [20 - 28]. These all displayed the same pattern of scoring distinctly higher in the significant events than in the critical events [12, 6 & 5 respectively].

Two cases [C5 & E2] scored poorly overall [12 - 20]. Both scored consistently poorly in both analyses but E2's score was estimated and therefore can not be analysed in the same way as hard data.

One case [C2] scored negatively overall [8 - 12] and did so in both analyses.

Discussion

The cases that score positively or negatively do so consistently across all elements of both analyses. Those that scored well varied in their score pattern. Those that scored moderately all shared the same pattern of better scores in the significant events : these were all experimental cases.

A larger sample may have revealed a more instructive pattern, but it is possible to draw the following tentative conclusions from the data with the intention of examining them further in the larger body of the analysis.

Those parents who demonstrated qualities of sensitivity at either end of the continuum did so consistently in all circumstances. The parent who had the highest score could not

improve, therefore, in this case the quality can only deteriorate. Those parents who were at the negative end of the continuum had the greatest margin for improvement but did not appear to do so. The data indicated that parents who have either an extremely good or extremely poor quality of sensitivity tend to maintain that level consistently. In the case of the former it is understandable and desirable, but in the case of the latter the lack of improvement suggested that this personal feature may be less responsive to, or actively resist change. For example, the parent who achieved negative scores repeatedly demonstrated grossly insensitive responses to his child before and throughout the intervention. Based on this evidence, it is reasonable to suppose he continued to do so after the intervention. Paradoxically it was this parent who, by placing his child second in overall improvement within his sample subgroup, supported the hypothesis that insensitivity is a consistent personal feature.

The parents who scored well varied in their pattern, therefore nothing can be concluded from this inconsistent pattern.

The three who scored moderately all achieved higher scores in the significant events than in the critical events. This would suggest that, before the intervention the parent responded to events which were explicitly associated with the child's bereavement less sensitively than she did to more discreet events after the intervention had started. All three are experimental cases, which suggests that one of the effects of the intervention for this group is to raise sensitivity in the parents to the needs of the child. This change in direction may also be associated with the surviving parent being freer than before the death to anticipate and respond to the child's needs because she is not compromised by conflicting loyalties to the ill-parent and the child. This will be examined further in the following chapter.

Chapter 13

Findings And Analysis Concerning Parental Sensitivity

Introduction

I argued earlier [see Chapters 2 & 3] that the most influential relationship a child has in his early years is usually with his parent or parents and that the quality of security in the parent-child relationship is the most important factor for healthy development. I examined the concept of security in the context of this relationship and concluded that it is most closely associated with the quality of sensitivity in the parent to the child.

The hypothesis tested here is that parental sensitivity to the child is an essential pre-requisite to mourning and that the experimental model of intervention is more effective in promoting those pre-conditions than the control model even where a parent is unable to respond sensitively and competently.

The analysis draws upon the indices of sensitivity that emerged from the literature [see Chapter 2] and distilled into four factors [see Appendix 1: section 1e]. Each item was assessed at the beginning and end of the intervention and awarded a score at each wave between 1-5, on the same rationale as in previous sections and tabulated as follows.

Findings and Analysis

The factor of the parent's ability to perceive the child's concerns was made up of four elements:

- i] recognition of the child's concerns
- ii] defining the concerns as bereavement related
- iii] understanding the significance of the concern for the child
- iv] believing the child's concern to be genuine for him

The possible scores for each wave ranged from 4 - 20. The scores for both waves were as follows:

<u>Case</u>	<u>1st. wave</u>		<u>2nd. wave</u>		<u>Difference</u>
C1	5 5 5 5	2 0	5 5 5 5	2 0	0
C2	1 1 1 1	4	1 1 1 1	4	0
C3	5 3 2 2	1 2	5 3 3 3	1 4	2
C4	4 4 3 4	1 5	4 4 3 4	1 5	0
C5	2 1 2 2	7	2 1 2 2	7	0
C6	4 3 2 3	1 2	4 3 3 3	1 3	1
E1	5 5 5 5	2 0	5 5 5 5	2 0	0
E2	3 2 3 3	1 1	4 4 4 4	1 6	5
E3	5 5 3 3	1 6	5 5 4 5	1 9	3
E4	4 4 2 2	1 2	5 4 4 4	1 7	5
E5	3 2 2 2	9	3 3 3 3	1 2	3

Negative change cases : [minus scores]

There were no cases in this category.

No-change cases : [0]

There were five cases which scored 0 [C1, C2, C4, C5 & E1], four control cases and one experimental. Three had the most extreme values overall [C1, C2 & E1].

C1 and E1 demonstrated the highest levels of awareness and concern for the child possible. The quality of the parents' sensitivity did not vary throughout the intervention.

C2 demonstrated a consistently negative quality of sensitivity towards his child. His responses to the child's explicit distress was at times so negative as to be abusive. The social worker does little to address these issues and, sadly, the intervention ends with little apparent benefit to the child or parent.

C4 and C5 scored consistently well and poorly respectively.

Small-change cases : [1-2]

There were two control cases [C3 & C6] in which the parents made small changes in their ability to understand the child's behaviour. The improvements raised the quality of their sensitivity in this section to the same level as in the other elements.

Medium-change cases : [3]

There were two experimental cases which scored 3 [E3 & E5]. In both cases the change was most apparent in the parent's attitude which seemed to soften towards the child, as if the child was no longer the threat to the parent that he was initially perceived to be because of the distress he was exhibiting.

Greatest-change cases : [5]

In the cases that scored the most change [E2 & E4] the parents changed from being dismissive of the children's distress, defining it as being 'moody and rebellious' [E2], to accepting and appreciating that they were very sad at times. At the start of the intervention the parents preferred to avoid conversations about emotions which frustrated the children's mourning and resulted in them feeling resentful and angry with their parents. The dynamic that underpinned this negative cycle and characterised these parent-child relationships was altered by the parents' abilities to change their definition of the children's distress, thereby bringing about improvements in their relationships.

Discussion

The ability to make an improvement was associated with a parent who was able to create a more positive model of the child. In almost all the cases the parent referred the child because his behaviour was perceived to be a threat to her psychological integrity and defined his distress partly if not wholly as a challenge to her parenting skills. The improvement brought about by the intervention was associated with the parent's ability to perceive the child as vulnerable because of his bereavement and in need of more not less care from the parent, which the parent felt able to provide.

The analysis indicated that the control model of intervention had the potential to collude with a negative definition of the child's concerns if the parent was insensitive. The clearest example of this was the father who persistently resisted the connection between his child's bedwetting and her bereavement. He remained unchanged in his

view that this was deliberate or at least something which she could stop if she tried. The social worker was unable to develop another definition or modify the existing one. This left the child potentially more vulnerable to the parent's hostility at the end of the intervention than at the beginning because the parent could have deduced that having received no benefits in this regard from the social worker, re-referring the child at a later date or referring her to another agency would be pointless. The control model was unable to address the underlying cause of the parent's resistance to the child's distress and, in being unable to effect a change in the definition of the child's distress, implicitly endorsed the parent's original view of it.

The control model of intervention brought about marginal or no improvements in all the control group cases. The experimental model brought about considerable benefits in all the cases where improvement was possible.

Conclusion

Therefore it was possible to conclude that :

- i] in the absence of sensitive parenting the control model was unable to modify a negative view of the child's distress
- ii] with an insensitive parent the control model had the potential to leave the child more vulnerable to harm by not effecting improvement
- iii] with a sensitive parent the experimental model was able to effect a considerably greater degree of improvement than the control model

The availability to assist or protect

The factor was made up of four elements. The parent is :

- i] approachable by the child

- ii] available to help when needed
- iii] able to anticipate difficulties
- iv] responds appropriately and on the child's behalf

The possible scores for each wave ranged from 4 - 20. The scores for both waves were as follows:

<u>Case</u>	<u>1st. wave</u>		<u>2nd. wave</u>		<u>Difference</u>
C1	5 5 5 5	20	5 5 5 5	20	0
C2	1 1 1 1	4	1 1 1 1	4	0
C3	1 1 3 3	8	1 2 3 2	8	0
C4	2 2 3 3	10	2 2 3 3	10	0
C5	2 2 1 1	6	1 1 1 1	4	- 2
C6	3 3 5 5	16	4 4 5 5	18	2
E1	1 2 2 3	8	4 5 4 5	18	10
E2	5 3 2 2	12	5 3 2 2	12	0
E3	2 2 4 3	11	4 4 5 4	17	6
E4	2 2 1 1	6	3 3 2 3	11	5
E5	2 2 3 4	11	3 3 3 4	13	2

Negative-change cases : [minus scores]

There was one control case [C5] which deteriorated during the intervention and scored -2. At the beginning of the intervention the parent made herself unavailable at those times when she was most needed by the child, Joanna [e.g. anniversary of the death] and in a manner which would be expected explicitly to communicate her insensitivity to the child [e.g. going away on holiday]. If this level of response were to continue, it is expected that the situation would deteriorate in step with Joanna's increasingly unassuaged anxiety.

At the end of the intervention there were episodes when Joanna expressed negative affect [e.g. criticised or complained about the parent] to which the parent responded in an extreme manner [e.g. threatened to send her away to live with another family]. Her need for increased proximity was met with rejection. The insecurity generated in Joanna by her bereavement was maintained by a spiralling sequence of insensitive responses. The social worker was unable to effect any improvement in spite of trying to broach the subject, albeit passively. The parent continued to disregard the damaging effects of her behaviour upon Joanna and increased her negative responses.

No-change cases : [0]

There were five cases [C1, C2, C3, C4 & E2] which demonstrated no change, four control cases and one experimental. Of these one [C1] scored the maximum of 20. The other cases had overall scores which were as follows. One [E2] scored moderately, two [C3 & C4] scored poorly and one [C2] scored negatively.

C1 could only deteriorate as a result of the intervention which did not happen.

E2 scored moderately overall. The parent was approachable when the child was distressed, but his availability was not matched by his ability to act upon the child's concerns in a manner which would assuage his anxiety. He was effectively a passive recipient of the child's concern.

C3 and C4 scored consistently poorly during the course of the intervention. C2 scored negatively throughout. The parent was unable to recognise or respond to the child's overtures when she approached him, and neither was he able to anticipate times of difficulty for her and make provision for her. His responses were characterised by his unwillingness to consider the child's experience at any level. He had the greatest room for change which the intervention failed to facilitate.

Small-change cases : [2]

There were two cases [C6 & E5] which scored 2, one control and one experimental. The improvement in the control case [C6] occurs in the parent's availability to her son, Andrew. She has been prepared to act on his behalf but has been less willing to accept his expressions of need. This seems somewhat paradoxical for how can a parent act when she resists the child? In this case the parent's actions came from her sense of duty to him and, as such, were without empathy for him. The qualitative shift was evident when she developed a more sensitive appreciation of Andrew's view of the problem. She changed from being a reactive manager of Andrew's problems to being a responsive listener to his problems.

In the experimental case [E5], at the start of the intervention, the mother resisted her daughter Laura's approaches. She resented her need for proximity and angrily rejected her approaches, which increased Laura's attachment behaviour which resulted in another rejection. This negative amplification spiral characterised the relationship and was exacerbated by the mother's inability to recognise its effects upon Laura.

By the end of the intervention there had been a slight qualitative shift. The parent became more willing to accept that Laura was not the source of the problems they were both experiencing. This was most clearly manifested in the mother's increased ability to tolerate Laura's approaches and her willingness to help her when needed in a manner which was accompanied by less negative criticism than was the case before. It was a small but perceptible change which suggested that there was a change of direction which had the potential to develop further.

Medium-change cases : [5 - 6]

There were two experimental cases [E3 & E4] which scored 6 and 5 respectively. E3 moved from moderate to good, a shift which was represented in the parent's model of her son, James. At the start of the intervention she rejected James when she was distressed, but she did not follow the advice of her friends, which was to respond more punitively. She anticipated that this would only cause more difficulties for him. She also anticipated that James' new friendship contained the seeds of confusion because the new friend, whose parents are divorced, experienced temporary separations from his father. She did not act upon her awareness.

By the end of the intervention the mother had developed a conversation with the teacher, on James' behalf, which demonstrated her willingness actively to support him in overcoming his worries. She was able to tolerate his need to be closer to her more easily because she had developed a more positive definition of the behaviours, which classified them as distress and not unreasonable demands.

E4 moved from a borderline poor score to moderate. Initially the mother had little appreciation of Holly's need for greater security. This was exemplified in her suggestion that to sneak out at night to avoid Holly causing a scene was an acceptable solution to her objections to her leaving her. She suggested this approach knowing that the night is the time of greatest fear for Holly. Holly's concerns about her parent's reliability were well founded.

By the end of the intervention the mother had started to make connections between Holly's experiences and their effects. She softened her view of Holly and became marginally more available to her and appreciably more willing to act on her behalf as a result.

Greatest-change cases : [10]

There was one experimental case [E1] which scored 10.

At the beginning of the intervention the mother expressed her dislike of her son, Adam. She resented his need of her and rejected him angrily when he approached her. She was unable to communicate with him and knew she needed additional resources, which she did not seek out but accepted when they were offered. Her ability to act at this stage was therefore reactive.

By the end of the intervention she had become appreciably more proactive. She was able to identify issues which she needed to address for Adam and, after considering how to manage these situations, responded well. She changed her view of Adam from largely negative to moderately positive. She also expressed her pleasure at the thought of their shared future which indicated her willingness to accept him as a long term responsibility within the changed context of their relationship.

Discussion

The one case which demonstrated a deterioration was characterised by angry rejection of the child at times of greatest need. The intervention was unable to influence the

parent's awareness of the significance of her behaviour which, in the context of additional resources being present at the time, makes the deterioration all the greater.

The parent in the experimental case performed moderately well but he was effectively a passive recipient of the child's concerns. Passivity in the parent appeared to be associated with no improvement across both groups. It is unclear what the nature of the association is but it could be that it is the manifestation of disinterest, a lack of insight, or resistance to the child's distress which the child perceives and responds to by trying to get close to the parent. When the child does not receive the desired response from the parent, he is distressed and protests.

Passivity or inappropriate inertia could be perceived by the child as a sign that the parent is not actively engaged with his concerns and although she may be physically available and approachable, she is psychologically and emotionally absent. For a bereaved child this state would be expected to be strongly reminiscent of the parent's acute grief states, when she was robotic and removed from the child.

The literature has indicated that the parent is the dominant partner in the parent-child dyad and also that the child takes his lead from the parent. These findings support the hypothesis that the child needs the parent to be an active agent in order to be a credible source of security, that doing is believing. Therefore passivity in the parent may be interpreted by the child as disinterest in his welfare, it may be perceived as evidence of the parent's inability to care for the child's physical needs, all of which undermine his quality of security

This argument is supported by the cases which made improvements. These were associated with a qualitative shift of attitude in the parent for the child, one which was characterised by enhanced empathy for the child's distress which was communicated to the child in the parent's increased availability to him when he was distressed.

The parent that made the greatest improvement moved from a position of tolerating the child to acceptance of his distress and need for her, to a final position of anticipating his needs for her to act and demonstrating a degree of initiative on his behalf.

The analysis indicated that the experimental group did appreciably better than the control group overall. This outcome was predicted. The results and analyses of the two control group cases which scored highest and lowest, support and confirm respectively the hypothesis that the cascade model of intervention is unable to enhance sensitivity in the parent for the child.

An interesting point emerged from the analysis which indicated that passivity in the parent was associated with reduced synchrony between parent and child. Hinde [1979] cited synchrony as being one of the most significant features of harmonious relationships. This feature of the parent-child relationship will be examined in greater detail in later sections of the analysis.

We can draw from this that:

- i] the control model was unable to promote or enhance existing levels of sensitivity in the parent to the child
- ii] the experimental model increased sensitivity by enhancing the parent's insight into the child's experience and enabling his distress to be defined as bereavement related
- iii] passivity in the parent towards the child inhibited synchrony within the relationship which negatively affected sensitivity

The quality of comfort-giving behaviours

The factor was made up of two elements:

- i] offering comfort appropriately and responsively

ii] compatibility with the child's preferred style

The persistent absence or avoidance of either element was noted and awarded a negative score. The possible scores for each wave ranged from 2 - 10. The scores for both waves were as follows:

<u>Case</u>	<u>1st. wave</u>		<u>2nd. wave</u>		<u>Difference</u>
C1	5 5	10	5 5	10	0
C2	1 1	2	1 1	2	0
C3	1 1	2	2 2	4	2
C4	3 3	6	3 3	6	0
C5	1 2	3	1 2	3	0
C6	3 3	6	4 4	8	2
E1	2 2	4	4 4	8	4
E2	4 4	8	4 4	8	0
E3	2 2	4	5 5	10	6
E4	1 1	2	1 1	2	0
E5	2 2	4	3 3	6	2

Negative-change cases : [minus scores]

There were no cases which achieved a minus score.

No-change cases : [0 score]

There were five cases [C1, C2, C4, C5 & E2] which made no change, four control and one experimental.

C1 achieved a positive rating for each element.

C2, the father of Jane, achieved a negative rating for each element which was unaffected by the intervention. There is no record of any comforting in the first sessions but the father generously lent me a copy of his journal which covers the time from diagnosis onwards. Recorded here, before the beginning of the intervention, are isolated incidents of comfort-giving. They are sporadic and often initiated by his need rather than Jane's. Her comfort-seeking behaviours are often defined by the father as insincere and intrusive upon his time, regardless of when they occur during the day. This gives an indication of the poor quality of comforting when it does occur but, within the research criteria, the absence of data is scored negatively.

During the last two sessions the data indicated unequivocally the negative quality of the father's responses. There is one incident when he sent Jane to her room without her tea because she has been asking for cuddles. She sent him a note saying she will not give him any kisses for four days unless he lets her come down. He ignores the note and revels in the pleasure of being child-free for the evening. In another incident he locks Jane in the house, stands outside the front door listening to her screaming, having pretended to leave because she has been slow in getting ready to go to school. Both examples indicate clearly the negativity of his response and raise serious questions about the social worker's practice in not addressing these issues, which I will examine in a later chapter.

C4 maintains a moderately good response and style. He is not close to the child and finds it difficult to adapt either element in order to improve matters. He demonstrates a benevolent attitude but can not make the necessary changes.

C5 scored negatively to poorly, largely because of the absence of incidents and the undercurrent of avoidance of the two that do occur. In both of these the parent is not required to make a judgement about Joanna's need for comfort because they are explicit [e.g. a feared vaccination and a cut knee]. Although the parent is aware of Joanna's need for comfort for the vaccination, the quality of her response is such as to diminish its effect. In the second incident the parent makes derogatory remarks about Joanna's need to have the cut bandaged. The genuine quality of her concern is coloured by her responses and, other than than these instances, there is a persistent absence or avoidance of comfort-giving.

E2 scored well across all elements based on data drawn from the child's sessions. This was necessary because the quality of the social worker's recording was prescribed by the parent's defensive style in his sessions [see Analysis of the Social Worker : Competence]. During the child's [Campbell] third session, when he was completing the Trust Circles exercise, he placed the parent in the inner circle. Campbell did this the

instant he understood what the exercise was about. In this spontaneous act he identified his father as his primary source of comfort. He was not scored positively because there was a strong evidence that the parent's comfort-giving was reactive rather than proactive.

This assessment was supported by data from the All About Me session. Although the father had a somewhat brusque manner, there was tenderness in his tone towards Campbell which was particularly apparent when he needed help in reading the cards. At no time did the father become irritated by Campbell's inability to read and helped him with gentle encouragement. The lack of data from the Family Profile for this case meant I had to draw on additional sources of data in order to supplement the parent session records. Data from the session described a more responsive parent than was apparent from the parent records, but was compatible with that body of data. This supported the view that the father was not putting on a performance for the session with Campbell. However he was unable to develop the insight necessary to anticipate his needs and the intervention did not effect any change in this area.

Small-change cases : [1 - 2]

There were three cases [C3, C6 & E5] which made a small change and scored 2, two control and one experimental case.

C3 moved from negative to poor. The parent had a longstanding dislike for physical contact and resisted the child's approaches. By the end of the intervention she was able to appreciate the child's need at least to be close to her, even if she could not always hold her. This was taken to demonstrate a marginal qualitative improvement.

C6 moved from moderate to good. At the beginning of the intervention the parent was wanting to be more comforting towards her son but had an ambivalent attitude towards him which made her responses inconsistent.

Towards the end of the sessions the parent reported that he came to her for cuddles. There was a warmer tone to her conversation and a less constrained attitude towards the child's need for comfort. She also recognised situations in which he might need affectionate reassurance and tried to respond.

E5 [Laura] moved from poor to moderate. The mother had an ambivalent attachment to Laura which had been apparent from infancy onwards. The negative aspects of her ambivalence had been palliated for Laura by the quality of her relationship with her father. His death brought the absence of comforting in her relationship with her mother into sharp relief. During the AAMe session Laura said she did not get enough cuddles now that her father had died. This was said in a manner which could be taken as a request for greater closeness with the mother, but she did not respond. The mother had a brusque manner and was a woman not much given to sentiment. She had difficulty expressing emotions and giving comfort. This aspect of their relationship took on a particular significance in Laura's bereavement because it was characterised by distal affection which was not satisfying for her.

During the course of the intervention Laura contrived to receive affection by being 'ill'. The mother responded moderately well towards her until she realised that Laura was not genuinely unwell, which was understandable. However, a more sensitive parent may have stopped to consider why a child needed to use this ploy, which this parent did not. She recognised and responded positively when Laura explicitly exhibited distress [e.g. tearful], or when she approached her for comfort. This pattern denoted a child who wanted a closer relationship with a parent who was unable to respond more sensitively.

Medium-change cases : [3 - 5]

There was one experimental case [E1 : Adam] which made a medium change from poor to good. At the start of the intervention the parent and child were at a low point. They had become estranged because the mother resented her son and did not feel capable of

comforting him. She recognised that this caused and exacerbated his anger. She had been unable to bring about any improvement.

By the end of the intervention she became aware that she had been feeling hostile towards him and this had prevented them from being closer. The Playwork book confirmed the depth of his experience and she was touched by some of his comments and expressed her love for him. Although there were no recorded incidents of comfort-giving during these sessions, the parent's attitude was positive and compatible with the image of a responsive, warm parent. In the absence hard data it was awarded a good rather than a positive score.

Greatest-change cases : [6+]

There was one experimental case [E3] which made the greatest change from poor to positive. The parent was able to cuddle her son, James, but her feelings for him were strained. They found their expression in the tension generated by his sleeping difficulties. She wanted to comfort him but was unable to do it consistently or genuinely and there were many angry scenes when James was wanting to be close to her and she wanted to be on her own. It was a very fraught and unhappy time for both of them.

By the end of the intervention there was a qualitative shift in attitude. Although James' non-sleeping still persisted at much the same frequency, the mother's definition of it had altered, as had her response to him when these episodes did occur. There was an incident of great tenderness between them which was very comforting for James and reported in a way which communicated the parent's pleasure in being able to do this.

Discussion

It was noticeable that regardless of the parent's response, the child who needed comfort would repeatedly approach the parent in the hope of a good reception. Even the child whose father was overtly hostile towards her would hazard his anger and seek comfort

from him. This pattern of persistent comfort-seeking, which was apparent in all the children in the sample, demonstrated the degree of need bereaved children have for physical comfort. They were all well cared for in terms of being fed and clothed, yet this was not enough for them to feel secure and loved. It was evident in several children that the drive for proximity with the parent and for comforting physical contact was so strong that it outweighed the risks such approaches might entail.

I am reminded of one of the conclusions of Harlow and Zimmerman's experiment with infant rhesus monkeys and wire and cloth surrogate mothers [Harlow & Zimmerman 1959], that catering for the physical needs alone is not enough for healthy development. It is the emotional body of the child which needs to be comforted and held securely in order for the whole child to thrive. The responses which appeared to be most satisfying were those which were not merely mechanical. To be held was important but to be held lovingly made an essential difference to the quality of the experience. The examples of distal, cursory or grudging comforting were accompanied by a lack of parental insight into the child's need or a degree of resistance to consciously acknowledging it.

The two parents who have ambivalent relationships with their children offer comfort inconsistently and in ways which are unsatisfying for the children. The children's dissatisfied responses serve to reinforce the parents' ambivalence. During the intervention, supported by the social worker, the parents to begin to explore the children's experiences and develop a slightly better awareness of their needs and respond more warmly to them, but it is a small improvement. The association between the ambivalent parent-child relationship and a lack of improvement is strengthened by the analysis.

Neither intervention was instrumental in producing a deterioration in the quality of comfort-giving but the persistently inappropriate responses in one control case confirmed the model's inability in the absence of good parenting to effect any change

when it was most needed. The findings show that the greatest range and number of improvements was brought about by the experimental model of intervention.

There is an increasingly consistent profile developing for the ambivalent parent who remains largely unaffected by either model of intervention. The ambivalent parent appears to be inhibited in her ability to comfort the child regardless of how the need is communicated. Also there was no evidence of the parent being willing to compromise for the benefit of the child, which presents an increasingly dismal picture for both parent and child.

Overall the data suggested that:

- i] lack of insight in the parent to the child's experience prohibits improvement in comfort-giving
- ii] an ambivalent parent-child relationship inhibits the parent's ability to effect change in comfort-giving
- iii] the greatest improvement in comfort-giving is possible when the parent is able to develop a more empathic and positive view of the child
- iv] the experimental model of intervention promoted a more positive, empathic view of the child.

The incidence of praise or enjoyment of the child

The factor was made up of two elements:

- i] perception of the child's achievement
- ii] quality of the parent's response

The possible scores for each wave ranged from 2 - 10. The scores for both waves were as follows:

<u>Case</u>	<u>1st. wave</u>	<u>2nd. wave</u>	<u>Difference</u>
C1	3 3	6	3 3 6 0
C2	1 1	2	1 1 2 0
C3	2 2	4	3 3 6 2
C4	3 3	6	3 3 6 0
C5	1 1	2	1 1 2 0
C6	3 3	6	4 4 8 2
E1	3 3	6	5 5 10 4
E2	3 3	6	3 3 6 0
E3	4 4	8	5 5 10 2
E4	3 3	6	3 4 7 1
E5	2 2	4	2 2 4 0

Negative-change cases : [minus score]

There were no cases in this category.

No-change cases : [0]

There were six cases [C1, C2, C4, C5, E2 & E5] which made no change, four control and two experimental cases.

Two cases [C2 & C5] had negative scores. In both cases the parents were unable and unwilling to recognise the children's achievements. The parent in C2 dismissed the significance of his daughter winning the end of year merit prize at school [see Chapters 9 & 10]. The parent in C5 expressed her disinterest in the child's achievements at school, although she did consider education to be important.

One case [E5] Laura scored poorly. The parent was unable to take pleasure in Laura and any encouragement she gave to her efforts at school was matched by criticism. The social worker drew attention to this in an attempt to ameliorate matters, but to little effect during the intervention. However, there was reason to believe that some change may have occurred after the end of the intervention because the mother had a revelatory experience just before the last session.

The mother witnessed her own father taunting Laura and realised that the conflicts that arose between her daughter and her were a mirror image of the conflicts she had experienced with her father, which he was now enacting with Laura. There was an

association between this revelation and a change in the mother's view of her daughter which came about because she recognised herself in her child. She saw that her daughter was trapped by her powerlessness and inability to outwit the grandfather's taunts. When Laura responded with angry frustration, the grandfather said she was argumentative and naughty which made her more frustrated and angry. As a result of this experience the mother reported that she was able to see that the manner in which she responded to Laura's need for comfort was effectively holding her and pushing her away simultaneously, but not giving comfort. This revelation happened at the very end of the intervention and the social worker recorded that she felt this insight had the potential to bring about major improvements within the parent-child relationship.

Three cases [C1, C4 & E2] scored moderately well. One parent tried to hold on to her enjoyment of the child by maintaining bed-time reading and trying to play with him, but her pleasure was dulled by her mood and coloured by their confrontations. The other two parents tried to maintain routines which the child enjoyed or respond to activities that interested him, but the parent's enjoyment was muted and had a passive quality which was closer to an appreciation of the child than a delight in him.

Small-change cases : [1 -2]

There were four cases [C3, C6, E3 & E4] which made a small improvement, two in each group. The first one [C3] moved from a poor to a moderate score, the second two [C6 & E4] moved from moderate to good, and the last [E3] from good to positive. In the first case [C3] the parent associated her increased pleasure in the child with the improvement that developed in their comfort-giving.

In the second case [C6] the parent expressed her pleasure in the child's achievements at school and her expectation that she would derive more pleasure from him in the future as her mourning became less onerous. This comment also suggested that she was able to invest in the future because of her child.

The third parent [E4] described a similar experience. At the start of the intervention she could find enjoyment in her child, Holly, but it was reactive [e.g. when she saw the Playwork book] and conditional upon the child's good behaviour at other times. At the end of the intervention she expressed her enjoyment of her daughter's pleasure in her new bedroom, which the parent had decorated for her. It was a gift to the child and an investment in their relationship. It was also a concrete indication of the parent's ability to take pleasure in what pleased her child. Although it lacked spontaneity, it was still a positive sign.

The fourth parent [E3] had a poor view of her son, James because he was irascible at home. During the meeting with the teacher the social worker reported that the parent was visibly pleased and surprised by the teacher's positive comments about him. The mother's response demonstrated her desire to see James positively and suggested that her inability to take pleasure in him was recent development. By the end of the intervention the parent was generally warmer in her tone towards him. She was aware of the significance for him of being able to stay overnight at a friend's house and was pleased for him.

Medium-change cases : [3 - 5]

There was one case [E1] Adam, which made a medium improvement, from moderate to positive. At the start of the intervention the parent's ability to enjoy her child was tempered by his angry outbursts. She was constrained in her appreciation of him because of this change in his behaviour since the bereavement.

By the end of the intervention there had been a significant shift in her attitude and in the quality of her responses to him. During the last session she told the social worker how pleasantly surprised she was by the contents of his Playwork Book. The issues covered in it initiated a conversation about their mutual feelings and the mother told Adam that she loved him very much and wanted to protect him.

Greatest-change cases : [6+]

There were no cases in this category.

Discussion

The influence of transgenerational patterns of parenting

The two control case parents were hostile and disinterested in explicit achievements and unwilling to recognise more discreet ones. Although there was insufficient data to be able to deduce why this was so, there was a strong suggestion for each that this was an established transgenerational pattern in these families' parenting styles. The grandparents were known to have had difficulties with their child [the parent of the referred child] and/or her siblings, which was reflected in the combative character of the current adult-adult relationship. The present generation of parent-child relationships appeared to be repeating history, which was not addressed by social workers using the control model, but there was one example of it being detected and addressed in the experimental group. This highlights the need for taking an historical perspective on the current bereavement and resources within the family.

The parent's mourning as an inhibitor of enjoyment

In some cases the parent attempted to hold on to some pleasure in the child through routines but it was either dulled by the parent's mood or affected by confrontations with the child. Both responses were taken to be manifestations of the wearying depression that characterises adult mourning, which seemed difficult if not impossible for the parent to overcome.

The playwork book as a vehicle for parental insight

There were two instances where the playwork book became a vehicle for promoting parental awareness of the child's vulnerability. The content of the book appeared to represent graphically the child's concerns and was associated with a shift in the parent's attitude and in the quality of responses to the child. At the end of the intervention one parent looked through the child's book with him and this experience

her changed view of him to being vulnerable and in need of her protection. Looking at the book together initiated a conversation about their mutual feelings, during which the parent told the child that she loved him very much.

The possible association between redefining the child and a positive outcome

There is slender support for the view that the experimental model of intervention was more effective in this factor although the reason why is unclear. Improvements were associated with the parent being able to adapt her model of the child from feeling persecuted or drained by the child's distressed behaviours, to being able to create a bereavement context for the behaviours and defining them as distress rather than deliberate acts against the parent. Several parents referred to specific events as evidence of their increased enjoyment of the child.

Those parents who had ambivalent relationships with their children had the greatest difficulty in making this adaptation but did make some improvements.

Therefore it is possible to conclude that:

- i] neither model brought about significant improvements
- ii] the parent's ability to enjoy the child is dependent upon the pre-existing quality of the relationship
- iii] parents with ambivalent feelings for the child have the greatest resistance to enjoying or praising the child

Discussion

The risk of collusion with the control model

Although neither model effected any change where the highest quality of sensitivity already existed, the control model was consistently unable to effect change where the lowest scores were recorded. In addition the analysis suggested that when working with

a parent who was insensitive to the child's distress and defined it negatively, the control model had the potential to collude with the parent's definition and render the child more vulnerable to the parent's insensitivity as a result.

The association between parental insight and redefinition of the child's distress

The findings support the view that an improvement in parental sensitivity is associated with improved insight into the child's needs. They also suggest that insight is preceded by a willingness or ability in the parent to perceive that the child's distress is bereavement related and something which he is wanting the parent to address.

It seems that in order to effect improvement in this regard the parent is required to make significant adaptations to her model of the child and, in effect, go against the flow of negative or even punitive opinion around her. This current of opinion is generated by family, neighbours and friends who are supportive of the parent and wanting the parent not to be troubled further. Consequently, part of their support requires the child to be 'good' for the parent. The drive to create some peace for the parent is an additional force to resisting the notion that those who are not with the parent are against her and the child, by default, falls into that category.

The league of loss

The findings so far also suggest that there is a body of opinion which holds that the child is not bereaved to the same degree as the parent: that there is a league of loss and the child has a lower place in the league than the parent. This highlights the power of uninformed opinion to support the parent's misperception of the child and thereby act against the interests of the parent-child relationship. If this is the case, and there is strong evidence from this study and the literature that it is, then it follows that an improvement in parental sensitivity depends upon countering the colloquial culture of non-professionals whilst simultaneously promoting the bereavement experiences and mourning profile of the child. This is coherent with the theory that the effectiveness of the experimental model lies in the dynamic generated in the relationships between the

parent, child and social worker and that addressing one focus, as with the control model, is less effective because it can not create this dynamic without exceptional sensitivity in the parent.

The social worker's role as an alternative model for the parent

The parent who receives the experimental model of intervention may be more prepared to redefine the child's distress as bereavement related because she has greater confidence in the social worker's judgement about the child than the control group parent can have. In effect the experimental model promotes an image of the social worker as an *alter parent* with the child, someone who the parent wants to emulate but, for whatever reason, is inhibited from doing so. It may be that the adult culture which supports the parent by denigrating the child paradoxically works against the interests of the parent in her relationship with the child. The sensitive social worker does not collude with the culture and models another way of being to the parent which, because the parent herself knows the social worker and has confidence in her, she is able to assimilate without the adaptations it requires threatening her self-esteem.

This may explain why the models of intervention are only effective if a parent has a degree of sensitivity and is predisposed to change. The parent may have the capacity to change but needs the catalyst of the social worker to give her permission to go against the tide of opinion of how to respond to the child, and the resources necessary to achieve change. The experimental model may be more successful in this regard because the social worker is more credible to the parent because she knows the child too and has a unique relationship with him which is simultaneously separate from the parent whilst complementing her parenting.

The referral criteria stipulated that the parent must be concerned for the child and not referring him for negative secondary gains, for example confirming him as the family's problem. This was specified because the therapeutic relationship with the child was expected to contribute to the benevolent parent being encouraged to construct

a view of the child as being in need of extra help, help which she would like to give but which her depressed state and the force of opinion made it difficult to achieve. This appeared to be the case or associated with those parents who were able to make the most improvements, therefore it is possible to conclude that the dynamic of the experimental model enables the parent to recognise and respond to the child's mourning in ways which are beyond the control model.

This conclusion is also coherent with the inhibiting effect of ambivalence upon parental sensitivity. Ambivalence in the parent has been shown to be associated with resistance to perceiving the child as bereaved or equally bereaved as the parent, the 'league of loss'. It is also associated with constrained or highly conditional comfort-giving. If the child recognises sensitivity in his parent by her actions, then it follows that the lack of comforting behaviours or inconsistent comforting could be understood by the child to be a strong indicator of the poor quality of parental sensitivity. This would be expected to result in the child being wary of the parent and uncertain of her as a resource for himself, which in turn would be expected to inhibit the mourning conversation. This will be examined in more detail in Chapters 14 and 21.

The Relative Merits of the Two Models with regard to Improving Parental Sensitivity

The findings indicated that neither model of intervention was able to address ambivalence and bring about a good outcome and that both appeared to rely upon an existing potential for change in the parent in order to bring about benefits for the child. However, the experimental model was able to maximise the potential for change considerably more effectively than the control model.

The experimental model was able to counter uninformed opinion about the child's mourning to far greater effect than the control model and this was associated with the development of insight in the parent and an improved quality of response in the parent. The nature of this process is unclear and will be analysed in the following chapters.

The hypotheses drawn from the analysis are that :

- i] in the absence of good parenting and a willingness to develop insight into the child's needs the control model is unable to effect any improvement in the parent-child relationship
- ii] in the absence of good parenting the control model may leave the child more vulnerable to the parent's insensitivity because of the appearance to the parent that the problem is the child's fault and intractable even with social work help
- iii] with an exceptionally sensitive parent the control model is the method of choice and can produce a good outcome
- iv] in the absence of good parenting the experimental model is able to effect improvements and has a capacity to develop resources that could contribute to greater improvements are possible in the longer term
- v] with good parenting the experimental model is able to enhance existing resources within the parent-child relationship and facilitate the child's mourning conversation with the parent
- vi] the greatest range and number of improvements was brought about by the experimental model the experimental group did better than the control group over all the factors.

Chapter 14

Findings And Analysis Concerning Parental Competence

Introduction

I have established that the perceived levels of competence in the parent influence the child's sense of security [see Chapters 2 & 3]. Competence has been defined as an altruistic attitude combined with an ability to achieve tasks for the child in a resourceful manner.

Analysis and Findings

The ability to achieve practical tasks on the child's behalf

The factor was made up of two elements:

- i] the parent's awareness of the significance to the child
- ii] the degree of altruism entailed

The first refers to the parent's ability to recognise that the provision of a service [e.g. domestic tasks, transport etc.] has a significant bearing upon the child's perception of the parent's competence. The sensitive and competent parent provides those services with that partly in mind. The second is the parent's ability to ensure that these tasks are completed with a degree of altruism. The quality of altruism is reflected in the parent's ability to achieve the task without burdening the child with the effort that it entails.

The possible scores for each wave ranged from 2 - 10. The scores for both waves were as follows:

<u>Case</u>	<u>1st. wave</u>			<u>2nd. wave</u>			<u>Difference</u>
C1	5	5	10	5	5	10	0
C2	3	3	6	4	4	8	2
C3	3	4	7	5	5	10	1
C4	4	4	8	2	2	4	-4
C5	2	2	4	2	2	4	0
C6	5	5	10	5	5	10	0
E1	2	1	3	3	3	6	3
E2	3	4	7	4	4	8	1
E3	5	2	7	5	4	9	2
E4	3	2	5	4	3	7	2
E5	1	2	3	3	3	6	3

Negative change cases : [minus scores]

There was one case, the father of Danielle [C4] in this category which scored -4. The father's responses deteriorate from good to poor over the course of the intervention. He had demonstrated an inconsistent quality of sensitivity , for example he responded very well to Danielle during the illness, death and funeral service, and was able to respond well to her needs at Christmas. He also scored well with the significant events but became distinctly less active on her behalf in the period immediately after the death and is less sensitive in his responses to the second critical event.

This seemingly inconsistent pattern is clarified by the sensitivity scores. The parent was well able to perceive Danielle's needs but unable to make good or adaptive responses to assist, comfort or support her. His lack of ability in these areas is confirmed in his competence scores which demonstrated clearly that, although he was aware of Danielle's needs, he was increasingly unable to act altruistically and effectively on her behalf.

The events which describe this conclusion centre on the father's struggle to construct care arrangements for Danielle and her brother. He recognised the importance of continuity of care for the children and was aware that the arrangements set up immediately after the death, which involved a series of neighbours, were unsatisfactory. Eventually he engaged a childminder but this arrangement did not last long, although the reason it broke down was not apparent. He was aware that although it had a serious effect upon him, it was the children who were more affected. He set up another childminder arrangement but complained about the cost and ended that arrangement after a week or two. The impression is that he appeared to say the right things but did not back them up with the right actions which is the test of genuine commitment to the children.

At this point he began to plan with the social worker and others for the children to be cared for by members of the extended family. The change was brought about without

consulting Danielle in any meaningful way and in a manner which was abrupt and chaotic. The final event of moving was a negative experience for her and unsurprisingly had a lasting effect upon her relationship with her father.

There is a possible explanation for this in the father not being the child's birth father. He may have felt that he was not morally obliged to care for her once her mother had died, and that her rightful place was with her blood relatives. This explanation is compatible with his management of the death and funeral which went against the grain of the family's culture of excluding children and not talking about feelings. His actions caused the rift between himself and the maternal grandparents, which was acted out at the funeral when the family pointedly went in separate corteges. Danielle had a better experience at the time because of his defiance, but his management of subsequent events supports the argument that he was not genuinely committed to her. Once the reality of the responsibility of her long term care became apparent, he quickly became less robust in his efforts and allowed her to slip away.

The father's own history revealed that he had experienced this before with his own children and had managed the process of separation by orchestrating a personal crisis that removed him from the family on what he termed 'medical' grounds. The father's history was known to the social worker who effectively colluded with him in allowing it to be repeated.

No-change cases : [0]

There were five cases which scored 0 [C1, C2, C5, C6 & E2] . Two scored the maximum [C1 & C6] and one[E2] scored well throughout the intervention. The remaining two [C2, C5] scored poorly on the practical element and negatively with regard to altruism.

E2 maintained a steady moderate to good score, recognising and completing tasks for the child well but without insight into his needs. This was entirely consistent with his

responses to the critical and significant events, and in keeping with his static quality of sensitivity.

C2 [see Chapter 9 : Jane] had little regard for his daughter's needs. He defined and managed the domestic tasks as a grinding burden and frequently told Jane that her bedwetting was an additional burden to him and an extra expense. His comments were made carelessly and often spitefully. Although there were examples of him manifesting concern [e.g. searching for a tooth which came out when she was on holiday with the grandparents and lost] these are always when he was with other people which strongly suggested that he was performing as the caring parent rather than genuinely being so.

C5 similarly had little regard for Joanna. The parent explicitly stated that she did not want to be involved in her school work. She was not prepared to help her with her homework and neither did she want to hear about what she was doing at school. Joanna lived in a household with her teenage siblings and another adult and may have turned to one or more of these people in the face of such strident disinterest, although there is no evidence to confirm that. The social worker was unable to effect any improvement.

Small-change cases : [1 -2]

There were three cases which scored 1 -2 [C3, E3 & E4]. Of these, one [E4] improved from moderate to good, and two [C3 & E3] from good to positive. All three parents were angry with their children and felt persecuted by the child's sleeplessness or anger. Changes for all of them were associated with a change of definition of the problem and accompanied by a project consistent with this change.

For example, E4 had been aware of her daughter, Holly's, needs but had resisted acting on her behalf because of the difficulties that existed in their relationship. She had negative feelings for Holly because of her refusal to go to bed and the angry scenes that accompanied each bedtime. However, she managed to overcome her resentment of her and demonstrated this is the way in which she decorated a bedroom for the little girl, to

help her to have a more attractive and comfortable place to sleep. This task was completed in the early stages of their bereavement when the mother was especially depressed and lethargic, and required a great effort to achieve.

C3 had similar sleep related difficulties with her daughter, Rachel, which resulted in angry scenes and increasing friction between them. The mother had always been the passive parent, allowing the father to organise and manage practical tasks and much of the parenting. Her bereavement confronted her with complete responsibility which at first she resisted. When she realised that Rachel genuinely needed her and that she was the prime person in her world, she responded markedly more positively to her parenting. She not only organised a move of house but the first task which she set herself in the new house was to make a new bedroom for the child. This gave the couple a focus of shared interest and marked an improvement in their relationship.

It was noticeable that both parents concretely invested in the child's place in the home in ways which the child wanted and appreciated. It could be seen as the parent creating the secure base for the child and explicitly stating that she was wanted by her and belonged there.

Medium-change cases : [3 - 5]

There were two cases which scored 3 [E1 & E5]. Both move from negative/poor scores to moderate. Both parents were able to make qualitative improvements in their responses to the child because they developed an awareness of the child's experience.

E1 demonstrated a significant improvement in her attitude towards her son, Adam. Although she did not explicitly express any animosity towards him, there was an undercurrent of negativity towards him and an implicit desire for him to leave her alone to manage her grief. She functioned as a parent in a robotic manner, caring for Adam's physical needs but unable to respond warmly to him until he started to talk about his father. At this point she realised that they were part of a shared experience

and both trying to manage the same feelings but that in order for him to manage his mourning, he needed her to look after him.

The mother in E5 has a very poor awareness of the significance of her behaviour on her daughter, Laura. She assigned her daughter domestic tasks which were inappropriate for an eight-year-old, and was unable to perceive the impact of such onerous responsibilities upon her. By the end of the intervention the mother began to develop some insight into Laura's experience of her and recognised the importance of allowing her to be freer of some of the responsibilities imposed upon her. The change is one of perception which leads to a new momentum within the relationship.

Greatest-change cases : [6+]

There were no cases in this category.

Discussion

Parental motivation defines the meaning of the activity

The analysis has indicated the importance of matching motivation to action. A parent may appear to be busy doing things for the child, for example organising domestic tasks and leisure activities, but the real value lies in the definition the parent attributes to them. There have been examples of parents being busy, ostensibly on the child's behalf, but either begrudging the effort required in looking after the child and using each effort to reinforce a negative model of the child, or enacting a hidden agenda of failure. Both contexts enabled the parent to define the child as the source of the parent's and/or the family's problem.

The findings supported the hypothesis that the parent's genuine level of sensitivity is not represented in events which are influenced either by others or by a cultural context, but is exemplified in the manner in which she responds to the child's perceived needs. Further to this, it is possible to speculate that the quality of sensitivity to the child is not enhanced by experience or influenced in any lasting sense

by the advice or alternative views of others unless the parent is able to develop a deeper appreciation of the significance to the child of his experiences and responses.

The association between parental insight and being proactive

The capacity to be proactive was associated with genuine competence borne of insight. The parents who were able to appreciate that an impending event would be significant to the child went on to act on their behalf. These cases have a common feature; each parent redefined the child's undesired behaviours, changing them by degree from being deliberate acts against the parent to expressions of the child's distress. The change in attitude was matched by the qualitative improvement in the parents' willingness to 'make' things better for the child, as demonstrated in their willingness to act for the the child.

It may be that those parents who did not act for the child may have recognised the need to do so and in not acting were expressing the strength of their negative image of the child. The lack of response resulted in the child becoming more distressed and hence being labelled as an even greater problem. This was certainly the outcome for some of the control cases but did not appear to be as strong a feature of the experimental cases. The experimental case parents who had similar profiles of resistance and negative attitudes were able to adapt and make appreciable changes in the quality of their attitude which facilitated them acting for the child.

The commitment of the non-birth parent

There was a suggestion that there might be a link between non-birth parents and an increased risk of rejection of the child. This was evident in one case where the parent was repeating his own history and although this is a single case, it is not uncommon in more general practice experience. It could be especially important in light of the increasing numbers of reconstituted families in the larger population.

The reliability or otherwise of a sibling's support

The inconsistent quality of support available from siblings was evident in the family where in the past the teenage sister in C5 had become the child's advocate and enabled her to attend the funeral. As a result of her efforts the parent had exhibited a glimmer of sensitivity to the child in her response but this improved response level disappeared in the absence of the sister's advocacy. The child wanted her mother to take an interest in her school work but her requests for help were met with disinterest and eventually she was told to get on with it herself. The sister was aware of the child's need for support but did not encourage the mother and neither did she offer to help her herself. The literature has indicated that siblings may have a shared experience [Bank & Kahn 1982 : Dunn J. & McGuire S. 1992 : Dunn J. & Plomin R. 1991] but that does not necessarily mean they have the same experience or develop empathy for each other.

“Chance events can be shared by siblings, such as death of a parent, but siblings often perceive such major life events differently and are affected differently by them.”

[Dunn & Plomin . p.280.]

In this discordant family the sibling jealousy and rivalry drove the children apart once the crisis of the death had passed. Both children were vulnerable to the mother's insensitivity but the younger child was more dependent and therefore more vulnerable than her sister to the vagaries of the mother's care. She was also a soft target for the older child to blame for whatever was displeasing her at the time. In bereaved families everyone is trying to manage their own loss and mourning and a sibling is a highly conditional and therefore unreliable resource for a child. There may be times of closeness but bereaved children are also separated by the same experience because each bereavement is unique to the individual.

Conclusion

One control case deteriorated, four made no change and one made a small improvement. One experimental case made no change, two made small improvements and two made medium improvements.

The findings demonstrate that :

- i] in the absence of good parenting neither model was able to improve the parent's willingness to act on the child's behalf
- ii] in certain circumstances, the control model is unable to prevent a deterioration in the parent's competence
- iii] neither model effects great change in this element unless the parent demonstrates a degree of insight into the child's distress
- iv] the experimental model had a greater beneficial effect than the control.

The Ability to Demonstrate Resourcefulness

The factor was made up of two elements:

- i] the parent's ability to respond positively and creatively to new experiences
- ii] the parent's ability to organise the resources needed in order to manage the task

The possible scores for each wave ranged from 2 - 10 . The scores for both waves scores ranged from 4 - 10 as follows:

<u>Case</u>	<u>1st. wave</u>			<u>2nd. wave</u>			<u>Difference</u>
C1	5	5	10	5	5	10	0
C2	4	4	8	4	4	8	0
C3	3	3	6	4	4	8	2
C4	3	4	7	3	4	7	0
C5	2	2	4	2	2	4	0
C6	5	5	10	5	5	10	0
E1	3	3	6	3	3	6	0
E2	3	3	6	3	3	6	0
E3	5	5	10	5	5	10	0
E4	3	4	7	4	5	9	2
E5	5	5	10	5	5	10	0

Negative change cases : [minus scores]

There were no cases in this category.

No-change cases : [0]

There were nine cases which scored 0 [C1, C2, C4, C5, C6, E1, E2, E3 & E5], five control cases and four experimental. Two control and two experimental had maximum scores throughout [C1, C6, E3 & E5], two control cases [C2 & C4] scored well, two experimental cases [E1 & E2] scored moderately well and one control case [C5] scored poorly.

The cluster of cases from both groups and spread of scores indicated that neither model of intervention was able to effect change in these elements.

Small-change cases : [1 - 2]

There were two cases which scored 2 Rachel and Holly [C3 & E4]. In light of the cluster of no change cases, these two are the exceptions within the sample. They have features in common which may explain why this is so.

Both parents were women who had lived with husbands who were autocratic and aggressive. Both men undermined the mothers' confidence in their abilities to parent or to be independent adults. Both women responded to their bereavements by reconstructing their homes and erasing many reminders of the husbands in the process. Both had children who had sleeping difficulties and both mothers made new bedrooms for their children in an attempt to make their sleep environment more attractive. Both organised themselves and others in these pursuits and did so with active support from their families. There was an element of the families reclaiming the women now that the barrier of their husbands had gone.

Medium-change cases : [3-5]

There were no cases in this category.

Greatest-change cases : [6+]

There were no cases in this category.

Discussion

An apparent lack of change

There were nine cases, evenly spread across both groups which made no perceptible improvement. The clustering of cases with the variety of scores indicated that neither model was able to effect significant change in this area, or that the analysis was looking at the wrong areas or the instruments were not asking the right questions.

It may have been that parents were being more resourceful than they knew. On the same principle that one is more aware of some thing when it goes wrong, the parents may not have been as aware of those things that went well or those challenges to which they found a resourceful solution and did not report it to the social worker. This would be compatible with the reduced sensitivity characteristic of bereaved parents.

It may have been that the social workers were not concerned about managing challenges or helping the parent to develop new resources as they might have been. This would be compatible with the spread of cases across both groups.

In the absence of a coherent picture it is difficult to draw any firm conclusions about parental resourcefulness.

Relative Merits of the Two Models with regard to Parental Competence

It would appear that neither model is able to effect great changes in parental competence and neither model appears to be effective in enhancing resourcefulness.

Although this second finding stands on its own, its significance lies in its effects, if any, upon the resourcefulness of the child. This will be examined in the analysis of the child's data to see if a similar picture emerges there, or if there are any associations between the two.

The reasons why neither model was able to bring about greater benefits than they did with regard to parental competence are unclear. The answer may lie in the parent's exhaustion or the absence of additional resources. The parent's uncertainty about how to respond to the child, combined with her exhaustion, may have made doing nothing the preferred option.

The hypothesis that bereaved parents need additional supports and practical resources in order to be resourceful was supported by default in that it was apparent that none of the social workers sought to develop external supports for the parent. This was one of the purposes implicit in the Trust Circles exercise which showed several parents to be relatively isolated in terms of frequency and quality of contact with trusted others. The social workers did not address this problem although the training had emphasised the importance of perceived support for the parent.

Conclusion

The overall findings from the analysis of parental competence are that:

- i] in the absence of parental insight neither model is apparently able to facilitate improvement
- ii] in the absence of good parenting the control model is unable to prevent a deterioration in parental competence
- iii] with good parenting the experimental model was more effective overall than the control model.

Chapter 15

Findings And Analysis Concerning Parental Responses

To The Child's Mourning

Introduction

In previous discussions [see Chapters 4 & 5] I argued that mourning is the continuing process by which the bereaved individual reviews and reconciles himself to the losses incurred by the death. I have also argued that the bereaved child needs sensitive and supportive encouragement in order to initiate and sustain his mourning and that the parent is the primary and most influential source. The absence of these factors are expected to inhibit the child's mourning. The effectiveness of the two interventions to either enhance or provide these conditions and so promote mourning is analysed and discussed here.

Analysis and Findings

In the analysis I draw upon the indices of mourning that emerged from the literature and which I have distilled into the following two factors:

- i] the parent's ability to respond to the child's overtures
- ii] the development of conversational routes and their significance to the parent

Scoring regime

The two factors describe parts of the same process and although each was awarded one score as in previous sections, I decided to score and analyse them in tandem. The scores, totals and comparisons were calculated in the same way as in the previous analyses and tabulated as follows.

The two factors were scored and the totals were compared. The possible scores for each wave ranged from 2 - 10. The scores for both waves were as follows:

<u>Case</u>	<u>1st. wave</u>			<u>2nd. wave</u>			<u>Difference</u>
C1	5	5	10	5	5	10	0
C2	1	1	2	1	1	2	0
C3	2	2	4	3	2	5	1
C4	2	2	4	2	2	4	0
C5	2	3	5	3	3	6	1
C6	4	4	8	4	5	9	1
E1	2	5	7	5	5	10	3
E2	3	2	5	3	2	5	0
E3	2	3	5	4	4	8	3
E4	2	2	4	3	3	6	2
E5	2	2	4	3	2	5	1

Negative change cases : [minus scores]

There were no cases in this category.

No-change cases : [0]

There were four cases which scored 0 [C1, C2, C4 & E2], three control cases and one experimental. One [C1] had positive scores throughout. One [E2] scored moderately well, one [C4] scored poorly and one [C1] negatively.

C1 recognised and responded to Edward's explicit and discreet overtures in a manner which enabled him to pursue issues which worried him and develop a spontaneous conversational style of mourning with the mother which she found satisfying in spite of the distress it occasioned her.

E2 was able to respond to Campbell, but was unable to take the initiative and encourage him actively. He recognised the importance of remembering Campbell's mother and would do relatively freely but was unable to initiate the conversation with his son. The lack of initiative kept his score in the moderate range.

C4 resisted Danielle's mourning through being persistently passive towards her. He recognised her need to mourn and expressed his concern that she was withdrawn with him, but he made no effort to encourage her by giving her opportunities or conversational openings, neither did he recognise the discreet overtures she made to

him when she cried in bed and wore her mother's earrings. His passivity was all the greater because of his awareness of the need to act on her behalf.

C2 was unable to recognise Jane's mourning whether she made discreet or explicit references. The explicit references were unmistakable and even recorded as such by the parent in his journal, but he refused to believe that Jane had the right to mourn because his need was greater. He made this statement explicitly on a number of occasions and maintained this attitude throughout.

Small-change cases : [1 - 2]

There were five cases which made a small change [C3, C5, C6, E4 & E5], three control and two experimental. Four [C3, C5, E4 & E5] scored moderately throughout and one [C6] scored well to positively.

In three cases [C3, E4 & E5] the parents had ambivalent feelings for the children and were unable to mourn themselves. The dynamic between parent and child in these cases appeared to inhibit the child's mourning because the parent was unable to respond to the child's overtures.

C5 recorded a small change but it was particularly significant. In the sensitivity analysis the parent had consistently scored poorly and was the only parent to deteriorate in one factor [her ability and willingness to act on the child's behalf]. The mourning score was awarded because the parent included Joanna in visits to the grave and allowed her to express her sadness and yearning for the dead parent, even though she found it distressing and initially thought Joanna was being 'morbid'.

The parent also helped Joanna compile a photograph album of her life with the dead parent. Although there were no specific references in the records, it is reasonable to assume that this would be accompanied by some conversation about the dead parent.

C6 scored well to positively. The parent remained open to Andrew's questions and tried to answer them constructively. The following is typical in that he asks a question in order to express his underlying thought.

Andrew: What if anything happens to you?
Mother: God wouldn't let it.
Andrew: God can do what he likes.

He was still aware that the world is an unpredictable place and expressed his concern eloquently. His mother recognised the significance of what he said because she reported it to the social worker and made the connection between this exchange and an earlier occasion when he said that he was angry with God for letting his father die. It is clear from this example and others that he has established a good conversation with his mother, which she recognised, and to which she responded with great sensitivity.

Medium-change cases : [3 - 5]

There were two cases which scored 3 [E1 & E3].

E1 made the referral because of her concerns about her son's lack of mourning. Adam had not spoken about his father since he died and his lack of conversation was perceived by his mother to be unhealthy and she was unable to effect an improvement.

Adam started to speak about his father after his second session with the social worker, which pleased his mother and relieved some of her anxiety about him. A conversation developed between them during which Adam raised worries and thoughts he had about his father and to which the mother responded with great sensitivity. On one occasion she was able to dispel the anxiety he had because he had a misconception about his father's head being by the headstone and the body being elsewhere. This was a very positive experience because Adam recalled a conversation they had two years earlier when she explained death to him using the example of a dead beetle which he had come across. The mother realised that this was an example of what a good parent she was and that she had been instrumental in affording her son a very significant experience.

E3, James, had disturbed sleep but before the intervention his mother had not asked him what troubled him. By the end of the second session she had a conversation with him about what happened in his dreams and why he was so scared. This conversation revealed that he was worried about who else might die and his mother began to develop a better understanding of his fears. The following week he asked for a photograph of his father to have beside his bed and had three undisturbed nights. Having opened up the mourning conversation the disturbed behaviour diminished in intensity and frequency.

There was one other example of this parent's improved responses. She was aware that the child associated playing and watching football with his father. In recognition of its significance to him she arranged for one of his uncles to take him to the matches. The mother rightly defined this as part of his mourning conversation.

Greatest-change cases : [6 +]

There were no cases in this category.

Discussion of Parental Responses to the Child's Mourning

The association between parental passivity or ambivalence and complicated mourning

The group of cases which made little or no appreciable change were characterised by parents who were either predominantly passive or unpredictable. The former resisted the child's overtures by being unresponsive and the other made it difficult for the child to know how his overtures would be received. The parents in the latter group were also unable to initiate their own mourning. The unpredictable parent was ambivalent to the child and strengthened the association between this category of parent-child relationship and complicated mourning.

It is possible that a degree of ambivalence in the parent-child relationship existed before the diagnosis, or developed during the illness or after the death. It may have its genesis in the inexpressible anger the parent feels for the ill parent and displaces onto

the soft target of the child. If the child himself expresses anger in response to the . insecurity generated by the unpredictability of his world, the parent is reinforced in the view that the child is a source of the parent's problems and the negative spiral is amplified. If this is the case, then redefining the child's behaviours as being related to his security and bereavement would be expected to reduce this unhelpful dynamic between parent and child. This will be borne in mind in the following analyses.

Shared activity as a vehicle for mourning

One parent in the control group engaged in an exercise, which the child initiated and which promoted their mourning conversation. Other mourning-related activities, which had been chosen by the parent, had not been mutually satisfactory. The child's attempts to modify them, presumably to make them more relevant or enjoyable for her, had not been well received and had increased the discord between them. The improvement in the child's ability to mourn was brought about because the child had found an acceptable shared activity which created a bridge between them. It was not a wholly satisfactory solution for the child because the mourning conversation did not develop outside the field of this activity, even though the child made repeated overtures to the parent. This child's resourcefulness in developing an activity with the parent supports Pollock's thesis that:

“..In some individuals, great creativity may not be the outcome of the successfully completed mourning process but may be indicative of attempts at completing the mourning work. These creative attempts may be conceptualised as restitution, reparation, discharge or sublimation. Though they may not always be successful in terms of mourning work solutions, the intrinsic aesthetic or scientific merit of the work still may be great despite the failure of mourning completion.”

[Pollock, 1978 p. 267.]

Sadly other children in the control group were equally resourceful in their attempts to communicate their mourning but were unable to do so because of parental resistance.

The social worker as the missing element from the secure base

The two experimental cases which made moderate improvements did so for different reasons. The first had referred the child because she was aware that he was not mourning. He responded positively in his sessions with the social worker and transferred that openness to his conversation with his mother, who was relieved and encouraged him to develop the conversation in a positive and sensitive manner. The outcome was very positive for both parent and child. In effect the intervention provided an additional resource for the parent-child relationship in the social worker, someone who would understand them both but was not part of the bereavement. Although the parent was sensitive to the child's situation, they both needed someone who was outside the experience in order to explore the most sensitive issues before being able to establish a shared conversation. The conversation with the social worker provided the last element missing from the secure base.

The second parent had been unable to identify mourning related distress but when she did so, was able to develop a conversation with the child and extend her appreciation of the impact of the loss upon the child by recognising the significance of discreet losses within his bereavement.

The need to recognise the child's style of mourning

The findings suggest that the experimental model is more effective because it enhances sensitivity in the parent to the child's expressions and style of mourning. This is linked to the parent being able to reconstruct her definition of the child's distress but goes further in that the more sensitive parent is able to see that other, more discreet behaviours are associated with the child's mourning, for example, playing football or wearing the dead parent's earrings.

The effect of the dynamic relationship between social worker, child and parent

There appears to be a connection between the parent perceiving the social worker to be supportive and being able to perceive the child's distress. The obvious connection is

that the parent is better able to tolerate the child's mourning partly because she is supported in her own. She also experiences in the social worker the stronger, wiser other who listens and responds sensitively to her mourning, which others can not, and thereby creates the secure base that has been lacking for the parent. However, this alone is clearly not enough because if it were then we would have seen similar improvements within the control group, which did not happen. Therefore the other elements in the intervention must have had some effect upon the parent's ability to respond. This supports the argument that the strength of the experimental model lies in its ability to act simultaneously with and on behalf of the significant individuals, as portrayed by the web image used to describe the lateral model.

The Relative Merits of the Two Models with regard to Parental Responses to the Child's Mourning

The findings enable the following hypotheses to be drawn:

- i] in the absence of good parenting the control model is unable to effect any improvement in parental responses to the child's mourning
- ii] in the absence of good parenting the experimental model is able to make moderate improvements and create the resources within the parent-child relationship which are associated with longer term benefits
- iii] with good parenting both models are able to resolve the hiatus in the mourning conversation
- iv] regardless of the quality of parental responses the child persists with attempts to initiate mourning and is capable of highly creative and resourceful approaches in his attempts to resolve the difficulty, which suggests that children are predisposed to mourn.

Discussion of the Analysis of the Parent

The hypothesis tested in this section has been that the quality of parenting is the most influential factor in determining a good outcome for the bereaved child and that the experimental model is more effective than the control model in promoting the factors that enhance parenting.

The analysis has shown that a good outcome is associated with the parent being able to modify her definition of the child's distress from being a deliberate act against her to an expression of his mourning. The process appears to be connected to the parent being able to recognise that the yearning, sadness and anxieties that characterise her mourning are similar to the feelings her child has but are communicated in different ways, developmentally appropriate to a child of his age. The process of modifying the parent's definition of the child's distress was associated with a pre-existing level of parental sensitivity, which the experimental model was better able to enhance than the control model.

The control model was associated with the potential to produce a negative outcome for the child in cases where the parent was rejecting or ambivalent towards the child. The effect of the ambivalent parent-child relationship emerged as a significant feature in the effectiveness of both models and will be analysed more closely in the subsequent section, as will the role of the social worker to be an effective advocate for the child. This was found to be lacking in those cases where the child made the least improvement and an active feature of those where there were the greatest benefits.

A nascent profile of the bereaved child developed inasmuch as his drive to initiate his mourning presented as a strong, instinctive need to share his feelings, thoughts and memories with his parent [Buchsbaum 1987] . In those cases where the parent resisted the child's approaches he would repeatedly continue to approach, thereby demonstrating the strength of the child's need to mourn and the matched ability of the insensitive parent to resist that conversation. It is possible that, for those children in

the experimental group, the relationship with the social worker equips the child better to bridge the gap or gives him additional resources which enable him to tolerate the hiatus in his relationship with his parent.

An association developed between a good outcome and the parent's ability to develop a more empathic profile of the child. The factor of parental sensitivity has been shown to be central to achieving a good outcome and the experimental model has been shown to be considerably more effective in enhancing that quality. The role of the social worker in this process will be analysed in the following section.

Section Two

Chapter 16

Findings And Analysis Concerning The Social Workers' Competence When Using The Control Model Of Intervention

Introduction

In this chapter the social worker's competence when applying the control model is analysed. This element of her practice has been distilled into the following four items:

- i] Planning and preparing for the sessions
- ii] Intervals between sessions
- iii] Completing the instruments and the quality of recording
- iv] Response to individual needs as they arose

The analysis was conducted on a case by case basis, followed by a discussion of the findings. Selected cases are presented here to exemplify the points drawn from the overall analysis, the remaining cases are to be found in Appendix 3 : section 1.

Analysis

Control Group

C4 : Danielle

Planning and preparing for the sessions

The social worker was consistently aware of the major concerns for the father and child and matched those with the requirements of the research. She arrived on time at planned sessions with a good grasp of what might arise. The sessions were timed around the father's ability to see her and were conducted at home, in his office and at the hospice. The variety of settings could be seen as reflecting his unsettled and unpredictable behaviour.

Intervals between sessions

The sessions were conducted at fortnightly intervals with the exception of a gap during

the summer whilst the children moved home. It was noticeable that the social worker removed herself from the family at the time of greatest need only to re-emerge when everything had settled.

Completing the instruments and the quality of recording

The quality of recording was excellent. She included detail and examples which provided a full picture of each session. The instruments were completed in the same manner.

Response to individual needs as they arise

The Parent

The social worker was very aware of the father's needs and gradually approached those he was able to discuss and those which he was not in ways which enabled him to maintain control over the conversation throughout. His paramount concern was that of the child care arrangements. These needed to be resolved before the father could begin to consider his mourning.

He responded well to the social worker and his faith in her acceptance of him was demonstrated when he turned to her at a point of personal crisis.

The Child

Danielle's concerns were less well managed. Her resistance to mourning was a reflection of the lack of security in her personal environment. The adults defined the final care arrangements to be satisfactory but Danielle's continuing resistance indicated that they were not. The social worker did not suggest alternative approaches or additional resources, and so her lack of mourning remained unchanged by the intervention.

Discussion

The social worker demonstrated good planning and organisational skills. Her efficiency was reflected in her recording which was detailed and an excellent resource for the

research however, she did appear to be able to apply her knowledge to her practice and accommodate Danielle better in the crisis that arose around her care arrangements.

She was very aware of the father's prime concerns and responded in a manner which enabled him to identify her as a resource for himself in a time of crisis. The approach and outcome for Danielle was not so satisfactory. Her problems were identified but not addressed. The social worker did not provide additional resources for Danielle, although she had identified her to be in need of help. By the end of the intervention the concerns about Danielle which had initiated the referral were effectively unchanged.

The nature of the problem combined with the model of practice placed the already distant child one remove further from the locus of practice activity. The father's inability to adapt or develop greater insight into her difficulties left her at best in an unimproved condition, and possibly in a worse one. As such it is an example of the disadvantages of the cascade model, albeit being used by a very competent and conscientious social worker.

C5 : Joanna

Planning and preparing for the sessions

The social worker was aware of the main concerns within the family and constructed plans for sessions which were realistic and flexible. There were a number of occasions when she expressed apprehension about the sessions and being able to manage the practice.

Intervals between sessions

The sessions followed a fortnightly pattern with the exception of a gap of six weeks during the Christmas period while the parent went abroad on holiday.

Completing the instruments and the quality of recording

When I spoke to the social worker on the telephone [see Appendix 1: Sections 1f & 1g]

she often expressed reservations about being able to do the research and at one point after the training suggested she withdrew because she was not getting suitable referrals.

Her recording was very good, with plenty of detail and views expressed from various perspectives. The Family Profile was completed with good attention to historic detail, but the Trust Circles exercise was not completed. It was desirable rather than compulsory, and its suitability for the adult in each case was left as a matter of judgement for the social worker [see Appendix 1: Section 1b].

However, almost all the recording was done after all the sessions had been completed, which ran counter to the research instructions, and was only sent to me after I had made several telephone calls asking for the material to be supplied. Her reluctance to send the material may have been because she felt apprehensive about someone else seeing her recording, which is very understandable, but the manner in which it was completed, although very understandable because of the pressure of work, was not within the requirements of the research.

Response to individual needs as they arise

The Parent

The parent's litany of complaints about Joanna stemmed from her unassuaged attachment anxiety, which arose from Joanna's ambivalent attachment to her mother. The mother's ambivalence towards Joanna was expressed in the following ways. Her primary concern was to set limits on Joanna's behaviour and encourage her to be more independent and grown up. When Joanna tried to be more grown up, by taking an interest in adult conversations, she was described as "precocious". She also wanted Joanna to stop wanting to be near her all the time. When Joanna spent more time in her room she was said to be moody and sullen. She could not win.

It is difficult to work with the ambivalent parent because of the oscillation that

characterises the attachment pattern. By Session 4 the social worker was no further forward in promoting sensitivity to the child, but it was also noticeable that there was no record of her attempting to do so. She seemed to be taking a purely passive counselling approach with the mother of reflective listening, the benefits of which were clearly not being transferred to the child. To further complicate matters, there were suggestions in the recording that the mother interpreted the social worker's lack of direction as support for her beliefs about the child.

After Session 4 she attempted to develop a better understanding of why Joanna responded to certain situations in the way she did, but it was not received well by the mother. Although her management of the session was very good her general passivity was inappropriate and unproductive. The social worker was aware of the mother's negativity towards Joanna, but did little to develop resources to manage these better. It may be that the mother was unable to develop more insight but the social worker did not appear to hazard anything on the child's behalf.

The Child

Joanna exhibited high levels of separation anxiety towards her mother and had a fear of abandonment which was based on experiences other than her bereavement [see Chapter 10 : Critical Events Analysis]. The social worker was aware of her need for greater security, but did little to promote it. One major omission was her lack of comment about the mother going away on holiday during the anniversary period, leaving Joanna behind with her aunt. There is no record of the social worker attempting to promote the child's needs in this situation. Her passivity was also reflected in the manner in which she recorded many of the judgemental comments the mother made about Joanna, without commenting herself upon her appreciation of their significance, or exploring their significance with the mother.

She did little or nothing to indicate that she was prepared to act on Joanna's behalf except on two occasions. One was when she interpreted Joanna's desire to be in the

grave as an expression of longing for her dead parent, and the second was when she suggested Joanna's response to her grandfather's heavy breathing when asleep was evocative of the sound of the dead parent's breathing during the terminal stage.

Discussion

The social worker's planning and level of practical ability was good, but her personal presentation was not positive. She had voiced her apprehension about the practice and her querulous voice and hesitant manner would not have helped her to appear confident to the family. She was a very experienced social worker who had worked for several years in this field, therefore it was unlikely that inexperience was causing her to doubt her efficacy.

She managed some difficult sessions with one or two family members present, and the recording demonstrated her skill in maintaining an awareness of several different perspectives. She was aware of Joanna's many experiences of loss and the unsatisfactory nature of her current situation, but did little to bring about any improvement for her. Her passivity was highly inappropriate in light of the almost persecutory nature of the mother's criticisms and ambivalence towards Joanna.

The social worker did little to effect change for the parent-child relationship. Her lack of advocacy for Joanna was to the detriment of child who continued to be seen as an irritant within the family. This role was not her sole preserve because it was also attributed to her two older siblings. However, she was less well able than they were to defend herself against the negative effects of the mother's continuing disapproval. Therefore, the social worker was not competent for the the child to same degree as she was for the mother.

Discussion of the Social Worker's Competence in Relation to the Control Model

The generally high standard of efficiency

It was noticeable that all the social workers organised the sessions with the parents with smooth efficiency and an appropriate degree of flexibility about where and when they were conducted. Although the amount of detail in the recording varied, they all completed the record sheets for each session and the Family Profile for each case. Knowing the pressure that recording can apply and the low priority it has in many social work establishments, it was significant that every document from every control case was completed.

It was expected that the quality of recording would vary and the recording formats for the sessions and the Family Profile aimed to minimise the variation and facilitate uniformity in this respect. Therefore the relative uniformity of data collection allowed any gaps or lack of data to be judged to be indicative of the social worker's practice competence. Overall the quality of recording suggested that given a format and a structured discipline of practice social workers can be encouraged and supported in their recording.

The relationship between detailed recording and good practice

It was apparent that there was no association between the quality of recording and the practice. Three social workers [C2, C4 & C5] wrote densely detailed records full of factual knowledge and incidents within the sessions. Although these were extremely useful for the research, they seemed to have little bearing upon the social worker's practice, particularly in relation to the child. The social workers were unable to make the connections between what they knew, what it meant and what they could do about it. For example, in Joanna's case, the social worker was very aware of the parent's 'no win' ambivalence towards the child but did not address it when the situations arose or at the next session after she had reflected on it. Similarly for Jane [see Chapter 9 : C2] and Danielle [C4], the social workers recognised that the children were in highly

vulnerable positions with regard to the parent's attitude and actions but did not act as advocates for the children. These were not matters of judgement here because both children were indisputably at risk of harm or neglect.

The common link may be that none of the social workers was receiving regular or meaningful supervision. However, even in the absence of supervision a practitioner could reasonably be expected to express some concerns about the child's welfare and either do something about it or refer the child on to another agency, neither of which happened in these cases. It is possible that, like the parents who were unable to acknowledge the child's distress, the social workers were unable to tolerate the full significance of what they were seeing and so hid it among the minutiae of the facts. The intricacies of the detail became a protective screen against the child's distress and the process of recording was a means of unloading what was tolerable to acknowledge in a manner which distanced the social worker from its significance.

This hypothesis is supported anecdotally by two social workers, one from each group, who did not usually record more than cursory notes for each session. They reported that initially they found the research recording a chore but, as time went on they found it illuminated what had happened in the session and made them more aware of the nature of the parent-child relationship. They also added that looking back over the records enabled them to see the impact of the intervention overall.

Good and satisfactory practice outcomes

Three cases had good or satisfactory outcomes [C1, C3 & C6]. In these cases the parent was sensitive to the child and willing to define his distress and consequent needs in terms of his bereavement. The parents were able to anticipate significant events and create the resources necessary to accommodate them. In effect these parents were creating for the child the same environment as the experimental model aims to achieve. The parents were able to achieve these outcomes by, in the cases of Edward [see Chapter 9 : C1] and Andrew [C6], by discussing with the social worker the child's

distress and ways of managing it and in the case of Rachel [C3], by providing improved security. These cases support the hypothesis that the control model is an appropriate practice model with sensitive parents and add support to the view that the child needs additional resources in his environment following bereavement in order to feel more secure and initiate his mourning.

Unsatisfactory practice outcomes

The remaining three cases had unsatisfactory outcomes in that the child's situation remained largely unchanged and, in accepting this impasse, the social worker tacitly endorsed the parent's negative view that the distressed behaviour was the child's fault and responsibility to change. Although the outcomes indicated the need for the social worker to continue her involvement, extend it to the child or, if she was unable to do so, to refer the child on to another agency for direct work, none did so and consequently none of the children received the therapeutic service they appeared to need.

These outcomes demonstrated two of the control model's greatest weaknesses. Firstly that the child's needs can easily be missed, even by experienced and sensitive social workers, because the model relies too heavily upon the parent and, secondly, that the child is vulnerable to being labelled as the problem because the model's inability to effect change may, by default, support the parent's negative definition of the child.

The ways in which the social workers managed these issues when working with the experimental model will be analysed in the following chapter.

Findings And Analysis Concerning The Social Workers' Competence When
Using The Experimental Model Of Intervention

Introduction

In this chapter the social worker's competence when applying the experimental model is analysed. The analysis is conducted by the same four items used with the control model. The relative merits of the two models with regard to practice competence are discussed.

Two cases were selected as illustrative of the main features for this group and the remaining cases are in Appendix 3: section 2.

Analysis and Findings

E3 : James

Planning and preparing for the sessions

The social worker began the sessions immediately before Christmas. During the training all the social workers had been asked specifically not to start working with a family immediately before Christmas, or when she or the family were about to go on holiday. The heightened emotional activity at Christmas is recognised as an additional pressure within bereaved families, as is the separation from the secure base of home or the social worker during a holiday. Both events had been included within the guidelines as contra-indicators for starting work.

The social worker was aware of the mother's concerns and made flexible outline plans for each session which acknowledged the established foci whilst accommodating new developments. This pattern was very effective and allowed the mother to explore current areas of concern whilst enabling the social worker to keep the research needs in mind. There appeared to be little conflict between the two.

She was very capable and prepared well for every child session. When she forgot to bring the drink into the room, James said it was a good idea to keep it in the 'fridge. This illustrated his confidence in her and her ability not to be flustered by small oversights.

Intervals between sessions

The Christmas holiday caused a three week delay between the first two sessions. This created an hiatus at the start which rippled on throughout the sequence of parent sessions. The outcome was that there was a delay of a month between the first and second parent sessions; the anticipated interval was extended because the mother developed a cold. The child sessions continued on schedule, with a slight alteration to accommodate the All About Me session, and the timing gap between the two widened. In order to avoid a complete collapse of the patterning, the second, third and fourth parent's sessions had to be held at weekly intervals.

This patterning developed because the advice in the guidelines was disregarded. It was very understandable that the social worker felt a need to respond to the mother's anxiety, but she could have done so without starting the research. It was unfortunate that she made the decision she did because it was a management problem for her from then on.

Completing the instruments and the quality of recording

The quality of recording was good. There was plenty of detail in the sessional records and good linking between the records and the Playwork Book, which was very helpful. She included a map of the room so that I could see the configuration of furniture and spaces available. It was very small and she managed the space very well to allow them to have distance as well as appropriate closeness.

There was a lack of detail about the funeral which, it turned out, was a thorny issue for James. The All About Me session revealed that James had not been allowed to go and he

was angry about it. He had asked if he could attend and his mother had told him that he needed to go to school to do a spelling test and could not go. The mother's embarrassment at the way in which she had managed the event in this less than honest manner was possibly reflected in her reticence when the social worker asked about it for the Family Profile and would explain the sudden lack of detail.

Response to individual needs as they arise

The Parent

The mother's main concern was how to get James to sleep. His disrupted nights and angry outbursts towards her were exhausting and upsetting. She felt overwhelmed by the intensity of the incidents and the relentless frequency with which they happened. It was affecting the quality of the relationship and she was feeling very negative towards him, which worried her. She defined the solution of the problems she faced as requiring a 'miracle', a tall order for the social worker.

The social worker recorded that she was almost as intimidated by the problem as the mother. She had no supervision supplied by the hospice and took up the offer of telephone supervision offered within the terms of the research.

We considered the problem and different ways in which she might choose to approach it. She decided to suggest a sleep chart which the mother would use to monitor frequency and intensity of James' disturbances and how she responded to each one. The social worker suggested that the mother tried to punctuate the evening with comfort calls to the child to assuage his anxiety about being alone. Her idea was very good and complemented the monitoring exercise. The mother started it after the next session and they discussed it at the following session. Although she was still fraught at times, her demeanour towards him changed and there were occasional good nights. The mother developed a more optimistic view of the outcome and a more positive view of James.

The other main concern was the mother's new relationship with a male friend which

was developing beyond friendship. There was a dilemma because she wanted the relationship but felt guilty. Although she did not state it explicitly I surmised that she felt disloyal to her husband and wary of an emotional commitment at a time of acknowledged vulnerability. It developed too rapidly and he cooled towards her when he realised it was going too fast. They developed a steadier, slower pace. The emotional roller coaster of her mourning was given a few extra steep inclines and bends because of this experience. The social worker, however, remained constant and listened to whatever she wanted to explore.

The Child

James was concerned about his mother's reliability, especially whether or not she would die too. His anxiety was reflected in his panic about her sleeping, possibly because the sleeping state mimicked death too closely for him to tolerate. The social worker explored his understanding of death through the exercise in the playwork book and discovered he was a little confused about some aspects which she clarified for him.

At no time did she attempt to discuss the sleeping difficulties in a manner which gave him responsibility for them, and neither did she treat them as a purely behavioural issue. She only pursued topics as far as he wanted to and was cautious about introducing material because of his need to remain highly defended. It was one of his continuing concerns that he might be overwhelmed by their conversation and she remained sensitive to this throughout the intervention.

Discussion

She was a highly competent practitioner who skillfully managed a delicately balanced parent-child relationship. Her organisational abilities were apparent in the way in which she managed the disjointed sessions, eventually synchronising them without overly compromising either her practice or the research. The issue of when to start work with a family was anticipated in the training, but the need to respond appeared to outweigh the practice implications in this instance and raised the issue of whose

emergency was it? What was the social worker hoping to achieve in one visit? What gift was she giving and to whom? The mother stated that she wanted a 'miracle' from the social worker regarding the child and a happy Christmas too. Initiating the intervention created problems of how the social worker was perceived by the mother as well as practical difficulties because of the inevitable delay at the start. A letter offering a visit after Christmas, or a visit to reassure she would return in early January would have been more appropriate and avoided the subsequent difficulties.

She recognised the intensity and extent of the problems in the parent-child relationship and the limit of her expertise. She took up the offer of telephone supervision to support her practice. She made very good use of this service and was able to extend her practice as a result.

Her genuine competence was demonstrated in her ability not to act too readily for the mother or James, but to allow them reveal their separate concerns and develop their own solutions with a little guidance from her which enabled them both to feel more resourceful.

E4 : Holly

Planning and preparing for the sessions

The social worker demonstrated varying levels of planning. She managed the parent sessions without any apparent difficulties. The mother was brought to the hospice by a volunteer driver and the sessions flowed on, one from another. However, she was not as well organised for her sessions with Holly. On three occasions, including the first session, she had not booked the room they were going to use, or was not ready herself when Holly arrived with her volunteer driver. On one occasion she started a telephone conversation a few minutes before Holly arrived and the session was delayed for half an hour. It was only the services of the volunteer which enabled Holly to feel attended to.

The social worker was also unprepared for the All About Me session. She had not taken

the time to understand how the game was played, altered the sequence of the cards, when explicitly instructed not to, and throughout the session she did not remember the sequence of play, which eventually caused the mother to become irritated with her. Her practical disorganisation was reflected in her unpredictable behaviour during the session.

Intervals between sessions

There were regular intervals of two weeks throughout the intervention.

Completing the instruments and the quality of recording

Her recording was very good. The records were very detailed and were useful supplements to the Playwork Book.

She made a major error at the end when she forgot to include the research instruments at the beginning of the sixth session with the mother. This happened because she had not read the guidelines for that session and was typical of her disorganisation.

Response to individual needs as they arise

The Parent

The mother's main concerns were about Holly's night terrors and the problem she was having trying to maintain boundaries and discipline. The social worker concentrated upon various practical methods and encouraged her to consider new ways of managing episodes as they arose by anticipating the sequence of events. She suggested less punitive methods, more praise and withdrawal of privileges and approval, all of which the mother followed in some degree.

The mother was also very isolated and had poor supports outside her relationship with her own mother. The social worker considered this to be an enmeshed, debilitating relationship for the mother. The Trust Circles exercise was designed specifically to indicate the quality of support, thereby enabling the social worker to effect

improvement if necessary, but she did nothing other than to comment on how pathetic the mother's desire was to have a friend in the lady at the Post Office. She was aware that the quality of perceived support is an influential factor in the resolution of bereavement and the lack of attention to this issue for the mother was a significant oversight within her practice.

The Child

Holly had two main concerns which she revealed during Session 1: she had been and still was scared of her father, and she was lonely. She could still hear her father's voice shouting at her in her dreams. She wanted the anger in her memories of him to go and for her mother to stop smacking her. This latter element was revealed in Session 2 and repeated in Sessions 3,4, & 5. The incidence of punishment concerned the social worker and she addressed it directly in her sessions with both of them. Unfortunately she developed an hypothesis of the source of father's anger which she did not ratify with the mother. She decided that the father had been angry with Holly because of the strain of his illness. This would have been a reasonable explanation for some parents, but the profile for this family had revealed an undercurrent of violent anger between the parents which had overflowed into their relationships with Holly. Their history made the social worker's explanation untenable.

During Session 4 she pursued her hypothesis, which was not compatible with the mother's and which she contradicted after the social worker had explained it at length to Holly. The mother said the father had been angry with Holly because she had been naughty! The social worker's lack of preparation and insensitivity was exemplified in the mismatching of her insights with the mother's capacity to understand or tolerate them.

The social worker continued with her explanation to Holly, regardless of this incident and introduced material into Session 5, during the free play section which defined the source as the father's illness. She deliberately compromised the child's psychological

integrity in presenting her with a model which contradicted her mother's. She had not discussed the issue any further with the mother, so it was not a matter of permission having been given in the interim. In the event the exercise could have been seen as partly successful because Holly responded by saying that the anger she felt for her father was going to heaven to be with him. An alternative view is that she was saying what she felt the social worker wanted her to say in the hope that this would end the matter.

Although well-intentioned, this approach did not focus on enhancing the parent-child relationship. Presenting conflicting models of the father's anger created the dilemma for Holly of whom to believe. The social worker's model may have been preferred because it allowed Holly not to be the cause, but it was denied by her mother for whom Holly is a softer target for father's anger than herself. In absolving the child the social worker laid the blame on the mother. The social worker had not considered the dynamic in the larger management of this central issue. The conflict this raised would be expected to affect Holly's confidence in the social worker and compromise her view of her mother, both of which were in direct contrast to the aims of the intervention.

Holly's response to the Session 1 questions about her level of support [see appendix Child Self-Report] clearly indicated her sense of isolation, which was confirmed in the Trust Circles exercise. The inner circle was empty, the middle one had peers and her teacher. The outer circle had her mother and maternal grandmother. The social worker did not recognise this until the last session when Holly stated it bluntly, just as her involvement was ending. It could be that Holly's sense of isolation was exacerbated by the social worker's insensitivity and lack of response to her true state.

Discussion

The social worker was well able to organise the adult sessions and attend to the mother's concerns but was unable to prepare consistently for each session with the child. This was taken to be a significant indicator of the genuine quality of her

commitment to and respect for Holly.

Her attitude towards and management of the All About Me session contained significant indicators of the quality of her planning and approach. She did not appreciate the play principle, was unable to remember the sequence and altered the pack, taking out a particularly relevant card for this child and tampering with one of the research instruments. She recorded all the sessions very well but on two occasions was unable to manage the research instruments. She telephoned me frequently to discuss the process but failed to grasp the importance of the discipline of the instruments. I have explored the possibility [see Appendix 1: section 1g] that she may unconsciously have wanted to sabotage the research, which is supported by the data.

Her general manner at the training and during our several telephone conversations before and after the training, created a strong impression of her being disorganised.

Discussion of the Social Worker's Competence in Relation to the Experimental Model

Planning and preparation

All the social workers were well prepared for each session, with the exception of one who did not prepare the child's sessions in the same way as she did the parent's. The child sessions required considerably more practical provisions than the parent's and these were usually, although not always available. The lack of preparedness was most evident in the social worker herself not being ready for the child. Her lack of availability reflected her commitment to the child and was taken as a marker of her genuine competence. It was also apparent that the social worker did not have a clear model of the parent-child relationship or the research. Her lack of preparation was possibly indicative of the limit of her capacity to develop an overview of the combined whole. This point will be explored in later sections of the analysis.

Completing the instruments

Three of the social workers did not usually record their sessions in anything other than note form and were a little daunted initially by the research requirements. However, they found the formats made the recording relatively easy. They also said that the discipline of recording had enhanced their practice. They had been obliged to reflect on the process of their practice and the personal impact of each session, which they did not usually do, and although this had made them realise how painful the practice was at times, it had contributed to their understanding and appreciation of the experience.

These comments suggest that social workers do not record systematically partly as a defence against the content of the practice which, for hospice social workers, is conducted largely without any meaningful supervision and therefore is unsupported. Although for some the process of recording could be an outlet for the experience of a session, this appears to be balanced by the element of re-experience and the physical effort entailed in doing it.

Recording as a means of constructing a model of the parent-child relationship

Those social workers who found recording an asset commented that it enabled them to recognise the significance of the parent's concerns and respond to them, whilst simultaneously appreciating the impact these would have upon the child. They were also able to manage the reverse and recognise the child's concerns and the impact these would have upon the parent. In effect, these social workers were able to construct the parent-child relationship more clearly through recording and consequently recognise sensitive fields within the relationship.

The child's commitment to the sessions

The experimental group social workers had a more difficult task than the control group because they were required to organise alternate parent and child sessions. Most of them managed it with slight variations to accommodate holidays and illness. However, none of the children missed or delayed a single session. All of them had their sessions at

the fortnightly intervals prescribed by the research. It was also noticeable that they were all very enthusiastic about the sessions and even more prepared than their social workers. None of the children decided they wanted to delay or miss a session and none of them tried to end sessions early or curtail their involvement with the social worker, in fact the reverse proved to be the case.

The data strongly supported the appropriateness of offering this opportunity to the child and lends additional support to the hypothesis that the experimental model provides the resources missing from the child's environment, which the child recognises in the social worker. It also suggests that the child is able to construct a model of his relationship with the social worker with relative ease, in spite of its unique nature, possibly because it is defined clearly and offers a specific, identifiable resource, endorsed by the parent, at a time of great need.

The child's need for the social worker

It was noticeable that the children were able to address very sensitive issues with the social worker in either the first or second sessions. Campbell [E2] expressed his fear that he would contract cancer because his mother had been pregnant with him when she was first diagnosed. Holly explored the content of her nightmares and her memories of her father smacking her. The parents of both these children were unresponsive to or resisted the child's mourning but the relationship with the social worker enabled them to raise the issues with a degree of confidence that reflected the child's need to do so and his confidence in the nature of the relationship. Children in the control group, for example Jane [C2] and Joanna [C4], had similar needs but were unable to develop those resources for themselves and neither did the resources present themselves in the guise of other adults to the children.

The effect of a comparatively incompetent social worker

One social worker was responsive to the parent but less so for the child. She was aware of the child's vulnerable position but did not actively promote greater sensitivity in

the parent or seek to develop additional resources for her. The social worker included an exercise on anger in the free play time in Session 5 which contained an explanation of the father's anger and the child's behaviour which was known to be unacceptable to the mother. The social worker considered continuing the sessions with the child but decided not to do so on the strength of having 'done' the anger work with her. These events reflect the quality of her sensitivity as much as her competence, which will be examined in the following chapter, but raises the issue here about the ability of the model to accommodate the extremes of idiosyncratic practice and still be effective. The child reported that she had enjoyed the experience and felt more competent, and her mother valued the experience of the social worker's support. The parent-child relationship was not damaged by the intervention but the degree of benefit was less than for others. However, it was greater than for several of the control cases where the social worker's practice was less questionable.

The wish to continue involvement with the social worker as a positive outcome

Three experimental cases continued to have contact with the social worker [see Chapter 20]. In two cases the child requested a short term continuation which the social worker agreed was appropriate and we discussed that an extended interval between the sessions would help to mark the different nature of these sessions and reduce the chance of the child hoping or planning for six more. In the third, the child effectively referred himself: one year later he returned to the social worker when he was experiencing other difficulties and they had three more sessions.

These outcomes were positive decisions and defined as resourceful solutions to identified needs. The child who re-referred himself showed great initiative in contacting the social worker and confidence in the contract that still existed between them, as far as he was concerned. This would suggest that he had a firm internalised image of the social worker and a positive memory of his experience with her which he associated with his internal states and their resolution, which is the optimum outcome for the intervention.

The overall findings from the analysis are that :

- i] a coherent body of practitioners can produce a relatively uniform quality of practice competence within structured interventions
- ii] although organisational skills are important to the overall quality of practice, genuine competence is manifested not so much in the practical tasks but in the manner in which knowledge gained from practice tasks is applied to the practice
- iii] practice competence has no absolute blueprint but varies from case to case depending upon the individual's need.

Relative Merits of the Two Models with regard to the Social Worker's Competence

The ability of the models to establish a relatively uniform standard of practice is reflected in the social workers' competence. The social workers were two groups, balanced by qualification and experience with effectively little difference in experience and competence between them [see Appendix 1 : section 1f]. This suggests that in part what did influence the outcomes was the different abilities of the models of intervention to promote or enhance practice competence in the social worker. The pattern of alternating sessions which characterised the experimental model created a greater awareness in the social worker of the parent-child relationship than the control model allowed, and the insights derived from her awareness enhanced her practice.

The following hypotheses can be drawn from the analysis:

- i] The experimental model enables the social worker to have access to the child when the parent is resistant to or unable to accommodate the child's mourning without that undermining the parent's confidence or compromising the social worker's relationship with the parent

- ii] The experimental model enables the child to raise sensitive issues .with the social worker which can not be raised or resolved elsewhere
- iii] The control model inhibits the social worker's ability to develop her awareness of the child unless the parent is exceptionally sensitive
- iv] Both models are capable of accommodating idiosyncratic practice unless the social worker is exceptionally insensitive
- iv] The use of the playwork book in the context of a structured intervention develops practice skills in the social worker which enable her to work in an effective manner with a child even when she is not experienced in this area of practice
- v] The benefits the child is able to derive from his relationship with the social worker are not solely dependent upon her competence but are linked to the experience of the relationship itself.

Findings And Analysis Concerning The Social Worker's Sensitivity

Introduction

In this chapter the quality of the social worker's sensitivity is analysed and its effect upon her practice assessed. The social worker's sensitivity to the parent and child was expected to have a critical effect upon the manner in which they were able to engage with her and benefit from the intervention. This element in her practice was analysed by her personal qualities in and by her ability to construct her relationship with the parent and child in the following section. The descriptive elements of sensitivity were distilled into the following two items:

- i] the ability to offer comfort and reassurance at times of distress in ways which manifest judgement about synchrony, the promotion of empathy and availability to the parent and child
- ii] the acknowledgement of achievements and encouragement of independence.

The following cases were selected as illustrative of the points drawn from the sample as a whole. The remaining cases are in Appendix 3: section 3.

Analysis and Findings

Control Group

C2: Jane

The promotion of empathy and availability to the parent and child

The Parent

Initially the father was wary his emotions and apprehensive about the social worker but, as his trust in her grew, he became increasingly uninhibited. She was very aware that he needed to contain his emotions and did not challenge the defences he constructed

for that purpose. She anticipated that the Christmas period would be difficult for him and offered to see him if he wanted to call in to the hospice, which he did. In doing so she gave him permission to be distressed without that detracting from his sense of personal competence.

The father made it quite clear that to offer physical comfort would be anathema to him. He needed to maintain his personal boundaries at all times and, even in the depths of despair, he did not want to be held or touched. Although the social worker acknowledged his right to feel like this, she described his preference in terms which communicated a conditional regard for his defendedness. As he became increasingly open with her, so she became increasingly disaffected with him: the more she saw, the less she liked. This was very apparent in her recording and is analysed in greater detail in the following chapter. This feature of her personal profile had a bearing upon the quality of her availability to the father and determined the quality of her empathy. I concluded that her conditional regard for him was so pervasive that at best she was sympathetic.

The Child

The social worker tried to improve the quality of comfort Jane received but with little effect. There were times of tenderness but they were few. On one occasion she was at the house when Jane came home from school and observed the cool, brusque manner in which the father greeted Jane and how he instantly accompanied his greeting of her with complaints about her bedwetting.

She also commented repeatedly on the inappropriate responsibilities he gave Jane and how onerous they were. She had good insight and a wealth of knowledge about children but was unable to communicate or transfer her insights to the father because he resisted his child's experience and denied her a place within his league of loss.

Acknowledging achievements and encouraging independence

The Parent

The social worker's hostility to the father became very apparent when he talked of his marriage. She expressed the view that he idealised his relationship and himself, describing himself as an equal partner in the home. She suggested that the reality was very different but in a manner which was derogatory. For example, he had great difficulty in managing the domestic tasks and routines around laundry, shopping and catering, all of which were a strain for him. He had not adapted to them gradually during the illness months because female neighbours had taken over these roles for him, as often happens in families where the mother is ill [George & Wilding 1972]. These resources had tailed off after the death therefore, at the point of greatest need he was left to cope with all these new tasks with little experience of any.

Several times during the sessions he complained to the social worker about his domestic responsibilities and he recorded a litany of the grinding routine in his journal. She sympathised, but with reservations. She did not readily praise him or encourage him in his domestic skills because she stated that, according to him, he had been doing them routinely before. She recorded this in a manner which communicated that his bluff had been called and he had found himself wanting. The social worker's absence of praise communicates this and her dislike of him.

She was careful not to encourage dependence, which she recognised was a strong possibility because of the nature of other 'counselling' relationships he had formed. This was an astute judgement, as his journal showed. For example, he telephoned people at all hours of the day and night if he needed to talk, he called on his neighbours until he eroded his welcome. He exhausted the resources at work so that the nurse avoided him when he came to the surgery. He made demands upon the hospice nurses, after the intervention had finished, which caused them to ask the social worker to make an extra visit in order to stop him calling in so frequently.

With this background it is difficult to encourage independence but the social worker did praise him for managing to take the children away on holiday, for continuing with his job and running the house, although the recorded praise is somewhat faint.

The Child

Jane's achievements were obscured by her father's negative attitude towards her. The most explicit example was when she was awarded a school prize for having made the Most Effort in her year, which he virtually ignored [see Chapter 9]. The social worker concluded that his tepid response was linked to his own disappointing academic achievements and consequently he could not tolerate Jane's success.

The social worker did not recognise the achievement for Jane in being able to go away on Brownie camp the summer after her mother died and neither did she draw attention to the impact on Jane of the coach accident she was involved in on the return journey.

Discussion

The social worker was aware of the difficult dynamic within the parent-child relationship and that the father's relationship with his mother was highly negative but she failed to make the connection [see Chapter 9 and Appendix 3, section 1]. Her inability to do so resulted in her developing a personal judgement rather than forming a professional opinion.

She did not make the connection between the father's need to control through disapproval and punishment, and his own childhood experiences. She knew his mother was highly critical and punitive to both her children but did not incorporate this information into her assessment. She developed a model of the father which mimicked that of his relationship with his mother and responded to him in ways similar to her. I concluded that her conditional regard for him pervaded her view and that, as a result, she was at best sympathetic but unable to be empathetic.

It seemed as though the social worker had developed a view of the father which lead her to conclude that it was pointless trying to make any difference for the child and so she gave up early on. It is possible that the social worker had some unconscious need to define the father as a 'bad' parent but, in doing so, she allowed the child to be caught up in her definition and be abandoned to his poor parenting. The father's inability to tolerate his daughter's needs and the social worker's inability to develop a more empathic model of him than she did, left Jane as isolated at the end of the intervention as she was at the beginning.

C6 : Andrew

The promotion of empathy and availability to the parent and child

The Parent

The social worker was aware that the mother was very unsure about her ability to parent Andrew because in the past the father had been at least an equal partner in his care. The social worker enabled the mother to explore her self-doubts and experience her emotions. Her sensitivity to the mother gave her permission to be how she was at that time. As a consequence, the mother was able to explore wider and deeper emotional states and express thoughts and feelings which she said previously would have made her feel too vulnerable. At these times the social worker noted that her conversation became appreciably more fluent, which confirmed for the social worker the appropriateness of her approach.

The Child

The social worker defined the main focus of her practice for Andrew to be to create a more empathic environment for him, both at home and at school. The sessions with his mother focused largely on ways in which this could be brought about within the context of their relationship and how the mother could achieve this for him at school. The social worker suggested that the mother set time aside for Andrew, looked for opportunities to praise and reward him with attention, and offered him comfort when

he approached her. The regime of adapted responses they devised together demonstrated the social worker's sensitivity to both mother and child.

Acknowledging achievements and encouraging independence

The Parent

The social worker recorded her intention to acknowledge the mother's many achievements as a way of encouraging her to have a more positive view of herself. To this end she considered with the mother the tasks she has achieved, both between sessions and as a review at the end of the intervention. This was not done in a manner which was patronising or making more of her achievements than was realistic, but was an assessment of the current situation which the mother identified as realistic and the basis for optimism.

The Child

The social worker acknowledged Andrew's difficulties alongside his achievements in ways which did not threaten the mother's confidence in her parenting or create any negativity in her perception of him. Consequently the mother was able to develop a more balanced view of Andrew which led to her developing more realistic objectives for him and for herself.

The social worker became very attuned to the significance of his achievements and shared in the mother's pleasure in them. They both recognised the areas in which he continued to have difficulties and, in accepting these, accepted the whole child. This was the soundest basis for positive developments.

Discussion

The social worker was very sensitive to the mother's concerns. Her practice approach and the mother's personal qualities enabled them to develop a rich conversation about her mourning and concerns for Andrew. She did not diminish the mother's concerns by offering false comfort but listened and responded with empathy, which enabled the

mother to explore her mourning more deeply. She demonstrated the same skills in relation to Andrew, which the mother responded to with equal sensitivity. The social worker's comment that the mother's conversation became more fluent at times of greatest intensity was an indicator of how attuned and sensitive she was to the mother.

She was aware of the mother's achievements and their importance in the longer term aim of promoting resourcefulness and independence. Her success in this was assisted by the mother's willingness to adopt a similarly positive and realistic perspective on her achievements.

Throughout the sessions she maintained a child-centred approach to her practice which was facilitated and enhanced by the mother's sensitivity to Andrew. The combination of professional expertise and personal qualities in the social worker, in conjunction with similar qualities in the mother resulted in a good outcome for the parent-child relationship.

Experimental Group

E2 : Campbell

The promotion of empathy and availability to the parent and child

The Parent

The father's main concern was that the social worker would not transgress the boundaries of his defences. In Session 1 he warned her that he could not tolerate it and confirmed his need for distance in Session 4 by choosing to be a Golden Eagle and a thistle, both of which were distant and prickly images. It was clear that the comfort he needed was based on genuine concern and in being allowed to maintain his defences which the social worker managed with respect and appropriate humour.

The Child

The social worker was aware that Campbell's family expected feelings to be controlled

and that he was at a developmental stage [10 yr.s] when he was changing his comfort-seeking behaviours from small child to a more adult style. She was careful not to approach him but allowed him to control the distance between them during the sessions. A measure of how successful she was in managing this delicate balance occurred during the story reading [Session 3] when Campbell made himself comfortable on the bean bags and became increasingly foetal as Molly's death grew closer. He sucked his thumb and curled up, which he would only have done if he were sure he was safe with the social worker.

Acknowledging achievements and encouraging independence

The Parent

The father made it clear that he did not want to be approached by the social worker therefore she adopted a position of controlled concern for him which demonstrated her support. He rarely spoke openly of his worries and he gave few opportunities to support him more explicitly.

The Child

The social worker encouraged Campbell when he had difficulty writing in the sessions. Occasionally she helped him when asked and, in giving him time to do it his way, he became more confident and competent. Her approach to helping him with the practical tasks lead to him feeling able to turn to her for support and reassurance when he was under emotional pressure, which she readily gave. His positive responses demonstrated the appropriateness of her manner. Her letter [Session 6] acknowledged all the difficult things he had done in the sessions and encouraged him for the future.

Discussion

The social worker applied the same professional criterion to both relationships and allowed the individual to set the style appropriate for him. The father's need to keep the social worker at a distance in order to tolerate her closeness created a paradoxical position which he managed by asserting his control within each session. The social

worker recognised that he needed this buffer zone. The father felt safe enough with her by Session 4 to disclose many of his private thoughts, worries and feelings. In this case apparent passivity was the best approach, for to have made approaches would have forced him into retreat.

She was aware of the need to permit Campbell control over the distance within the sessions. She maintained a personal warmth accompanied by professional distance which enabled him to develop his own coping style. She gave Campbell encouragement and praise and enabled him to address and explore in depth some very sensitive issues.

E5 : Laura

The promotion of empathy and availability to the parent and child

The Parent

During the initial sessions the mother manifested extreme mood swings, oscillating between calm, despair and anger, all of which were expressed to and/or in front of the children. The social worker did not try to placate her but held whatever was the present mood.

The mother went through a process of realisation about her own anger and its appropriate focus and became less irritable with Laura and more conciliatory with her extended family. To have intervened in this process would have created diversions. The social worker did well to stay beside this essential process for the parent.

The Child

The social worker recognised Laura's low self-esteem and encouraged her gently to make her own discoveries and contributions to the sessions. She allowed her space to move away from the playwork book and play elsewhere in the room when she needed a change of tempo. She was also comfortable with some role play games which Laura instigated in which she experimented with reversing the control dynamic.

Acknowledging achievements and encouraging independence

The Parent

The mother had lived at her parents' house until after she had Laura, when she and her husband moved into their own home. Her bereavement forced her to be an independent adult for the first time and a lone parent with three young children. The complete shift of identity was too much for her to assimilate and her responsibility for the children overwhelmed her.

The social worker was aware of all these factors and knew that she needed to support the mother. She addressed the issues in Session 2, laying particular emphasis upon the need for her approach to be “..non-threatening”. She guided the mother through a reprise of all the achievements she had managed to date. They reviewed what resources were available. She decided to seek medical support, which the social worker had privately thought was advisable but had not suggested. At that point the mother defined this as a positive move. Her awareness of having these resources around her enabled her to release her grief and express it more freely.

By Session 5 the mother was aware that she was stronger and could manage. Passing through the crisis of the wedding anniversary had been a critical personal test, after which she was more open to her mourning and moderate in her moods.

The Child

The social worker was not aware of how profoundly lacking in confidence Laura was until the first sessions. She recognised the need to support her gently and gave positive reinforcement and encouragement throughout the sessions.

She allowed Laura to adapt the manner in which the playwork book was completed to accommodate her apprehension about drawing. Her reasonable manner and flexibility encouraged Laura to feel more resourceful and capable. Laura perceived a significant improvement in her self image, although she continued to need frequent reassurance.

Discussion

At no time during the process was the mother seeking comfort for her pain: she needed to experience it in order to understand it herself. She wanted the social worker's understanding without judgement or advice. She needed encouragement to keep going as a parent. She did not want an intimate, soul-searching relationship with her but someone who would listen to her and allow her to express her anger without being overwhelmed by it or thinking badly of her. The social worker did all these things and the mother was able to work through the process because of it.

The social worker's sensitivity and empathy for the mother was in synchrony with her pace and mood. She also maintained some initiative and momentum for Laura's needs within their conversation.

At no time did she insist upon giving comfort but made herself available to Laura throughout any potentially difficult exercises. Her lack of prescription enabled Laura to develop her own coping strategies and manage these situations well, giving her greater confidence.

The social worker adopted approaches based upon an initial assessment which she reviewed from time to time and found it remained congruent. She recognised Laura's anxieties and responded to them in ways which were positive and supportive. This enabled Laura to flourish within the security of their relationship.

Discussion of the Effect of the Social Worker's Sensitivity

The need for supervision to support and enhance practice

All the social workers bar two, those working with Jane and Holly [see Appendix 3 section 3: Holly] demonstrated compassion for the parents and concern for the children. The two exceptions, one in each group, developed an inappropriately critical and judgemental attitude which complicated their practice. They became involved in

working out their own feelings within their practice in ways which obscured the aim of the intervention. Both completed detailed records but were unable to use the process to gain insights into their practice, possibly because the model they had constructed of the parent-child relationship was being described and reinforced rather than analysed in the recording process.

Like their colleagues, neither received regular supervision which could have helped them to develop a clearer view of the personal impact of the practice. The findings showed that none of the social workers received appropriate practice supervision and those who reported that they did described it as a case counting exercise with a member of the nursing staff. The nature of hospice social work means that each case which involves young children is by definition very stressful. The social worker is often a single, part-time post in a medical establishment which provides team or peer support for the medical staff, yet the social worker is expected to manage on her own. It is hardly surprising that occasionally the social worker's quality of sensitivity is compromised by the lack of professional support she receives for her practice.

An imbalance of concern

Several control cases demonstrated an imbalance of concern in the social worker for the parent, and which was usually at the expense of the child. When viewed in the context of the balance of sensitivity between the two groups, it indicated that this imbalance was associated in some way with the model rather than the social workers per se. The imbalance of concern was demonstrated in persistent and inappropriate passivity in relation to the child, in concentrating on the parent's agenda and goals regardless of their implications for the child and disregarding the child's achievements in experiences shared with the parent. These were not insensitive practitioners but they were unable to generate the same profile of concern for the child in their model of the parent-child relationship as their experimental group colleagues.

There were experimental cases with similar profiles which had different outcomes for

the practice. In two cases the social worker remained relative passive with the parent; in one she was unable to raise the awareness in the parent of the shared nature of their bereavement until the end of the intervention, but at no time did the social workers lose sight of the child. The data showed the social worker repeatedly introducing the child's perspective on the parent's experiences and reflecting to her the child's experience of the parent's responses to him in ways which were not critical of the parent. The manner in which this occurred indicated that it was the social worker's own experience of the child which enabled her to maintain the child's presence in the parental sessions.

The significance of the parents' defences

Almost all the social workers commented upon the parents' defences at the beginning of the intervention. Many of the parents were highly defended and anxious about what the social worker was offering. Some stated explicitly that they did not want the social worker to offer physical comfort or become emotional with them. This possibly had been their experience of other professionals [as exemplified in the experience of Adam's mother and the nurse : see Chapter 9] and friends. It was also significant that bar one control case, none of the families had been involved with a social worker before this contact.

All the social workers were sensitive to the parents' needs to establish and maintain personal boundaries and none challenged the preferred coping style, other than when it was integral to the counselling conversation. A pattern developed which was broadly that during or after the second session the parent relaxed and became appreciably more open with the social worker. Most of the practitioners were aware of a qualitative shift in the content of the sessions once the parent felt more at ease with the social worker. Therefore it seems that parental defences were linked with the need to establish a safe position within the relationship with the social worker as much as with a need to defend against being overwhelmed by their mourning .

The tendency to adopt a passive approach

The Rogerian approach favoured by the social workers was translated into a tendency to receive what ever the parent wanted to address on the day but, in the control cases, without necessarily introducing the child into the conversation. If the social worker did encourage the parent to consider the child's perspective of an experience and the parent responded negatively, the social worker did not seek to challenge or counter the parent's view [see Chapter 9 and Appendix 3, section 3 Holly : Chapter 15 and Appendix 3, section 3 : Joanna]. Consequently, although the social worker could be very sensitive to the parent and be an experienced, competent practitioner, the tendency not to challenge the parent's image of the child resulted in her perspective becoming the defining element.

The control model child as an insubstantial figure

It is possible that the child in the control cases remained a comparatively insubstantial figure because he was not a known by the social worker. The social worker who worked with Jane's father was aware of this gap in her appreciation of the family and made an appointment with the father which would end at the same time as Jane came home from school, so that she could meet her briefly. Although the research had required that the practitioners did not work with the child, it was reasonable to meet informally or in passing.

The social worker's need to see the child emphasised one of the main disadvantages of the control model, that the child is not real for the social worker. If the parent is sensitive then this is not a problem because she is working for the child, but if she is insensitive then it makes the task of creating a balanced image of the child and therefore the parent-child relationship extremely difficult for the social worker and, in many cases, impossible. It may be that the control model would benefit from incorporating some informal contact between the child and social worker, so that the social worker can create and hold a more substantial image of the child and maintain a better balance in the sessions particularly when working with an insensitive parent,

but this raises ethical problems of choice, introducing a stranger at a time of crisis and questions whose needs are being met.

Relative Merits of the Two Models of Intervention with regard to the Social Worker's Sensitivity

The following hypotheses can be drawn from the analysis:

- i] With good parenting and a sensitive social worker both models are able to produce a good outcome.
- ii] In the absence of good parenting a sensitive social worker using the control model of intervention is unable to effect a good outcome.
- iii] In the absence of good parenting and with a less sensitive social worker, the control model can produce a damaging outcome for the child.
- iv] In the absence of good parenting a sensitive social worker using the experimental model is able to produce a moderately good outcome.
- v] In the absence of good parenting a less sensitive social worker using the experimental model can provide a positive experience for the child and a moderately good outcome for the parent when other resources are present.

Findings And Analysis Concerning The Social Workers' Ability To
Construct A Balanced Model Of The Parent-Child Relationship

Introduction

The descriptive elements of sociability were distilled into the following four items:

- i] Unconditional acceptance
- ii] Non-judgemental attitude : an indicator of impartiality
- iii] The construction of separate relationships
- iv] Development and communication of empathy

Data from each parent and child was examined and discussed on a case by case basis.

Four cases were selected to represent the sample: the remainder are in Appendix 3, section 4.

The social worker's ability to establish a balanced perspective upon the parent's and child's individual difficulties was taken as a strong indicator of her impartiality. Her ability to demonstrate her unconditional acceptance of each one's experience, without giving greater weight or significance to either was assessed as indicative of her empathy. This element was assessed by data from her practice, as demonstrated in her recording, and in her use of language, with particular attention being paid to the use of prescriptive or judgemental terms to describe the behaviour or personal qualities of either the parent or child.

Findings and Analysis

Control Group

C3 : Rachel

Unconditional Acceptance

The social worker accepted the mother unconditionally although she was unsure that she was accepted on the same terms or valued by the mother.

Non-Judgemental Attitude : An Indicator Of Impartiality

The social worker described the mother in terms which communicated her compassion for her profound sadness and her struggle to manage so many critical events in her life. However, she referred to Rachel in judgemental terms. She described her unassuaged attachment anxiety as 'excessive hanging on and touching', 'clingy' and 'needy', all of which imply that the fault and solution rested with the child, not the mother. In Session 6 she recorded that Rachel had 'improved' which confirmed that the solution to the unease rested with Rachel and that it was the child's responsibility to get better, not the mother's need to respond more sensitively towards her.

The Construction Of Separate Relationships

The social worker was aware of the need to maintain a balanced approach but the recording indicated an appreciably greater interest in the mother's concerns than Rachel's. This imbalance was also evident in the social worker's planning for each session. She did not consider the child's perspective on any of the events preceding or subsequent to the death, but focused almost exclusively on the mother's experiences. It was the mother who introduced Rachel to the conversation and expressed sympathy for her losses. She was sensitive to the child's experience but felt unable to do anything for her.

Development And Communication Of Empathy

[See above]

Discussion

In this case the control model did not operate to the child's advantage and there were grounds to argue that it was the mother's sensitivity to her daughter which maintained the degree of presence she had in the sessions. The social worker did not assess or analyse her practice; although her approach did not hamper the intervention, neither did it advance it. She attended to the mother's concerns in a manner which afforded her a positive experience and enabled her to extend that experience to her relationship

with her sister, thereby gaining a better quality of support from that relationship.

The weight of her concern lay predominantly with the mother. She allowed her definition of Rachel's distress to prevail and did not seek to promote a more child-centred perspective or appreciation of the situation. It became clear that Rachel's main asset in the intervention was her mother's existing sensitivity to her, not the social worker.

C5 : Joanna

Unconditional Acceptance

The social worker had reservations about both the mother and Joanna. She did not actively prefer one over the other, but allowed the mother's concerns to dominate the sessions at the expense of the child.

Non-Judgemental Attitude : An Indicator Of Impartiality

The social worker's records were problematic. She appeared to employ terms used by the mother to describe Joanna's behaviour but did not counter them with her own, or give alternative, less negative definitions. In effect the social worker used the same highly judgemental language as the family. Terms such as 'precocious', 'bossy', 'hysterical' and 'clingy' are liberally sprinkled throughout the sessional records and none was countered with non-judgemental terms or analyses which would indicate her awareness of their significance.

The analysis of language as an indicator of underlying belief confirmed absolutely the view that the mother was negatively critical of Joanna and had little sensitivity. When seen in conjunction with the social worker's lack of advocacy for the child, her use of negative terms, similar to the mother's, indicated an inclination in her to collude with the mother and accept the adult definition of the child, rather than seek to establish a more impartial definition of their shared problems.

The Construction Of Separate Relationships

As stated above, the social worker was unable to establish clear ground between the two relationships during the sessions but aligned herself with the mother which, by implication, meant she was not for the child. There was only one occasion when she actively interceded on behalf of Joanna. This occurred after a series separations from the mother and other critical experiences. Joanna became too distressed to be ignored and, in order to present an alternative, child-centred definition of her responses, the social worker commented upon the nature of her experiences. Not to have done so would have been tantamount to professional negligence but it was an interesting marker of the benchmark of intervention for this social worker.

Development And Communication Of Empathy

The Parent

The social worker established a working relationship with the mother. By the end of the intervention the mother commented that this was the first time she had had someone for her alone and she had enjoyed the experience of exploring her concerns and worries in the sessions.

The Child

Although her relationship with Joanna was vicarious, the social worker did not afford her the same degree of concern and commitment as her mother. She permitted an imbalance to characterise the sessions. This was exemplified in the way in which she rarely asked direct questions about positive aspects of Joanna's performance and allowed discussion of negative elements of her behaviour to dominate the sessions virtually unchallenged.

Discussion

The pre-existing factors within the parent-child attachment clearly indicated the need for the social worker to strive consciously to create an impartial, balanced and empathic rapport for both individuals, but she demonstrated a distinct preference for

the mother's definition of Joanna. The problems in the parent-child relationship were defined by the mother as emanating from Joanna's demands rather than as a result of her needs being consistently unmet by her mother. In light of Joanna's experiences and the social worker's extensive knowledge of the family, her attitude was collusive and against the interests of the parent-child relationship.

The family's history, drawn from the data in the Family Profile and the sessional records, suggested that there was a transgenerational model of parenting operating which it was highly unlikely that the social worker could have modified to any great extent. However, that aside, she did not develop any firm strategy to accommodate the obvious antagonism in the parent for the child and effectively allowed history to repeat itself.

Experimental Group

E3 : James

Unconditional Acceptance

The social worker approached James and his mother without any assumptions or expectations. The only rider lay in her reluctance to accept her own worth to them which may have influenced her overall view of herself within the dynamics of the relationships. Ironically, she accepted herself conditionally.

Non-Judgemental Attitude : An Indicator Of Impartiality

She recorded the mother's description of James as 'acting up' and being 'angry' to assist our understanding of the mother's attitude, but did not take this as her definition. She defined his behaviour as symptomatic of his anxiety and insecurity and requiring a different approach from the one his mother was using. She did not consider that either James or his mother was responsible for the problem or the solution, and maintained an impartial, value-free relationship with each of them.

The Construction Of Separate Relationships

There were similarities between James and his mother which the social worker identified from Session 1. She gave equal importance and weight to both individuals within their separate sessions, although the elements of fun and humour in her relationship with James seemed to result in her enjoying his sessions more. This did not detract from her relationship with his mother and strengthened the support for her ability to construct and maintain separate relationships.

She developed slightly different styles appropriate to each one but did not compromise herself. This was most evident in Session 4, when she was able to blend the two whilst maintaining the integrity of each separate conversational style.

Development And Communication Of Empathy

The Parent

The mother did not welcome physical closeness or intensely emotional conversations. The social worker respected her wishes and maintained a consistent stance throughout. This did not preclude her communicating her concern and empathy for the mother's situation. She was able to do this in a manner which enabled the mother to feel safely held and able to explore sensitive issues, safe in the knowledge that she would be accepted and understood regardless of what she said.

The Child

The social worker knew she must take things very slowly with James or she would lose his trust. He tested her out a couple of times, referring to the contract and the boundaries of confidentiality [e.g. would she be showing his book to his mother or tell his sister that he referred to her by her disliked nickname etc.]. Once he was sure that she was trustworthy and not going to give him her solutions to his problems, he was able to relax more. He opened up his mourning conversation with her and discussed his fears about his father's illness and his need for greater security with his mother. His security with the social worker came to fruition in Session 4 when he hazarded some

sensitive issues with his mother, safe in the knowledge that the social worker would hold him, in the psychological sense, if things did not turn out as he hoped.

Discussion

The social worker demonstrated unconditional acceptance and impartiality throughout the intervention. Her ability to do this was most apparent in the way in which she held and balanced the similarities and differences between the two without compromising her integrity.

She earned their trust by her willingness to listen which eventually enabled James and his mother to explore their separate concerns and come to their own understandings. These were the bases for the improvements brought about by the intervention. The mother expressed the view that she had been able to achieve more than she had thought possible at the beginning of the sessions.

The explicit structure of the intervention and counselling relationship was examined by both mother and child in ways which indicated that the defined boundaries of time and nature of the relationship gave the reassurance both of them needed in order to feel secure with the social worker. The qualities of the structure were enhanced by the social worker's personal style and professional skills. Her consistently balanced approach allowed each person to develop their own conversation within their relationship with her and make the most of her as a resource.

E5 : Laura

Unconditional Acceptance

The social worker accepted the mother's difficulty with Laura and vice versa whilst maintaining her own perspective on the parent-child relationship. She achieved this balance by constructing a professional judgement based on her assessment of each person and which recognised differences of opinion. There were several examples in

Session 4 when she tactfully allowed Laura to have her experience of the game set without that dominating the session or defining the mother's experience, and vice versa.

The mother's experience of the social worker as unconditionally available to her was compromised by the presence of the younger children during the sessions. The social worker had the facilities at her hospice to have created a setting more conducive for the sessions without threatening the mother's autonomy. Providing this service could even have been perceived by the mother to be caring for her. Although not suggesting a different setting was the safer option, nothing would have been lost by offering an alternative time or place.

The social worker's manner with Laura was very caring and honest. She made good provision for her and was able to respond to her timetable, both within the sessions and within the intervention overall. She recognised that Laura would have difficulty terminating the relationship and used the guidelines that accompanied the playwork book to work carefully towards that stage from the first session onwards.

Non-Judgemental Attitude : An Indicator Of Impartiality

Her non-judgemental attitude was apparent in her choice of vocabulary and demeanour. She managed a fine balance of acute perceptions about the mother without being negative. She had great compassion for her and saw her as a woman who had suddenly been forced into independence, bereavement and the role of a lone parent of three young children. She was equally compassionate towards Laura. She recognised the enormity of her loss and her struggle to manage her feelings within her difficult and very different relationship with her mother.

The Construction Of Separate Relationships

It was clear that had the social worker been less sensitive or less competent, the mother could easily have recruited her into her conflicts with Laura and the extended

family, which would only have resulted in more deeply entrenched positions. The social worker remained uncontaminated in spite of the mother's attempts to inveigle her into taking sides. Only by focusing firmly upon the parent-child relationship could she hope to be of service to the family, and the outcome proved this to be the case.

Development And Communication Of Empathy

The Parent

The social worker's objectivity enabled her to appreciate the personal implications of the mother's bereavement. She communicated her understanding in ways which enabled the mother to explore and resolve some very sensitive issues which had previously inhibited her mourning. The process she adopted of approaching these issues gently and within the context of a supportive relationship appeared to be the influential factors.

The Child

The social worker was aware that Laura was anxious about her attractiveness and desperately needed reassurance that she was a valued individual. In order to communicate this to Laura, without blurring the boundaries of their relationship, she constructed a balance between being friendly and professional. The playwork book helped to create the structure for the relationship and helped the social worker anticipate with Laura its ending, but the manner in which she carried out the practice relied on her personal qualities.

Laura felt valued and safe with the social worker, had she felt otherwise she would have exhibited some competitiveness in Session 4 for the social worker's attention. The fact that this did not happen was testament to Laura's confidence in her worth to her.

Discussion

The social worker demonstrated genuine impartiality and unconditional acceptance of both individuals. She deliberately remained apart from the dynamic within the parent-child relationship whilst remaining equally available and resourceful for each of them.

She knew that if she were to side with either it would be against the interests of both and counter to the goals of her intervention. She was alert to the danger of this from the beginning.

She assessed the mother's preferred style and developed a manner congruent with her needs and compatible with the goals of the intervention. She expressed her genuine concern for the mother whilst maintaining her professional integrity. Both elements were essential to the progress of the practice because of the mother's suppressed and/or inappropriately expressed anger. To have relaxed her professional objectivity would have compromised her practice focus.

She communicated her pleasure at being with Laura in ways which enabled Laura to benefit from the positive reinforcement within the explicit framework of the relationship. Laura's security with the social worker was evident in her ability to explore her mourning increasingly freely and express her feelings in a variety of ways. The social worker was not experienced in working with children and Laura's pleasure in and ability to use the experience strengthened support for this model of structured intervention for relatively inexperienced practitioners.

Summary

Control Group

Two control case social workers, those working with Edward and Andrew [C1 & C6], developed balanced perspectives with the mother and child and in both cases the mother's were sensitive to the child and demonstrated this in being proactive. One social worker commented that the recording formats directed her to think of the child more than was usual in her practice and this may have helped in promoting his profile within the sessions.

The remaining four cases were all characterised by a clear imbalance of concern for the parent which had serious implications for the child in each case. Two of the

children needed the social workers to be advocates for them : one, Jane [C2] because her situation was bordering on becoming a child protection referral, and the second, Danielle [C4] because she was becoming clinically depressed as her family disintegrated. In neither case did the social workers refer the children on to other agencies, or offer to continue their involvement and work with the children. As a result of the intervention these children were identified to be in vulnerable positions and remained so.

The last two differed from each other in respect of the mothers' sensitivity to their children. Rachel's [C3] mother's sensitivity was Rachel's greatest asset. The social worker did little to pursue her needs beyond those which the mother introduced into the sessions, and her lack of empathy for the child was clearly communicated in her recording. In the second, Joanna[C5] the mother's insensitivity and hostility, combined with the social worker's inability to challenge the mother's model of the child, created an imbalance of concern and empathy which characterised this intervention. The mother confirmed this in the final session by saying how much she had enjoyed having someone for herself!

Experimental Group

Four of the five experimental cases developed similar qualities of balance and empathy. The parent-child relationships were very different in each case: one parent [Adam E1] was anxious and concerned about her son, another [Campbell E2] was concerned but resisted the child's mourning, a third [James E3] was angry and exhausted by the child's anxieties and a fourth [Laura E5] was ambivalent towards her daughter. In each case the social worker was able to develop an objective view of the relationship which embraced a whole view of the child alongside a compassionate view of the parent. There was no sense of competing loyalty between the two, as there was in the control cases. The social worker appeared to bridge the gap between the parent and child that had developed because of their mourning and facilitate a more coherent or understood conversation between them. Although this was less marked in Laura's ambivalent

attachment , the social worker in this case expressed the view that this was about to gain momentum. [When I was working briefly in Belfast, in the hospice where this social worker was based, she told me that this had indeed been the case and there had been further significant improvements in the parent-child relationship.]

The fifth experimental case [Holly E4] had similarities with Laura, but a considerably less satisfactory outcome [see Appendix 3, section 4]. The parent-child relationship was equally ambivalent and the child equally anxious, but the social worker responded to this dynamic very differently. She effectively colluded with the mother against the child, whilst criticising the mother for not being more independent and effective. Her appearance of concern masked her genuine view of the mother. The mother, however, expressed the view that the sessions had helped her, which may paradoxically confirm her insensitivity. The child's experience was less clear.

Discussion

Defining the role of individual defence strategies

The analysis indicated an association between the social worker being able to identify and appreciate the role of an individual's defence strategy with her ability to construct and maintain a balanced non-judgemental view of the individual and her role in the process of the intervention. In cases where the parent presented with incongruous behaviour, for example persistent smiling or diversions, the social worker was able to assess relatively easily that this was a coping strategy and define it as a necessary part of the process of establishing the relationship. However, when the child presented with similar behaviours the social workers were prone to ascribe more judgemental definitions. For example, James' defensive humour initially irritated the social worker and Holly's need to regulate proximity was perceived as inattention. This brings into question the social worker's image of the child and her ability to appreciate that the child has the same need to regulate the distance between them as the parent.

The need to establish a more positive construct around the child's regulatory

behaviours is additionally important because of the apparent tendency for the social workers to doubt the value or significance of their involvement to the family. This tendency may reflect the social workers' difficulty in developing a broad overview of their practice which, in the absence of supervision and the presence of the pressure of referrals, is understandable. However, an attachment perspective helps to define defensive behaviours more positively, as part of the process of forming the relationship rather than being indicative of rejection or disinterest. The negative and personal elements are reduced by this construct and the social worker is freer to perceive and work with the dynamic of the relationship.

Why did the parent make the referral?

The reasons why and route whereby four of the children were referred has been discussed [see Chapter 9]. Rutter [1980] drew attention to the need to establish a contextual definition to the referral:

“Although most children referred to clinics have a psychiatric problem, it has been found that the reasons for referral often lie in the parents or in the family as well as in the child.”

Helping Troubled Children. [p. 12]

The triangulation of unease, resistance to change and need for change brought about by bereavement may result in it being more comfortable for the parent initially to refer the child, thereby removing or diffusing the social worker's focus of attention from herself, until she is more confident in her ability to manage the therapeutic experience. The increasing significance in this study of the child as a vehicle for the parent gaining access to therapeutic services, for overt and covert reasons, raises the issue of what were the underlying foci of intervention for the parent and how far were these revealed or addressed by the actual intervention.

The meaning of the child to the parent

The difficulties apparent in establishing a balanced relationship with the parent and

the child seemed to stem in part from the parent's definition of who the child was..The sensitive parent was able to accept the child's distress as integral to his mourning, not within his control and needing the parent's help. The insensitive parent defined the problem in ways which suggested that the child was the focus of, or the means whereby a variety of unresolved issues were being expressed. This was apparent in the findings drawn from the analysis of parental sensitivity and became clearer here.

Several parents attributed personal qualities to the child which were inconsistent with the either the data from the parents, or the social worker's experience of the child in the experimental cases. For the insensitive parent in the control group there was a positive association between the degree of disparity between the two models of the child and the quality of balance the social worker was able to achieve in her practice. Reder and Duncan [1995] comment on this phenomenon in their analysis of abusive parents.

“... the meaning of the child includes overt and covert motivations for wanting and having a child as well as conscious and unconscious determinants of the parent's attitudes, feelings and relationship with the particular child. We believe that all children have psychological meaning to their parents which, if made overt, helps make sense between them. Exploration of this meaning is especially relevant when there has been breakdown in the parent-child relationship resulting in rejection, neglect or abuse.”

[p. 42]

Fraiberg's theory of 'ghosts in the nursery' [1980] lends additional significance to the psychological meaning of the child within bereaved families. This may help in our understanding of why, in all but one case, the child who was referred was the oldest in the sibling group. [In the case where the child was not the oldest, she was younger than her siblings by eight years and possibly seen as the only child in the family, the others being teenagers.] Although this raises several questions about the process of referral which, although a fascinating subject and worthy of examination, is beyond the remit of

this study. However, it is important to pose and discuss some of the issues arising from the phenomenon of first child referral with regard to the meaning of the child for bereaved parents.

The covert definition of the oldest child

Was the parent attributing some special meaning to the first born now that the parent was dead? Perhaps this child above the others was perceived as the promise of a shared family future, of the parents growing old together, a promise which had been broken by the bereavement and the child was, by association, partially responsible. Perhaps it was connected with the fact that he was the child who made the couple a family? He was the one that embodied the parent's changed model of the world. The transition from independent adult to parent, brought about by the child, may have been embraced willingly, but the transition to lone parent, which was not wished for or welcomed, leaves the bereaved parent with all the responsibilities and few of the supports that existed before.

The sharing of the worries, and the pleasures, is part of the partnership of parenthood. Who else takes as much interest or pleasure in a child as his parents, and how difficult it is for the surviving parent to find any pleasure in the child now? The care of the infant child may have been a responsibility and joy shared by the parents, and unconsciously undertaken on that basis. The death of the parent reneges upon that undertaking and abandons the surviving parent to the burden of parenthood. It seems to be at this point that the covert meaning of the child comes into sharper relief and influences or defines the parent-child relationship.

Did the birth of a child have a historical meaning? Was it associated with another event in the family's life? Is the child carrying the identity of someone else in the family? Was he conceived for a purpose, to cement the relationship or replace a lost child? Does the child resemble one or other parent? All these factors apply layers of significance to the child, which the parent may not consciously recognise, but which

may have a strong influence of the meaning of the child now. This perspective may help to elucidate the more difficult relationships, as in the case of the ambivalent, rejecting and hostile parent-child relationships, and influence practice approach.

The meaning of the child for the ambivalent parent

In Laura's case, her birth was the event which precipitated her mother leaving her parents' home and becoming independent for the first time. Perhaps Laura's mother resented having to leave the protection of the family home: although she had a difficult relationship with her father, she was very close to her mother. The association between being coerced into independence and the abandonment of bereavement may have reminded her that Laura was the cause for the former, and this may have become caught up in the unexpressed anger she felt towards her husband at abandoning her now. This, combined with the close relationship Laura had with her father, contribute to understanding the ambivalence she felt for Laura.

The meaning of the child for the hostile, rejecting parent

Holly's birth was followed by the diagnosis of cancer and her childhood associated with the progress of the illness which the father did not want to discuss with his wife. Holly was perceived by her mother to be her father's "pride and joy" and the more loved of the two. The parents had an unhappy relationship; the father was highly critical of his wife's parenting and occasionally violent towards her. She was unable to defend herself either physically or with strong argument. Holly became the focus of the marital discord and the focus of the parents' individual anger. After his death, the mother appeared to project the father's anger onto Holly and rejected her as she would liked to have rejected him.

Jane's birth was a mixed blessing for her father whose place she usurped [see Chapter 9]. Similarly Joanna was perceived to be her dead parent's favoured child and resented because of her status. Unlike Wordsworth's child, these children did not come trailing clouds of glory, but clouds of unresolved and often undisclosed conflicts which became

an integral part of the parent's mourning. The parent's reduced sensitivity to herself and the child further obscured the picture and it was doubly difficult to separate what rightfully belonged to the child and what to the parent.

The meaning of the child for the passive parent

Rachel's mother found it difficult to respond at all to her daughter's distress. Rachel's history held some strong clues why this might be so. She was born after a prolonged labour and her maternal grandmother died six weeks later. Her mother became depressed and stopped breast feeding and her father took over her care for the first year. Rachel's mother remained a secondary parent until the father's illness incapacitated him. This short history contains experiences and events at the time of the birth [bereavement Raphael, 1984 : depression Brody & Forehand, 1986 : loss of support Lyons-Ruth et al., 1990] which have a strong association with disturbed parenting and would partly explain why the mother was so reluctant to do anything for Rachel who was associated with pain, trauma, death and depression. It was unsurprising that her mother appeared to construct an internal working model which resulted in her responding in a detached manner to her distress.

The association between the meaning of the child and the social worker's impartiality

The problem for the social worker was how to disentangle the layers of meaning the child brought into the parent's mourning in order to see the child more clearly. The difficulty appeared to be considerably greater for the control group because the parent's definition was the dominant force and the arcane quality of some definitions was so complex as to be impenetrable. However, there were examples where the information was there and the social worker did not use it, which refers back to the underlying competence of the social workers involved [see Chapters 15 & 16] and what it is reasonable to expect of a social worker practising without the support of professional supervision.

The Relative Merits of the Models of Intervention on the Social Worker's Ability to Construct Balanced Relationships

Both groups contained pairs of similar parent-child relationships which provided opportunities for inter-group comparisons and gave an additional dimension to the analysis and strengthened the points arising from the discussion.

The social workers were a relatively uniform body of practitioners, matched by experience and qualification across the groups but their practice varied significantly. The control group workers were decidedly less able to develop and hold an unconditional view of the child, unless this was the parent's view. They were unable to effect change for the child, unless the parent was genuinely wanting that too. They were unable to generate additional resources for the child, unless the parent acted too. In effect, the cascade model did not cascade benefits for the child unless the parent was already willing to do so.

The experimental group social workers were consistently more successful in establishing more balanced views of the parent-child relationships than their counterparts. They had the same practice focus but their experience of the child appeared to enhance the authenticity of the child for them and facilitated good practice and better outcomes, even in cases where the parent was initially resistant to the child's distress.

The findings indicated that the experimental model was appreciably more effective in promoting an unconditional, non-judgemental, balanced and empathic view of the parent-child relationship than the cascade model.

The hypotheses that can be drawn from the analysis are that:

- i] In the absence of sensitive parenting and with an insensitive social worker neither model is able to construct a balanced view of the parent-child relationship.

- ii] In the absence of sensitive parenting the control model is unable to promote an authentic image of the child for the social worker regardless of the quality of her practice.
- iii] In the absence of sensitive parenting the control model has a tendency to create an imbalance of concern for the parent at the expense of the child.
- iv] In the absence of sensitive parenting the experimental model promotes a a balanced view of the parent-child relationship for the social worker when she is sensitive to individual concerns which overcomes parental resistance to a more empathic view of the child in some cases.
- v] The covert or unconscious meaning of the child may be an influential factor in understanding why the child has been identified as the focus of the parent's concern and why the quality of his presence in the practice is associated with a good outcome.

Discussion of the Analysis of the Social Worker

The hypothesis tested here was that the degree to which the social worker was able to construct a secure base for the parent-child relationship is associated with the outcome of the intervention. The manner in which she organised and conducted her practice, presented herself and established a balanced view of the parent and child were taken as indicators of her personal and professional skills in this regard.

The social workers were found to have a relatively uniform, high standard of practical competence. They completed the instruments in the prescribed manner and often in great detail. The structure of the Family Profile drew a wealth of data which created a detailed historical perspective on the bereavement and significant relationships within the immediate and extended families. The session records encouraged the social workers

to pay greater attention to recording than was their usual practice, to which they had mixed responses. Some found the exercise helpful and constructive to their practice, whereas others found they were re-experiencing the painful elements of the session which they preferred to avoid.

The often very detailed and sensitive observations made in the records exemplified the high quality of the practice, but few practitioners were able to transfer their insights to their practice. This had the greatest impact in the control cases where the parent was not sensitive to the child and resulted in an imbalance of concern for the parent and the potential in the social worker to develop a distorted view of the parent-child relationship. This supported the hypothesis that the major flaw of the control model was its reliance upon the parent as the medium of change. The analysis suggested that unless a parent was sensitive to and willing to act on behalf of her child, neither model could effect an improvement regardless of the quality of the social worker's practice. However, if the parent was moderately sensitive, the experimental model was able to effect a better outcome than the control model regardless of other conditions.

Support for this view came from the response of the parents in the experimental group who readily accepted the offer of direct help for the child whether they were classified as resistant to the child's mourning or not. The resistant parent appeared to be as accepting of the child's need for help as the sensitive parent, suggesting that this approach does not threaten the parent's model of her relationship with the child, which was anticipated as a possible disadvantage of the model.

The analysis so far has indicated that the effects of the interventions upon the child require more detailed consideration, as do other issues that emerged. For example, the child's readiness and capacity to develop a relationship with the social worker, which appeared to be relatively easy for most in spite of its unique nature, and the role of the playwork book, which began to develop some interesting aspects beyond its function in the child's sessions. Also the child's ability to internalise and extend or return to the

relationship with the social worker after it had been formally closed raised questions about the intervention's ability to create longer term resourcefulness. These and other issues will be analysed in the following chapters.

Section Three

Chapter 20

Findings And Analysis Concerning The Child's Competence

Introduction

The child's ability to be competent, establish a range of relationships as resources for himself and initiate his mourning constitute the outcome of the intervention. The analysis seeks to describe the processes involved and compare the intervention models' abilities to facilitate the mourning conversation between the child and his parent.

The hypothesis tested here was that the bereaved child needs additional and different resources in his environment in order to initiate and sustain mourning. Although some may be provided by a sensitive parent, the child may need to generate others himself. His ability to recognise the absence of a required resource and creatively provide it for himself is a measure of the child's competence. The experimental model was expected to be more effective in promoting competence than the control model.

The descriptive elements of competence were distilled into the following four items [see Appendix 1; section 1d]:

- i] Resourcefulness : recognition of the need for help
- ii] Organisational skills: ability to manage and learn from challenges
- iii] Demeanour and attitude
- iv] Academic performance

Data was drawn from the adults' instruments and the child's own self-assessment [see appendix 1; section 1e Child Self-Rating scores] and analysed on a case by case basis.

Four cases, were selected as representative of the sample as a whole and the remainder are to be found in Appendix 3, section 5.

Case Studies

Control Group

C1 : Edward [6 years]

Resourcefulness

Edward realised he needed extra support during the terminal stage of the illness as his mother became increasingly less available for him and approached his maternal uncle and teacher. His choices were perfect because both men responded to him and he effectively secured additional support for himself at home and at school, assisted behind the scenes by his mother [see Chapter 9].

Organisational Skills

His ability to organise appropriate support for himself, independently of his parents, demonstrated high levels of competence based on accurate assessments and instinctive insight. His drive for survival was manifested in his resourcefulness.

Demeanour and Attitude

Edward's teacher observed that he changed from being withdrawn and sad during this father's illness to being competitive, even aggressive afterwards. The most marked change was in his insecurity at school which increased when his favourite teacher left shortly after his bereavement and was replaced by two female teachers [a job share arrangement] who had very different personal styles. In the circumstances, Edward managed very well to maintain an even disposition at school.

Academic Performance

On the whole there was an improvement in Edward's academic performance in that he fell away from his expected academic attainments for a while, but had come back into line with expectations by the end of the intervention.

Discussion

All the indicators were positive. Edward had been included in the family's experience at

every stage, he was given information and choices and consequently developed adaptive coping strategies. During the course of the intervention he demonstrated an ability to develop resourceful responses which were supported by his mother.

C4 : Danielle [9 years]

Resourcefulness

Danielle became withdrawn after her mother died. Her father was unable to help her create resources for herself and so left her to her own devices. She was very cautious about novel experiences at school but, with encouragement and support, would have a go. She responded well to praise at school but remained predominantly passive.

Organisational Skills

She was able to organise herself at school and home adequately but demonstrated little initiative.

Demeanour and Attitude

Danielle was compliant and biddable, never causing any problem at school. At home she was equally passive, until she moved to live with her aunt and uncle. She then became more assertive in her father's home during weekend visits. This did not present any great difficulties and was defined as Danielle needing to maintain her sense of belonging there.

Academic Performance

She maintained a good and steady level of performance and achievement.

Discussion

Danielle presented as a depressed, passive child who remained so throughout the intervention. She was unable to develop alternative strategies to enhance her experience of herself or the world but remained at a steady, flat pace throughout.

Experimental Group

E1 : Adam [6 years]

Resourcefulness

Adam was hesitant about being with the social worker, partly because he had a frightening experience with a nurse who overwhelmed his defences with unwanted information when his father was ill. He managed the initial session with the social worker cautiously. He elected to have the social worker help him with the questionnaires even though he was well able to do it himself. This process authenticated her promise of giving him the control of partnership within the sessions and he appeared to enjoy the experience of having someone to help him in this manner.

Initially he managed situations which made him feel uneasy with a veneer of humour which sometimes bordered on silliness. He managed the ambivalence in his relationship with his mother in this way, which was only partially successful because, although it kept the threat of her rejection of him at arms length, it did not present him in a positive light and made it more difficult to be close to her when he needed comfort. It was noticeable that as the parent-child relationship improved, so the incidence of defensive humour declined. In this respect the strategy was a useful indicator of Adam's unease and an indicator of the nature of the parent-child attachment.

Organisational Skills

Adam demonstrated a growing ability to manage resources for himself. During the first session he refused to complete the reciprocal portraiture exercise because he did not consider himself to be good at drawing. The social worker did not apply any pressure on him. During the story episode, in the third session, rather than resist the experience as he had done previously, he chose a third object to palliate his anticipated unease. He chose a toy tiger and had a tissue ready in case the tiger became sad. At no time during the story did he try to stop it or become overly distressed.

Another example lay in the way in which, when the sessions ended, Adam requested they

continue and negotiated a monthly interval for the following three months. He also returned to the playroom a year later when he had some further difficulties and was able to explore those issues and develop a resolution in three or four sessions.

At school he was initially somewhat disorganised. He was unable to sit still or maintain a reasonable demeanour in the classroom. He was also the cause of, or participant in disturbances. During the intervention there was an improvement in this aspect of his behaviour and he became much calmer and less impulsive.

Demeanour and Attitude

He was very lively and had a great sense of fun. The social worker gave him permission to enjoy these aspects of himself within a freer setting than home or school. He was very positive about their sessions and always arrived with great anticipation and enthusiasm. Although very lively in class and sometimes difficult to contain, he was popular and likeable because of his cheerful nature and enthusiasm for learning.

Academic Performance

Adam did not usually seek help at school, and although he had difficulty concentrating and was easily distracted, he maintained a good academic standard.

Discussion

Adam developed strategies for situations of threat which were largely adaptive. Difficulties arose when they were too strong for him to contain and then he resorted to false humour or aggressive behaviours. During the course of the intervention Adam's need to defend himself diminished and the incidence of false humour and aggression decreased.

The experience of the sessions enabled Adam to become genuinely resourceful. He recognised his need for help but initially, because of his previous experience, he was cautious in accepting the social worker. When he was sure that she was safe and

trustworthy he entered into the relationship.

The test of his resourcefulness lay in the way in which he extended the relationship and returned to it when he recognised a similar situation in the future. He learned from this experience and developed insights into what he needed in order to be able to manage similar experiences or threats, thereby developing effective coping strategies.

E5 : Laura [7 years]

Resourcefulness

Laura knew she needed help from adults other than her mother and recognised the social worker as a good resource for herself. After the start of the intervention she stated that she also wanted more personal support from her teacher. She perceived herself to be stronger for having these resources available to her.

In her relationship with the social worker she persistently needed approval and wanted the social worker to state explicitly her 'liking' for Laura and her 'friendship' with her. This suggested that Laura's anxiety about needing help was that she would not get enough for long enough rather than being diminished by having it. Her persistent anxiety in her attitude towards the social worker did not decrease and indicated that Laura was more resourceful on one level but more vulnerable on another. The awareness of the significance of the social work relationship and its temporary nature seemed to give and take away simultaneously. That it gave more than it took was evidenced in her commitment to it throughout the intervention. The social worker recognised the need to terminate it slowly and gradually, which she did with great care [see Appendix 3, section 6].

Organisational Skills

On a practical basis Laura demonstrated good organisational skills. She got herself ready for school each day, organised her uniform herself and was always ready on time

with everything she needed.

Laura had a history of separations from her mother during the terminal stage of her father's illness. She was sent to live with relatives for several days at a time, which caused her to miss school and be separated from her friends. She was very aware of how anxious this made her feel. After the death, when she was anxious about her mother, she engineered situations in which she could remain close to her [e.g. became 'ill'] without that being perceived negatively. When the threat of separation was intolerable, she reduced the stress by creating what she needed.

She managed these experiences herself because her mother was not sensitive to her experience. In the circumstances Laura's response was highly adaptive, barring the occasions when her mother realised that she was not unwell, but even then she was not sent her to school, so the outcome for Laura was very satisfactory. The negative outcome was that she missed more school, which was a source of discontent between her and her mother, and the solution did not increase her mother's awareness of her anxiety. She did not employ this approach regularly, only when it was necessary.

When Laura was given more control over stressful situations, she employed different strategies. For example, during the first session with the social worker she was anxious about drawing. She did not think she was very good at it and in order to manage the exercise she decided that she would use felt-tipped pens rather than crayons. She proceeded to manage that and subsequent drawing exercises more comfortably. She developed confidence in her ability and by the last sessions was doing detailed self-portraits and fantasy pictures which were accompanied by commentaries.

Demeanour and Attitude

Laura had difficulty controlling her anger with her mother but there was no evidence of this lack of control at school, with her peers or with the social worker. The only other person with whom she had difficulties was her maternal grandfather but he was

revealed to orchestrate confrontations. There were several examples of her mother responding insensitively or negatively to Laura and Laura responding initially with appeasement [e.g. trying to earn her mother's approval, accepting her mother's definition of the situation over her own etc.]. These repeated sequences demonstrated that Laura's lack of equanimity arose in response to her mother's insensitivity and were not a feature of Laura's temperament. This conclusion was further supported by the teacher's assessment of her responses to situations of threat which was that she would walk away rather than confront or escalate the incident.

Academic Performance

Laura liked going to school and enjoyed the challenge of school work. However, it had developed into a battleground between her and her mother who was convinced that Laura had fallen behind the rest of her class. She frequently criticised her for not being able to catch up or keep up with the others. Laura brought work home, but her mother meted out praise and criticism in equal measure. The situation contained the essence of her mother's ambivalence: it was brought about by the decisions taken about Laura's care at a time of crisis, was not based on the reality of her performance at school, which was satisfactory, and became a focus of her mother's more general discontent.

Discussion

Laura knew she needed help from others and perceived herself to be stronger for having these resources available to her. Her main concern was that these resources would end before she was able to manage without them.

Initially Laura was apprehensive about her ability to achieve the tasks of the playwork book but she adapted to the relationship and the exercises by organising what she needed in order to manage [e.g. materials, personal space] and was able to flourish within the experience. The process enabled her to grow in confidence.

Her mother reported that Laura was temperamental at home and difficult to manage, but this behaviour did not arise in any other setting. It did not appear to be a matter of compartmentalising because she was not aggressive with her peers or inappropriately uncontrolled within the classroom setting, both of which could be expected in children who are impulsive. Laura's lack of equanimity arose in response to her mother's uncompromising or rejecting responses and were a feature of their relationship. Laura was worried about her school performance. Her anxieties were fuelled by her mother's attitude and responses. The issue of academic performance was an area of conflict within their relationship. At first it seemed paradoxical that the mother's care arrangements had caused the problem for which she reprimanded the child. However, the paradox was resolved when the model of ambivalent attachment was introduced.

Discussion of the child's competence

The competent control group case which supported the hypothesis

The control case which appeared to make the greatest improvements, Edward, challenged the hypothesis that the experimental model would be more effective. However, the analysis revealed that he was living in the ideal setting for a bereaved child, with all the additional resources the experimental model would seek to create or enhance as the outcome to the intervention. Therefore, in effect, this rogue control case supported the hypothesis that the secure bereaved child in a sensitive environment can become more competent and that competence is associated with a good outcome. Although these factors broadly described the profile of the parent, other conditions applied which added detail to the picture.

The appearance of competence

The analysis showed that one child, Andrew [see Appendix 3, section 5], who was rated by his parent to have improved in competence, did so in appearance only. Andrew's parent was very sensitive and proactive, anticipating her son's needs and acting for him, often without him knowing. She recorded an improvement in his competence but

the analysis showed that he had improved by benefiting from adults' efforts, not as a result of his own resourcefulness. He adopted some adaptive strategies to his problems but they were other people's solutions and reduced the value of his personal improvement.

Resilience and creativity as aspects of competence

The insensitive parent's response obliged the child to seek an alternative resource. In the case of the experimental group that resource was there in the person of the social worker. It was apparent from the behaviour of the control children that they were aware of their need to have someone trustworthy and sensitive to talk to and they attempted to generate that resource for themselves. Some children demonstrated great resilience [Fonagy et al. 1994] in the face of repeated disappointments and rejection. They seized and created opportunities to generate the resources they needed in their environment with impressive creativity and persistence [Pollock 1988], but with limited success. Eventually they stopped trying and retreated into themselves. The parallels between unassuaged attachment anxiety and this sequence of behaviour is unmistakable. This protracted sequence of experiences has a special significance when seen in the context of the possible negative outcomes, reported in the longitudinal studies, of depression and other major psychiatric disorders in adulthood [Birtchnell 1970 : Brown & Harris 1977 : Harris & Bifulco 1991 : Parkes 1991 : Saller & Skolnick 1992].

The role of gender in children's responses

A profile of outcome by gender emerged from the analysis which is broadly described by the girls becoming sad and forlorn, following their parent's death, and the boys becoming aggressive. On the whole the girls in the control group did less well than the boys which highlights a need to consider accommodating gender differences. It may be coincidence which a larger sample might resolve, but if there is a connection between gender, competence and depression it could lie in the tendency for boys to externalise distress and explore solutions through action and girls to internalise distress and

explore solutions through contemplation. Although this is an over simplification of the responses, it broadly describes the range here.

If this is the case then it would follow that adults would be able to recognise distress more easily in a boy than in a girl. If the behaviour was defined as distress which was bereavement-related, then a boy could experience a better or a readier response than a girl. Although these are two major conditions, and ones which are often behind bereaved children not receiving any services, they indicate the need to develop a profile of the bereaved child which embraces these characteristics. This has obvious implications for social work practice, which will be considered in the final-chapter, but there are practice issues associated with the model of intervention which can be considered here because the picture was not repeated in the experimental group. The girls in that group did as well as the boys, therefore, there is some element or elements in the experimental model which enhance the child's competence regardless of gender. Three possible reasons come to mind:

- i] the experience of the relationship with the social worker makes the child feel more competent
- ii] the dynamic created by the social worker having contact with both parent and child enables the parent to accept the child's need for additional resources
- iii] even though the parent does not appear to act on that perceived need, she communicates her awareness in ways which enable the child to perceive the changed attitude and resource that she has become.

It is possible that the child recognised in the social worker the additional help he had been looking for from others and her arrival is the solution he had been seeking. Not only does the social worker offer him an exclusive relationship but she also supports

his parent and seeks to promote resources for him at school. The control model offers the second and third elements but in ways which are qualitatively different to the experimental model. The analysis suggested that there was no one element which was critical to the effectiveness of experimental model but that the dynamic created between all the elements brought into play determined the outcome.

The possible limits for the playwork book

The strength of the experimental model's outcome in regard to competence was supported by the data from the children in that group, four of whom recorded an improvement [see table Child Self-Rating]. The exception was Campbell who considered he had deteriorated very slightly because he had less energy and sometimes had trouble making up his mind. His lack of energy and reduced ability to make quick decisions might have particular significance for him because he was a keen footballer and wanted the kudos of being on the school team that season. He was also the oldest child in the sample, being 10 years old. His comparative maturity may signal the limits of effectiveness of the playwork book approach or this particular playwork book for children of this age.

The contribution of the exercises in the playwork book to enhanced competence

Some of the children were a little daunted at first by some of the exercises in the playwork book. They were unsure at first whether they could manage the practical tasks of filling in their responses, as well as being unsettled by the content of the affect exercises. The relationship with the social worker encouraged and supported them to devise ways of managing both aspects with positive results in all cases. They constructed individual methods of coping which either approached the manageable elements first or were helped to break the exercise down into smaller parts which were manageable by size. These experiences were positive as evidenced in the children being able to manage similar tasks with comparative ease in subsequent sessions.

Enhancing the child's self-confidence had particular benefits for one child for whom

this had become a sensitive issue between her and her mother. The intervention revealed a child who was functioning satisfactorily in most areas, save that of her relationship with her mother. The ambivalence which characterised the relationship was having a detrimental effect upon the child, but her experience with the social worker balanced that somewhat and enhanced her confidence to manage other areas of her life with greater success and satisfaction. This suggests that it is possible for a child to internalise a repeated, albeit short term, experience of personal competence and transfer it to other arenas of his life even when the relationship with his parent is unhelpful. This suggests that in times of crisis, given a positive experience, the child has the potential to learn other ways of being or other ways of perceiving himself, even when that contradicts his parent's image. The value of this experience and the hypothesis formulated here require further examination within the context of childhood bereavement and long term resilience.

The responses of teachers to the children

Although it had been anticipated that the teachers would need encouragement and support to respond to the bereaved child in their class, why they did not do so was unclear. None was resistant to the significance of the child's experience, or that he had changed as a result. However, they were reluctant to acknowledge his possible need of some extra help from them in order to manage his mourning.

It was not a case of the child being reluctant to share his mourning with the teacher because every child had approached his teacher at some time since the bereavement, and in ways which indicated that he was open to the teacher offering more than practical help, but the teachers' responded in ways which were unsatisfactory and did not encourage the child. The analysis suggested that although the teachers were sympathetic and recognised the child's need for additional help, they were inhibited possibly by their uncertainty or apprehension about what to do, or because they needed to defend themselves against the child's mourning.

The one exception was Edward's supply teacher. He responded warmly to Edward during the illness period and was very supportive immediately after the death. Had he stayed at the school, he might have continued to support him, or it may have been that he knew he was leaving so could afford to be more supportive than he would have been had there been no time limit to this sensitive experience. The fact that he was the only teacher to engage actively with the child suggests that there was some association between his temporary post and his ability to be involved. It may be that teachers may either not be the resource they were thought to be, or that they needed to be given additional or different support in order to manage this extra role.

The parental qualities associated with a competent child

The competent child had a sensitive parent who was very concerned and acted on his behalf at school and at home, but would let him make mistakes or have new experiences as part of finding his own solutions [Londerville & Main 1981 : Pederson et al. 1990]. The parent was aware of the child's vulnerability at school because of his bereavement, and either raised the teachers' awareness of the child's changed status, or generated additional resources there.

Conclusions drawn from the discussion of the child's competence

The findings for both groups supported the first part of the hypothesis, that the bereaved child needs different resources in his environment, but initially appeared to challenge the greater efficacy of the experimental mode. Further examination revealed that the control cases which made improvements, similar or equal in quality to those of the experimental group, had pre-existing qualities in the parent which generated the necessary resources. These resources were generated either with the child's active participation or in response to his expressed need, but not by the child being resourceful and acting independently of the parent. Although increased resources is the desired outcome, the process of change is as important, if not more so, as the product. This is where the critical difference between the interventions' outcomes lay.

The ineffectiveness of the control model to promote resourcefulness was very apparent in the other control cases where the children were unable to effect change for themselves and became anxious and depressed. There are strong similarities between this sequence and the experience of unmet need that results in the disregarded infant sinking into depression. The child knew he needed different resources and yet was unable to generate them. The feelings of powerlessness generated by this repeated experience lead to him becoming depressed.

Relative merits of the models of intervention with regard to promoting the child's competence

The experimental model was more effective than the control model in promoting greater competence in the child in cases where the parent-child relationship was ambivalent. This adds support to the argument that it the model's effectiveness is associated with the additional resource of the social worker for the child, although the exact nature of that association is not clear at present.

The following hypotheses can be drawn from the analysis that:

- i] in the absence of good parenting the experimental model of intervention has a more positive effect upon the child's competence than the control model
- ii] with good parenting both models are able to promote greater competence in the child but the experimental model is more effective in promoting inner resourcefulness
- iii] bereaved children who internalise distress are more vulnerable to being overlooked than children who externalise distress

- iv] there are gender differences in the manner in which bereaved children display mourning which require the construction of separate mourning profiles for girls and boys

- iv] the dynamic of the experimental model is the critical element rather than one specific element of the intervention.

In the following chapter the child's ability to use his personal skills to establish a range of relationships will be analysed in relation to his subsequent ability to establish a satisfying mourning conversation. -----

Findings And Analysis Concerning The Child's Ability To Establish And Sustain A Range Of Relationships

Introduction

The hypothesis tested here is that the bereaved child needs a variety of satisfying social relationships in order to initiate and sustain mourning. The child's ability to develop a network of relationships is an indicator of the quality of security in his environment. The descriptive elements of this area of interest were grouped together as sociability and distilled into the following five items:

- i] Management of peer relationships
- ii] Management of adult relationships
- iii] Management of ending/changing relationships
- iv] Balance in social style
- v] Fluency of conversation

Data from each child were examined and summarised on a case by case basis. Five cases were selected to illustrate the main points drawn from the analysis and the remainder are in Appendix 3, section 6.

Findings And Analysis

Control Group

C3 : Rachel [5 years]

Management Of Peer Relationships

There were no recorded difficulties here. Her peers at school were aware of her bereavement and, when she cried in the classroom, offered her comfort, which she accepted. She had a normal social style for her age.

Management Of Adult Relationships

Rachel had no obvious difficulty in this area. She was pleasant with her teacher and managed other formal relationships well. She used to approach her teacher and the

non-teaching auxiliary for comfort at school in a quiet, unassuming manner.

Management Of Ending/Changing Relationships

She expressed her sadness at leaving her school and her teacher. She told her teacher, who was touched by her sincerity and concerned for her because she was having another loss experience. At the end of the intervention the teacher described her as “unsettled, sad and withdrawn”.

Balance In Social Style

Rachel’s flat mood and a lack energy resulted in a social style which was characterised by passivity. She had no confrontations with her peers or adults and appeared to have a sad, lack-lustre image.

Fluency Of Conversation

Rachel was able to express herself but tended to do so only when asked, and then haltingly. She showed little initiative.

Discussion

Rachel’s passivity and lack of sparkle were the dominant features of her social behaviour. She presented as a depressed little girl who was withdrawn and very sad. Her status did not improve throughout the intervention. Her peers were supportive, as were the teaching staff, but sadly it was not enough to not bring about any perceptible improvement for her.

C4.: Danielle [9 years]

Management Of Peer Relationships

She had no difficulties with her social peers and made and sustained relationships well at both schools. The only area of conflict was with her cousins after she moved to live with them. Danielle was more assertive than usual when they came to her former home

for weekend visits. In the circumstances this mild ripple of assertiveness was a positive response as it was the only example of her raising any objection to anything.

Management Of Adult Relationships

Danielle was said to be distant with adults and refused all offers of closeness or trusting relationships. She was not abrasive in her refusals but held herself away from people and resisted their overtures. She maintained this controlled distance with all adults, regardless of their connection with her or her mother. She did not perceive anyone to be a resource to her on any level. At the end of the intervention the teacher recorded the following comment: ---

BSAG

Danielle is extremely self-contained and has not shown any outward signs of feelings or emotions.

Management Of Ending/Changing Relationships

There were several relationships which ended during the course of the sessions but Danielle apparently did not respond actively to any of them. She had a closed style which was reminiscent of the watchfulness of maltreated children.

Balance In Social Style

Danielle's passivity and compliance characterised every relationship she had. Although that meant she never had arguments with friends or family, her social behaviour was so nondescript as to be without character. Her social ease was effectively social inertia. She was a passive recipient of experience rather than an active participant. She did not belong to any clubs or groups, neither did she have any hobbies. This cluster of features in the context of her recent experiences described a child who was exhibiting behaviours not normally associated with most nine year olds.

Fluency Of Conversation

This was virtually absent. She allowed or tolerated certain exchanges but did not

initiate conversation or welcome bereavement-related subjects being introduced. Neither did she seem to enjoy general, lighter conversations with anyone, at home or at school.

Discussion

At the start of the intervention Danielle was closing down her social behaviour. By the end she had become shut off from the outside world and retreated further into herself whenever current experiences became too threatening.

Her behaviour was reminiscent of the apathy and watchfulness of maltreated children. It is reasonable to assume that she had witnessed or heard many arguments between her birth father and mother and had learnt that passivity was the best posture. This would explain her response in these loss experiences which present, one after the other. She remained passive, almost blank, as the world around her changed beyond all recognition. This was a child who needed to make adaptations if she was going to recruit resources for herself, but was unable to do so.

C5 : Joanna [7 years]

Management Of Peer Relationships

At the first session Joanna was described by her mother as being 'bossy' with her peers, which was why she was said to have no friends. At the next session she said that Joanna had made many friends and was very sociable. This dramatic change is scarcely believable: from being socially inept to popular in one week. It raises doubts about the mother's judgement, or the motivation behind making these statements.

The family structure resulted in Joanna spending most of her time in the company of adults or teenage children, with whom she had argumentative relationships. When her cousins, who were the same age as Joanna, visited her, her mother reported that she played well with them.

There had been one incident of bullying at school but it was isolated and not typical of Joanna's behaviour. The teacher considered she had good social skills at school both during class activities and play times. She commented at the end of the intervention:

CBLT : 2nd. wave

Joanna came to the school in September. She settled in well. She formed a friendship with one child but the circle of friends has now widened.

There was an inconsistent picture of peer relationships from home but a more balanced view from school. The combination described a child who was able to make friendships and sustain them, but might occasionally be impulsive or overly assertive. Neither of these features is inconsistent with behaviours expected of a child of Joanna's age and developmental stage and both indicated that she was learning how to manage the finer points of social relationships.

Management Of Adult Relationships

Joanna spent much of her time at home in the company of adults and experienced little peer activity in that setting. Consequently she acquired adult mannerisms, for which she was criticised as being 'precocious', or she became bored and wanted her mother to play with her, with her which she did not usually want to do. The mother defined Joanna's disappointment as criticism of her parenting and angrily rejected her.

During the hiatus after the death she lived with her maternal uncle and his family and was said to have settled in well with them. It is reasonable to assume that she established good relationships with them because they were very reluctant to let her return to her mother-figure, her maternal grandmother. However, she [maternal grandmother/ mother-figure] reported that Joanna had said she was unhappy there and wanted to live with her. It was this wish which precipitated her return to her. Both these statements were unconfirmed and either may have been true. These contradictory statements illuminate the dynamics that existed in the family at this time and which Joanna was forced to manage as best she could. The 'wishes' of the child derived from a

variety of family pressures and old scores, which were being played out with the children as pawns. In the circumstances, Joanna managed the situation quite well but at a considerable cost to herself.

Management Of Ending/Changing Relationships

Joanna was reported to have managed the ending of a number of relationships, or arrangements around relationships, with apparent ease. The one incident which was reported in detail however indicated that she was not as untouched by these separations and changes as the mother reported her to be. When she and her husband returned from holiday, having left Joanna with her uncle and aunt, both of whom were well known to her, she responded to their return with grumbling anger at being abandoned and continued to be 'moody' and avoided them for several days. This is not the reunion behaviour of a secure child.

Balance In Social Style

Joanna seems to have managed social relationships well. She developed a circle of friends at school and was reasonably popular.

Fluency Of Conversation

When she was engaged in conversation Joanna responded well, however, the mother was rarely involved in activities which afforded her this opportunity, other than when they visited the grave together. There was a preponderance of negative affect between them recorded within the session records and very little positive comment. Negative affect was expressed in short aggressive exchanges, which do not constitute fluent conversation, and often ended in Joanna going to her room alone and remaining there.

At school Joanna was a quiet child who had to be coaxed to respond. She attempted to engage her teacher in a conversation about her dead parent, but the teacher's response discouraged her and she did not try again [see Appendix 3, section 7].

Discussion

Joanna was able to establish satisfactory peer relationships. She may have had a good relationship with her uncle and his family but it was clouded by family history and the events surrounding her care arrangements. At home her siblings were distanced by age and she was effectively an only child. In her communication with her mother she was able to manage some set conversations but there was no rapport. The teacher did not respond to her overtures which discouraged Joanna from trying to have a conversation with her.

In the circumstances Joanna managed a difficult and delicate balance of adult agendas with relative success. She developed a different style of relationships with her peers which was not reflected in her relationships with her immediate family. For this reason, her peer relationships were possibly very important to her.

Experimental Group

E3 : James [7 years]

Management Of Peer Relationships

James was able to sustain a range of friendships and play and work well with his peers. At the beginning of the intervention he had developed a new relationship which concerned his mother. She suspected that the new friend had been chosen because his parents were divorced and the boy lived with his mother. She was worried because his father 'returned' for contact visits; she suspected James was holding out the hope that his father would also return. The friendship lasted throughout the intervention but did not raise any explicit difficulties.

Management Of Adult Relationships

James was a very sociable boy who enjoyed the company of others. He was able to form a good relationship with the social worker and maintained a good relationship with his teacher. His difficulties with his mother were reflected in his Trust Circles. After

some prompting from the social worker, he included her in his conditional circle, along with his grandparents and teacher.

Management Of Ending/Changing Relationships

James anticipated the ending of the social worker's relationship from the second session onwards, assisted by his progression through the book. In the final session he commented on how strange it felt not to be coming back to the room and needed to consider this for a while.

He decided that he would like to continue his contact with the social worker for a little longer and managed the situation very well. He reminded her of the terms of the contract and invited her to dinner. He was aware that this was something adults did socially and presented the invitation with great aplomb. He accepted her compromise of coming to tea with equanimity and was able to accept the ending with that promise of a future contact.

Balance In Social Style

He was socially confident and had a good social manner with adults and peers. He was able to move easily between social styles and postures which reduced the incidence of conflict and confrontation. His relationship with his mother was the only focus of concern and this improved during the course of the intervention.

Fluency Of Conversation

There was no difficulty manifested in his conversational style, except when he was overwhelmed, when he became stilted. He resolved these experiences initially by avoidance [e.g. All About Me session and Forever Friends story he left the room briefly] until he could return and manage them comfortably. During the sessions he developed a conversation with the social worker which explored his main worry of his nightmares and which he transferred to his relationship with his mother. He used a book about how dreams are made, supplied by the social worker, to create the bridge.

Discussion

James was able to sustain a range of satisfying relationships with peers and adults. He managed the subtle and novel relationship he had with the social worker particularly well, as evidenced in the way in he managed its ending.

He was an articulate child who had a confident social manner. The social worker helped to improve the conversation and bridge the gap that had developed between him and his mother. This brought about a very positive outcome for both of them.

E4 : Holly [5 years]

Management Of Peer Relationships

Holly was sociable but her assertiveness made it difficult to maintain friendships and she was frequently involved with squabbles with her peers. Consequently she tended to be on her own more than other children. The teacher reported that all of these features improve markedly during the course of the intervention.

Management Of Adult Relationships

Holly had a lot of energy and enthusiasm which was difficult for her to control. She was keen to establish her relationship with the social worker and established a puppet as a transitional object for the social worker early on in the relationship, which she used to take home with her between sessions.

She had no unconditional support from anyone, as evidenced in her Trust Circles exercise, but had conditional support from her teacher. Her mother and maternal grandmother were on the outer edge of trust. Although this is a sad reflection on her position, it was probably a wise decision because of the unreliable resources they were for her. Against this background, the relationship she established with the social worker took on an added significance. Holly was aware of its importance and attempted to extend it into a deeper, longer lasting friendship but the social worker kept to the agreed boundaries.

Management Of Ending/Changing Relationships

The only record of this lay in the ending of the relationship with the social worker. Holly did not want it to end but recognised that it was inevitable. As a compromise she asked the social worker to visit her at home a few weeks later, ostensibly to see her new bedroom, which she did.

Balance In Social Style

The focus of Holly's difficulties were with her peers because they were less tolerant of her impulsiveness than adults. This caused her to have more confrontations and less friends at school than other children of her age. The incidence of confrontations reduced over the course of the intervention. The teacher recorded the following comments:

BSAG

Holly is a lively, 'bubbly' child who is enthusiastic at school and mixes reasonably well. Holly has been much more settled recently and has less attention seeking behaviour.

The teacher perceived a global improvement in Holly's social behaviour and general demeanour. The reduction in "attention seeking behaviour" could be interpreted as a reduction in attachment behaviour. In the Trust Circles exercise Holly nominated the teacher as one of the closest people to her. However, her closeness to the teacher did not stem from a shared conversation and neither did it stop her from feeling lonely. During the intervention, Holly repeatedly stated how lonely she felt : in the first session, in her responses to the questionnaire, and again in the Trust Circles exercise. Her inner circle [unconditional trust relationships] was empty, the middle one [conditional] had peers and her teacher, and the outer circle [constrained] had her mother and maternal grandmother. She repeated her statement again in the questionnaire at the end of the intervention:

Playwork Book: 2nd wave Item 14

I am lonely at school a lot of times
and that is my worry I think about.

The social worker did not recognise her loneliness until the last session when Holly stated it bluntly, just as the intervention was ending. It could be that Holly's sense of isolation was exacerbated by the social worker's insensitivity to her.

She appeared to have difficulties with some of the children in her neighbourhood, as the incident when they took her pram from her exemplified [see Chapter 9]. This may have been an isolated incident but, in the context of her other social skills, is likely to have been a recurring experience for her.

Fluency Of Conversation

Holly had a lively manner and responded well to one-to-one attention. Her age at the time of the intervention [5 years] meant she could not be expected to have developed refined social skills, particularly when her history was taken into consideration.

However, she was able to develop a conversation with the social worker and her teacher, but could not easily tolerate having to share the adult with another person. She was able to sit and be read to by the volunteer which indicated that she had established some rapport with her too.

Discussion

Holly was vivacious, had a good sense of humour and fun and, given the opportunity, was ready to share herself. Unfortunately she could not manage to strike the appropriate balance between her needs and the needs of her peers, which is not unusual for a five year old. She had difficulties making and sustaining peer relationships and consequently felt very lonely.

She found it easier to manage adult relationships because adults were better able to tolerate her behaviours. However, she was, with good reason, highly selective in these attachments. She was aware that nobody was unconditionally available to her. Her closest confidante was her teacher, hence her loneliness. It is possible that Holly's awareness of the differences between herself and her peers heightened her sense of

isolation and compounded her loneliness. It was also significant that the social worker did not respond to any of Holly's comments about her isolation. Holly had many of the classic characteristics associated with the effects of adverse parenting, described here by Fitzpatrick et al. [1995]:

“An impoverished self-esteem is common together with a tendency to self-blame, and relationships with peers are often characterised by isolation, lack of trust and aggressiveness, perhaps coupled with an indifference to the distress of others. They underachieve and show generally depressive affect and joylessness.”

The Child's Perspective.

[Assessment of Parenting p. 61.]

A child who has been abused and repeatedly attempts to communicate his experience to a trusted adult, who then ignores him or does not respond appropriately, is known to feel disregarded and diminished by the experience [Cattanach 1992 : Miller 1991]. This is particularly true for abused children who are in the process of testing the person as part of approaching disclosure. Although Holly was not known to have been abused, she had lived in a dangerously uncertain environment. Therefore the social worker's lack of response could, by default, have increased Holly's sense of isolation.

Discussion of the child's ability to manage a range of relationships

Locating the arena of the child's anger as the first step in defining it

The analysis showed that the several children who were referred for being angry displayed their anger predominantly in their relationships with their parents. Some were described as being occasionally disruptive in class or impulsive, but their behaviour at these times was not characterised by anger. The absence of anger in other contexts and other relationships reinforced the argument that this was a parent-child problem and that the intervention needed to focus on improving the relationship rather than solely supporting one or other party.

The analysis gave added significance to the need for the parent to reorganise her model of the child and redefine his anger in terms of his mourning, particularly because the child appeared to be unable to adapt without the parent taking the initiative. The analysis showed that it was possible for the social worker to locate the arena of the child's referred distress relatively easily by using an attachment construct compatible with a child model of mourning.

The child's need for active support

The association of gender to differences in responses was noted in the previous chapter and developed further in respect of the children's relationships. The boys tended to display their emotions in angry outbursts and disruptive behaviour which were very noticeable and elicited various responses which drew attention to the connection between the behaviour and his bereavement.

The girls tended to have a predominantly passive, compliant social image: they worked well in class and, like Jane, "endeavoured to please" the teacher, who described her compliance as being 'unassuming' and her passivity as "stoical". Stoical is a catch-all term that, albeit unconsciously, encourages a view that the child is managing well because she is not displaying her distress, whereas the reality is that she has learned to keep it to herself. This outcome could be said to be doubly negative because, not only does the child not get any effective help and deteriorate, but the adults perceive her to be improving and therefore not in need of help.

The personal qualities which were perceived as positive social attributes also accurately described a depressed child and depressed children commonly do not present as a problem to anyone. When this was combined with the adult drive to want to assume that everything is all right with a child, it became apparent that the 'stoical' child was too easily overlooked and her experience diminished because she depressed rather than expressed her unhappiness. Unfortunately Jane, Rachel and Danielle would have been ideal candidates for the experimental group, particularly Danielle who, by the end of

the intervention, appeared to be so disheartened that she was no longer looking for help and was turning away from people. Her experience was reminiscent of the response seen in Kerri, the child in the case study in Chapter 6.

The expression of loneliness

Several children commented on their loneliness. Many of them had plenty of friends, belonged to clubs and had regular contact with aunts, uncles and grandparents and yet, even in the midst of school and family activity the child said he felt lonely. Joanna was caught up in a maelstrom of family activity and, although there were plenty of people around at home, all her family relationships were deeply dissatisfying. It appeared that she looked to her non-familial relationships for that relationship and searched for someone outside the family, but without success. Other children in behaved in this manner; Danielle, Rachel, Holly and Andrew all looked for someone with whom they could be close and it is possible that their unmet need exacerbated their sense of isolation and loneliness which they dealt with generally by giving up and withdrawing.

Loneliness could have been the identifiable state that, for the child, reflected the abandonment integral to his bereavement and their yearning for the dead parent. It was noticeable that the children who expressed a sense of loneliness were those who lived with an insensitive parent and had no other adult with whom he could share his mourning. The only experimental group child to do this was Holly, who had a less than satisfactory relationship with her mother and the social worker. The child's drive to achieve his mourning conversation and the association with loneliness is examined in greater detail in the following chapter.

The role of the child's unconscious desired outcome

Four children in the experimental group reported at the end of the intervention that they felt more apart from their peers than they did at the beginning. These children had responded well to the relationship with the social worker and made good use of the opportunities she presented to explore their mourning, therefore it was not a matter of

the relationship itself being unsatisfactory, indeed the reverse was true for many of the children as evidenced in their insistence that it continue.

The child's increased alienation suggested that this relationship alone was not enough to bring about the desired outcome for him. The desired outcome of a therapeutic relationship usually has conscious and unconscious elements. It is possible that the child had hoped to be 'better' by the end of the intervention, a common and often mutual hope in a client-social worker relationship, and the reality of the outcome was a disappointment. It is possible that he had hoped for many things from the social worker: that she would take away his need to mourn, or at least the unease that accompanied the process; that she would make the world a more benevolent place; that she would stay forever as his special friend, or any one of a host of other wishes and fantasies. It is a normal and arguably necessary part of establishing a therapeutic relationship that a child may have fantasies about the social worker [Axline 1989 : Wilson, Kendrick & Ryan 1992 : Winnicott 1990]. The boundary-setting embodied in the contract drawn up with the child anticipated and sought to limit the effects of this process, but nothing can control for the unconscious investment that an individual makes and it may have had a bearing here.

The need for more than the social worker

The fact that the child had a good relationship with the social worker and yet felt less at ease socially at the end of the intervention suggested that, regardless of the unconscious investment he may have made in the outcome of the intervention, his relationship with her was not of itself sufficient to his need for supportive relationships. This was expected, however, the child's perception of himself as being more isolated was not expected and raised questions about what it might mean.

The possible influence of child's feelings about the social worker have been discussed and accommodated. Although she may be an element in the equation, the response suggested that the child was expressing a view about a broader, more social context not

the quality of a single, temporary relationship. The broader perspective of the child's family has also been examined in the Trust Circles exercise and the analysis indicated that although familial networks were important for a sense of belonging, the extent and quality of those relationships did not satisfy the child's need for support, which leaves the child's peer group.

The heightened vulnerability theory

The children had plenty of friends and social contacts, therefore it is possible that he was not so much indicating his isolation from his peers but his difference from them, a difference that was caused by his bereavement. In becoming bereaved the child is obliged to reorganise his model of the world from a secure, predictable place to one which holds the potential to change which inevitably effects his relationships with his family and friends. To a lesser or greater extent he shares his bereavement with his family: it was at worst an experience common to them all and at best a shared loss which has become part of their conversation. The fact that he does not share any part of his new status with his peers creates a divide between himself and them which can not be bridged. Furthermore, he is aware that the difference is not a pleasant one: it does not give him any kudos, power or additional privileges, in fact quite the reverse.

The difference renders him vulnerable to attack, whether it is deliberate, as in the case of the untold unkind remarks bereaved children experience, or accidental, as when a class is told to go home and "...ask Mum or Dad" for whatever is needed. The bereaved child soon learns that he is continually vulnerable to his bereavement and this results in him feeling more isolated. The paradox appears to be that the process of therapeutic intervention may make the child even more aware of the differences between himself and his peers because he experiences the internal states associated with his mourning.

Coupled with this, children of this developmental age have a strong desire to belong and conform. This is the stage when children revel in belonging to uniformed clubs and spend more time deciding the rules of the game than playing it. Erikson's concept of

'Play and Milieu' [1950] elaborated on the role of social play activity in the development and confirmation of identity, which was echoed in Winnicott's [1990] examination of the significance of play to the development of a sense of self. To belong to the play and to be seen to belong is everything. Therefore, the alienation the child feels is contrary to the developmental flow of this age and contrary to his bereavement need for additional social supports rather than less. This constellation of factors increases his insecurity in the world which he experiences with his peers as a heightened vulnerability.

The unpredictable nature of the child's experience of himself

He may experience his vulnerability explicitly when his peers comment on his bereavement, sometimes kindly and sometimes not, or when he is in a social setting and has thoughts about the dead parent which he can not easily manage or readily express. He may experience his vulnerability more discreetly, when he feels a sense of unease which has no obvious cause, or vague recollections or disjointed associations which he may or may not consciously connect to his bereavement. The bereaved child is vulnerable to a range of stimuli to his mourning and can experience episodes of grief at any time. Consequently he may feel that he can be ambushed by his mourning and this would be expected to increase his sense of vulnerability.

A possible palliative to heightened vulnerability

It may be that the children in the experimental group were expressing their awareness in their self-evaluation rather than their alienation, a conclusion which is coherent with the outcome of the analysis. This may be an unavoidable outcome which could be palliated by the provision of a bereavement group. The bereavement group would offer him the peer group he lacks in the non-bereaved world. Although a group may not be appropriate for all children, it might be appropriate for many or a useful follow on from the individual sessions for most. I have organised groups for bereaved children and have found them to be a useful and compatible adjunct to other forms of intervention, and sufficient in themselves for some children.

The ending for the child of the social work relationship

The importance of the social worker to each child was apparent by the way in which they were always ready for each session, enthusiastic and did not want the relationship to end before the last session. The fact that three of them requested an extension was highly significant, as was the manner in which they negotiated and achieved it. The social worker's managed these requests sensitively and in most cases treated the child with great respect. The playwork book was instrumental in facilitating and maintaining an awareness for both of them that the contact was limited, and the child was able to chart his progress towards then end of the sessions by his place in the book. A more detailed consideration of the role of the book is conducted in Chapter 23 and Appendix 3, but it was apparent that it had a significant role to play in helping the social worker to round off the sessions with the child and for the child to believe that it would happen.

The Relative Merits of the Models of Intervention on the Child's Ability to Construct and Sustain a Range of Relationships

The following hypotheses can be drawn from the analysis:

- i] in the absence of a sensitive parent the child will actively seek out an alternative adult with whom to share his mourning
- ii] the teacher has the potential to be a resource but neither model was able to offer the supports or context necessary to realise her potential
- iii] there is an association between gender, the style with which a child communicates distress and the degree of success achieved in eliciting the desired response
- iv] the experimental model affords the child a short term relationship which can not satisfy the child's need for long term support but can provide a positive experience.

These issues are discussed in relation to the child's mourning in the following chapter.

Findings And Analysis Concerning The Child's Ability To Mourn

Introduction

The hypothesis tested here is that the experimental model of intervention promotes those qualities in the child's environment which are associated with the initiation of mourning. The bereaved child needs to embark upon and sustain his mourning conversation in order to establish an adjusted attachment with the dead parent, which is the goal of mourning. The mourning conversation is simultaneously conducted in two ways: externally and internally. The external conversation is conducted with others, the most significant of whom is expected to be the child's parent. The internal conversation is conducted by the child with himself and the dead parent, and is the element essential to the reorganisation of his internal working model of the dead parent. The descriptive elements of mourning were distilled into the following items:

- i] The manner of establishing the conversation
- ii] The incidence of child initiated loss-related subjects
- iii] The child's responses to loss-related subjects initiated by others

Data from each child was examined and summarised on a case by case basis. Four cases were selected to illustrate the main points drawn from the analysis and the remainder are to be found in Appendix 3, section 7. Although there are some features common to many of the children in the sample, each child's experience is unique. In recognition of that, I strongly encourage the reader to study the cases which were not included here but which are to be found in Appendix 3, section 7.

Findings and Analysis

Control Group

C2 : Jane [8 years]

The Manner Of Establishing The Conversation

Jane tried to engage her father in her mourning in a variety of ways. She shared her memories of her mother with him and presented him with objects associated with her

[e.g. pictures, artifacts] but he did not respond and effectively prohibited her external conversation with him.

Jane's mother taught her how to knit and sew. These were the last activities they shared and Jane had started knitting something with her mother during the last stages of her illness. She maintained her interest in knitting for as long as she could without her mother's support. This was a connecting activity with her mother and was part of her mourning conversation with herself and an overture to her father.

Incidence Of Child Initiated Loss-Related Subjects

Jane attempted to initiate her mourning on a regular basis with her father but he rarely responded. The fact that she persisted, regardless of his repeated rejections, demonstrated her overwhelming need to think about her mother, remember her and share her memories.

The only example of her father connecting with her mourning was when Jane recalled an event which included him. The shared memory offered by Jane was deflected by her father into competitive mourning, in which the father competed for who had the greater pain and the greater loss. He finally told her that she had lost less than him because she only arrived in this situation by chance of birth and he had elected to spend his life with her mother. Not only did he create a league of learning [see Chapter 19], he also established a league of loss. Jane could not compete successfully in either.

There was an episode when Jane and her younger sister had a conversation about their mother with a female neighbour, in their father's presence. Her sister initiated the conversation and together they recalled their mother and talked fluently and at some length about her, much to her father's annoyance. He did not stop them but, in his journal, referred to the children as being nuisances to the neighbour. This incident further confirmed the view that the acts of sensitivity that took place in public places, or with other people present, were not altruistic but motivated by the father wanting

to appear to be a caring parent to others. His need for approval initiated the responses, not his empathy for Jane [see Chapters 9, 12 & 14].

The father actively resisted her explicit overtures and the more discreet approaches. He also refused to acknowledge that she could think about her mother, as the following annotation to one of the CBLP demonstrated:

Jane tends to day dream but
NOT ABOUT HER MOTHER.

His need to use capital letters underlined the strength of his resistance but he evaluated a significant improvement in Jane's mourning, which raised several questions about what the instruments were measuring, what he was using them for and what he perceived to be her genuine status. These issues are discussed at the end of the chapter.

Child's Responses To Loss-Related Subjects Initiated By Others

She responded to her sister's conversation with the neighbour She also introduced memories of her mother into a classroom exercise.

CBLT 2nd. wave.

Recently Jane has talked about her Mum in a completely natural way during class discussion - she was obviously proud of the skills her mother had. In talking about her Mum she showed no sign of distress.

Rutter (B)2

... drawing about the family she includes her mother's casket with the comment "This is what is left of mum."

The teacher did not invite Jane to expand upon these comments and described her as displaying "stoicism", which implied that she preferred her not to expand upon it. She assessed there to have been no change in Jane's mourning.

Discussion

Jane was very aware of her need to mourn but was stifled in her attempts to initiate and develop this conversation with her father and was not encouraged in her attempts to do so with another adult in his presence. The teacher recognised her need but did not respond sufficiently to the overtures she made to her at school. Her need to do remember her mother and share those memories with someone was so great that she persevered with her father, in spite of his repeated rejections.

C4 : Danielle [9 years]

The Manner Of Establishing The Conversation

At the beginning of the intervention Danielle apparently resisted any explicit mourning related conversations, regardless of who initiated them. She was aware that the extended family culture prohibited discussion of her mother's illness and disapproved of her father allowing her to attend the funeral, which made them a conditional resource. She had a series of carers in the period following her bereavement and her father became increasingly irritable with her when he was at home. The environmental qualities were contrary to the continuity and security she needed as a pre-condition to mourning. By the end of the intervention Danielle had become silent about her mother and withdrawn. She did not seek to open up the subject with anyone.

Incidence Of Child Initiated Loss-Related Subjects

Her father reported that she cried alone in bed for a few nights after her mother died but he had not gone in to see her. He said she had not expressed her distress at other times and had not initiated any conversation which other adult family members recognised as mourning. However, the records showed that she had asked to have and wore a pair of her mother's earrings. Although her father knew the earrings belonged to her mother, he did not recognise the significance of this in that he did not comment on it to Danielle when he saw her wearing them.

Her teacher reported Danielle to be unresponsive but also stated the following:

She mentions things she has done with mum in the past (modelling). Her work and behaviour haven't changed. She is very pleasant and friendly; always tries extremely hard and produces very good work.

On this evidence it would seem that Danielle had made overtures to the teacher which she had not recognised as such or which she had recognised and chosen not to respond.

Child's Responses To Loss-Related Subjects Initiated By Others

There are very few examples of anyone initiating a conversation with Danielle and her teacher recorded that she was :

.... very self-contained and has not opened up to anybody (as regards staff at school) about her mother's death.

In light of the evidence available, it is reasonable to assume that the adults around her had either avoided the subject or not responded to any overtures Danielle herself made.

Discussion

Danielle appeared to resist any conversation about her mourning and retreated into herself when approached. However, when seen in the context of her father failing to respond to the significance of her wearing her mother's earrings, it suggests that initially she was trying to share her mourning but his insensitivity exhausted her.

During the intervention she moved her home [see Chapter 10], leaving her school, friends, toys, neighbourhood and many of the reminders of her mother behind. All of these were significant bereavements which were managed very poorly for her. Her father rejected her by sending her to live with her aunt's family. He attempted to gloss over the significance for her of this event by stating it to be in her best interests, without discussing with Danielle what they might be.

The analysis indicated that the father adopted an avoidant strategy in the face of sensitive issues and was avoiding Danielle's mourning and, eventually, Danielle herself.

Experimental Group

The analysis for this group included additional data drawn from Session 4, when the child, parent and social worker played 'All About Me.'

E1 : Adam [6 years]

The Manner Of Establishing The Conversation

One of the two reasons for Adam's mother referring him was because he avoided talking about his father. She was concerned about the absence of mourning. During his first session Adam said he was worried that he might get what his father had and die. The social worker was able to reassure him that it was unlikely. He was visibly relieved.

The social worker recorded the following interaction during the second session:

He readily joined in but was slightly nervous in mentioning his father. He looks up a bit sheepishly - I asked if it was difficult to talk about his father and he agreed it was and he remarked how busy his brain was with all these feelings. We spent quite a time working everything out even though I was writing. He was fairly exact where he felt things.

Adam's description of his brain being 'busy' with all his thoughts and worries is wonderfully creative. It indicated that he knew very well how he felt inside, but could not satisfactorily, or safely experience it before he had this opportunity with the social worker. His mother remarked in her next session that there had been another marked improvement in his ability to share his thoughts about his father with her after this session. He was so ready to engage in the conversation that this sequence suggested that he had been unable to ask his mother the questions he had asked of the social worker, or possibly that he had and she had not responded appropriately [e.g. dismissive, superficial reassurance etc.]

ii] Incidence Of Child Initiated Loss-Related Subjects

Whilst completing the Colours I Feel exercise [Session 2], Adam remembered going to football matches with his father and said that he could not go now because the memories

were too painful. The social worker recorded that he was more spontaneous in his mourning conversation during this session than previous ones and perceived a significant change at this stage.

His mother also recorded a similar change at this time. Adam started coming to her through the night, wanting cuddles. The social worker recorded that Adam said that it was no longer important that his mother was awake when he went in to her but:

“..... it was the fact that she was there.”

which made the difference. He had previously associated her sleeping with being dead, therefore this change in his tolerance was significant. This change was accompanied by a marked reduction in his anger towards her, which in the circumstances can be assumed was associated with his anxiety about her reliability. The social worker suggested that his anger was turning into sadness which was easier for both of them to handle. His mother did not resist her idea which brought a significant change in her definition of his behaviour.

His daydream in Session 6 demonstrated the change in his ability to think about his father. He remembered his father telling him about a time when, as a child, he had a funfight with his brother and how things had got out of hand. Adam found it very amusing to think of two grown men being children and behaving childishly.

When he contemplated the future, during this last session, he thought of himself as an adult and made comparisons between himself and his father. He developed the conversation by remembering an incident when his father was hurt at work. These examples demonstrate the spontaneity and fluency that had developed within his mourning conversation by the end of the intervention.

Child's Responses To Loss-Related Subjects Initiated By Others

After the Forever Friends story [Session 2] he said he wanted to cry for Coco and that it was difficult to hold his feelings in sometimes. He said he could talk about his father

at home and with the social worker and had learned that to do so made him feel better. He began to respond more positively to his mother's overtures and she reported that he initiated conversations or developed themes that lead to conversation about his father when they were alone. The following episode in the All About Me session exemplified the fluency of their conversation [A = Adam : S = Social Worker : M = Mother]:

A Watch out for falling coconuts. You're not there yet. *laughs*. Have to get a one.
S Have to get a one. *reading the card* My favourite time of year is..now actually.
M May.
S Because of the new leaves, I love them.
A Oooh I wanted that.
S Do you have a favourite time?
A Yes.
S When's that?
A Christmas and Easter.
S Why?
A 'Cos at Easter you can get Easter eggs and at Christmas you get presents.
M And its your birthday at Easter.
A Oh yes. That's why I like Easter. *laughs* I get more presents.
S What about Mummy. What's Mummy's favourite time?
A Errm Christmas, no it's not Christmas. What is it Mum?
M I quite like the Spring with all the little flowers come out and it's not too hot.
A *Starting to talk over Mother.* Mum, Mum. Mum.
M I'm miserable when it's
A Mum, Mum Mum. Are you 'sposed, we're both 'sposed to like Jan-u-a-ry because that's when Daddy,..... you can remember Daddy then can't you?
M I can remember Daddy all the time.
A I know but that...
S It's a special time..... So that's a sad time too.
A Mmm.
S Is that what you mean, when Daddy died?
A Yes. That's right. *said in a small voice*
M *in a softer tone* A sad time.

Discussion

Adam's mourning had been inhibited by his fears of contagion and his own mortality:

the profoundest insecurity. He used his relationship with the social worker to explore these dangerous issues before opening his conversation with his mother. The role of the social worker as an understanding and sensitive outsider was instrumental in Adam being able to broach the subjects, clarify his misunderstandings about the illness and reduce his anxieties.

Adam was able to respond to the opportunities presented in the playwork book to develop an open conversation with the social worker. His need to do so was reflected in the manner in which he accelerated the pace of the conversation once he was sure that the social worker was a reliable resource for him. Having resolved the greatest worries, he established his conversation with her and began to transfer it to his conversation with his mother. Although it was sometimes faltering at first, he soon developed a more spontaneous style with both adults. It was as though he needed to clear some matters out of the way and then rehearse in his conversation with the social worker how he would manage other issues with his mother.

The extent of his mourning conversation with himself was exemplified in the manner in which he contemplated the future. His model of his adult self incorporated his father in a positive and realistic manner. The fact that his father had become part of his present and future life, not just part of his past, indicated that he had begun to establish an adjusted attachment to him.

His mother evaluated a considerable improvement in his mourning. Adam evaluated a small deterioration which, in the circumstances, was difficult to explain other than to suggest that it reflected his raised awareness of his vulnerability [see Chapter 20].

E5 : Laura [7 years]

The Manner Of Establishing The Conversation

The clearest data for this item came from the All About Me session. Laura repeatedly

attempted to communicate her mourning to her mother but she was unable to recognise the significance of the openings [M = mother : S = social worker : L = child].

- L *reading from the card* The most..... *stumbles over the next word*
M Exciting..
L ...exciting thing I ever did was...with my dad. Kiss my daddy and hug him.
Sound of quiet movement in background from Mother.
S The most exciting thing you've ever done was to kiss and hug Daddy.
L Yes, and Mummy.
S And Mummy as well. I bet you get lots of those hugs and kisses from Mummy now, do you?
L Not really. --
S Not really?
M Which one, right, blue?
S Yes.

The mother came in quickly to stop the conversation from Laura about her father and the lack of affection between them. Undeterred, Laura also approached it from the opposite side. She listened attentively to her mother's conversation and attempted to connect with that and use it as a bridge between them. Throughout the session she latched on to a references her mother made to her own mourning and attempted to amplify and extend the topic with her own memories, but her mother responded in a fashion which, while acknowledging Laura's contribution, limited the conversation. The following exchange exemplifies the mother's most encouraging response to Laura during the All About Me session :

- M *reading the card* My most treasured possession is...*pause* I know what it is. The last, the last note that David wrote me.
S Really.
M I have that with me.
S The last note that David wrote to you.
C She put it in a frame.
M I have it in a frame.
S Have you really.
C *Something indistinct. but joining in appropriately by tone and content.*
S I haven't seen, I haven't seen it...

M It just says I love you and all my love.

C No, I love you and always will.

Although her mother does not reject Laura's contributions, neither does she actively include her in the conversation. However, in the next exchange she demonstrates her ambivalence and mild rejection of Laura as she tried to join in again:

M *reading from the card* If I had a time machine I would go to a time whenumm, I would go back in time.

S Far back? How far back in time?

M Umm. Back err right..

C Back to when?..... having me again?

M No chance. *laughs* I think I'd go back to the time when I first met David and may be *she says something to the social worker which is indistinct...*

C That would be brilliant because then you would have me again!

M Then..*again says something indistinctly which is followed by laughing between Mother and Social worker*

S You'd change a few wee things round. You want to say more what those few things are?

C Mummy, I'm never going to catch up with you but.

Laura's last remark, although undoubtedly about their relative positions on the board, could also be applied to Laura's perception of her mother, that no matter what she does she can never get close to her. On this occasion Laura was excluded by her mother turning to the social worker and engaging her in conversation. She wandered away after this exchange and played on the other side of the room for a few minutes, something she did several times during the session and was an established defence strategy associated with her need to control her anger.

Laura's mother remained ambivalent to Laura's mourning throughout the intervention, except for the glimmer of insight and promise of change contained within her observations on Laura and her grandfather. It is probable that the intervention enabled this qualitative shift of perception to take place and that a continuation may have facilitated greater improvements which would have affected the mother's ability to connect with Laura's mourning.

Incidence Of Child Initiated Loss-Related Subjects

Laura introduced the issue of her loss repeatedly during the All About Me session, using direct and indirect cues [e.g. The saddest day : I feel like singing when ... etc.].

- M *reading from the card* I feel like singing when...
- L We are happy singing for Daddy in the church.
- M I feel like singing when I'm happy when I, whoever's nice and the music's good.
- L I like singing in the rain. Tootytot *sings*.
- M The music's good.
- S The music's good, which it was today. I like singing whenever I'm feeling very happy. *Laura continues singing in the background.*

This session re-created their conversation in microcosm. Sometimes Laura's mother responded positively and at others she ignored her : her inconsistency eventually dampened Laura's enthusiasm and willingness to hazard such initiatives again. She occasionally removed herself from the arena of the game for a short time, or expressed her frustration in muted terms. Although her mother did not respond punitively, neither did she respond sensitively, but Laura returned after each hiatus to try again.

She had freely introduced mourning material within her conversation with the social worker. These initiatives enabled her to explore some of the issues that concerned or interested her [e.g. Session 2 - Father's fight is no longer against cancer but is against devils because he is in heaven : Session 5 - Laura wanted to be a baby again and have her mother and father together and no siblings]. The readiness with which she did this indicated her willingness to consider mourning issues.

Child's Responses To Loss-Related Subjects Initiated By Others

Laura responded positively to material the social worker introduced within the playwork book and their conversation. During Session 2 Laura chose to use the vehicle of the faces exercise to remember and talk about her father.

'Pleased' face - when her daddy was very ill he told Laura she was a 'sleepy head' - saying so in a joky, humorous way that Laura liked.

'Afraid' face - referred to when her daddy died [no reference to having specific fears when he was ill.]

'Sad' face - seeing and watching her daddy's failing health and inability to do things he had previously.

'Worried' face - Laura very specific about. On the one hand carrying a fear that something awful might happen to mummy [though not written she expressed a fear too for her sisters] - did not voice further this worry. In addition and again not recorded Laura voiced a worry about being kidnapped [this connects with the same worry/fear verbalised at our first session].

'A bit happy' face - Laura thinks a lot about her daddy when she goes to bed and feels closer to him at these times. She quotes frequently of her daddy being in heaven and of being content there - of watching down on Laura and her family. She also holds ideas that daddy's 'fight' now is against 'bad people', devils.

She some times needed to create some space between herself and sensitive material, but did this appropriately. In Session 3, admitting to being angry with her mother was unacceptable and needed to be managed before she could continue. The social worker recorded the following:

Most significant was Laura's refusal to accept any negative feelings, in particular anger about her mum and that Laura might feel angry at time towards her. Perhaps unfairly? I referred to times when I had seen Mummy cross with her and Laura cross with mummy. Laura replied that:

"From today I do not feel angry any more."

Laura remarked that she had not reflected as much on her feelings about her mother as she had her daddy and did subsequently return to the exercise, specifically to write the words

"...I feel friendly"

and she was very aware and I think felt uncomfortable with

the difference in the difference in degree of response between the two exercises but was happy to leave it at the point we did.

The inability to admit to negative affect is associated with the fear of the repercussions. These exercises recognised this tendency in bereaved children and enabled Laura to approach, gradually and at her pace, the less tolerable aspects of her mother. She did not resist thinking about this sensitive issue and knew she needed to do it in her own way in order to manage its effects upon her.

Discussion

Laura's relationship with the social worker was a very positive experience for her at a time of profound loss and adjustment. The social worker appeared to present her with a resources which were not present in other areas of her environment and served to counter some of the negative effects of her relationship with her mother. The manner in which she approached and used the social work relationship strongly supported the view that she was open to her mourning, but her mother stifled the potential for a shared conversation. Although neither her mother nor her teacher perceived any change in her mourning, Laura evaluated a significant improvement which can be attributed to her experience of the social worker [see appendix Child Self-Rating] .

Discussion of the child's mourning

The child's need to mourn

One of the strongest features to emerge from the analysis was the child's need to mourn. Each child, with the exception of Danielle, wanted to remember his dead parent and share his memories regardless of the emotional pain that caused him. [Possible reasons why Danielle apparently did not are discussed below.]

Each child's first choice was his parent and, in spite of repeated insensitive or unsatisfactory responses, he pursued his goal with great determination, ingenuity and stamina. The strength of the child's need to develop a mourning conversation with his

parent was demonstrated by his persistence over weeks and, in some cases, months to engage the parent. If the parent did not respond to the child's personal expressions then he tried to find some point of connection with the parent's mourning. His need to mourn with some one else was so strong that even an unresponsive parent did not deter him. When his overtures to his parent did not yield the desired response, he attempted, usually unsuccessfully, to engage another adult who might be an alternative resource, albeit second best.

The fact that the alternative adult was second best was demonstrated by the way the child who had a good mourning conversation with his parent had no need, or a reduced need to seek out others. These alternative sources were also second best because, on a practical basis, they were less available to the child than the parent and had a more limited investment in the child and his conversation. However, the child's drive to establish his mourning supports the hypothesis that, given the right conditions children can and do mourn and that their external mourning is characterised by a conversation which is shared with an adult, preferably the parent.

The apparent exception

The overwhelming evidence that children need and want to mourn raised questions about Danielle's response. Did she resist mourning and, if so, why? The events leading up to her mother's death were not dissimilar to the other children's experiences. Her father's post-bereavement responses were not dissimilar to other parents', and less caustic than many, yet she appeared to shun all conversation about her mother.

The difference appeared to lie in the comparative quality of her environment. The analysis showed that although many of the children were living with insensitive parents, had unresponsive teachers and experienced other losses during the course of the intervention, Danielle's environment was by far the most insecure of all the children in the sample. Her mother's death was one bereavement in a sequence of bereavements. Although none of those which followed was as great as the loss of her

mother, each one compounded it. She effectively lost her whole world and in a manner which was conducive to her feeling she had no control over the events and, because of the apparently random manner in which it occurred, little reason to think she it might not happen again.

The data indicated that Danielle did not relinquish her mourning entirely but gradually adapted her expressions of longing for her mother from verbal to non-verbal, as when she wore her earrings. As the quality of security in her environment diminished, so her mourning became correspondingly muted and suppressed. She effectively retreated into her internal conversation and relinquished the external element because the resources necessary to conduct it were not available. Danielle's experience adds support for the hypothesis that a child needs a secure environment in order to mourn fully and that mourning is a combination of complementary internal and external conversations.

The reported exception

Although of limited value because of the sample size [see Appendix 1, section g] the quantitative data produced some unexpected results. The most outstanding anomaly between the qualitative and quantitative data was in the that from Jane's father. He evaluated a degree of improvement in her mourning matched only by Adam, the 'best' case in the experimental group. This raises questions about what the father is measuring or expressing in his use of the instruments.

His responses clearly do not depict his daughter's genuine condition therefore the instruments must be measuring some thing else or her is using them for secondary purposes. Three possible explanations come to mind.

The first and most obvious one would be that he wanted to diminish her need to mourn and therefore diminished her mourning profile. If this were the case then it would result in an apparent improvement. The second possibility is that he genuinely

believed her to be mourning more actively, which would mean that he perceived her to be remembering her mother, sharing those memories with him and was less troubled as a result. Neither of these conclusions could be drawn from either source of data.

The third possibility is that she had given up trying to share her mourning with him and no longer approached him in this way. This would result in him feeling less troubled by her mourning. An egocentric interpretation of her changed behaviour would be that the reduction was evidence of an improvement for her. The data have shown that her father had a strong tendency to view the world from this singular perspective, which adds support for this explanation.

Whichever explanation is applicable, it does not alter the fact that by the end of the intervention the child remained distressed and isolated in her mourning. The qualitative data presented a more coherent picture than the quantitative data and lead me to conclude that not only was the control model ineffective in this case, but the child was left more vulnerable as a result.

The role of shared activities as a bridge to the unresponsive parent

The child with an insensitive parent demonstrated great creativity in his attempts to establish his mourning. Pollock [1988] described mourning as a creative process that ideally resulted in the development of new skills and achievements. The children in the sample exemplified creativity and displayed great resilience, born of determination. Joanna created a photograph album of her parent which provided her with a focus for her mourning and a point of connection with her mother. Jane and Campbell used photographs to elicit shared memories from their fathers and James used a storybook to help share his worries with his mother. [It was interesting that two control group children chose photographs as their medium, supporting the appropriateness of the shared parent-child exercise in the experimental group following Session 4.]

The inappropriateness of outsiders giving bridging activities

The children who had been given books, by a well-meaning nurse or vicar, to read with the parent, did not find these gifts helpful. The outsider's need to give their gift is a subject for another study, but in this context it exemplified the inappropriateness of a set response to a unique situation. The 'gifts' were neither timely nor appropriate and reflected the donor's need to give something to 'make it better', which is not uncommon in the circumstances, rather than the outcome of a process of considered thought about this child and this parent. The inappropriateness of these gifts highlighted the need for the child to have chosen the focus or vehicle for the activity. This is possibly because for it to have any value, the activity needed to fit into the parent-child relationship from the inside, not superimposed from the outside. In effect the activity was the outcome of a process which the child had conducted and the process was as important as its product, as exemplified in the playwork book.

The role of the playwork book as a bridge to the parent

The playwork book was an activity which came both from without and within the parent-child relationship and was used by several children to create a bridge with the parent. Although it was not chosen by the child, the process of completing it made it his. It represented his relationship and conversation with the social worker and contained reminders of significant experiences. It was a very personal record and became a concrete representation of the child's mourning which, in showing it to his parent, he offered her.

Most of the parents recognised the value of the book. They made comments which indicated that they were surprised by the child's ability to understand complex concepts, touched by his depth of thought and more aware of how vulnerable he felt as a result. It was as if seeing the child's responses on the page made him and his experiences clearer. The only one not to do so was Laura's mother who was not especially interested but pleased to see it, which for her was a significant change.

The association between insecurity and inhibited mourning

Several children had an undisclosed anxiety associated with the death which was revealed during the intervention, either to the parent or the social worker. For example, Campbell was worried that he had contracted cancer because his mother was pregnant with him when she was first diagnosed. Jane and Adam were worried that cancer was contagious or a genetic condition. James was worried that his mother would die, Andrew hoped that his father would come back and Holly feared that hers would. Although it is unusual to have reunion fear as a mourning inhibitor, as opposed to reunion hope, in Holly's case it was very understandable.

When the child revealed his anxiety the social worker treated it with respect and did not dismiss it as inconsequential or foolishness. She discussed it with him and clarified what if anything lay behind the fear. Once it was clear what the fear was, she was able to reassure him that, for example, cancer was not contagious or hereditary, or death was a permanent, irreversible state. In the case of the control group children, the effect of the explanation reflected the quality of the parent's sensitivity. For example, Jane's father dismissed her concern about having developed cancer and her anxiety only diminished after the G.P. was able to reassure her that she was well. At the other end of the scale, Andrew's mother appreciated that he needed to relinquish his hope that his father would come back, in order for him to move on into mourning, for why otherwise should he mourn what he did not believe he had lost?

The misunderstandings and fears that pre-occupied the children prevented them from attending to the work of mourning [Laing 1967]. They were, to extend Bowlby's metaphor [see Chapter 2], staying in the fortress, no matter how shaky it was, and not hazarding any sorties into the jungle of mourning. It was only when the child was sure that he was not walking straight into an ambush that he could contemplate what the jungle might look like and eventually explore it, initially with the social worker as his guide, and eventually alongside his parent.

The benefits of alternating child and parent sessions

The benefits of alternating sessions between parent and child were most clearly demonstrated in the development of the mourning conversation. It was expected that a child whose mourning was inhibited by fears would be able to approach those issues with the social worker and explore them in the security of that relationship. The children who were able to explore their personal fears were able to resolve them, which released the child to develop his mourning conversation with the social worker and then transfer it to the parent. It was as if once the inhibiting fear was removed, the child was able to rehearse his conversation with the social worker before trying to communicate his sadness, anger or anxiety to his parent. Holly tried to do so, but was prevented from achieving her goal by the responses of her mother and, unfortunately, by some unhelpful responses from the social worker.

The special significance of the social worker to the child

All the children expressed pleasure in their relationships with the social workers, which is a good outcome in itself. The longer term outcome was that the child was able to return to her in the future when he recognised that he needed another similar experience, thereby demonstrating the resourcefulness internalised as a result of this experience. However, the one reservation about the outcome was that the social worker, although not a unique resource within the child's personal environment, was often qualitatively different to others. The test of how effective the intervention was with these children lies in a follow-up assessment, which was not possible here. The positive side to this is that the experimental model was shown to be effective even when other resources in the child's environment were absent.

The experimental model as the 'natural' model of practice

The experimental model was based on a model of mourning which proposed that a bereaved child had a need actively to mourn the loss of his parent and would seek out the resources necessary to do that if his relationship with his parent and his environment were, to paraphrase Winnicott, 'secure enough'. The control group child,

who was unable to establish a mourning conversation with his parent, repeatedly and persistently tried to find someone like the social worker to complement his parent. This would suggest that the experimental model effectively provided the 'natural' environment for the bereaved child because it provided the resources he would naturally seek in order to initiate his mourning.

Conclusion

The analysis showed that the experimental cases did appreciably better than the control cases with regard to mourning, which was the measure of outcome. Of the control cases two [Edward and Andrew] were enabled to mourn, one [Rachel] made a slight improvement and three [Jane, Danielle and Joanna] were unable to establish their mourning. In the experimental group, three [Adam, Campbell and James] established a fluent mourning conversation with the parent. One [Laura] was able to do so with the social worker and there were indications that the parent-child relationship had the potential to do so. One [Holly] showed some ability to establish the conversation but it was limited by her mother's sensitivity.

If a good outcome is awarded a score of 1, a moderate outcome as 0.5 and no change as 0, then the results would be as follows:

C1	1	E1	1
C2	0	E2	1
C3	0.5	E3	1
C4	0	E4	0.5
C5	0	E5	1
C6	1		

This would form the following patterning of the cases:

No or slight improvement in mourning V.s Marked improvement in mourning

C2 C4 C5 C3 E4

C1 E1 E2 E3 E5 C6

The analysis showed that the outcome for the experimental cases is superior to that of the control cases.

The Relative Merits of the Models of Intervention on the Child's Ability to Mourn

The following hypotheses can be drawn from the analysis:

- i]** all children have a strong instinct to mourn and will strive to establish a relationship with a mourning partner with creativity and determination, only relinquishing their efforts in the face of persistent insensitivity or overwhelming insecurity in their environment

- ii]** in the absence of sensitive parenting the control model is unable to promote mourning in the child who may retreat into a depressed state as a result of unsuccessful attempts

- iii]** with sensitive parenting the control model can facilitate a mourning conversation between the parent and the child

- iv]** in the absence of sensitive parenting the experimental model is able to promote a mourning conversation between the social worker and the child which is partly transferable to his relationship with his parent

- v]** with sensitive parenting the experimental model enables the child to establish a mourning conversation with the social worker which is wholly transferable to his relationship with his parent.

At the time of referral the children in both groups had similar difficulties and the final outcomes clearly demonstrate a significantly greater benefit for the experimental group. The greatest benefit was derived by those children whose parents could recognise the child's distress as part of his mourning and respond appropriately. The analysis has shown that parental sensitivity is the critical element in the equation of change for the bereaved child. Support for this hypothesis derived from analysis of the quantitative data is elaborated and discussed in the following chapter.

Chapter 23
Statistical Analysis

Introduction

The original study was designed to rely predominantly on statistical analysis. The reluctance, resistance or inability of the social workers to find cases for either group resulted in the statistical element being abandoned in favour of a case-based approach. Nevertheless, a body of statistical material had been collected which could be used as an adjunct to the qualitative data.

Difficulties arising within the study

In analysing the results I have emphasised coherence as much as or even more than statistical significance. The reasons for this somewhat unusual approach relate to four serious difficulties which I faced which were:

- i] The lack of numbers
- ii] The number of factors influential in producing change
- iii] Measurement errors
- iv] Ceiling and Regression to the mean effects

The lack of numbers

The small size of the samples meant that I had to use non-parametric tests rather than the more powerful parametric ones, and, more generally meant that the probability of getting a statistically significant result was low, even if the effect that was being tested was very large.

The number of factors influential in producing change

It was obvious from the literature and the cases themselves that there were numerous historical and contemporary factors which could have a bearing upon change. The early histories of the parent and the child, the quality of the social worker's practice, the quality of extended family relationships and support, and many others, all potentially

had a bearing upon the outcome. Therefore, the relative contribution of the experimental model would probably not show up strongly enough in a small sample to be detectable.

Measurement errors

Errors in measurement are always important and likely to be so where the experimental approach is liable to affect the measurement as well as what is measured. To be more specific, parents who received the experimental model of intervention would be expected to be more sensitive to their child's distress and therefore inflate any measures of distress, while perhaps reducing the distress itself. Conversely, insensitive parents might be likely to report that their child was less distressed than in fact he was.

Ceiling and Regression to the mean effects

A parent who scores low on a measure of disturbance is unlikely to increase her average score for two reasons. First, she can not score below the minimum for the scale in question and her 'maximum' drop is therefore likely to be much less than her 'maximum increase'. Second, those who score low are inevitably likely to include those who have completed the instruments on a 'bad day' and who are, therefore, likely to be better on a later day which is more representative of her normal state [a regression to the mean effect]. Converse considerations apply to those who score high. As the control group scored on average 'worse' than the experimental group at the beginning of the experiment, the possibility of these effects ideally should be taken into account, something which the numbers make very difficult.

Measures

Five different measures of 'disturbance' were collected from the parents and three from the school. These were:

Rutter A score

Child Behaviours Checklist Parent [CBC Parent]

Rutter B score

Child Behaviours Checklist Teacher [CBC Teacher]
 Bristol Social Adjustment Guide [BSAG]

If these measures were associated one would expect that a child who had a high score on one measure would tend to have a high score on another. A measure of this association is provided by the correlation co-efficient. This takes a value of 1 where there is a perfect positive association, in the sense that a graph which related a score on one variable to the score on the other was a straight line rising from left to right. It takes a value of -1 where there is a perfect negative association, in the sense that the same graph would have a straight line dropping down to the right. A value of 0 means that a child's score on one variable is quite unrelated to its score on the other.

Table 1 gives the correlation between the five variables mentioned above:

	Rutter A	CBCP	Rutter B	CBCT	BSAG
Guide					
Rutter A	1				
C B C Parent	.58	1			
Rutter B	.58	.28	1		
C B C Teacher	.47	.33	.75**	1	
B S A Guide	.43	.33	.80**	.85**	1

** = p<.01

As can be seen all the correlations in table 1 are positive i.e. a high score on one variable goes with a high score on another. These correlations are particularly high where they concern measures filled in by the teacher, where they are all significant, and quite low when they concern correlations between the CBC Parent and the scores based on teacher assessments. There is, however, a reasonably high correlation between the CBC Parent score and the Rutter A score, which is also filled in by the parent.

In the light of these findings I decided to examine three different measures of disturbance, one based on observations by the teacher, one based on observations by the parent and one based on combining the two. In order to do this I needed some way of

adding these variables together. The process of doing this was complicated by the fact that the scores differed in their range and in their variability. In order to overcome this difficulty I 'normalised' the scores before adding them together. As a result of this I had six measures of disturbance:

- i] School disturbance at the beginning of the study
- ii] School disturbance at the end of the study
- iii] Parentally measured disturbance at the beginning of the study
- iv] Parentally measured disturbance at the end of the study
- v] Total disturbance at the beginning of the study
- v] Total disturbance at the end of the study

By subtracting the relevant second measure of disturbance from the first I obtained three measures of change.

For reasons described below I needed an additional measure of 'parental sensitivity'. I obtained this by adding the scores given in table Parental Sensitivity [see Appendix 2], after first ensuring that each dimension of this table contributed the same amount to the final score, by doubling if necessary.

These ten measures provided the basis for testing some of the hypotheses on which the study was based.

Testing the Hypotheses

The Relationship Between Change and Parental Sensitivity

The intervention is based on the hypothesis that in the normal course of events a child is enabled to mourn appropriately by a parent who is sensitive to his needs. The role of the intervention is to increase the sensitivity of the parent and to provide alternative resources in the form of the social worker and the teacher in the event of work with the parent not being adequate in itself.

The first hypothesis to be tested was therefore that parental sensitivity would be associated with an improvement in scores. This hypothesis was tested using a non-

parametric measure of correlation [Spearman's Rho]. Table 2 sets out the results.

	Sensitivity at time 1	Sensitivity at time 2
Total Change	.51 *	.52 **
Change as measured by parent	.24	.49 [p=.06]
Change as measured by teacher	.43 [p=.09]	.50*

These findings suggested that parental sensitivity was indeed associated with change whether measured by teacher or parent. This conclusion would be in keeping with the theory put forward in this thesis but further work would be needed before deciding *on statistical grounds* that the association had to do with cause and effect. This work would require larger samples which could look at the effect of other variables which were associated with both change and sensitivity.

The Effect of the Experiment on Sensitivity

If the theory behind the experiment is correct, it would be expected that the experimental group would show more change on the measure of parental sensitivity than the control group. This hypothesis can be tested using the Mann Whitney test which focuses on the order of a set of scores. If the hypothesis is correct it would be expected that the larger improvements in score would tend to be in the experimental group, and the smaller or negative ones in the control group. If the changes were set out in order one would ideally expect five experimental group scores followed by six control group scores. Such an order would be very unlikely in a hand of eleven shuffled cards which were dealt and the order in which they were dealt noted. The Mann Whitney test examines the likelihood that a given ordering of scores occurred, given that there was in fact no difference in the scores of the underlying distributions.

An initial examination of the changes in sensitivity suggested that parents did indeed become more sensitive as a result of the experimental intervention and that the difference was statistically significant [p = .043]. It is possible that this could be explained by the fact that the sensitivity scores were given by someone who knew whether the parent was in the experimental or control group. However, a more serious

difficulty was that one member of the control group [C1] had an extremely high sensitivity score, for which the scope for improvement was limited. In order to allow for this fact this score was dropped from the analysis and the remaining scores were paired so that the highest E sensitivity score was paired with the highest C score, the next highest scores together and so on. Table 3 sets out the resulting scores.

E Group Initial	C Group Initial	E group Change	C Group Change
51	52	+ 5	+11
51	49	+25	+ 0
48	32	+28	+ 6
40	23	+ 6	- 2
36	16	+ 9	0

As can be seen from Table 3, the experimental group contained a couple of spectacular improvements on this measure and no cases that failed to improve or deteriorate. By contrast only two of the control group improved, and that only to a modest degree, one made no change and one deteriorated.

A convenient test for examining the significance of these differences is provided by the Walsh test. This looks at the fact that in every case except the first, the change favoured the experimental group and this first case in fact had the lowest absolute difference between the two levels of change. This test suggests that it is unlikely that the results would fall in the predicted direction to the degree which they do if there was no truth in the difference between the experimental and control groups. The likelihood [six times in one hundred] falls just short of the generally accepted level of significance, although a more significant result would have been obtained if the experimental case placed in second position had been placed first.

The Effect of the Experiment on the Scores

The last hypothesis to be tested was that the experimental group improved more than the control group. This again was tested using the Mann Whitney test.

The initial rather disappointing result was that there was no difference in the scores as measured by the parents. The experimental group did improve more than the control group on the scores as measured by the teachers to the degree that would have occurred in the direction predicted around fifteen times in one hundred. They also improved more on their total scores to a degree which would have occurred by chance in the predicted direction around eighteen times in one hundred.

A key reason for these disappointing results was the major changes found in the child of the C1 parent who had the highest initial sensitivity score. If this score was omitted, the differences favoured the experimental group in all three categories of change. In the case of the changes measured by the school and the total measure of change, they would have occurred by chance in the predicted direction about six times in one hundred.

Again this conclusion would need to be examined on a larger sample, one which was able to take initial scores and other variables more satisfactorily into account than was possible with the very small sample available in this study. This said, however, the results are consistent with the superiority of the experimental model when the parent is not outstandingly sensitive.

Conclusion

The results support but do not prove all three hypotheses. Improvement was greater where the parent was sensitive. The parent's sensitivity increased more in the experimental than the control group. The children in the experimental group improved more than those in the control group.

There are statistical and non-statistical reasons for treating these conclusions with caution. Some findings fell short of commonly accepted standards of significance. It was

not possible to 'control' for other factors to a degree to which it would have been desirable to do so. The process of measurement as well as what was measured may have been affected by the involvement of teachers, parents and the researcher in the experiment.

Yet, with all these caveats, the results are highly consistent with the case material on which the arguments put forward in this thesis fundamentally rest and thereby support or make more likely the conclusions that have been reached.

PART FOUR

CONCLUSIONS

Summary of the Thesis

To briefly summarise, the need for this study was based on an awareness of the random provision of services that exists currently for bereaved children, who form a hidden but significant population within our society. It was argued [see Chapter 1] that the lack of social work services for the bereaved child, in contrast to those available for bereaved parents, reflected and compounded the general tendency to diminish the importance of the child's bereavement experience and place it second to his parent's. Further to this, adults generally tended to resist the notion that the child could and indeed needed to mourn [see Chapters 4 & 5].

Based on these premises, it was argued [see Chapters 6 &7] that it was inappropriate to use the standard, cascade model of social work intervention because of the reduced sensitivity of bereaved parents. It was proposed that these attitudes, beliefs and patterns of practice rendered the child vulnerable to developmental disturbance, the full impact of which, in some cases, may only become evident in adulthood when unresolved bereavement issues may become a contributory factor to a psychiatric disorder.

A new model of mourning, the adjusted attachment model, was developed from professional experience and observations of bereaved children and adults [see Chapter 5]. The model defined bereavement responses within an attachment construct and proposed that the process and outcome of mourning was not to deattach and distance oneself from the dead person, as many models proposed, but to establish a new relationship with the dead person. The new relationship embraced the previous attachment, recognised that its status had altered and incorporated both realities into the mourner's current internal working model. The process of forming the adjusted attachment was embodied in the development of internal dialogues between the mourner

and the dead person, and the mourner and himself, and an external conversation between the mourner and a significant other about the meaning and effects of the loss. The ability to establish and sustain this conversation was the resolution of mourning.

My starting point was that the bereaved child has a need to mourn and needs a secure relationship with his parent, or with another significant adult in order to do so. The theoretical underpinning for this view is developed and critically evaluated in Chapters 2-5. An innovative 'lateral' model of practice, based on this premise was developed and applied with apparent success [see Chapters 7 & 8]. This model involves the social worker in alternating sessions with the surviving parent and the referred child. In a slightly modified form this became the experimental model in the research study.

The study aimed to compare the effectiveness of the 'cascade' or control model and the 'lateral' or experimental models of intervention with bereaved children, without the idiosyncratic variable of a single practitioner's influence. To this end two teams of social workers were recruited, trained and equipped to conduct the two forms of practice [see Appendix 1, sections f & g].

Introduction

There are twelve major conclusions relating to the models of intervention drawn from the study, which I will discuss first. Following on from this I will briefly discuss some of the issues raised by the social workers' response to this study.

1. The control model of intervention with bereaved families is fundamentally flawed because it relies upon the sensitivity of a bereaved parent as the sole medium for assessing and delivering the benefits of the intervention to the child at a time when the adult has reduced sensitivity to the child

The literature [see Chapters 2 & 3] indicated the seminal role of parental sensitivity to the quality of security in the parent-child relationship. This was supported by the statistical data [see Chapter 22]. One of the primary effects of adult mourning [see

Chapter 4] was shown to be reactive depression, characterised by lethargy and reduced sensitivity to others, which had particular significance for the parent's appreciation of the child's experience of bereavement and need to mourn. I argued [see Chapter 7] that the traditional, cascade model of social work practice compounded these features by focusing on the parent as the mediator of benefits for the child at a time when the parent was less sensitive to the child. The child was in a particularly vulnerable position, not only because of the reduced capacity of the parent, but also because he had greater need for sensitive support at a time when the resources in his immediate and wider environment were diminished because of the impact of the illness.

The findings showed that in most cases, at the point of referral [see Chapters 9 & 12], the parent was so pre-occupied with her own mourning that she was unable to appreciate that the child's changed behaviours were evidence of his bereavement distress. Following the death, some of the children had reverted to old behavioural responses to anxiety, such as sleep disturbance, bed-wetting and intolerance of separation, the significance of which a more sensitive parent might have recognised, or come to recognise during the course of an intervention, if the intervention was approaching the problem in an effective manner. In spite of the social worker's involvement, the control group parents were largely unable to define these changes as evidence of the child's mourning and continued either to disregard them, or to perceive them negatively, as deliberate and, in some cases, persecutory acts against them. This had a detrimental effect upon the parent's perception of the child and, consequently, upon their relationship. Only in cases where the parent was exceptionally sensitive to the child was there any appreciable improvement in the levels of anxiety the child demonstrated [see below].

The experimental group parents, however, were appreciably better able to perceive the child's distress as bereavement related. Not only was this the case but the parent was also able to recognise that the child was distressed for reasons and in ways which were similar to her own, and moderated her responses to the child accordingly. For

example, one developed an understanding of her son's anger as a reflection of her own anger at being 'abandoned' by her husband. A second parent perceived her son's sleep disturbance to be associated with their shared fear of who would die next and that her sleeping state too closely approximated death for him. These parental insights were shown to be assisted by the social worker's knowledge of the child and his fears, which were communicated to the parent *in ways which enabled her to have a better appreciation of the style of his mourning and respond more sensitively to him.*

2. The control model is able to promote the mourning environment only when the parent has pre-existing sensitivity to the child's mourning

The control model was shown to meet the needs of the bereaved parent, but to be significantly less effective in delivering benefits to the child unless the parent had a pre-existing sensitivity to the child's distress and was willing to be proactive on his behalf. The analysis developed a profile of the sensitive parent as being :

- i] predisposed to review her definition of the child's distress from being persecutory and deliberate to an expression of his anxiety and sadness
- ii] sensitive to explicit and discreet manifestations of the child's distress
- iii] willing to be proactive and responded to the child's needs in an altruistic and resourceful manner
- iv] predisposed to help the child explore and express his thoughts and feelings and thereby develop a mourning conversation with her.

These are effectively the qualities which describe the ideal parent: that is not to say that this profile is idealistic because many parents have those qualities, or a sufficient level of them to be able to manage with the degree of social work involvement offered by the control model. For example, this profile described the parent in the control case who made the greatest improvement and were the features associated with those experimental case parents who went on to achieve similar levels of improvement. The

fact that the sensitive parent was able to recognise the child's distress, respond either with physical or emotional comfort in keeping with the circumstances and the degree of distress the child was expressing, supported Hinde's [1979] thesis that synchronicity and complementarity are the defining features of the sensitive parent [see Chapter 2].

However, the analysis showed that most parents in the control group were unable to adapt their definition of the child's distress, or approximate the desired quality of response to the child in the absence of an altered definition, and the model became less effective from that point in the process onwards.

3. The control model may inadvertently endorse the parent's negative view of the child

In the absence of 'good enough' parenting, the control model was not only unable to effect a change in the parent's definition of the child's distress but, in some cases, was associated with the parent being confirmed in her negative view of his behaviour. This was particularly prevalent in ambivalent or rejecting parents, who were shown to have a tendency to define the behaviour as the child's problem and, therefore, attribute the responsibility to change to him. This feature was also associated with a deterioration in parental competence, which was manifested in an unwillingness to recognise the need to act on the child's behalf when he was distressed, a begrudging or resentful attitude when the child needed comfort or wanted to mourn with the parent, and a continuing lack of sensitive responses to the child generally.

The reason for this appeared to be that, unlike the experimental group social workers, the control group practitioner was unable to reduce the child's anxieties and unable to moderate the parent's responses. In these cases the pattern tended to be that the parent perceived herself to have benefited to some degree from the social worker's involvement, but perceived the child to be unchanged. She appeared to conclude from this that the major cause of her remaining problems was, therefore, the child.

Therefore it is possible to conclude that with good parenting the control model is able to effect a good outcome, but with a less sensitive parent the control model is unable to

effect any appreciable improvements for the child and may render him more vulnerable to harm as a result.

4. There is a link between the social worker being able to develop a balanced internal working model of the parent-child relationship and a good outcome

The social worker's ability to establish a substantial image of the child and a balanced internal model of the relationship appeared to be instrumental in bringing about the degree of change in the parent's definition of the child's distress, which in turn was associated with a good outcome. This was shown to be particularly important when there was a need to counter-balance a parent's negative view.

The control model did less well in this regard because it did not enable the social worker to have any meaningful contact with the child, which precluded the possibility of her developing a substantial image of him. Indeed, in the absence of firsthand experience, it proved largely impossible for the social worker to develop any realistic image of him at all, or to advocate for the child in the face of parental insensitivity.

The experimental model provided equal amounts of contact between parent and child and, even when the parent held a highly negative view at the beginning of the intervention, the social worker was able to develop an independent relationship with the child which enabled her to maintain an awareness of the child's experiences and needs during the sessions with the parent, and act as an advocate for the child when necessary. This enabled the social worker to effect some improvements on the child's behalf, the extent of which were limited by the quality of the parent's sensitivity.

5. The drive to establish a mourning conversation, as described by the adjusted attachment model, is central to the process of mourning

The study consistently supported the concept of mourning as a conversation through which the mourner establishes an adjusted attachment to the person who has died. The strongest and clearest support for the theory came from the children, all of whom

strove to establish a dialogue with their parents. These conversations varied in depth and length but broadly reflected thoughts they had been having about the dead parent, as well as those which were generated spontaneously in response to other stimuli.

Additional support for the validity of the concept of the mourning conversation was gained from the strength of the child's need to establish this dialogue. This was apparent in the manner in which he pursued this goal with great determination and creativity, in spite of repeated, explicit rejections from an insensitive parent. One child who had been repeatedly rebuffed by her father, told him of the dreams she had of her mother in the hope that he would listen to her longing for her mother. Another wore her dead mother's earrings in such a way that it was an unmistakable invitation to her father to remember with her. Another engaged her parent in making a life-story photograph album of her dead mother so that they could talk about and remember her together.

The child's need to remember and explore the significance of his loss was so strong that, in the face of relentless parental insensitivity, he would then seek out others with whom to share his mourning. All the children recognised that their non-bereaved peers were not a resource, because they could not appreciate the intensity and depth of their experience. The children all approached their teachers, but with limited success. Most of the teachers did not respond to the child's overtures, or did so in a cursory manner which communicated that their availability was highly conditional.

The drive to establish the conversation was so strong that, in these circumstances, the children persevered with a widening range of candidates. One child sought out a female neighbour who had known her mother, another approached a visiting family friend, but none was as readily or unconditionally available as the child needed. The unsatisfactory nature of these solutions was evidenced in the child's continuing distress as opposed to the reduction in anxiety manifested in those children who were able to establish a conversation with the parent.

All these examples supported the main concept of the adjusted attachment model, which is that the mourning is a continuing process whereby the mourner establishes a new relationship with the person who has died through series of conversations which allow the mourner to remember the dead parent and integrate him into the present.

6. The lateral/experimental model of intervention is the 'natural' practice approach

The research study offered considerable support for the definition of mourning proposed by the adjusted attachment model. All of the adults and children wanted to establish a conversation about the dead person and the nature of the relationship which had been attenuated and changed by the death. All of them identified the social worker as an appropriate person for that conversation and, once they were sure that she was reliable and would allow them to control the pace and intensity of the conversation, embraced the opportunity she offered. This supports the view that a social work service is an appropriate resource for this work.

Some of the children in the experimental group were inhibited in establishing their mourning conversation, because they had certain misapprehensions or fears relating to the death. For example, Campbell and Adam were anxious that they would contract or 'catch' cancer. Andrew lived in hope that his much loved father would return and Holly feared hers would, because of his violent temper. These blocks to their mourning were either too sensitive to express to the parent, or the child had attempted to do so and had been misunderstood or rebuffed.

The child needed to have a sensitive adult to whom he could express these thoughts. The fact that all the children approached the parent first, identified her as being the first choice. However, in the absence of a sensitive parent or readily available adult, the social worker presented as the ideal alternative, which the child readily recognised as such. She enabled the child to explore his thoughts, feelings and those issues which were too sensitive to be shared at that time with his parent. In effect the social worker gave the child an opportunity to explore his experiences and 'rehearse' his

conversation with his parent, which, because of the patterning of the sessions, he was able to transfer successfully to his parent, unless she was exceptionally insensitive.

The fact that each child was driven to establish the conversation in the face of repeated rejections from others and then, in each case, readily identified the social worker in this role, supported the hypothesis that the process of mourning is best described as a series of conversations, some of which need to be conducted with a significant other.

7. The patterning of alternate sessions in the experimental model facilitates the development of the mourning conversation between the parent and child

Leading on from these last two conclusions, the manner in which the experimental model of intervention created a pattern of alternating sessions was shown to be instrumental to the overall success of the intervention. One of the strengths of the experimental model is that it is a double-sided intervention, by which I mean that it focuses on bringing about simultaneous change in both the parent and the child. Most traditional interventions, like the cascade model, seek to bring about improvements in one or the other. This approach implies that the problem is the responsibility of one party to resolve, rather than lying in the dimension of the relationship. The application of such a model when working with children is commonly against the child's best interests, because it feeds into the imbalance of power inherent to the parent-child relationship. This was very evident in some control group cases where the insensitive parent was unable to change and became confirmed her view that it was the child who was the source of the problem.

The experimental model afforded the social worker an opportunity to develop a relationship with the child, to get to know him and appropriately incorporate her appreciation of him and his concerns into her work with the parent. Similarly, her sessions with the parent enabled her to develop an awareness of the parent's current situation and resources to manage her own and the child's needs. The combination of relationships, developed in tandem through a sequence of alternating sessions, assisted

the social worker in developing a balanced model of the parent-child relationship which was instrumental in advancing a good outcome.

The mourning conversation the child developed with the social worker was partly if not wholly transferable to his parent because, as one of the effects of her sessions with the social worker, the parent had become more sensitive to the child and his style of communicating his distress.

The Playwork book had a significant role in this outcome. Several of the children used it as the vehicle for their conversation, as a concrete overture or invitation to the parent to engage in the dialogue. They expressed a wish for the parent to see it and thereby share in their experience of the social worker and the work of the sessions. None of the children wanted to keep the book to himself after the sessions had ended and each of them explicitly stated that they wanted to share it with the parent. The book and the shared relationship and experience of loss it represented acted as a bridge between the parent and child.

8. The child's relationship with the social worker had an intrinsic, positive value

The child's relationship with the social worker had several positive secondary gains. Firstly, it enabled him to feel attended to in ways which authenticated his feelings and gave him opportunities to devise ways of managing the more extreme repercussions of some of his emotions. For example, Adam came to understand that his aggression at school largely stemmed from his anger at being abandoned. Once he connected the feeling with how that affected him physically, he was better able to control the outbursts.

Secondly, the experience of establishing the therapeutic relationship was shown to have a positive effect upon the child's sense of competence and resourcefulness. It was recognised that this was a unique relationship and needed to be prepared, proscribed and handled with great care in order to avoid the commoner pitfalls of blurred

boundaries or difficulties that attend the ending. All the children in the study were very enthusiastic about the sessions and invested much of themselves in their relationships with the social workers. Had one or more of them been reluctant to engage in the relationship or been disinterested in the content of the sessions, then it would have made the conclusion about its significance less firm, but none did. They were all very committed to the sessions and several did not want them to end. Indeed three children ensured that they controlled the closure by referring back to the contract in the playwork book and reminding the social worker that they were entitled to ask for an extension, albeit on different terms. One six-year-old child showed how significant this relationship had been, and how resourceful he was, by recontacting the social worker several months later when he had other difficulties.

Therefore it is possible to conclude that the bereaved child is able to recognise the value of the social worker as a resource for his mourning, that this process is facilitated by the context and structure of the relationship, and that it is intrinsically a positive experience for the child in that he develops self-confidence and greater resourcefulness as a result.

9. The experimental model does not compromise the parent child-relationship or threaten the confidence of the parent

It was apparent that in the most favourable circumstances, where it might be possible that the experimental model might be at risk of providing excessive involvement, this did not appear to be the case. There was no evidence that the sensitive parent felt devalued or de-skilled by the social worker working with the child, and neither did her involvement have a detrimental effect upon the child's view of himself or his parent. The criterion of a positive parental attitude to involving the child as a pre-condition for involvement is assumed to be instrumental in preventing overkill.

In addition to this, in the least favourable circumstances, when the parent was ambivalent, hostile or resistant to the child's mourning, the experimental model

enabled the social worker to have access to the child without that creating secondary difficulties for him, which is a major advantage over the control model.

10. The variable of idiosyncratic practice is contained by the experimental model because it is a robust practice model

The study produced a variety of combinations of parents and social workers. There was a range of natural talents, professional skills and experience within the group of social workers, which was matched by a range of qualities of parenting and different life experiences in the parents. It was expected that the effectiveness of the model would partly be affected by the quality of the social worker's practice and that the experimental model may be more vulnerable to idiosyncratic practice, because it is a more complex practice model.

The study showed that the control model was susceptible to the parent's personal qualities determining the nature of the social work relationship and thereby the effectiveness of the intervention. However, the experimental model was able to accommodate the parent, the variable of idiosyncratic practice and the extra demands of the intervention [e.g. sessions with the child, additional recording etc.] and facilitate good practice. Social workers who had varying degrees of experience and skill produced relatively uniform levels of practice when using the experimental model, which leads to the conclusion that a structured model of intervention based around well constructed tools enables practitioners to deliver a consistently satisfactory quality of work.

11. Neither model is able to engage teachers as a resource for the child

Neither model appeared to be able to provide the context or level of support necessary to realise the potential of the teacher as an additional resource for the child. Most of the children approached their teachers during the course of the intervention, which confirmed the view that she was identified by the child to be a potential resource for his mourning conversation, but on the whole, the teachers did not enable that conversation to develop. This was an unexpected result with regard to the experimental

model and raises the following questions:

- i] Are teachers an additional resource for the child?
- ii] What if anything can be done to support the teacher to help the child?

12. The child perceives himself to be more isolated from his peers as a result of his bereavement

The evaluation of the child's social skills and integration produced what at first appeared to be a curious mismatch. Almost all the parents and teachers evaluated an improvement in the child's social skills, which the qualitative data did not support. The apparent discord was sharpened by the quantitative self-assessment data from the children in the experimental group, almost all of whom self-evaluated a significant deterioration in this area. The heightened vulnerability theory has offered an explanation for this and the role of bereavement groups has been proposed as an appropriate therapeutic response [see Chapter 20] and is further elaborated in Appendix 4.

The Relationship between Social Workers and Research

The research design attempted to anticipate and accommodate the variables of idiosyncratic practice in the social workers, and unexpected responses in parents and children to the interventions, and was largely successful in both respects. However, the response of the social workers was not expected. I would accept that it may have been naivete born of enthusiasm on my part to believe that the recruitment, selection and training processes were tests of commitment to research. I suspect that a tendency to believe that my colleagues would be at least relatively, if not equally as interested in research into our field of practice as myself, may have given a firmer base for optimism than in reality was there. The process of the research has, to use a well-worn euphemism, been a 'learning experience', from which the following questions arise with regard to the relationship between social workers and this study and research in general.

Questions raised by the social workers' responses to this research study

- 1] Was the notion of being involved with research interesting but the reality less so?
- 2] Was the pre-study process a temporary diversion from the everyday world of the hospice, which lost its diversionary value once the social worker was required to do some work?
- 3] Was applying to join the research team perceived as a means of getting training specific to hospice practice and, as such, a goal in itself?
- 4] Was the reality of direct work with children too painful or too threatening?

Although the last question would only apply to the experimental group, the first three could apply across both, as did the phenomenon of inertia which followed the training.

The post-training experience caused me to reassess my thinking about social work practice with bereaved families. I was obliged to reconsider at some length the ways in which I had applied the principles of intervention to the practice, to see if any improvements or further changes could have been made. I questioned the methodology of the research and the possibility of any adaptations which could have been made within the parameters of the study. Although minor adaptations were made to the criteria, they made little difference to the attitude of most of the social workers.

Questions arising about social workers and practice research

The experience led me to reconsider social workers' motivation to enrol in research studies and the authenticity of their commitment to research. It is as a result of these deliberations that the following questions have been raised.

- 1] What is the nature of social workers' interest, understanding and commitment to research in general?
- 2] What is the role of structured, time limited interventions within a profession which historically prefers less structured practice?

- 3] Did the reality of research pose too great a threat to established practice and confront the social workers with an uncomfortable challenge to their existing practice which might require change?

Although these questions were raised in relation to this particular group of social workers, their value lies in a wider application to social work practice in general and are suggested as subjects for other studies.

Why are so few practitioners involved in research?

The partnership of practice and research is essential to the future of our profession, but there appears to be a pervasive reluctance to initiate or participate in studies even when, as in this case, they are directly connected to current practice. Several questions come to mind which might be starting points in considering these issues.

- i] Is that because social work training courses fail to integrate the concept of research as central to practice?
- ii] Is it connected to social worker's motivation for joining the profession? Do we become social workers primarily to 'give' to others, rather than work with them?
- iii] Do social workers come from a humanities background that resists the application of scientific rigour? In effect, would analysis remove the mystic of practice and make it too precise?
- iv] Are too many social workers overloaded with practice responsibilities to be able to contemplate taking on more?
- v] Does the value social work agencies place on research determine the *possibilities of research*?

Although many practitioners would argue that they are too busy to do research alongside practice, a reason which I would fully understand, it is rarely the case that being busy prevents us doing some thing important. These points raise the seminal

question of why do social workers resist research, whether it be a case of conducting their own or participating in others' studies?

It is clear that research at any level is difficult if not impossible to manage without the support of the agency. The culture of most social work agencies would seem to be that we are not a professional body which routinely conducts or supports practice research. When we consider how social work resources are being trimmed, as demands on those services are increasing, the equation suggests that the outcome to not investing in analysing practice could be that the profession is weakened by constantly reacting to demand, rather than conducting planned interventions which use the resources available in an efficient and effective manner. This suggests that the future of social work practice rests in research.

A Brief Discussion of the Wider Significance of the Conclusions

I argued earlier [see Chapter 1] that loss is the central theme of all social work practice, regardless of the individual's age. Although it is the defining feature of bereavement, it is also a significant feature in child maltreatment, sexual abuse, divorce, chronic illness and disability, to list but a few. The loss of security, innocence and integrity for the abused child is a central feature of his experience, the loss of family for the child living with marital breakdown is a continuing experience, as is the experience of the sequential losses endured by the child living with a chronic, disabling condition. Although the emphases for each situation are different, and each family manages its difficulties in its own way, the underlying principles are constant, as are those of appropriate good practice.

Ideally good practice enables the individual to become more resourceful, with as much or as little help from the social worker as that requires. Interventions based on sound theoretical principles have firm foundations which can accommodate adaptations to the practice without being compromised or weakened. For example, I have employed the lateral [experimental] model in my practice with sexually abused children, in exactly the same fashion as with bereaved children, and with similarly successful outcomes. It

is the loss that the child is trying to resolve which is recognised by the model and addressed by the practice.

Conclusion

The study has supported the concepts of the adjusted attachment model of mourning and the principles that underpin the lateral model of intervention. It has shown that it is possible to translate these concepts into a model of intervention which is highly compatible with social work practice. The bereaved child is resourceful, creative and, in the right circumstances, well able to engage with his mourning conversation. In the absence of a sensitive parent, the social worker has been shown to be the appropriate resource for the child and one capable of benefiting both child and parent.

Loss is a central theme to much social work practice, to which this study offers a contribution. Immediately it adds to the growing body of social work research and emphasises the need for the bereaved child to have a more consistent social work service for himself and his family.