Successful Facilitation
of a Children's Support Group
When Conditions Are Less than Optimal*

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ABSTRACT

This paper describes a sibling support group that has flourished for over 3 years. The setting provides little more than a table and chairs. Storage space for supplies is limited to one drawer in a file cabinet. The children range from three to twenty years in age. Some of the participants attend only one meeting; others attend regularly. Despite the range in ages, lack of group stability, limited equipment and restricted setting, the program works. Basic assumptions, goals, techniques, and resources are presented and underlying issues are discussed.

Introduction

Despite the proliferation of bereavement support groups, children often remain the "forgotten grievers." Individual counseling may be available, but all too often this form of support is provided only after complications appear, e.g., problems in school, with peer group, etc. Support groups could alleviate and even prevent the

development of such problems by affording children a safe place to express thoughts and feelings evoked by the death of a significant other.

In the last 10 years a number of notable efforts have been made, such as The Compassionate Friends, Inc. Sibling Support program and the work of The Doughy Center. Guidelines for facilitating children's support groups as well as resource materials are available from both these groups and others (see Resources). Unfortunately, these guidelines and resources often assume optimal conditions such as children of similar age, group stability, equipment, and/or ability to control the setting and/or time period. In many communities some or all of these conditions may not be possible. As a result, groups are not formed and children are not provided with services that could be extremely beneficial for them.

This report describes a sibling support group that has flourished for more than 3 years. Participation varies from 2 to 8 children per session. The ages of the children range from 3 to 20 years. Some children attend only once; two have been in the group since its formation. The setting provides little more than a table and chairs; storage space for supplies is limited to one drawer in a file cabinet. The time period for the group is dependent on the activities of the parents' group. Regardless the limitations, the program seems to provide a needed service. Basic assumptions, goals, techniques, and resources are presented and underlying issues are discussed.

Review of Literature

Children's Awareness of Death and Death-Related Issues

Almost two decades ago, Joffe (1973, p. 102) wrote:

> Adult chauvinism appears to take two basic forms. On one level is a tendency toward mystification, in which childhood is portrayed as a time of great bliss and/or children are viewed as better and wiser than adults. A second manifestation of adult chauvinism—one with great implication for social scientists—is simply to deny that children are people.

This quote aptly describes the two most commonly held sentiments about children and death today. On the one hand, the dying child is often described as having unique sensitivities and/or knowledge (e.g., Kubler-Ross, 1983, pp. 126–

144). In contrast, the grieving child is either overlooked or the grief is minimized. For example, Raphael (1982, p. 113) writes:

> The child will grieve the death of a sibling or a closely loved grandparent just as surely [as an adult] but by no means as intensely, unless the relationship itself was particularly close.

It is possible that a single factor, technological change, accounts for both views of children's awareness of and response to death and death-related issues. On the one hand, medical advances render the death of a child even more tragic than in earlier times (Raphael, 1982). Thus, in the case of the dying child, what the child says or does may take on tremendous significance for adults. On the other hand, these same technological advances have removed death and the dying process from the family arena. As a result, surviving children "have been excluded from death altogether" (Cox and Fundis, 1990, p. 51). In the case of the bereaved child, exclusion fosters ignorance which in turn justifies exclusion. The self-fulfilling prophecy has occurred.

What then is a child's perception of death and death-related issues? Does it differ, and if so how does it differ, from that of adults? The most popular model is the developmental approach (e.g., Raphael, 1982; Tatelbaum, 1980). In this model, an understanding of death unfolds through "a relatively inflexible sequence of maturational stages" (Kamerman, 1988, p. 129). In contrast, the experiential approach "sees children's attitudes developing as a result of experience" (Kamerman, 1988, p. 129). For example, Candy-Gibbs, Sharp, and Petrun (1984–85) argue that cultural/religious factors impact a child's perception of death. In summary, there are four conceptualizations of children and death: the child as mystical (the wise old soul); the child as unaware and uncomprehending; change in perception through maturation; and change in perception through experience.

The Bereaved Sibling

Grief literature has traditionally focused on the bereaved spouse (primarily the widow) or bereaved parents (primarily the mother). When attention does center on the bereaved child, the most common theme is loss of parent. Bereaved siblings, then, may comprise one of the largest groups of "forgotten grievers." Even when emphasis is on the bereaved sibling, the focus is often on the effect of the bereaved child's behavior on others. Thus, when siblings are taken into consideration it is

often to urge them to inhibit grief, to be strong, to take care of others (cf. Rosen, 1984–85).

Any bereavement is complex. Sibling bereavement, however, may be one of the most complex. The child has lost a sibling. In doing so, the child loses part of his/her own self-identity as brother/sister of the deceased (e.g., Sims, 1986). These children also, to a lesser or greater extent, lose their parents. Death of a child is generally conceded to be the most devastating death of all (e.g., Staudacher, 1987). Understandably parents are singularly focused on the dying and/or deceased child. As a result, they may ignore the surviving child, become overly protective, and/or memorialize the deceased child (Adams, 1986). The surviving child, if noticed at all, is often seen only within the shadow of the dying or deceased child. In a real sense, the surviving child is left, at least for a time, without a viable parent of his/her own. This loss of parent as an important issue for the surviving sibling is generally recognized (e.g., Linn, 1982; LaTour, 1983; Pollock, 1986; Tatelbaum, 1980).

A number or authors note fear of death particularly among bereaved siblings (e.g., Staudacher, 1987). Rando (1988, p. 209) warns parents:

> It is not uncommon for the death of a sibling to be particularly traumatic to your child. More so than any other loss, this type of death profoundly illustrates to your child that he can die too.

She continues:

> There may be even stronger anger with you for being unable to protect his deceased sibling and for failing to prevent the death from happening, for, if it happened to that sibling, it could happen to the surviving child as well.

Sibling bereavement, then, involves loss of self, loss of sibling, loss of parent(s), as well as fear for personal safety.

Rationale for a Support Group

Several researchers from a variety of disciplines provide a rationale for the bereaved children's support group described in this paper. A basic assumption is that an individual will do his or her own grief work unless prevented from doing so, a premise basic to the model of grief work developed by the psychiatrist Kubler-

Ross (1982). The second assumption is that this ability to do one's own grief work applies to children as well as adults. The psychologists Norton and Norton (1990), for example, suggest that children also know what issues they need to deal with and will move toward this through play if allowed to. "Play is their language; toys are the word." Denzin (1977, p. 185), a sociologist, however, warns that "'Play' is a fiction of the adult world" and that "young children do not play—they work at constructing social orders." He continues:

> Children's work involves such serious matters as developing languages for communication, defining and processing deviance, and constructing rules of entry and exit into emergent social groups.

A third assumption, then, is that the child at play is dealing with both personal issues and group issues and that any "play" may, in fact, be purposive work.

Program Description

I have served as a professional support person for the local chapter of Compassionate Friends since 1983. Periodically someone would suggest that some sort of support should be provided for the siblings, but until 3 years ago the idea remained at the suggestion stage. Occasionally a sibling would attend the parents' group with varied receptivity, usually based on age. Adult siblings were more welcome than younger ones. However, in April 1989, Barbara St. Romain, BCSW, spoke to the group at the April memorial supper. Again, the suggestion was made to provide some program for siblings. At that time, St. Romain, a bereaved sibling herself, and I, a subsequent child (a child born after the death of a sibling), agreed to co-facilitate a sibling's support group.[1] For a number of reasons, primarily the distance traveled by some of the parents who lived in nearby communities, it was decided that the sibling group would take place each month at the same time as the parents' group. Consistent with both Kubler-Ross (1982) and Denzin (1977), St. Romain and I decided that we would use a nondirective Rogerian play therapy approach (cf. Axline, 1969, pp. 2–28) with art materials available for the children to use as they wished. In other words, we would allow the children to teach us what they needed and how best to assist them to meet their needs. The only restriction would be that they could not do anything that would either hurt themselves or someone else. Parents are told that this time belongs to the children and they (the

parents) are not to ask the children about what goes on in the sibling group. This conversation takes place in front of the child. Children are told they may leave the sibling group if they wish, but they must return to the parents' group.

Our basic assumptions with respect to grief itself were that grief is the human response to loss, there is no "right" way to grieve, there is no "right" time frame in which to grieve, all thoughts and feelings are ok, thoughts and feelings change, and we control behaviors, not thoughts and feelings. Thus, expression of feelings and/ or thoughts was to be encouraged, but not required. All thoughts and feelings were to be affirmed if possible. These basic guidelines remain in effect to this day.

At the first meeting we placed a large box in the center of the table. This box contained play dough, crayons, scissors, crayola markers, Elmers' glue, and paper. The children were invited to select whatever they wished and to do with it as they wished. The younger children began work immediately; older siblings watched but eventually joined in the activity. St. Romain and I shared our experiences and some of our feelings. Occasionally one of the children would also share. As the months progressed, several behaviors became commonplace.

Often when a child was speaking, the other children appeared to pay no attention. Indeed, they not only continued their art work but would talk to each other, request something, or get up and walk around the table in order to get something or just to look at something in the room. We began to note, however, that later on a child who had apparently not been listening would pick up the theme of the earlier child's discourse and speak. Getting use to this constant hum of conversation and activity was problematic, at least for us. The children, both the ones speaking and the ones apparently otherwise engaged, seemed unaware of any distractive aspect.

Two other phenomena also emerged. The first had to do with the box of supplies; the second with the art work. Usually I get the box of supplies from the file cabinet and place it on the table. Sometimes, however, the box is placed there before I arrive. I began to realize that the children did not use any of the materials from the box until I was present, usually seated. To my knowledge, they were never told not to touch the box. Indeed, the room where we meet has a chalk board and the children are often busily writing on the chalk board when I enter the room. As soon as I sit down at the table, however, they begin to look in the box. The second phenomena has to do with the art work itself. Those children who have attended a previous meeting get right to work. Some sculpture with the play dough; some draw; some use a combination of materials. Their work is obviously purposive. They will complete one project and then begin another. One child often begins by

using dark colors for a first picture, then progressively lighter colors for those that follow. Often these drawings or other works are stacked and patted with a definitive pat. Only then does the child go over to the refreshment table. There seems to be little need to show or share this work with others, including the facilitator. Rarely does a child want to take the drawing, etc. home, or show it to a parent. Children are always asked at the end of the meeting if they want the drawing or sculpture saved or discarded. Most of the time they say to discard.

Shortly after the group began, I discovered Heegaard's workbook, *When Someone Very Special Dies* (1988). This workbook is offered to each child the first time he or she joins the group. Some refuse the book at first and then accept it at a later meeting. Each child works in his/her book at his own pace and on the page of his/her choice. The books always remain with the group. Recently an older child returned to the group after a long absence and asked if her book were still there. Although she did not work in her book that night, it was obvious that its existence had meaning for her.

In January 1990, I attended the Norton/Norton Play Therapy Workshop, and the next month, I brought five puppets to the meeting: a wolf, a rabbit, a kangaroo with baby in pouch (removable), an alligator with zippered mouth containing a little fish, also removable, and a turtle that can retract head and legs. My plan was to sit in a circle and allow the children to tell a story. This did not work. Again, they moved about, talked to each other, or began some other activity. Eventually, the following format emerged. Each child may tell a story with the puppets. Some do; some don't. Often I am informed the minute the child sees me that he/she has been working on a story. The child prepares and then tells me he/she is ready. I ask where I should sit, sit, and the story begins.

The story takes place on a rug. Sometimes it goes out of bounds (off the rug), but rarely. When the story does go off the rug, this usually is or becomes part of the story. For example, one child played out a scene in which the turtle threw all of the other animals off the rug. The turtle then pulled into its shell and "rested." After a few minutes, the turtle began to bring each discarded animal back on the rug, one by one.

Other children are free to watch, to come and go as they wish, but the story belongs to the child who is telling it. No one can touch the puppets unless asked to by the storyteller. The children seem in agreement that I am not to be disturbed while a story is being told. In the beginning, children often brought animals to use in their stories. More recently, I have added a cow, a giraffe, a lamb, a moose, a cocoon that turns into a butterfly, and a spider. These animals seem to be sufficient.

The length of time poses a problem. The parents' group usually meets from 7–9:30 or even 10. Toward the end of the evening, the children are rarely disposed to either art work or work with the puppets. Although age is not a factor during the earlier work period, the children often divide into age groups later in the evening. The older ones sometimes bring homework; the younger ones play at the chalk board or play games, e.g., hop scotch or bingo, often joined by the older ones as homework is completed. Interestingly, the children often manipulate the rules of competitive games so that each child will win. For example, children playing Bingo will give one child ten cards while the others retain only one in order to ensure a "bingo" for everyone.

Earlier it was noted that parents agree not to interfere with the sibling support group. None has attempted to do so. Although some have asked advice about children's grief in general, they have pointedly avoided any questions about a specific child. The confidence of these parents is a sacred trust. It is also amazing, particularly with respect to one occasion. During the memorial service held each December, candles are used to represent each deceased child. The siblings liked the idea of candles and asked that we have one. Burning old thoughts or issues is sometimes helpful in adult groups and this became a part of our program. The children were delighted. First they burned small bits of paper, but they soon moved on to drawings. One night an unusually thick drawing caught fire, ignited the tallow, and I was fearful we might really have a problem. Just at that moment the parents' group let out, our door opened, and several parents looked in on the scene. One noted that we seemed to be busy and suggested they wait at the end of the hall. I was able to get the fire out with no harm done, but that was the last time we used candles for some time. Shortly after the fire, the children asked me what happened to the candle. I showed them that it was still in our drawer but also added that "Miss Sarah" (their name for me) didn't need anymore fires. They appeared to be satisfied with this explanation. More recently we have used the candle to commemorate a birthday or anniversary, but under very controlled conditions. I still marvel at the parents' trust the night of the fire.

To date, 36 siblings ranging in age from 3 to 20 years have attended the monthly meetings, although 4 years of age is now the minimum age accepted. The ages of the children at most meetings range from 6 to 15. Since attendance is based on whether or not the parent(s) attend the adult group, some children attend only once; others attend several times. Some have attended for several years. I am frequently asked to allow children who have lost parents, grandparents, or other significant persons to attend. With one exception and on only one occasion, I have refused.

When asked about admitting other types of grievers, the children always say "It's *our* group." The implication is that "our" means bereaved sibling, for the children warmly welcome newcomers.

Discussion

As mentioned, four views of children and death pervade: the child as mystical, the child as unaware, change through maturation, change through experience. These four views, however, may represent two related sets of polar opposites rather than discrete possibilities. A child may speak with seemingly uncommon wisdom at one time followed by naivety at another. Children of very different ages may share information during group activity, yet ignore each other during other times, choosing instead same age children for interaction. An older child may appear to be busily engaged in some art activity, yet obviously be listening to what a much younger child is saying to someone else. It is possible that younger children may be less inhibited by cultural norms and thus better able to express thoughts and feelings than the older child. Hearing these similarly held thoughts and feelings expressed enables the older child to also acknowledge his or hers. For purposes of group formation with respect to grief, then, similar issues outweigh age consider-ations. This is particularly the case with sibling bereavement for at least two reasons.

First, bereaved siblings are often either ignored or their grief is minimized. In a group devoted to sibling grief, these children are able to share thoughts and feelings about being ignored or pushed aside during the dying process as well as following the death. Thus, an important function of the support group may simply be to affirm that siblings merit a group of their own, that is, their needs are important and are being taken seriously. Bringing children into the group who have encoun-tered other losses, particularly death of a parent, may be dysfunctional if "whose loss is greater" becomes an issue. Siblings also share another issue, an issue not fully addressed in the literature.

Loss of self-identity as brother/sister of the deceased and loss of parent or parents because of their grief are recognized in the literature. There is another loss, however, that may constitute one, if not the most, important issue for some children, especially the younger ones. This is the loss of their own childhood. Several authors cite fear of death and subsequent anger at the parent(s) as an aftermath of sibling loss. This focus on the surviving child's fear and anger, as important as this may be,

draws attention away from a loss that surviving siblings, as well as subsequent ones, also undergo—the loss of childhood.

A major characteristic/right of childhood is innocence or freedom from knowing certain cultural secrets. An example that comes to mind immediately is the belief in Santa Claus, that wonderful old elf who makes dreams come true. Indeed, the loss of this belief may well mark the end of true childhood for many. An even more important belief, however, is that parents are all-powerful. They can keep you from getting hurt or at the very least, take care of you if you do get hurt. They can certainly keep you from dying. The bereaved sibling knows the cultural secret. Parents cannot keep a child from dying. Childhood as time of innocence is lost forever. Just as finding out about Santa Claus means you can no longer "truly believe," death of a sibling means you are no longer "truly protected" against any and all harm. Parents, nurses, even doctors are not omnipotent. Such knowledge takes on even greater significance when the child is admonished to be strong for others. Now the child, no longer "truly protected" himself/herself, must become the protector of others, knowing at some psychic level that this protection is not possible. The child becomes the guardian of a terrible secret. The support group, then, functions as a place where a child can come to realize that what he/she now knows about his or her parents is true of other parents and that other children share this secret. Over and over children have shared with me, "He/she died. He/she just died, Miss Sarah, that's what happened." And then in almost a whisper, "And there was nothing anyone could do."

The primary task of the facilitator, then, is to provide a safe place for children to do the work they need to do. The facilitator provides the safe place; the children do the work. Although this work is more obvious during planned activities, grief work continues throughout the time period. During free time or for those who are not actively listening to someone's story or telling their own, the children may work on an art project of their own, do homework, or play games. In such a setting, children learn that each person's grief is unique, that each person's grief work is unique, and that no one is responsible for another's grief or for another's grief work.

Resources, such as art supplies, puppets, and/or games are tools which enable the children to work (cf. Segal, 1984; Zambelli, Clark, Barile, & de Jong, 1988). Of paramount importance, however, is to provide these children with a safe place, a place in which they are never judged and in which confidences are never betrayed. The major objectives are three: 1) affirmation of the child's loss as the child defines it, not as others may define it (the child may be grieving the loss of a sibling one moment, the loss of self at another, and the loss of parent at still another); 2)

affirmation of the child's right to grieve or not to grieve (indeed, some children may need the support group as a time to get away from grieving); and 3) permission to grieve in one's own way within one's own time frame. Within this framework, physical setting, age consideration, and resources take on secondary importance. The most basic supplies become sufficient. The only necessary ingredient are the bereaved siblings.

NOTE

1. After six months, St. Romain was no longer able to attend the monthly meetings. Thus, Brabant was the single facilitator until January 1992, when Phyllis Hasling, BCSW, joined the group as co-facilitator.

RESOURCES

Beckmann, R. (1990). *Children who grieve: A manual for conducting support groups*. Learning Publications, Inc., P.O. Box 1338, Holmes Beach FL 34218-1338.

Haasl, B., & Marnocha, J. (1990). *Bereavement support group program for children*. Accelerated Development Inc., Publishers, 3400 Kilgore Avenue, Muncie IN 47304.

Reynolds, S. E. (1992). *Endings to beginnings: A grief support group for children and adolescents*. HRG Press, 5237 James Avenue South; Minneapolis MN 55419.

The Compassionate Friends, Inc. Guidelines for Sibling Groups, P.O. Box 3696, Oak Brook IL 60522-3696.

The Doughy Center for Grieving Children, P.O. Box 86852, Portland OR 97286.

REFERENCES

Adams, D. S. (1986). Understanding sibling grief and helping siblings to cope. In G. H. Patterson (Ed.), *Children and death* (pp. 35–42). London: King's College.

Axline, V. (1969). *Play therapy*. New York: Ballantine Books.

Candy-Gibbs, S. E., Sharp, K. C., & Petrun, C. J. (1984–85). The effects of age, object, and cultural/religious background on children's concepts of death. *Omega, 15*(4), 590–599.

Cox, G. R., & Fundis, R. J.. (1990). Teaching the sociology of death and dying. In E. J. Clark, J. Fritz, & P. P. Reiker (Eds.), *Clinical sociological perspectives on illness and loss* (pp. 49–67). Philadelphia: Charles Press.

Denzin, N. K. (1977). *Childhood socialization*. San Francisco: Jossey-Bass.

Heegaard, M. (1988). *When someone very special dies*. Minneapolis: Woodland Press.

Joffe, C. (1973). Taking young children seriously. In N. K. Denzin (Ed.), *Children and Their Caretakers* (pp. 101–116). New Brunswick NJ: Transaction Books.

Kamerman, J. B. (1988). *Death in the midst of life: Social and cultural influences on death, grief and mourning.* Englewood Cliffs, NJ: Prentice-Hall.

Kubler-Ross, E. (1982). *Working it through.* New York: Macmillan.

Kubler-Ross, E. (1983). *On children and death.* New York: Macmillan.

LaTour, K. (1983). *For those who live: Helping children cope with the death of a brother or sister.* Omaha: Centering Corporation.

Linn, E. (1982). *Children are not paper dolls.* Incline Village, NV: Publishers Mark.

Norton, B., & Norton, C. (1990, February 9). Notes taken at workshop on Reaching Children Through Play Therapy. Houston, TX.

Pollock, G. H. (1986). Childhood sibling loss: A family tragedy. *Annals of Psychoanalysis, 14,* 5–34.

Rando, T. A. (1988). *Grieving: How to go on living when someone you love dies.* Lexington, MA: Lexington Books.

Raphael, B. (1982). *The anatomy of bereavement.* New York: Basic Books.

Rosen, H. (1984–85). Prohibitions against mourning in childhood sibling loss. *Omega, 15* (4), 307–316.

Segal, R. M. (1984). Helping children express grief through symbolic communication. *Social Casework, 65* (10), 590–599.

Sims, A. M. (1986). *Am I still a sister?* Albuquerque: Big A & Company.

Staudacher, C. (1987). *Beyond grief: A guide for recovering from the death of a loved one.* Oakland, CA: New Harbinger.

Tatelbaum, J. (1980). *The courage to grieve.* New York: Harper and Row.

Zambelli, G. C., Clark, E. J., Barile, L., & de Jong, A. F. (1988). An interdisciplinary approach to clinical intervention for childhood bereavement. *Death Studies, 12,* 41–50.