

END OF LIFE AND PALLIATIVE CARE

## Adolescent bereavement: embodied responses, coping and perceptions of a body awareness support programme

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**Aims and objectives.** This study describes the implementation and evaluation of a new Body Awareness Programme (BAP) in bereavement support for adolescents. The BAP's aims were to provide information and insight into adolescents bodily reactions, to help them develop a deeper understanding of the reasons for bodily reactions and to introduce adolescents to healthy coping techniques.

**Background.** Three main bodily reactions can follow a traumatic event such as the death of a loved one. The arousal of physical responses causes restlessness, concentration problems and disturbed sleep while 'flashbacks' of unpleasant memories contribute to increased tension. Active avoidance manifests as increased activity and avoidance of talking or thinking about unpleasant memories. These reactions may interfere with an adolescent's development and inhibit a healthy grieving process.

**Design.** A qualitative, hermeneutic-phenomenological design.

**Methods.** Data were collected using the BAP together with in-depth interviews with adolescents, focusing particularly on their experiences or recollections of their bodily reactions and coping. Seven adolescents participated, aged 13–18 years, who use our bereavement services.

**Results.** The adolescents in our study internalised their struggles, and beneath their facade of coping, they reported having painful bodies that were stiff and restless. They were also anxious, experiencing painful thoughts of the deceased. The adolescents found the BAP helpful because they gained awareness of the body-behaviour-feelings connections, experiencing the techniques as helpful and possibly useful in their everyday lives.

**Conclusion.** The results of this evaluation of the BAP are positive and suggest that this approach is both necessary and valuable in a bereavement support programme for adolescents.

**Relevance to clinical practice.** Adolescents must recognise their own embodied reactions and understand their underlying causes before they can change their attitudes or seek appropriate help during bereavement. Health professionals should see beyond adolescents' facades and offer them support.

**Key words:** adolescent, bereavement, body awareness support programme, coping, embodied responses, grief, physical reactions, somatic symptoms

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### Introduction

The death of a loved one and the subsequent bereavement are major life events. The unique developmental challenges

facing adolescents during these formative years distinguish their bereavement experiences. Whereas considerable attention has been paid to how adolescents experience bereavement and its psychological impact, its somatic and

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embodied dimensions in young people are less well understood.

In this study, we specifically examined the physical and somatic dimensions of adolescents' bereavement. We sought to determine how adolescents explain, understand and cope with these bodily sensations by introducing a Body Awareness Programme (BAP) and researching their experiences to determine how we can best support them in reducing their physical discomfort at these times.

## Background

Most researchers have concluded that physical reactions such as bodily pain, lack of energy, sleep disorders and increased sensitivity are commonly experienced by bereaved people (Shuchter & Zisook 1993, Zisook & Shuchter 1994), but how to address these problems is less well researched.

Stress-related symptoms and depression have been identified as predictors of a poor outcome of grief (Hall & Irwin 2001). Rando (2000) has argued that all acute grief is, by definition, a type of traumatic stress reaction. Complicated grief has been claimed to merit a DSM-V (Diagnostic and Statistical Manual of Mental Disorders) diagnostic classification, because the characteristic stress response shows a combination of sustained intrusion, avoidance and maladaptive symptoms (Horowitz *et al.* 1997, Melhem *et al.* 2007, Prigerson 2008). These symptoms in turn trigger avoidance, of both the trauma and reminders of loss (Cohen *et al.* 2002, 2006, Dyregrov 2004, Scheeringa *et al.* 2006). In this study, traumatic stress is broadly defined. Several studies have shown that a degree of traumatic stress is involved even in response to anticipated deaths among children and adolescents (Saldinger *et al.* 2003, Bugge *et al.* 2008).

Studies suggest three main bodily reactions following traumatic events. The arousal of physical responses causes restlessness, concentration problems and disturbed sleep, and 'flashbacks' of unpleasant memories contribute to increased tension and anxiety and active avoidance manifests as increased activity and avoidance of talking or thinking about death (Cook *et al.* 2005). In a study of all types of death, Kaplow *et al.* (2006) concluded that more than 25% of bereaved adolescents showed symptoms of separation anxiety and depression, but only 3.5% showed symptoms of post-traumatic stress syndrome 1.5 years after death.

Adolescent bereavement cannot be understood or investigated reliably unless it is placed within the context of developmental tasks and transitions (Balk 2009, Balk & Corr

2009). An adolescent is forging an autonomous identity, making career or educational decisions and perhaps entering into intimate relationships. It is not difficult to appreciate the profound effects that close, personal bereavement can have at this time.

How adolescents cope with their grief is dependent on their previous experience, what has been helpful in the past and what their family, friends, culture and society expect from them (Benner & Wrubel 1989). This phenomenological understanding of a person suggests that stress is a disturbance of meaning, understanding and normal functioning (Benner & Wrubel 1989). Bodily reactions, physical discomfort and somatic symptoms can reflect underlying disturbances. The terms 'body memory' and 'somatic memory' (Rothschild 2000, 2003, Hentz 2002) suggest an implicit dimension to memory. Gaining insight into this unconscious realm is essential if we are to help adolescents deal with change (Rothschild 2003). Explicit memory is conscious and comprises concepts, facts, events, descriptions and thoughts. Implicit memory is unconscious and comprises emotions, sensations, movements and autonomic processes. Adolescents need insight into their implicit memory or 'body memory' if they are to change unhealthy coping mechanisms during grief.

## The Adolescent Bereavement Support Programme (ABSP) and the Body Awareness Programme (BAP)

Authors (KEB and EGR) designed a bereavement support programme (ABSP) for adolescents (13–18 years) in Norway. The programme involves 10 meetings focused on three main themes: grief and coping skills, loss history, and grief and relationships (see Table 1). Adolescents themselves mentioned bodily reactions as troubling issues that were not dealt with in the ABSP and a specific programme exploring bodily reactions was needed.

The BAP is a new approach in supporting bereaved adolescents to develop a greater sense of body awareness. BAP was developed by KTSH and KEB, and is based on movement science and the phenomenology of the body (Merleau-Ponty 2002), the confluent counselling of Gestalt theories (Ginger 2006), and co-understanding with the principles of learning, coping and bereavement theories (Bugge *et al.* 2008, Balk & Corr 2009). The programme focuses on the affective aspects of the problem and motivational elements, while the participants learn and try new behaviours in a safe setting. This approach is considered most likely to lead to adolescent behavioural change (Breinbauer & Maddaleno 2005).

**Table 1** Adolescent bereavement support groups: themes, topics, aims and methods

Main themes	Topics for the meetings	Aims of the meetings	Methods for use in the meetings
Theme 1 Grief and coping skills	Group process	Create a safe atmosphere.	Create a collage with presentation of interest, family and home. 'Grief salad' (pick words for bereavement and grief)
	Grief reactions	Identify the spectre of grief reactions	
	Memories and loss	Describe the deceased and the relationship	Reflection task: what you miss and don't miss. How to use memories and strength
	Emotions	Recognise and understand own emotions	Words to emotions. Colour own emotions on a body figure. Emotions in everyday life situations
Theme 2 Loss history	Bodily reactions	How to deal with unpleasant bodily reactions	Put words to signals from the body. Learn techniques to stop unpleasant reactions
	To farewell	Create own loss history to live with	Narratives about illness periods, death and last memories
Theme 3 Grief and relationships	Rituals	Help to remember the deceased	Narratives about the funeral, family and own rituals to remember the deceased
	Love and strength in the family	Strengthen family bonds and functioning	Family collage. How to understand and support each other. Family rituals
	Self-care and school performance and rights	Be more conscious about own needs and rights	What gives and takes energy in everyday life? How to gain energy? School performance and rights
	Relationships	Why the quality of relationships changes	Discussion of possible postloss growth and new values
	A healthy grieving process	To be aware of the lifelong process of loss	'Grief salad'. Narrative of the loss history in the future

## The current study

### *The aims of the study*

The overall aim of the study was to offer and evaluate the BAP (Table 2). The purpose of the BAP is to help adolescents gain relevant insight into their bodily reactions to bereavement, to help them develop a deeper understanding of the possible causes of their bodily reactions and symptoms and to introduce them to healthy and practical coping techniques. We also sought to engage adolescents directly in a consultative evaluation of the programme to determine their perspectives on the utility and value of this therapeutic approach.

### *Ethical approval*

The Norwegian Ethical Committee for Medicine and Healthcare and the Hospital's Research Committee formally approved the study. Informed consent was obtained from the adolescents and their parents. Adolescents and their parents were offered follow-up from our bereavement service if needed and had a health professional in our services who maintained contact with them after the intervention/interview.

## Methods

The study was grounded in a qualitative, hermeneutic-phenomenological approach (Benner 1994) that values per-

**Table 2** The Body Awareness Programme

The programme comprises the following supported activities
Introduction: talking about, becoming aware of and experiencing one's own body sensations. The adolescents' current body sensations are in focus (comfortable or uncomfortable?)
Awareness and experiences of the body, part by part
Writing and reflecting around 'If my body could talk, it would tell me...'
How do the adolescents tune into different emotions or sensations in their bodies?
How do the adolescents experience and understand their bodily reactions and how do these reactions influence and affect their everyday lives?
What situations evoke these reactions and what is helpful in these situations?
Exercises and techniques for awareness/mindfulness, breathing, relaxation and concentration and how these influence bodily sensations
Evaluation of the programme and discussion around how to bring the positive effects of the programme into their everyday lives

sonal lived experience and appreciates the necessity of seeking the expressed perspectives, insights and articulated accounts of the people who use our services.

Kvale's hermeneutic approach to analysis (Kvale 1996, Kvale & Brinkmann 2009) was used as the study's underlying theory of stress and coping (Benner & Wrubel 1989),

focusing on adolescents' understanding and meaning of their bodily reactions and their functioning in daily life.

### Sample of participating young people

We invited 15 adolescents who had recently been part of the Bereavement Support Programme to take part in this study. Seven adolescents aged 13–18 years consented to participate. Each young person's parent or sibling had died in the previous eight months to two years, with a mean bereavement period of one year. Five participants' parents and two participants' siblings had died. Three had experienced sudden deaths, three had experienced anticipated deaths, and one had experienced both (with the loss of both parents). Five young people declined the invitation, and two had moved to another part of the country. One adolescent decided not to participate after all and withdraw just before the intervention/interview started. This young person's parent had wanted him to participate because of severe sleeping problems.

### Data collection

We collected data, working through the BAP, with the adolescents together with in-depth interviews, focusing particularly on their experiences or recollections of bodily reactions, accounts of how they coped with these and an evaluation of the programme itself. Because somatic sensations and symptoms are often difficult to explain and articulate, the interviewer (KTSH) helped the adolescents to 'get in touch' with these feelings. The BAP was offered to improve breathing, relaxation and concentration as part of the interview and to improve the participants' awareness of their own bodily reactions and coping. Other helpful interventions, such as cognitive techniques (focusing on things in the room or spelling backwards), were also used. The interviews shifted between practicing these techniques and talking about bodily sensations and their meaning for the participants. Later in the interview, they were asked about their experiences of the BAP and its components. The interviews lasted between 45 minutes and two hours and were tape-recorded. We used an interview technique of 'focused but roomy' (Darbyshire 2004) that kept the interview on track while allowing the young people to raise and discuss other related issues that were important to them. The interviewer let the adolescent talk about what came in mind while practicing and recognising bodily signals. Neither the interviewer (KTSH) nor the designers of the Programme (KTSH, KEB) were therapists for any of the particular adolescents in the study, to reduce boundary blurring between intervention and research. Other researchers (EGR,

PD, SH) had no therapeutic input onto the Body Awareness Programme (BAP).

### Data analysis and interpretation

Analysis and interpretation of the transcribed interviews were undertaken by KEB and KTSH. The first step in the analysis was to condense the meaning (Kvale & Brinkmann 2009) and to conceptualise and organise the interview texts into central themes using the participants' own words. In step two, the goal was to categorise the shared meanings, where the researchers examined all participants' accounts to determine common themes. This interpretive categorisation captures the details of the participants' articulated experiences and perceptions. This qualitative interpretation also has a quantitative dimension, for as Sandelowski and Barroso (2003) noted: 'Counting is integral to the analysis process, especially to the recognition of patterns in data'. Therefore, in the presentation of the study results, we refer to 'some', 'most' or 'all'. The third analytical step used the stress and coping theory framework (Benner & Wrubel 1989) of the study to undertake a final interpretation of the meaning-categorised text.

## Results

### Embodied reactions

#### *Where has all my energy gone?*

The adolescents described bereavement as tiring and themselves as being 'tired out', physically, emotionally and cognitively, having much less energy than usual. As these participants explained:

If my body could talk it would have said that this is hard and tiring to go through all this (Int. #4).

The grief is in my head. I'm tired in my head. If I cry and think about my mother's death I become extremely tired and slack in my body. It colours everything. It is in my unconsciousness all the time and I get tired and do not function in any situation. (Int. #2)

A contributing factor to their tiredness and lack of energy was often a reported lack of sleep. Most of the adolescents commented that one of the worst times was when they tried to rest or sleep because this was when their inability to stop thinking about the situation was most troubling. The participants found it difficult to relax in bed and almost unpleasant to try to nap or sleep. One adolescent commented: 'It is impossible for me to relax properly, and my sleep is not good. I lie in bed and twist and turn for a long time before I go to sleep' (Int. #1).

Some participants tried to rest more, hoping that their energy would return, but it did not: 'I actually do not know what to do. It is not less tiring to lie down, and my energy does not come back even if I lie in bed for a long time' (Int. #5).

#### *My painful body*

It was physically painful for some participants to talk and think about their deceased relative. As one participant remarked: 'If we talk about him it becomes painful in my chest' (Int. #6). Most of the adolescents had unpleasant thoughts about their loved one's illness and death and their own involvement in it. Most experienced restlessness and tension in their bodies that caused headaches and pains in back and neck muscles and even in their ribs and chest. Some described having trouble breathing properly, and others had trouble regulating their activity generally, whereas others reported their diet and nutrition had suffered. The participants did understand that these patterns were unhealthy, but did not know how to cope with or manage these feelings and symptoms. As one participant commented:

It is not pleasant in the long run. I feel I have my shoulders up in my neck all the time. I feel stiff and have pain in my back, and often headache as well. I'm extremely restless, it is impossible for me to sit still because then the thoughts will come back. I was in hospital just before Christmas because I could not breathe properly and because of pain (in my muscles) (Int. #1)

Another recalled:

I have recognized that I do freeze more now than before (Int. #2)

#### *Anxiety attack, loss of appetite and optimism*

Some recounted anxiety attacks and were afraid of sleeping alone. For some, anxiety was mixed up with the experience of violent or sudden death:

...suddenly I could not breathe properly. It was impossible to relax. It felt as if my heart would jump out of my chest. It happened because I was extremely scared. The worst for me is when people leave me without saying goodbye (Int. #1)

Most participants felt more insecure after the death. They commented on losing their optimism or the resilient to think that 'everything will turn out for the best', because it had not happened when their close relative died: 'Before, I felt that everything will always end well and my father was a guarantee of that' (Int. #5).

Others lost appetite:

I have lost 4 kilograms since my daddy died. I do not eat very much (Int. #4)

## Everyday coping with loss

### *Keeping up appearances*

Most of the adolescents tried to do what was expected of them. They tried to do their best at school and with homework, to help their families with practical work, to exercise as they had before, and to be nice to their friends and partners. Some of these adolescents were even more active than before and put strong pressure on themselves to be 'perfect'. Most of the adolescents did not ask for any help. Some sought support from their teachers to do less homework, but without success. As this participant explained:

I have talked with the principal. In the bereavement support group, they said we could talk with the principal and ask for a period without any homework. But my principal said 'No', even when I told him I needed it (Int. #3)

Some tried to avoid talking about their loss to avert any strong feelings and to reduce their tiredness. These participants explained it thus:

'It helps a bit not to talk about it, but it doesn't take the tiredness away because it is still there unconsciously' (Int. #2).

Often if I become angry I become so tired, so I try to avoid being angry (Int. #5)

Most of the adolescents did not talk with other people about their situation because it was painful, and they did not want to cry in the company of others: 'I do not like to cry when I'm with other people. Normally, I go into my room or cry when I'm alone at home' (Int. #6).

The adolescents used previously valuable techniques, such as physical activity, as coping strategies because these made them feel better and were helpful in dealing with their grief:

I started to dance, many hours a day. I felt it helped me to get the grief out. I got rid of the aggression and was inspired to go further on in life (Int. #2)

I'm extremely tired afterwards, but I have a good feeling inside. Everything becomes better when I do work out. (Int. #1)

## Perceptions and experiences of the Body Awareness Programme

### *Getting to know your own body and taking the signals seriously*

Most of the adolescents became more conscious of and attentive to their bodily signals using the techniques introduced by the interviewer. In previous daily functioning, they did not think about their 'body signals' or what they meant. One participant described how the techniques made her more

aware of her body as 'real' and important: 'Through the techniques, I felt what happened inside me in a way. It feels as if I now know my body better' (Int. #6). The adolescents became aware of their bodies' signals and learned that feelings of pain were often a signal to 'take it easy' and reduce their stress. They also appreciated that they had a definite agency and ability to reduce their bodily discomfort: 'The body gives me signals that I have to sleep more, relax more, and not stress as much as I do' (Int. #2).

#### *Becoming aware of the body-behaviour-feelings connections*

Most of the adolescents became aware of what living in a heightened state of arousal, activity and anxiety could do to their bodies. When in such a state, the participants described frequent joint stiffness and muscle pain:

Stiffness in stomach muscles. Tired and a heavy feeling in my head (Int. #1)

My back and neck are painful and I have a heavy feeling on both sides of my head (Int. #6)

Some adolescents reported feeling the weight of their bodies and that their bodies seemed to become 'heavier' when they were sad. One participant's account highlighted this phenomenon vividly:

I have a heavy feeling and pressure in my chest and in my legs. My arms and shoulders also feel heavy. It is extremely heavy and tiresome. It is like having bricks connected to my legs. Every time I become sad it is like this (Int. #6)

One participant explained feeling guilt throughout her body:

When I feel guilty, it starts in the stomach and spreads out to my whole body (Int. #1)

During the relaxation and breathing exercises elements of the Bodily Awareness Programme, most of the adolescents became aware of their superficial breathing and of how the muscles between their ribs were stiff and painful. Some described how it was difficult to take deep breaths because they were afraid of starting to cry. When they talked about their grief, it was hard for them to breathe in a relaxed manner:

I have to concentrate to breathe properly. My breath is not completely free (Int. #2)

I find it OK to talk with you about my grief, but still it is hard to breathe when I talk about it (Int. #6)

#### *Experiencing the techniques as helpful*

The participants found it hard to rest and the well-meaning advice offered to them to 'go and lie down' or 'take a nap' was ineffective. If they tried to do this, thoughts and feelings

about the death intruded. In contrast, most adolescents found the awareness training and the specific relaxation techniques suggested in the programme, such as deep breathing and concentration techniques, helped to provide the rest, relaxation, relief and comfort that they sought.

After practicing the techniques within the programme, most of the adolescents felt more relaxed and comfortable: 'It was comfortable, relaxing, good' (Int. #2). Most adolescents liked the breathing techniques and found them pleasant and relaxing: 'It was pleasant to breathe properly' (Int. #5). Some observed that they did not normally think about how they breathed. Some participants described how their bodies seemed to function better after the relaxation techniques: 'I do not know how to say it but it feels as if my whole body is more connected, works together in a way' (Int. #5). Some adolescents learned relaxation techniques so that they could fall asleep faster: 'I learned how I could relax in the evening and in bed to have a better sleep' (Int. #3). Most adolescents experienced trouble concentrating at times, especially in school, while doing homework and when together with friends. Some liked the technique of spelling words backwards because it helped them to stop fixating on the death or their grief: 'Spelling backwards was a good idea. Spelling backwards helps you to stop thinking or to think about something else' (Int. #1).

#### *A good way to talk about grief*

Most adolescents found it easy to talk about their grief by focusing on their bodies and embodied experiences, although they differed in how they were able to discuss and articulate their bodily awareness, sensations and experiences. Some were articulate and fluent, whereas others struggled to find the words and expressions to convey their feelings. Some needed more time than others to 'tune in' to an awareness of their bodies, but most liked this way of talking about their grief. They found it easier and more comfortable than talking directly about their feelings. As this young person noted:

It was nice and easy to talk with you and not those difficult questions I was afraid of. It was more about the body and I found it a good way to talk about it (the grief) (Int. #6)

#### *The programme's value in adolescents' everyday lives*

We asked the adolescents whether they could use in everyday life what they learned about their bodies in the programme. All agreed that they would try to incorporate these changes. Most commonly, they wanted to be less stressed, to exercise more but not too intensely, to eat more and better and to take better care of themselves. Some also wanted to exert more control over their thought patterns, to take things more easily

and to practise the deep breathing that they had learned. All wanted to be more sensitive to their bodily signals:

This was good. Now I can relax more easily and I will use it when I come home. One of the basic things is to breathe properly. I will remember that and use it at home. I will listen more carefully to my body and not go onto autopilot all the time (Int. #1)

I will plan my days better. Sleep more, reduce stress, and take it easy (Int. #2)

One participant experienced that her body was stopping her from doing healthy things. She wanted very much to be able to talk about her dead sibling, but felt that her body was blocking this. For her, the programme helped to overcome this 'bodily resistance', allowing her to speak more freely: 'My body is resistant. It stops me from talking about the deceased because it is painful. We have to do unpleasant things to make things better afterwards' (Int. #6).

## Discussion

### Bodily reactions and adolescents' coping strategies: 'two sides of the same coin'

The adolescents in our study used considerable 'mental energy' in 'keep up appearances' and in trying to control the situation. For adolescents, it is important to feel that they have a 'normal' body and a normal life, and to be accepted by their peers, family, school and society overall. The greatest threats inherent in their bereavement and grief may be their loss of confidence and independent functioning, their emotional withdrawal from the family and their sense that their acceptance by their peers or their emerging intimacy with their peers is compromised (Christ *et al.* 2002). The adolescents in our study were anxious not to lose control over their emotions when with others and worried that this would interfere with their school performance. Beneath the surface, some of the participants had symptoms of PTSD, as we expected, manifesting as anxiety attacks, rapid heart rates and intrusive unpleasant memories, but most of all, their embodied responses and discomfort were part of a coping strategy to avoid painful thoughts and memories, allowing them to live as normally as possible. Active avoidance and the arousal of physical responses were reported by the adolescents in our study. The participants wanted to avoid thinking about their painful losses, and this was a key reason for the 'busyness' they created.

The normal grieving process in adolescents involves accepting the reality of the death, fully experiencing the pain associated with the loss and adjusting to life without the

loved one (Worden 1996). To make these adjustments, adolescents must be able to tolerate sustained thoughts and memories of the deceased loved one, to remember the totality of that person, to bear the pain, regret and possible guilt about the relationship, and to face and tolerate the grief associated with irrevocable loss (Cohen *et al.* 2004). The adolescents in our study did not find the time or opportunity to do this in their everyday lives. To keep busy and to tire themselves out physically was for these young people a way of holding painful thoughts and memories at bay, because it was during 'rest' that intrusive painful thoughts and memories came to the forefront of their minds. The price that they paid was a range of painful bodily symptoms and sensations.

The adolescents tried to do what they thought was expected of them in their grief. Their accounts suggested that such forced normality was too much to bear at a time of grief and bereavement. Considering the effort and energy that went into creating such a 'normal' facade, it is easy to understand their descriptions of lacking energy, tiredness and exhaustion. The adolescents were 'hard on themselves', striving for perfect grades, athletic achievements and other marks of success and normality. This facade may have masked a deeper sense that they had not found it 'safe' to grieve and needed the kind of support that would allow them not to 'dance as fast as I can', but to feel secure enough to bring to the surface, recognise and share their feelings (Koehler 2010). This is not a failure of determination or 'willpower', because they tried their hardest, but a lack of the knowledge and understanding that is required for a healthy grieving process. It is perhaps significant that studies of depression in adolescents have found that somatic symptoms similar to those described by the young people in this study seem to be markers of a poor outcome (Hughes *et al.* 2009, Bohman *et al.* 2010).

### Can the Body Awareness Programme change adolescent attitudes and contribute to a helpful grief intervention?

The adolescents in this study were all part of the Bereavement Support Programme (Table 1) and had had the opportunity to talk with others, both adolescents and programme staff, who understood and supported them. Although being part of the Bereavement Support Programme was supportive and valued, the adolescents understood that 'real life' and their everyday situation was still 'out there' and remained potentially stressful and tiring. This study has shown that adolescents responded to and appreciated the chance to focus on their embodied experiences of 'what their body was telling them'. Within this new understanding of their bodies, they were receptive to and took up the opportunities offered by the awareness, relaxation, breathing and concentration tech-

niques they had learned. Their accounts suggest that these were helpful strategies that they wanted to incorporate into their everyday lives.

Being aware of and able to describe bodily reactions and to see their connection to 'real life' are important first steps in taking control. However, awareness is only part of the picture because change requires awareness, understanding and action. It was therefore crucial for the adolescents to 'try out' the techniques during the programme. This was often when we noticed the 'aha' moment in the programme, the point at which the techniques and advice moved from theoretically 'good ideas' to practical steps that could be initiated by the adolescents and benefited them. The participants in our study found it easier and more valuable to talk about their grief when they were empowered to do so in the BAP. Studies have often shown that adolescents find it difficult to express their feelings verbally (Stokes 2004, Balk & Corr 2009), so health professionals must offer other avenues to help bereaved adolescents to explore their memories, thoughts, reactions and emotions following a death.

It is not easy to change behaviour, and sustained changes are even more difficult to achieve. Studies have shown that systematic encouragement and motivational interviews that focus on the affective aspects of problems produce better outcomes in behavioural change than focusing only on information about behavioural change (Van Voorhees *et al.* 2008, Sirriyeh *et al.* 2010, Vierhaus *et al.* 2010). Brief interventions using a direct client-centred approach, working towards an understanding and integration of the experience, have proven efficacious in instrumenting behavioural change and are especially suitable for use with adolescents (Dundon 2010). Because young people are to change their behaviours and practises, the techniques of the BAP might be more demanding when the participants are alone in everyday stress situations, so planned follow-ups or 'booster sessions' may be required.

### Limitations of the study

This was a small-scale qualitative evaluative study undertaken with young people from one programme, so it would be foolish to claim generalisability across all adolescent bereavement support services. Despite this limitation, much can be learned from our participants' experiences. This study has highlighted several salient aspects of adolescents' perceptions and experiences of a bodily awareness support programme, which merit attention and increase our

understanding of how best to develop such bereavement support for young people.

### Conclusion

Results from this study bring new dimensions to our knowledge of adolescents' bodily grief reactions and coping. Discovering adolescents' own awareness of bodily symptoms of grief, highlighting the underlying reasons and giving knowledgeable advice about how to approach them are vital components of effective support. This evaluation of the BAP is positive and suggests that such an approach with inbuilt flexibility and ongoing review is warranted as part of bereavement support programmes for adolescents.

### Implications for practice

The bodily dimensions of grief can be both powerful and debilitating, and the adolescents in our study often tried in vain to block out these reactions by avoidance. Recognising this phenomenon may help health professionals to better support adolescents in coping with these reactions. Health professionals can help by understanding adolescents' attempts to provide a facade of 'normality' and by offering them support to deal with their grief, which may be harder for them than they wish to indicate. Adolescents need help to temporarily reduce their responsibilities and activities in daily life while they are grieving. Adolescents must recognise, understand and respect the reactions of their own bodies before they can change their attitudes or seek appropriate help. We cannot wait until they ask for specific help. Rather, we must use our knowledge to offer skilled support and sensitive services that promote a healthier grieving process.

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### Contributions

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