**On becoming a Monkey**

It is said a great Zen teacher asked an initiate  
to sit by a stream until he heard all the water  
had to teach. After days of bending his mind  
around the scene, a small monkey happened  
by, and, in one seeming bound of joy, splashed  
about in the stream. The initiate wept and  
returned to his teacher, who scolded him lovingly,  
“The Monkey heard. You just listened.”

The Monkey and the River (in The Book of Awakening by Mark Nepo, 2000:211)

During my training as a Dance Movement Therapist (DMP) and the initial year after I graduated, like the studious Initiate, I bent my mind and body around many clinical scenes. I reflected, moved, processed, read, and discussed, yet I wonder if I ever truly ‘got wet’!! Did I ever really allow the emotional waters of client’s material to teach me?

In some aspects of my work it was easier to ‘bound’ into the water, to be like the Monkey, for example, witnessing clients discover their creativity, leadership skills, make friendships and dance and move without fear of being judged. At these times the water was warm and inviting but very soon I would be challenged to submerge myself in what felt like deep, rough waters and the fear of drowning. How do we as therapists, at these times, take the risk to ‘make the leap’ and hear all the water has to offer? How do we create space for the unimaginable? How do we become like the Monkey?

In my second year of practice as a DMP ten of my clients died. I was working in a residential school for children and young people with profound and complex needs and whilst some had potentially life shortening conditions the school had never had more than two students pass away in any one year. It was profoundly shocking and the impact of loss and grief within the school community resonated to its core. It did however prompt a school wide training on loss and bereavement and I was fortunate to be part of the team receiving training (from Winston’s Wish, a charity for bereaved children) and thinking together with other key staff on policies and practice. That year of what seemed like never ending losses, sadness and supportive training changed my practice but more importantly changed me from therein and I am eternally grateful for all I learnt and being nudged from the river bank to become like the Monkey!

During the following year the bereavement team spoke openly and honestly together, sharing our vulnerabilities and debating many points. Many issues arose for consideration:

How and who inform staff and students when a student passes away? What space is given for the community to both mourn and celebrate the life of one of its members? What creative means could we use to facilitate understanding, especially with non-verbal students? What understanding and experience does staff have of death and how might this influence how we facilitate students in their feelings and experience of losing a peer? How do we support each other as a staff team? Who attends the funeral? What support can we offer to families?

What became clearer was the level of comfort individual staff had in feeling and talking about the pain of loss. For example, a huge issue arose when the family of one deceased student, wanted him to lay in rest in the school hall and start the funeral procession from there. The Mother tearfully said ‘this school was his other home and we don’t want him to lie in some strange funeral parlour, but lay in rest amongst those who cared and loved him!’ Strong opinions and ethical considerations were debated vehemently and again the question of ‘understanding’ was raised and some staff felt it might encourage ‘voyeurism’. But despite all the difficulties and debate one thing was never in question – we had lost a valued and loved member of our community and they would be honoured and remembered. Eventually the team decided that what was paramount was the honouring of his parents’ wishes in gratitude for the ‘home’ their son had been such a vital part of. He was reverently laid to rest in the central hall of the school and pupils were given the choice to visit him there if they wished.

When faced with the news of the death of a client it is vital that as therapists we are informed as soon as possible in order to support each other and our clients. An issue debated at the residential school was when, how and whom we wanted to inform us. Each staff member identified a colleague whom they felt they wanted to have break the news and whether or not they wanted to hear by phone or wait until they were at work in the case of an overnight or weekend death. In the event that any member of staff might not be reached a picture of a flower was placed at every entrance to the school. Thus anyone who hadn’t heard would immediately know a child had passed away and could seek out their colleague for details.

In relation to the pupils it was interesting to note between us that not all staff thought that a pupil’s keyworker was necessarily the best person to talk with a child. Initially we settled on the teacher telling them in class during the day or possibly the care manager if the news broke during the evening. As classes were small, on average six to eight pupils, there was a sense that the intimate more family-based class setting was the best. However, when it came to the third death within one class, the teacher was so overwhelmed with losing half her class that special effort was made to bring in another known member of staff to support and assist her.

As a school we recognised that at any point a staff member may need a moment out of the class to themselves and this should not be judged as being either unprofessional or as a sign of not coping, but seen as a normal response to grief and loss. Likewise pupils could also take time out and the school made part of its grounds into a quiet, sensory area where staff and pupils alike could find some peaceful, uninterrupted space.

In contrast, years later, I worked in a day school and two students passed away within weeks of each other. The staff had never had any students pass away before and were deeply impacted by the loss. However I was shocked to find nobody had informed me and had I not overheard a chance conversation I would have gone into my group unaware. What was even more shocking was that a decision was made to not even tell most of the school as ‘they wouldn’t really understand anyway and those that could might get upset!’ When I tentatively approached the head about the impact on staff and students he said ‘I don’t touch death with a barge pole! …. Any staff that can’t cope shouldn’t be in the job’. Within a week the students photographs were taken down and their name erased from the register. There was no space for staff or students to grieve. A trainee DMP on placement with me at the time burst into tears at the way things were handled. As a mother herself she said ‘I would be devastated if the life of my child seemingly meant so little’.

In this instance not only were the staff unsupported, but they were actually frightened of showing any emotion for fear of losing their job. Thus it became difficult to come together as a school community and a vital opportunity for modelling ways of working with and through grief was stifled and lost and replaced with a culture of denial.

Dyregrov (2008:22) says that the most common immediate reactions of grief in children are ‘shock and disbelief, dismay and protest, apathy and being stunned, and continuation of usual activities’. Perhaps the continuation of usual activities contributes to why Mallon (1998:8) believes that grief is one of the great unacknowledged hurts that children face and the impact of loss is too often denied citing adults saying ‘Oh look, Jenny is playing. See she’s over it now. It didn’t really affect her’. In working with children with complex needs and limited communication this can be particularly prevalent and many times I have heard staff say ‘they don’t really notice’ when discussing the responses of children to the death of a class mate.

Grey (2010:9) states that ‘for professionals working in this area, it can be difficult to access our own thoughts and feelings. We can be left to carry some of the grief and loss of an individual or family. The unconscious processes that are involved not only can be powerful but may also offer a route into understanding’.

It is vital that schools support pupils’ needs and Holland (2016:11) notes that for this to be achieved there must be ‘a combination of power, awareness and commitment of senior staff’. Believing schools are a potential block of support, he states, ‘planning is a key part of the bereavement response, and having a system in place before any loss will ensure that things can be considered at a time of calm. If a plan is not in place, the response will be ad-hoc and have to be re-thought each time’ (ibid:19). He provides an extensive Audit in Chapter Two (pp 33-49) that can help identify what is in place and the strengths and gaps, as well as highlight areas for training. As Chadwick (2011:10) encourages ‘with informed, wise staff the school can become the secure, nurturing environment the bereaved child needs and at the same time provide a golden opportunity to add to pupils’ understanding’.

In working with vulnerable children, Goldman (2014) believes that unresolved grief leads to an inability to learn and results in overwhelming and powerful feelings that get trapped. She states that ‘As long as we deny any issue of grief or loss, at-risk young people emerge in a lonely environment. By our acknowledgement of their losses, children will feel we are affirming their reality. One of our primary challenges is to recognize the breadth and scope of the issues involving and relating to grief and to emphasize the interrelationship between unresolved grief, emotional challenges, educational success, and responsible adulthood’(ibid:XIV).

Since Kubler-Ross (1980) defined her well known stages of death: denial and isolation, anger, bargaining, depression and acceptance, many writers have theorised about grief and bereavement (Webb, 2011; Doka, 1995; Dyregrov, 2008; Fox, 1985; Goldman, 2013; Holland, 2016; Judd, 2014; Mallon, 1998; Nash, 2011; Thompson & Neimeyer , 2014; Turner, 2006; Worden, 2009). Others have also thought about loss specifically in relation to clients with learning difficulties (Blackman, 2003; [Cottis](http://www.amazon.co.uk/s/ref=dp_byline_sr_book_2?ie=UTF8&field-author=Tamsin+Cottis&search-alias=books-uk&text=Tamsin+Cottis&sort=relevancerank), 2008; Grey, 2010).

Fox (1985) proposes a model defining four tasks that face bereaved children – to understand, grieve, commemorate and move on. Worden (1991) also outlines a four task model of grief: to accept the reality of the loss, to work through the pain of the grief, to adjust to the environment without the deceased and to emotionally relocate the deceased and move on with life.

Blackman (2003) suggests that Worden’s model may be popular with grief workers due to its focus on ‘work to be done’ and offer apparent clarity over a process that is not clear at all. She also purports that phase models of grief that suggest there will be an end point or resolution to the work of grief is contestable and that mourning is an on-going process and the time-scale unique to the individual.

Grey (2010) considers the following important when assessing suitability for therapeutic work with clients with learning difficulties; readiness, consent, contraindications (medication change), spoken and receptive language, language of client and ability to sustain a therapeutic relationship. Blackman (2003) also outlines considerations for the therapist working with a learning disabled client; communication – from concrete to symbolic, knowledge, confidentiality and suggestibility.

As helpful as these models are, when it came to working in the sensory, nonverbal world with pupils with profound and complex needs I found myself feeling deskilled and often at a loss as to how to support them within DMP sessions. Like the Monkey I needed to make the leap into the bodily felt experience of loss. As Webb (2002:3) poses ‘if adults cannot confront and make peace with their own fears about the end of life, how can they possibly consider the reality of death in the lives of children?’

Six years ago I was diagnosed with a rare cancer that left me physically disabled. During the worst time of treatment and the ravaging tumour’s height I lost the use of my legs and half my hands. Night times found me in a new landscape as unable to sleep I discovered the three to five a.m. ‘environmental rituals’ that had usually passed me peacefully by. The bird’s early dawn chorus, the first morning aeroplane overhead, my neighbour returning from a night-shift at work, the various lights that went on and off, they came to be markers that I relied upon to see me through the darkness. I could never distinguish one bird call from another, but I came to know the emerging song. The sounds flowed over me, surrounded me, comforted me by their presence and I found myself wondering about what would happen if any of them disappeared. What if I disappeared?

Sunderland (2003) writes beautifully in ‘The Day the Sea Went Out and Never Came Back’ about a sand dragon named Eric who experiences the terrible sadness and loss of the sea never returning. In those dark nights of my own illness, my body’s decline, disability and subsequent road to partial recovery I had to discover and experience my own grief and ways of coping.

I remember when my hands were numb and I couldn’t gauge touch properly with my fingers. The incredible experience of loss of everyday actions, like running my fingers through my hair, being able to write or grasp objects successfully or fully sense the texture and shape of things, and not being able to use parts of my body for comfort. My body simply grieved for what had previously been known and felt, for something familiar that was no longer part of my landscape.

However, the experience also took me into deeper reflection of years of clinical work and I found myself contemplating the sensory world of clients who had lost the sound, touch, smell and feel of a classmate. Those whose landscapes had been changed forever and yet potentially denied a space to notice and respond in the presence of another.

How do we then find creative and appropriate ways of helping children and young people through the painful experience of loss and as DMPs be open to words, movement, sensations and feelings as part of the process?

The film ‘Children of a Lesser God’ (1986) portrays a love affair between Sarah, who is profoundly deaf and James a speech therapist. Sarah knows her body intimately often swimming naked in a pool, floating and sensing the water. As they begin their relationship she tells him she knows what ‘waves’ sound like by portraying beautifully the movement of a wave crashing against her body and subsiding. However, later when she asks him to show her in movement what his beloved Bach music sounds like he is at a loss. He cannot find in his body a way to communicate it to her.

Sarah remonstrates to James that he wants her to be a ‘speaking person’ saying ‘let me be me! You want me to be a deaf person so that you can change me into a hearing person’. She tells him of how throughout her life people ‘could never be bothered to learn my language. I was always expected to speak. Well I don’t speak!’ ‘Until you let me be an ‘I’ the way you are, you can never come inside my silence and know me’. After a dramatic scene where she attempts to speak and screams she feels like a ‘freak!!’ she leaves him.

In the ensuing weeks he attempts to understand her silent world, immersing himself, naked, in the swimming pool. Underwater he floats, feels, touches his skin gently, expands his arms and closes his eyes to imagine her world. He literally makes the leap!

Can we come inside the world of clients with profound learning difficulties without trying to fix or change them and learn their language of grief? Can we be brave enough to ‘make the leap’ into the simple yet often excruciatingly painful sense of ‘gone’?

In highlighting the tasks of counselling in bereavement and loss Grey (2010:91) denotes ‘the importance of naming feelings and identifying what happens and what initiates an emotional reaction is very important in enabling people with learning difficulties to make sense of their loss. Often pictures and illustrations can inform this process if words are not the best mode of communication’.

In my work in both mainstream and special schools I was always seeking out images of relationships, feelings etc. that I hoped would provide a starting point for children and young people that for a variety of reasons found words difficult to access. However it is the children themselves who have helped me most in this. For example;

*George raced into the newly decorated therapy room, in lightning speed scanned the fifteen animal pictures and forty plus feeling faces on the wall, jumped onto the table and announced ‘you’ve forgotten one’. ‘What one have I forgotten?’ I asked. ‘Heartbroken’ he whispered ‘that’s how I felt when my Nan died’.*  The next day ‘heartbroken’ was duly added to my collection!

In the bereavement team at the residential school we talked together about having a box of props that we could use when supporting pupils including a family of puppets, treasure/memory boxes, photographs, things that could be filled and emptied – put together and taken apart etc. It was an ever expanding resource and the value of it embodied the conversations of staff who together puzzled over what particular objects might be meaningful for pupils with a variety of sensory needs. It also aided us as a team to remember that ‘talking’ about loss was not always necessary and that sometimes pupils just needed to play out scenarios and/or encounter materials.

In response to an intern who asks how to get a teen to talk about their feelings, Edgette (2012:1) responds "Don't worry about getting her to talk about her feelings," I say to Jean. "If you're doing anything close to what Hannah needs you to do, you won't have to. She'll show you what her feelings are". These words were particularly pertinent for my DMP work with one teenager.

*Fourteen year old Josh has* a degenerative illness*. Alongside the experience of his own deteriorating physical function and daily pain, both his parents died within a short time of each other, one of whom dropped dead beside him. His elder brother could not take care of him and so he was placed in a residential school. The enormity of his losses, parents, home, family etc. weighed heavily on me as I read his case file. He had apparently received bereavement counselling but never wanted to speak in the sessions. He was referred to me in the hope that a more nonverbal setting would help him.*

*In our first meeting Josh drove his electric wheelchair all around the room, surveying the feeling faces, asking questions about the soft play props and then came to settle by a sink in the room. Unable to turn on the taps himself he asked me to run the water and silently he watched it run away. Periodically he would ask for the plug to be put in and then, with great pain, reach a finger under its chain and release the water down the plughole. He would gaze in silence as the sink became empty. This became the main theme and activity for weeks to come – sitting together watching the water disappear.*

*One day he asked for some washing up liquid to be put into the water and for me to make bubbles with my hand. He became fascinated by when they would pop and more curious still when he managed to pull the plug out and see how long he could hold on to any on his hand before they burst. Slowly he started to talk;*

*Josh – ‘Where does the water go’*

*Me – ‘where do you think it goes?’*

*Josh – ‘It goes away’*

***pause***

*Josh – ‘where do the bubbles go?... They’re gone aren’t they?’*

*Me – ‘yes they are gone’*

*Josh – ‘They’re gone forever aren’t they?’*

*Me – ‘yes, those ones are gone forever’*

*Josh – ‘We can make more bubbles can’t we?’*

*Me – ‘yes we can but they will be different bubbles’*

*Josh – ‘cos the other ones are gone forever’*

*In the following weeks Josh interspersed his time with the bubbles with another activity. He would ask me to stack up the soft play rolls and squares into towers and then turn up the speed of his wheelchair so that he could drive into them and watch them topple to the ground. This gave him much delight and amusement, yet I was struck by the force (given his fragility) with which he ploughed into them. Sometimes he would swear at them and call them stupid, other times he drove in silence. One week I commented that he seemed angry with them and he looked away and mumbled quietly ‘yes’.*

This pattern of exploring destructive crashing and painful emptiness imprinted deeply within me and eventually we could reflect together that in the therapy what was important for me to understand was that ‘anger’ and things that are ‘gone forever’ went together. It was the closest Josh had ever come to speaking about his unbearable losses.

Sometimes the playing out and moving with loss has even less words and can involve sensory exploration of a movement metaphor. In my work with children with profound and complex needs, so often I had watched them (post the loss of a peer) wandering and searching as if seeking familiar touch, rhythms, sounds and smells, desperately trying to locate themselves again in a changed landscape.

*Grace has experienced the loss of two classmates within a few months of each other. At best she has a vocabulary of eight-ten words, but in recent weeks she has said very little. Her seizures have become more frequent and she sleeps a lot. Her usual sunny disposition has seemed dimmed by the sadness of her bereavement. In the DMP room she sits shakily resting upon one arm. As the group checks in I notice her scanning the mats, preoccupied with the space where the four large mats meet. Slowly she reaches out her hand and starts to claw at the join, then with supreme effort lifts a corner and looks underneath. She repeats this and I am captured by the poignancy of the moment and it is as if she is searching for something lost. The rest of the group watch her and I lie next to her and peek under the mat as she lifts another. ‘Not there’ I say quietly and as she looks at me she slowly drops her head. I am consumed by sadness and the overwhelming sense of feeling bereft. It was hard to hold back the tears!*

Endrizzi et al. (2014:75) state that health care professionals need to take care of themselves in order to take care of patients and that to be effective in their career requires them to combine ‘technical expertise with high levels of empathy, personal well-being and connectedness with others’. Furthermore they continue, ‘a health-professional needs to be able to console and continue to assist without breaking down’.

However I think there are times when the balance between assisting and being part of a grieving community may be helpful in modelling responses to children. Whenever a pupil died at the residential school the whole community would come together to commemorate their life. It was known as a ‘Memory Time’ and great care was taken to include the whole community in its planning. Staff were invited to contribute, songs, stories, artwork or any other offering they felt they wanted. Advance notice was given and the parents of the deceased child were invited and generally always attended.

*At Roberta’s ‘memory time’ celebration students and staff file quietly into the hall. A large display of a giant pair of hands is before us and in turn everyone plants a sticker to decorate the nails. Roberta loved having her nails done and as the colours fill the hands her colourful spirit fills the room. Her favourite music is playing and for twenty minutes wheelchairs and standing frames are jostled into place amid bursts of groans, laughter and random words that fill the air.*

*As I sit and take in the scene I notice a support worker, Milly, squeezing through the row of seats towards me. She whispers in my ear ‘Louie wants to give you a hug’ and points to where 14 year old Louie’s wheelchair is. I catch his eye as he is craning forward in his chair, shoulder straps preventing him from falling out. I make my way to him and he flings out his arm, hooks it around my neck (nearly choking me!) and pulls my head to his. Milly says ‘he thought you looked sad’.*

**The following month**

*During the Memory time of another child I spoke personally to the community about my time with her. Half way through I began to cry, signalled for people to bear with me and then resumed my recollections. We have just exited the hall and Janelle drives her wheelchair towards me, muttering ‘Sue sad – crying’. ‘You saw me crying’ I say ‘I felt very sad thinking about her and miss her’. ‘Me too’ echoes Janelle ‘it’s sad’.*

(Grey 2010:76) states that ‘questions and assumptions may be made about ‘what happens next’ in terms of where people ‘go’ after death…… it is best to work with their beliefs rather than try to impose your own’.

*Adewale was 12 years old when he died. His ‘memory time’ was a lively, African extravaganza! His parents beamed with joy, danced along in their seat as his favourite songs bellowed out and wept openly when staff recalled their loving memories of him. Afterwards we all gathered for food and drink and his parents circulated the room, carrying a small photo album, inviting staff to look through. I watched as some people froze in awkward confusion whilst others appeared moved and touched their heart. When they came to me I opened the pages to see images of Adewale on his deathbed, adorned in a beautiful Nigerian print robe, a kufi cap and looking like a Prince. They had simply wanted to show how peaceful Adewale was at his moment of passing and include staff in their experience.*

In her work with bereaved parents, Callahan (2011:192) found that ‘embodying the bereaved parents’ movements and experiences while attuning to their body tensions and sensations, allowed for a deeper understanding of what these parents experienced which, in turn, enabled this author to look at life with new knowledge and appreciation’.

Sensing Adewale’s parents’ joy, sharing that precious moment was something I deeply appreciated and has stayed with me to this day.

Very often when a child died the family would invite staff and pupils to the funeral. There was never a question about the practicalities of transport etc., but there was always debate about appropriateness.

*In the tiny chapel Janie’s small coffin stands before us. Take That’s, ‘A Million love songs’ echoes through the room as the first teenager in her wheelchair motors up to the coffin to lay a single white rose on its lid. One by one six others on walking frames, splints and crutches are helped to lay their roses alongside. The poignancy and sadness of the moment is suddenly pierced by the agonising scream of Janie’s mother ‘JANIEEEEEEEE, JANIEEEEEEEEEE – NOOOOOOOO!’ and she collapses onto the arm of her husband sobbing uncontrollably as the coffin silently disappears behind a curtain.*

*I am reminded of the staff conversation the week before, the debate about who should attend the funeral, which pupils would understand and the concern that maybe some would ‘disrupt’ the service with their repetitive questions or shouting out! I ponder the irony that our pupils were the quietest there!*

**3 days later…**

*Joel lies on his stomach in the therapy room, watching me intently as I position myself between the other group members and place the leaflet of songs, stories and photographs from Janie’s funeral in the centre of the floor. He pulls on his arms, dragging his limp body behind him, making his way to the paper and with all his strength pushes up on his elbow to look at its contents. He cannot read and has no words but glances quickly from the paper to my eyes, as if pleading for me to reveal its story. I ask if he wants me to read it and he lurches upwards and he lets out a huge grunt. Slowly I read all the words, sensing both his and other students’ tiny movements, sounds and responses. When I get to the end his gaze intensifies and I have the feeling this has not satisfied his curiosity or questions. The room is heavy with sadness and the silence is palpable. His eyes are piercing mine and I ask if he wants to know more. He exhales another sound and I go on to tell him more about the funeral, who was there, what happened etc. and also how I felt. His piercing gaze remains and his brow has furrowed with worry. I ask if he has a specific question. He exhales.*

*‘Is it about the funeral?’ – no response*

*‘Is it about Janie?’ – no response*

*‘Is it about you?’ – he exhales*

*‘Are you worried?’ – he exhales*

*‘Are you worried this could happen to you?’ – he exhales, grunts profusely and his body twists and arches.*

Joel has managed to voice the unimaginable question ‘Am I next?’

It was tempting to try to reassure him that there was no reason to expect this would happen to him anytime soon, but my sense, in that moment, was this would be futile and not what was being asked. Rather he just needed space to be heard and for me to stay present to his worries.

Supervision is central to allowing the often painful and difficult feelings arise to be present to be felt and worked with and not assume that ‘thinking’ and ‘theory’ will provide illumination. Sometimes grasping for theory can actually anaesthetise us to basic human concern, perhaps as a way of avoiding unimaginable loss.

One supervisee Katie described working with a blind teenager who would always reach for her head and place their foreheads together in order to connect. Katie found herself pondering the image of heads and brains and thinking and one time said to her client ‘Yes I’ve been thinking about you’. Her client responded ‘What’s thinking?’ In the supervision we re-enacted the scenario and again Katie began speaking about the experience – only when I got her to stop talking and thinking could we ‘sense’ together the client’s fear that seemed transmitted through touch.

Another supervisee Aisha remarked that she always felt that she was standing behind a closed gate when working with a child who seemed lost and distant. I asked her to describe the gate and we discovered that it had a latch but was not locked. I simply said ‘open the gate!’ and she laughed in acknowledgement that she had not in her mind considered this and the idea of playing symbolically with the material opened up a different perspective on the work.

Sometimes supervisees feel empty, helpless and hopeless in the face of overwhelming feelings of sadness and grief. Maria, a Spanish trainee came to me on placement in tears. She said she simply had no words to describe her experience of working with the children – not in English or Spanish. She couldn’t speak, think or feel, describing herself as being like stone. She wanted me to recommend books that would help her.

I encouraged her to work with the stone sensation and the following week she silently entered the supervision space with a handful of stones and a board. She said nothing, but in tears she began to drop the stones, one by one, seemingly at random. She nudged them, pushed them gently until surprisingly they formed a circle. She cried again at the image of their formation and this opened up her world of words to begin to process what lay within her.

The film ‘Memoirs of a Geisha’ (2005) has a line saying, ‘At the temple there is a poem called ‘Loss’ carved into the stone. It has three words, but the poet has scratched them out. You cannot read loss, only feel it’.

Loss is a profoundly sensory experience that can leave a deep, bodily felt sense of missing of touch, smell, sound and physical presence. Finding a nonverbal movement language together with our clients in order to bring the unspoken and unconscious into a shared awareness can allow the unimaginable to be bearable.

In submerging myself in the emotional waters of grief and loss alongside children and young people with profound and complex needs, a wise staff team and numerous trainees and supervisees, I have found myself over the years attempting to become more like the Monkey and ‘hear’ all they have had to teach me. I am deeply grateful for this learning! If in turn I can teach you something in reading this chapter it is simply this:

Make the leap!

**References**

Blackman, N. (2003) Loss and Learning Disability. London: Worth Publishing

Callahan, A.B. (2011) The parent should go first: A dance/movement therapy exploration in child loss. American Journal of Dance Therapy, 33(2), 182-195

Chadwick, A. (2011) Talking about Death and Bereavement in School: How to Help Children Aged 4 to 11 to Feel Supported and Understood. London: Jessica Kingsley

[Cottis](http://www.amazon.co.uk/s/ref=dp_byline_sr_book_2?ie=UTF8&field-author=Tamsin+Cottis&search-alias=books-uk&text=Tamsin+Cottis&sort=relevancerank), T.  (Ed) (2008) Intellectual Disability, Trauma and Psychotherapy. London: Routledge

# Doka, J. (Ed) (1995) Children Mourning, Mourning Children. Oxon: Routledge

Dyregrov, A. ( 2008) Grief in Children, Second Edition: A Handbook for Adults.  London: Jessica Kingsley

Edgette, J. S. (2012) Why Teens Hate Therapy: Mistakes Therapists Should Avoid, Psychotherapy Networker. Available at www.psychotherapynetworker.org (Accessed 13/05/16)

Endrizzi, C, Bastita, R, Palella, P,Cossino, P & D’Amico, G. (2014) Health workers faced with death: The influence of training language employed in the passage from life to death. Body, Movement and Dance in Psychotherapy, 9 (2):74-81

Fox, S. (1985) Good Grief: Helping Groups of Children When a Friend Dies. Boston: New England Association for the Education of Young Children

Goldman, L. (2014) Life and Loss: A Guide to Helping Grieving Children. New York: Routledge

Grey, R. (2010) Bereavement, Loss and Learning Disabilities: A Guide for Professionals and Carers.  London: Jessica Kingsley

Holland, J. (2016) Responding to Loss and Bereavement in Schools: A training Resource to Assess, Evaluate and Improve the School Response. London: Jessica Kingsley

Judd, D. (2014) (3rd Ed.) Give Sorrow Words- working with a dying child. London: Karnac

Kubler-Ross, E. (1980) On Death and Dying. London: Tavistock

# Mallon, B. (1998) Helping Children to Manage Loss: Positive Strategies for Renewal and Growth. London: Jessica Kingsley

Nash, P. (2011) Supporting Dying Children and their Families. London: SPCK

Nepo, M. (2000) The Book of Awakening. San Francisco: Conari Press

Stanford, P. (2011) The Death of a Child. London: Bloomsbury

Sunderland, M. (2003) The Day the Sea Went Out and Never Came Back. London: Speechmark Publishing

# Thompson B.E. & Neimeyer R.A. (Eds) (2014) Grief and the Expressive Arts: Practices for Creating Meaning. New York: Routledge

Turner, M. (2006) Talking with Children and Young People about Death and Dying: A Resource Paperback. London: Jessica Kingsley

Webb, N.B. (Ed) (2011) Helping Bereaved Children, Third Edition: A Handbook for Practitioners (Social Work Practice with Children and Families). New York: Guildford Press

Worden, J.W. (2009) Grief Counselling and Grief Therapy: A Handbook for the Mental Health Practitioner, Fourth Edition. London: Routledge.

Websites

Winston’s Wish – The Charity for Bereaved Children. Available at www.winstonswish.org.uk (Accessed 08/11/16)

Film

*Children of a Lesser God* (1986) Directed by Randa Haines [Motion Picture, DVD]. USA: Burt Sugarman Production

*Memoirs of a Geisha* (2005) Directed by Rob Marshall [Motion Picture, DVD]. USA: Amblin Entertainment and Spyglass Entertainment and Red Wagon Entertainment

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