

CHILDHOOD AND DEATH

Helenore Wass and Charles A. Corr (Eds.). New York: Hemisphere Publishing, 1985. List Price \$39.95 US and Canada. Distributed in the UK by Taylor & Francis, Basingstoke, price £27.00.

This is a very important book, not only for those concerned with all aspects of death, dying and bereavement in relation to childhood and children, but one which has wider applications as well—for example, considerations of staff stress and death education.

It is a measure of its success that the book did not reach the reviewer until two years after its arrival at Cruse Headquarters—it was in immediate demand by counsellors and one can understand why. Edited by Hannelore Wass and Charles

Edited by Hannelore Wass and Charles A. Corr, both well-known in the field of death education and for their own writing, this is a comprehensive source dealing with the sensitive, difficult and complex issues of working with children and parents in the area of death and dying.

The editors have assembled a distinguished and impressive list of contributors. Some, like Mary Vachon, Erna Furman and Ida M. Martinson, are already known to British researchers and writers but although others are not, their experience and the consistently even editing of such a wide ranging contribution to the literature makes for a most worthwhile and readable book.

The emphasis throughout is on a combination of theoretical information and research, clinical examples and observations, together with practical guidelines for effective and useful help for children and families.

The book is divided into five sections. Children's concepts of death are followed by chapters on the dying child, care of their parents, and a discussion of staff stress in this difficult field. The latter derives from the extensive research and practical experience of Mary Vachon and that of her colleague, Ed Pakes. This chapter in particular could be read with great advantage by those involved with the prevention and treatment of staff stress in other fields.

A further section deals with bereavement in children and includes a chapter by Erna Furman, whose contributions to the field are well known. British workers will be surprised that her insights are on the whole derived from psychoanalytical patients (children, some of them as young as two years of age), and out of the 23 such children from whom the research is drawn, "14 of them received individual psychoanalytic treatment and were seen five times weekly in 50-minute sessions of periods of two to six years"! Thus these interesting insights were drawn from a small group of clinic patients, undoubtedly in many ways different from a British sample not least by virtue of their exposure to such intensive treatment, but apparently not particularly different in income and socio-economic backgrounds generally. So this was already a particular kind of sample and though it has a great deal to teach us, one would still like to be sure that the ideas gleaned generalise to a community population. The chapter is, however, full

of helpful and practical insights and suggestions for helping young children deal with loss.

Marital relationships are helpfully considered and in particular Miles has a useful section in this chapter on the grandparents and on the needs of the care-giver. Very usefully (though one rarely hears this said) she reminds us that "all care-givers who work routinely with dying children or grieving parents should take care to vary the amount and type of their work so that not all of their energy is focused on grief."

This is followed by a contribution from Margaret Miles aimed at helping adults mourn adequately the death of a child, which includes a useful section on the "period of reorganisation"—namely the difficulty of finding data to confirm the length of time required to "reorganise" or adapt to the loss of a child. As she points out, "reorganisation is not recovery, for parents say that they never recover from the loss of a child. They are never their old selves again, but face life as a different person."

"They should use breaks, vacations and 'time out' whenever needed to do other creative activities. They should learn to separate their personal and professional lives sufficiently so that their time away from work becomes a time of renewal, rest and refreshment".

The section on stillbirth, neonatal death and sudden infant death syndrome is contributed by Glen W. Davidson and, unfortunately describes a very out-of-date experience of hospital practice in the United States, a practice which Davidson does not of course condone. As I myself witnessed as long ago as 1983, and as the evidence of this book makes clear, the care of parents in highly technologically competent neonatal units in the United States did indeed lag behind in psycho-social terms the standards of support and appreciation of parental feelings which we have come to expect in the United Kingdom. It is sad that despite the contributions of Klaus and Kennell, and others, some parents may still experience difficulty in staying close to, and being helped to care for, their very sick neonates. Understandably, in North America enormous geo-graphical distances and economic and graphical distances and economic and other factors doubtless influence this. It is to be hoped that some of the existing practices described in the United States will soon change, to the undoubted benefit of parents and indeed the staff who care for them and their babies.

The section in this chapter on sudden infant death syndrome is brief but accurate for the United States. Inter-state practice differs from one state to another, the state of Illinois being used as a model of good practice. Illinois has set up a SIDS office in the Department of Public Health to acquire better data for research, train professional staff and provide support for parents. It may surprise workers in the United Kingdom to learn that until the National Foundation for Sudden Infant Deaths in the United States was organised and launched, a campaign to "humanise" the management of SIDS, for example over the autopsy, was not uniformly mandatory. The book contains an important contri-

The book contains an important contribution on suicide and suicidal behaviour in children, and the changing concepts of death and death-related behaviour at different development stages is helpfully reviewed. The final section of the book involves death education in general with a discussion on ways in which families might more helpfully 'educate' children about the realities of death (and how difficult they often find this). Cognitive approaches by parents of differing styles explain the relative differences and difficulties; (for example a study looking at individual mothers' styles of communication along "open" versus "closed", and "warm" versus "cool" axes). This section will be of particular interest to those concerned with "death education" for small children, at home and in schools. "The goal would be to educate parents so that their children are reared with fewer anxieties and 'hang ups' than the previous generations".

ups' than the previous generations". The book ends with some interesting research on teaching small children by means of imaginative literature and pictures. The advantages and disadvantages of using fairy tales and myths in such education is discussed, the principal advocate of the advantages being of course Bruno Bettelheim, with the contrary view put by Anthony. This is an interesting discussion which will give many health and other educators in this country some food for thought.

In summary, therefore, a thoroughly useful book, compiled and referenced in a most scholarly way, which I for one am most regretful to return to the Cruse library! I am now going out to order my own copy.

DR. KERRY BLUGLASS MBChB, DPM, FRCPsych Consultant Psychiatrist, Senior Clinical Lecturer, University of Birmingham

PARENTAL LOSS OF A CHILD

Theresa A. Rando. Research Press Co. Illinois, USA; 1986. \$27.20. (£16.95 from Parthenon Publishers, Casterton Hall, Carnforth, Lancs. LA6 2LA).

Theresa Rando, PhD, is a clinical psychologist working in the field of dying, death and grief. This book, edited by Rando, was written by professionals and bereaved parents to provide practical information to anyone dealing in any way with the loss of a child. It is possibly the most comprehensive collection to date on this subject.

The first section of the book considers the reasons why the adult model of grief does not generally apply to parental bereavement. As the author points out, "the loss of a child is more of a personal loss of self than any other loss". In addition to the recognised factors that may complicate grieving, each of the four tasks of mourning is further complicated by issues unique to parents who are dealing with the death of a young or adult child. Several studies have found that grief resulting from the loss of a child is particularly complicated and long lasting. The "normal" grief of parents appears to be similar to what is known as unresolved grief in most other bereaved people.

Sections two and three of the book are divided into a number of chapters each one dealing with a different cause of parental bereavement, a discussion of the social and psychological implications and specific interventions for care-givers. Subjects include: miscarriage, stillbirth, SIDS, accident, suicide illness and the death of an adult child. Chapters are also devoted to socially unacceptable losses such as abortion, adoption, and missing children. There are four chapters dealing with subjective experiences of death as they relate to mothers, fathers, single parents and siblings.

The final two sections of the book contain information on helping bereaved parents. They include chapters about individual and family therapy as well as communicating with surviving children. There are chapters directed to the clergy, doctors and funeral directors. Finally there is information on organisations to help bereaved parents, though not all the information in this section relates to services available in the United Kingdom.

This book contains a wealth of material on parental bereavement and it is not possible to do it justice in a brief review. Every chapter is easily readable and the use of case material adds greater meaning to the text. I recommend it highly to anyone, professional or not, dealing with any aspect of the death of child.

> LYN FRANCHINO, PhD Counsellor

CARING IN CRISIS: A Handbook of Intervention Skills for Nurses. Bob Wright, SRN, RMN. Edinburgh: Churchill Livingstone, 1986. £7.95.

Bob Wright's book is a welcome addition to crisis intervention literature. His book is rooted in many years of practical nursing in the field of crisis intervention, which includes experience as a charge nurse in the accident and emergency department of a district general hospital, psychiatric nursing and a study of psychiatric nurse clinicians in emergency areas in the USA.

In this book he draws on these experiences to illustrate his theory of the nature of crisis (chapter 1), and to identify basic crisis intervention skills (Chapter 2-9). He begins by stating:

"I am constantly amazed, when patients and their families are faced with the most overwhelming disasters in their lives, at their strength and ability to move forward. They have much to teach us, both in our work and personal lives."

This attitude of humanity towards those he has sought to help and support is a constant refrain. Indeed, he emphasises that as the "interveners" we can learn much about human nature and even more about ourselves as we seek to help others through their "crisis".

Each chapter follows the same helpful format. A potential crisis is explored, the literature is briefly reviewed and recent research papers highlighted. In many instances practical advice and guidelines are offered to the person intervening in such situations. There then follows a case study accompanied by pertinent questions for discussion.

In the chapter on "Life Transitions" I found the parts on the mid-life crisis, unemployment and the elderly particularly relevant to anyone involved in the front line of nursing today, i.e. accident and emergency units or primary health care teams. Chapter three on "Sudden Death" includes some practical advice and guidelines for nurses in areas such as acute medical/surgical wards, Intensive Care, Coronary Care and Accident and Emergency units. Sadly, even today, in spite of the frequent occurrence of sudden death in these areas, very few units offer their staff any preparation or training in managing such crisis. Indeed many staff I know and work with are unfamiliar with the value and benefits of either anticipatory grief work in preparing relatives and friends for the news of the sudden and unexpected death of their loved one, death-telling strategies, or with facilitating the reactions of relatives to the news of the death.

of relatives to the news of the death. Interestingly, Bob Wright includes in this chapter his own research on British and American nurses' difficulties in coping with the emotional responses of relatives and friends to the news of the death. Chapters four and five go on to explore the areas of distorted body image, and self-poisoning and deliberate self-harm. The chapter on victims of violence contains some excellent guidelines, developed by Bob Wright in 1981, for talking to a child when a case of child abuse is suspected. There are sections on violence against women, victims of criminal violence, violence against the elderly, as well as an examination of the crisis faced by victims of road traffic and other accidents. Chapter seven is about coping with major accidents or disasters, and readers in the UK will find Bob Wright's comments particularly topical.

"Major hospitals and local authorities will have plans for responding to major incidents and disasters. Our Department of Health and Social Security has guidelines for making arrangements to deal with major accidents. (DHSS 1977). One striking omission from many of these plans concerns guidelines for teaching, training or the actual handling of the emotional crisis produced by these incidents."

The case study accompanying this chapter is particularly good. Other chapters deal with the disruptive

Other chapters deal with the disruptive and difficult patient and his family, and staff stress. This latter has some helpful basic ground rules for any individual or team wishing to establish a support group. In his preface Bob Wright stated:

"The crises experienced by our patients are not limited to them. The crisis becomes a part of our work, and, for a short time, a part of us. It is hoped that we will emerge from these experiences as agents of care who are able to facilitate change and direction in crisis.

Our involvement in these areas of nursing however, will also confront us with our own emotional needs. These experiences should, ideally, increase our insight into ourselves and into our strengths and weaknesses."

I enjoyed this interesting and thoughtprovoking book, which will help those working in accident and emergency departments, intensive care, coronary care and other high dependency units, as well as all those who seek to care for those in "crisis".

> SISTER SUSAN McGUINNESS, FCJ, SRN, RSCN Nurse and Bereavement Counsellor

THE DANIEL DIARY Allsa Fabian. London: Grafton Books. 1988. £9.95.

A mother who is too old to have further children loses her five-year-old daughter, Sarah, who dies suddenly with 'flu. This tragedy occurs while they are on a family visit to Australia. Sarah's young brother, Daniel (or Feddie, as she nicknamed him), is not quite three, and it is about his reactions to Sarah's death, his comments and questions, that *The Daniel Diary* is directly concerned. It spans the next two-year period in Daniel's young life, the first half of which has been spent in close relationship with his beloved sister. It was a very secure existence.

The Diary is kept by Daniel's mother, keenly perceptive and feeling a lot of what the little boy feels. Others in the author's immediate family are Daniel's sculptor father, Erwin, and his maternal grandmother and paternal grandfather. There is less of Edwin in the Diary than there is in Ailsa's Introduction in which she pays tribute to his untold support. "Knowing there was not a hair's breadth between us, we were able to acknowledge our common grief over and over again, without words, or in the tritest of phrases... this was my deepest source of strength in learning to endure a loss for which there is no consolation."

Mother's frequent and largely unembel-

lished entries in the Diary describe the mourning process for Daniel. She agonises in watching her little son struggling to believe the incredible, and the way in which Daniel oscillates between expecting and not expecting to see Sarah again is shared by her. It is indeed very hard to believe in the death of someone one truly loves. Invariably sensitive and aware, she under-stands in Daniel's outbursts of anger and rage the acuteness of his grieving. Also, she understands the apparently calm way in which Daniel asks questions about tender topics as being "a flight to reality" away from the manifold pressures of the unconscious. His play is something else . . he likes to choose and repeat the games he played with Sarah. For a while, to dress up in her clothes; helping the nurse hand out the pegs and hanging the washing, though on another occasion Daniel wants to be like Dad and stand up to use the w.c.

At times, mother sees him as a forlorn, stricken little soul. In the interests of his comfort (and for hers), she subscribes to the story that Sarah has gone to the angels. The angels cannot make her body better, and they cannot bring her back home, though at least, she may be able to hear what Daniel and mummy are saying. As the intelligent Daniel moves rapidly into the "why?" stage of development, this myth becomes more difficult for parents to explain in any detail. There is also the apparent contradiction for Daniel when he hears the words of the old Negro spiritual:

"Swing low, Sweet chariot,

Coming for to carry me home,

A band of angels coming after me, Coming for to carry me home."

His belief that the angels are going to bring Sarah back is re-kindled.

For Daniel, there is the insoluble puzzle. Why could the angels not have saved her? Why not the hospital? What had Sarah done to make her die? One day on the beach, Daniel saw Sarah turn over a starfish. Was it this that made her die? Or else, perhaps making Mummy cross might make you die. Or maybe, it is only girls who die more often? And so on. Without a religious conviction, Daniel's parents have to say that they, themselves, do not have all the answers. What they do, is offer him a great deal of love and as much assurance as they can truly muster, though later on they find themselves sharing the uncertainty of not knowing. Ailsa notes the first real signs of Daniel's recovery 14 months after Sarah's death, but there are still references to his bringing the bereavement task to resolution over a year later. Somehow, the reader understands the brave little boy as having expressed on behalf of his family (not one easily able to give vent to emotions), their shared pain, sorrow and sheer sense of outrage.

The interaction between mother and Daniel as remembered seems always and at once tender and true, and never abra-sive. Any hint of rawness features only in relation to baby Sylvia, who is fostered by Daniel's parents with a view to the adop-tion they eventually decide against. For it is in their coming together as a threesome that this family finds consolation and hope. Ailsa perceives this and more when they stop for awhile on a dark, star-studded night coming home from Sydney . . . "the three of us stood in a circle of firelight surrounded by infinite silent darkness. I think it was the first time that I was aware that we were becoming a new entity, bound together by our common experience as survivors and able to find pleasure toas survivors and able to find pleasure to-gether, even though subdued and melan-choly. The knowledge was not fully con-scious, and not yet a reliable source of strength, but I remember thinking that the fragment of time, in a place whose precise location I would never know, had an austere beauty that was somehow acceptable and consoling."

There is no doubt in the mind of the author that keeping the Diary helped her author that keeping the blary helped her in the process of her bereavement in that it "objectified" (Ailsa's term) her grief, while yet allowing her to go over it again and again. The Diary is going to bring much comfort to bereaved parents; for counsellors and other professionals, it will make a memorable contribution to the growing body of knowledge about the de-

velopment of the concept of death among young children. I have felt privileged in being able to review The Daniel Diary and as if entrusted with this private and often poignant dialogue between mother and son, so movingly put to paper that it amounts to nothing short of revelation.

> STELLA EGERT Cruse Counsellor and Therapist

THE PITCH OF GRIEF A programme about loss, grief and

recovery The Pitch of Grief, which was reviewed in the Summer 1988 issue of Bereavement Care (p.24), is now available in the U.K. through: Concord Film & Video Coun-cil Ltd., 201 Felixstowe Road, Ipswich, Suffolk IP3 9BJ. Tel: 0473 726012 or 0473 715754.

Cruse News

Follow-up of Major Disasters

The Department of Health has asked Cruse—Bereavement Care to set up a Joint Working Party to consider what lessons can be learned by Social Services Departments and other local agencies from recent major disasters in the U.K., and how these lessons can best be dis-seminated to those providing social and psychological support in the aftermath of

New Branches

Since our last issue, new Cruse Branches have opened at: Corby, Dundee, Foyle, The Isle of Man, Selby, Waltham Abbey and Harrogate. Cruse now has 150 and Harrogate. Cri Branches in the U.K.

Cruse Bereavement Counselling Courses

LONDON

Archway Branch are holding a 7-week course on Thursday evenings from 7th Feb-ruary to 16th March 1989. Topics covered include how children are affected by death, the experience of ethnic minorities, the hospice approach, dealing with sudden death and disasters, and a psychotherapist on counselling the bereaved. This course is suitable for all who work with bereaved people and also for the general public. It would be a good preliminary course for those considering training as bereavement counsellors.

Counsenors. Cost: £28 for the 7 evenings, or £5 per individual evening. Venue: Jackson's Lane Community Centre, Archway Road, London N6 (opposite Highgate Tube Station). Further details from Hazel Sternberg, Archway Cruse, Tel. 01-341 4515 (answerphone).

MIDLANDS

For details of courses to be run in the Midlands in the first part of 1989, please contact the following: Birmingham: Cruse, 021-643 4822. Coventry East: Doreen Cox, 0203 594218.

Leominster Border Marches: Mandi Cree, 05473 387

Newark: Anne McKenzie, 0636 71869. Sandwell West Midlands: Gayna Jepson,

021-557 4356.

In case of difficulty, please contact Mrs. Caroline Bernasconi, Cruse Midlands Area Organiser, Blue Cedars. Ashow, Kenilworth CV8 2LE (0926 55669).

NORTH THAMES AND EAST ANGLIA

Chiltern and Beaconsfield. Introduction to loss and bereavement (for potential Cruse workers). Mondays 6th February to 13th March, 7.30-10 p.m. at the Stokebury Centre, London Road, Amersham. Cost: £12. Requests for application forms to Kay Clymo (training officer), Chesham 782483, or to Branch contact (Amersham 22515). Dacorum (Hemel Hempstead). Under-standing bereavement. Mondays 23rd January to 13th March, 7.15-9.15 p.m. at

such disasters. Funding for this project is being provided by the Department. The first meeting of the Working Party will be in February 1989. Cruse has responded to the recent aircraft disasters in the U.K., Lockerbie and East Midlands, by providing local Branch counsellors and the support of Cruse House.

Steering Committees

Steering Committees, which precede the opening of a new branch, have been set up at Colwyn Bay, Dover and District, Grimsby, and Rother and Hastings.

Dacorum College, Hemel Hempstead. Cost: Dacorum College, Hemel Hempstead. Cost: £17.85 (£5 widows and widowers). Appli-cations to Prue Noble, 4 Hempstead Road, Kings Langley, Herts WD4 8AD (09277 64305), or to The Organiser of Adult Studies, Dacorum College. Speakers in-clude Dr. Colin Murray Parkes and Dr. Peter Bruggen Peter Bruggen.

NORTHERN ENGLAND

Durham. A training course for profes-sional workers will be held at Elvet Riverside, University of Durham, on Wednesdays from 3 p.m.-6 p.m. from 1st February to 22nd March 1989. Course Fee (including refreshments): £120. Please apply immediately to Nick Tyndall, Training Officer, Cruse. 126 Sheen Road, Richmond, Surrey TW9 1UR.

SOUTH EAST ENGLAND

Chichester and Arun Branch will be run-ning a course on Understanding Bereave-ment, starting on Monday, 6th March 1989 for seven weeks. Cost £20. The course is designed for those who have a professional concern, existing counsellors, those who may wish to become volunteer counsellors for Cruse, and anyone else who may be interested. The sessions will be held at the Richmond Day Centre, Graylingwell Hospital. Chichester, starting at 7.30 p.m.

The course will be followed by a second part designed to provide the skills needed for those who wish to become Cruse counsellors or for Cruse counsellors who wish to update or improve their skills.

For further details and an application form please write to Mrs. Ruth Genrey, Course Secretary, "Tresungers", Church Road, East Wittering PO20 8PS, or tele-phone Chichester 784770.

SCOTLAND

Elgin/Inverness. A Training Course will be held from 27th February until 20th April 1989. Applications should be made to Mrs. C. Bagnall, Ingleside, West Road, Elgin, and Mrs. F. Gillingham, 45 Temple Crescent, Inverness.

East Fife have a proposed course to be held in Kirkcaldy from 15th April until 1st July 1989. Enquiries can be addressed to Mrs. Ruth Hampton, Cruse Organiser for Scotland, 138 McDonald Road, Edinburgh EH7 4NL. Tel: 031-556 4489.



BEREAVEMENT CARE is published for all Cruse workers and others who wish to deepen their understanding of bereave-ment. It is sold subject to the condition that it shall not be lent, re-sold, reproduced in part or in entirety, hired out or otherwise circulated without the publisher's consent.

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Editorial Office: Cruse House,

126 Sheen Road, Richmond, Surrey TW9 1UR.

Editors: Colin Murray Parkes MD DPM FRCPsych

Dora Black

MB ChB FRCPsych DPM Managing Editor: Patricia Scowen MA SRN HV

Cruse Director: Derek Nuttall

Training Officer: Nicholas Tyndall

Information Officer: Wendy Wilson

Cruse House, 126 Sheen Road, Richmond, Surrey TW9 1UR. Tel. 01-940 4818.

BEST OF BEREAVEMENT CARE

Packs of selected articles from the journal "Bereavement Care" are journal available as follows:

- Children and Adolescents. No. 1. £2.00 plus 26p p. & p.
- Bereavement Counselling: No. 2. Understanding People's Needs. £2.40 plus 26p p. & p.
- Bereavement Through Vio-lence, Suicide or Disaster. £3.20 plus 26p p. & p. No. 3.
- Cultural and Religious Aspects of Bereavement, $\pounds 2.00$ plus 26p p. & p. No. 4.

All available from Cruse-Bereave-ment Care, 126 Sheen Road, Rich-mond, Surrey TW9 1UR. Tel: 01-940 4818.

1989 Subscriptions—U.K.: individuals £6.00, libraries and institutions £11.00, Cruse workers £4.50. All inclusive of postage and packing. **Overseas rates: Europe**, individuals £7.00, libraries and institutions £12.00. **All other countries:** individuals £8.25, libraries and institutions £13.25. All inclusive of air mail. Kindly remit by sterling draft payable in London. Some back numbers available at £1.10 per copy, plus 20p postage (inland). Free index on request. Offprints of single articles available at 40p.

"Bereavement Care" is published three times a year in Spring, Summer and Winter. An index to 1988 and 1989, volumes 7 and 8, will appear in the Winter issue 1989.