EDITORIAL

in this issue, devoted to bereaved children and parents, we publish three papers by psychologists and social workers describing, in detail, interventions to help Dockrell and Dockrell reveal the way that a psychologist goes about trying to understand the reasons for a child's difficult behaviour, four years after his father's death which happened when the child was only 18 months old. Their combined approach of maternal counselling and family therapy was well designed as a result of careful attention to formulating and testing their hypotheses. Kitchener and Pennells lay out for us the structure and process of a group for be-

reaved children and Dyregrov, working in Norway, describes interventions to help parents bereaved by the death of a baby or child.

We need to be able to study such detailed work if we are to improve our skills as counsellors and therapists. We need, too, to listen to the bereaved whom we serve and we therefore welcome the honest account, on page 35, of a mother's feelings about the life-threatening and finally terminal illness and death of her adolescent son.

All the work we do with children owes its inception and inspiration to the work of the exceptional child psychiatrist, John Bowlby, who died last September, aged 83. A

founder patron of Cruse, Bowlby's seminal and classic three-volume book detailing his theory on the nature of the child's attachment to his mother and the effects of the disruption of these attachment bonds by separation and death ('Attachment and Loss', Hogarth Press, London, 1969, '73, '80) has generated a body of research on both sides of the Atlantic which continues beyond his death. On page 29 we publish a tribute to him by Colin Murray Parkes, a colleague, collaborator and friend for three decades.

Dora Black
Co-Editor, Bereavement Care.

A Family Copes with Death : A Case Study

Dr. J. Dockrell, BSc, PhD, Dip. Clin. Psych., Department of Social Psychology, London School of Economics

A. Dockrell, BA, MA, Chairperson, Edinburgh Cruse



Dr. J. Dockrell



A. Dockrell

Introduction

Death seldom comes gently into our lives. More often it comes like a thief in the night stealing away our treasure, leaving us devastated, sick at heart, angry and vulnerable. We lose not only something we love, but someone who has loved us back; someone who has become a part of us. It takes time, understanding, a certain stamina and caring people to help us grow through these stressful periods. Most of us do. If this is true for adults who have been strengthened over the years and grown in understanding and independence, what does the child experience whose safety and security depends totally on the adults around him, and who is in the process of developing an appreciation of his self-worth?

The grief and desolation the baby and very young child experience at the death of a parent is well documented 1-3. Without the cognitive ability to make sense of the loss or language to communicate feelings, children can only express themselves physically and emotionally. Furman points out that it is much easier for a child to understand the finality of death when it

is not related to a loved one³. The dead frog in the animal corner of the nursery helps the child to begin to understand that death is a normal part of living. As Furman says, children need the opportunity to express their feelings and ask questions if they are to make sense of the phenomenon. The death of a pet is serious, painful and tearful, but it offers an opportunity to grow a little. Children who learn to cope with smaller stresses and losses develop strategies which they can use in other losses.

Physical and psychological dependence are key issues in childhood grief, but so are factors like the circumstances of the death, the physical and emotional well-being of the child, the stability of the family members, the relationship of the child to the deceased, and the models loved ones offer in coping with the death. Rutter⁴ suggests that the serious detrimental effects of lack of support, discord, and multiple shifts of home are more likely factors in producing pathological grief than the bereavement itself. A supportive, stable, open family will help a child cope with grief.

When death comes to a family each member grieves the loss of a different relationship, and is so totally absorbed in his or her own grief that he may not see the grief and confusion of a child. Many parents, however, are all too aware of the child's confusion and may try to allay concern by religious allusions or metaphor which come easily to adults but may confuse or frighten the child. These fears show themselves in behaviour rather than words and, if adults can be helped to appreciate it for what it is, they in turn can help the child cope more effectively.

Children do not express their fears easily. By the time a child has reached the age of five years, there is a fear of loss of control and exposure of infantile dependency. Grief is often expressed in inappropriate behaviours. Boys especially have difficulty in expressing sadness. They may show aggressive behaviour or, on the other hand, compulsive care-giving. Either is more acceptable to the child, but neither allows him to come to terms with the difficulty.

Unexpected death is always more difficult to cope with. Death