

was to take a copy of the family tree and to go over the details again at home, answering all the children's questions. Similarly, in session three great concern surrounded Martin's worries, which he was unable to express. In this case Martin was to draw his worries and let his mother 'look after' them for him. The process was to be repeated at home. Symbolically his worries were acknowledged, but his mother took responsibility.

In each session Mrs. M needed support to follow through the requests she made of Martin. All of sessions two and four were devoted to getting Martin to sit down. By session five Mrs. M had taken responsibility for topics of discussion and therapist interventions were aimed at including both children. Session five focused on Martin's feelings (reported through his mother) 'that Martin had died at the age of two and "Magic M" (father's name) had survived'. Magic M was all good. The family initially colluded with this fantasy. Session six was concerned with management issues.

Effects of Interventions

Evaluation of the work with Mrs. M was in terms of relief of symptoms, ability to cope with life and ability to take risks in personal relationships. For the first time since her husband's death, Mrs. M had embarked on a relationship for fun. She felt happy with her life but admitted being frightened at the thought of 'the black cloud' returning. The situation with Martin was under control. She felt that the family sessions had shown her she could set limits and follow them

through by herself: 'maybe that was the whole point of the therapy'. She acknowledged her husband's failings and was able to comment on how unsatisfactory their sexual relationship had been. She is still excessively concerned about becoming terminally ill.

The family sessions resulted in more appropriate boundaries being established. This was evident from behaviours exhibited in the final session and incidents reported from home. Further, Mrs. M was more confident in her role as parent and expression of feelings was accepted.

The family were seen six months later for follow-up. Martin and P listened attentively as Mrs. M reported that Martin had only had two temper tantrums, which she had found upsetting but had dealt with. Martin was now top of the class and behaving well. P was talking regularly about Mr. M's death. Mrs. M had taken both children on successful holidays.

They had brought with them an unseen film of the Ms' wedding. Mrs. M set up the projector with Martin's help. It was done co-operatively but with Mrs. M definitely in charge. P arranged the chairs. Mrs. M answered the children's questions. Mrs. M remarked that she was surprised she didn't cry.

Conclusion

Mrs. M had always argued that Martin was too young to be influenced by his father's death. In contrast, we believe—and the literature supports us—that Martin was influenced not only directly by his own grief but indirectly and pro-

foundly by his mother's grief. Thus, two key interventions were required with this family. Mrs. M needed to acknowledge and 'work with' her own feelings of loss, and Martin needed his mother to take control of the family situation and acknowledge his own feelings of desolation and loss. It takes time, stamina and understanding for a widow to help her young family accept the loss of a father. The 'M' family case illustrates the difficulties with such a process and the role professionals can play in easing the way.

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OBITUARY

Dr. John Bowlby, CBE

Consultant Child Psychiatrist, Patron of Cruse

Born 1907, died 2 September 1990

All those who seek to understand bereavement owe a debt of gratitude to John Bowlby, the founding father of Attachment Theory and author of a major work (which bears comparison to Darwin's *Origin of Species*) *Attachment and Loss*. Bowlby was a great admirer of Darwin and followed him in drawing together evidence from a wide range of studies in order to formulate basic principles.

It was during his training psychoanalysis with Melanie Klein in 1955 that Bowlby first became interested in depressed patients whose illness had followed a bereavement. But he soon found himself in conflict with his analyst and set out to search for scientific evidence to support his own theories of separation and loss. In *Forty-four Juvenile Thieves: their Characters and Home Life* he reported the discovery of a high incidence of prolonged separation from their mothers in a series of children who had been referred to the London Child Guidance Clinic after committing thefts. He served as an army psychiatrist during the war and afterwards joined the staff of the Tavistock Clinic, where he was to remain for the rest of his life.

His next major publication was *Maternal Care and Mental Health* (later abridged as *Child Care and the Growth of Love*). Those arose out of an appointment as a consultant to the World Health Organisation, in the course of which he had the opportunity to study the effects of orphanhood and separation of children from their mothers in Europe and the U.S.A.

He exposed and explained the damaging effects which resulted from the admission of small children to hospitals, orphanages and other institutions which ignored their need for parental care and he spelled out in great detail exactly what he meant by this.

His work and that of James and Joyce Robertson, whose films of young children undergoing separation experiences was carried out in Bowlby's research unit, convinced all responsible authorities of the need for major reforms in the institutional care of children. Mother and baby units soon proved their value and one of the results was a major shift in favour of foster care and adoption, as opposed to orphanages, for children who had no parent available to them.

Of course Bowlby's ideas did not go unopposed. On the one hand he offended members of the Women's Movement who saw his insistence on the child's need for mothering as a threat to the liberation of women, and on the other hand he offended more orthodox psychoanalysts by criticising many of the tenets of Freud and Klein. These battles continue to rage, but in the long term it is these very movements which stand to gain most from his work; women because of the serious attention which is now being given to the need of mothers with children, and psychoanalysts because of the evidence which Bowlby has brought together to demonstrate the lasting influence of childhood experiences on mental disorders in later life. It is largely thanks to Bowlby that we now have the beginnings of a scientific basis for psychotherapy.

To adopt a more personal note, I joined John Bowlby's research unit in 1962 and had the pleasure of working closely with him for 13 years.

I was one of a group of researchers (others included Mary Ainsworth, Robert Hinde, and Mary Main) who between them

contributed to the development of that complex body of knowledge which is Attachment Theory. Bowlby drew on these and many other sources for the three volumes of *Attachment and Loss* (published in 1969, 1973, and 1980), a work which will remain a lasting influence on all who study the nature of love relationships.

Within the last year he wrote an epilogue to *Attachment Across the Life Cycle*, a tribute to his work to which many of the researchers who were influenced by him

have contributed (Eds. Parkes, Stevenson-Hinde, and Peter Marris). He also saw the publication of his own scholarly biography of his leading light, *Charles Darwin*. He remained, to the end of his life, an active, clear-thinking, and rigorous scientist whose fierce determination to find a rational basis for understanding and treating the problems of children and parents contrasted with the gentleness, patience and kindness, which endeared him to all who knew him. Bowlby seldom used the word

'love', considering it too laden with emotional connotations to be scientific. Yet, the fundamental message of his work is that in all caring relationships including that of therapist and patient, the essential ingredient is a form of attachment which provides security without sacrificing autonomy and this, in the end, is the basis of mature love.

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A Bereavement Group for Children

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Introduction

In the space of one week several referrals to our Child and Family Guidance Service concerned children with behavioural and emotional problems related to recent family bereavements. This led our team to consider how best to approach these cases, and we decided to use group work methods.

Usually the most favoured treatment methods include individual counselling and family therapy^{1,2}. However, we chose group work because groups help to alleviate the feeling of isolation, increase self esteem and give reassurance of not being alone³. More importantly, group work gives peer group support.

Planning

Five children were referred to the group, comprising two sets of siblings whose mother had died within the previous six months and one child whose sibling died two years before. Four of the children were aged between eight and nine, and one was a six-year-old whom we considered mature enough to fit in with the group.

We decided it would be a closed group over a period of eight weeks. As well as the commitment to these weekly sessions, we requested three sessions with each family to be held at the beginning, middle and end of the sequence of sessions. Aware of our own need for supervision, we planned some sessions with a consultant psychiatrist.

Aims

The overall aims and objectives of our group were:

1. To help the survivor express the effect of the loss

2. To increase the reality of the loss
3. To provide the opportunity to voice fears and concerns and to create opportunity to acquire knowledge

4. To foster a sense of mutual identity and support

5. To encourage healthy withdrawal from the deceased

6. To aid readjustment after loss: to seek new relationships, adjust to a new position in family or adjust to a substitute family.

We planned each session to include games designed to facilitate sharing, confidence building, self-disclosure, trust, or relaxation, etc. Games would also help to channel energy which otherwise might be destructive to the group. Food and drink would be provided, with the children helping to give this out as a symbol of sharing and comfort. All sessions were to include some animation, e.g. art work, writing, movements and role-play.

We planned eight sessions as follows:

Session 1.

Aim: Joining Process.

1. Food and drink.

2. Introduction of workers and group members.

3. Explanation of group's purpose, the work it will involve, the safety and comfort we hope to provide, and the rules that help make it a safe place e.g. confidentiality, no fighting, respecting others and the building. Invited questions from members and rules they felt important.

4. Explanation of 'place-mats'. A poster was devised representing the eight sessions, the aim being for each child to complete each section by drawing what the group had represented to them on that occasion. When the sequence was finished the children would keep their 'place-mats' to symbolise their place in the process they had gone through.

5. Introductory games/ice-breakers⁴.

6. Introduction of 'Good News—Bad News', i.e. what good and bad things had happened during the week.

7. 'Place-mat'.

8. Introduction of next week's topic. Children were asked to bring a memento (link object) of their deceased.

Session 2.

Aim: Beginning to actualise the loss. Revive positive memories of the deceased.

1. Food and drink with 'Good News—Bad News'.

2. Introduction of memory revival by reading story to group⁵. Short discussion of feelings aroused by story.

3. Link object. Each member discussed what the object was, why they kept it, memories it aroused, etc.

4. Activity—drew pictures of happy times with deceased and shared them.

5. 'Place-mat'.

Session 3.

Aims: Identifying and expressing feelings about the death. Begin to focus on negative feelings. Mutual identity and group support.

1. Food and drink with 'Good News—Bad News'.

2. Recapped on last session's good memories then introduced other, more negative feelings.

3. Brain-stormed negative feelings and made list. Each member talked about the circumstances of the death of their relative, others encouraged to ask questions and make comments.

4. Activity. Each given sheet of three blank faces⁶ and asked to draw in the three negative feelings they felt the most.

5. 'Place-mat'.

Session 4.

Aim: Continuation of Session 3.

1. Food and drink with 'Good News—Bad News'.

2. The list of feelings drawn up in Session 3 had been transferred onto cards, one for each feeling, which were scattered around the floor. Children were asked to select the feelings they identified with the most, and from these they were to choose two to talk about to the group.

3. Activity: Emotions Game⁴. (Leaders asked children to act out chosen emotions.) Games to relieve tension.

4. 'Place-mats'.

Session 5.

Aim: Talk about the facts and fantasies. Increase the children's understanding of death.

1. Food and drink with 'Good News—Bad News'.

2. Brain-storm the meaning of words: Goodbye, unknown, death. Discussion of issues raised.