

5. Children and the wider family

Bereaved and traumatised children are more likely than adults to be missed out. Few condolence letters are sent to them and they may be faced with a cloak of secrecy. Adults talk 'up there' not 'down here'. Children need a different language at a different level. It is often hard for counsellors to get near the children. If you ask parents how their child is doing they will probably say 'all right', but this may simply mean that the children are keeping their problems to themselves. Cruse produces and/or stocks a number of useful Schools Packs for teachers describing how they can help in this situation^{1,2,3}. Parents, grandparents and siblings may also suffer a great deal. Despite this they often play down their own needs in favour of those of a widow or widower, and counsellors may need to take initiatives in reaching out to this group. Survival guilt can be a special problem for children.

How can we help?

1. Preparing people

There is a lot we can do to prepare people for the possible dangers:

- By making them aware, and not concealing from them the real dangers associated with certain life-styles and diseases.
- By encouraging the expression of grief and other painful emotions in the face of the common crises of life.

2. Breaking bad news

- How the news is broken is important—not only what you say, but how and where you say it.
- Recognise the dangers of delays, which may keep people in uncertainty for a great deal of time.
- We must emphasise the importance of giving correct information *with authority*. The person who breaks the news needs to be someone of importance.

- Reassure where reassurance is possible, e.g. about the degree of suffering.
- Give credit to the value of the death—enhancing the importance of that death.
- Be prepared to take time to break bad news.
- Encourage spontaneous emotional expression.
- Allow people to come back and ask questions.
- Be spontaneous and genuine.
- Don't worry if you cry too.

3. Practical help in the early stages

During the *early stages of bereavement* people need advice on practical issues. It helps if they have something to do, but be there to help if needed. Involvement in activities is not a bad thing.

- Encourage people to talk.
- Reassure.
- While doing this assess risk and determine the need and availability of further support.

4. Further support

- Those requiring counselling visits need to be assigned counsellors who will be acceptable to them—people similar in age and sex, someone who is not necessarily a great expert, but a shoulder to cry on.
- Discourage bereaved people from rushing into doing things, e.g. selling up, moving away, etc. What is needed is time to take stock.
- Establish a time scale, letting the bereaved choose their own priorities.
- Manage high levels of anxiety and tension. Reassure people that even though they have overwhelming feelings, they can still be in control of the things that really matter.
- Recurrent nightmares can often be stopped. We make our own dreams and, to an extent, can actually choose and control them. In particular, we may find

it useful to think of another ending.

- People who did not accept the full reality of bereavement in the early stages may have delayed reactions. At first they may not feel secure enough to talk, and time needs to pass before they can feel more secure. A continuing supportive relationship which enables trust to be built up without putting pressure on the bereaved will often provide the secure base that is needed.
- In the face of massive or multiple losses, acknowledge that neither you nor the bereaved person can deal with more than one thing at a time—nor do we have to. Help people to decide what issues take priority, and to review each problem in detail before going on to the next. In this way we help to bring order out of chaos and convince people that, however daunting the problems that they face, they are not completely helpless.

5. Support for the supporters

Traumatic bereavements can traumatise the caregiver as well as the recipient of care. We need to monitor our own needs and to pace ourselves, offering only what we know we can give. We also need to share our own thoughts and feelings about the situation with a supervisor or other third party who can give to us the understanding and support which we are giving to others.

References

1. Ward B. Houghton J, in association with Cruse—Bereavement Care. *Good Grief 1: Talking and Learning about Loss and Death*. London: Good Grief Associates. 2nd edn 1992. Available from Cruse—Bereavement Care, 126 Sheen Road, Richmond, Surrey TW9 1UR.
2. Ward B and associates. *Good Grief 2: Exploring Feelings, Loss and Death in Under 11s*. Middlesex: Good Grief, 1989. Available from Cruse—Bereavement Care, 126 Sheen Road, Richmond, Surrey TW9 1UR.
3. Teenpack. Northern Ireland Cruse. Available from Cruse—Bereavement Care, 126 Sheen Road, Richmond, Surrey TW9 1UR.

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LETTER TO THE EDITORS

Dear Editor,

How I agree with Ursula Bowlby about her reaction to the bereavement experience (*Bereavement Care* Vol. 10, No. 1, Spring, 1991, p. 5). Neither the death of my husband, nor of my son, left me with the emotional reaction so commonly accepted in bereavement counselling as we now know it. To me both men are very much alive and, while I do not live with ghostly presences, I am always warmly aware of their caring and presence with me. This does not mean they make decisions for me, neither would I expect them to break into my life as I must live it. But I am happy about both of them with no sorrowing for them, although in difficult times I might be sorry for myself carrying the weight of living alone. Of course there are times when I miss them and their companionship and all that we shared together, but this is so much less important than the certainty that my menfolk are

together using their skills 'in the Company of Heaven' and learning new ones.

Of course there will be those who question my certainties, but since I was a youngster of 17 I have never had any belief in the void or abyss of death which has to be the pattern of secular or atheistic thinking if people are honest with themselves. Indeed, we should not weep for the dead but for the living. In a very true sense we can be glad for the expansion of their experience which in due time we hope to share. I believe, too, that emphasis on grieving is helpful neither to those who have moved into the next dimension nor to those still here. Tender, loving care while innumerable practical readjustments and changes must be made is much more to the point. It is this that the bereaved will remember long after the rough places have been made plain.

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CONFERENCES

Learning and Loss. The 1992 Working Conference and Third Annual General Meeting of the National Association of Bereavement Services. 18 May 1992. London. Details from NABS Conference, 68 Chalton Street, London NW1 1JR, 071-247 1080.

The Stillborn Thought: Disturbance of Thinking in Perinatal Bereavement and Mental Handicap. 20 March 1992. London. Details from Angela Norris, Conference Co-Ordinator, The Training Office, Tavistock Clinic, 120 Belsize Lane, London NW3 5BA, 071-435 7111 ext. 2469.