

groups and general practitioners. Severe depression may require short-term medication of some kind.

For clients already in a 12-step programme (ideally with a sponsor), or receiving counselling from an alcohol services agency, the support they are already receiving may well go a long way to alleviating the alcohol problem in the grief situation.

Ending the therapy

During the last sessions, clients should be encouraged to set their own boundaries, accept that no-one is all-powerful, and that many things in life go beyond our control. Sometimes meditation or assertiveness courses help. By this time the bereaved person may be ready to go into some social group. Al-Anon, for instance, has a nationwide programme which encourages personal and telephone self-help.

Whatever the approach, recovery and healing can be a long, slow, exceedingly painful process. It is a journey during which many bereaved people find themselves and their lives completely changed.

Details of local groups of Alcoholics Anonymous or Emotions Anonymous can be obtained from a local Samaritans branch. For information about local Al-Anon groups (for families, friends and relatives of alcoholics) telephone 0171-403-0888

FORTHCOMING CONFERENCES

Death and Spirituality. 12-15 May 1996. Ontario, Canada. 14th King's College Conference on Death and Bereavement. Co-ordinator: Dr John D Morgan, King's College, 266 Epworth Avenue, London Ontario, Canada N6A 2M3. ☎ 519 432 7946.

Gone Forever Project: Helping Children and Young People to Understand and Cope with Bereavement and Loss. 13 July 1996. Sheffield, UK. Apply to: Conference and Short Course Centre, Sheffield Hallam University, Collegiate Crescent campus, Sheffield S10 2BP. ☎ 0114 253 2511.

Fourth International Conference on Children and Death. 5-8 April 1998. The Netherlands. Contact: Dr Z Zylicz, The Pallium Foundation, PO Box 90, 7010 AB Gaanderen, The Netherlands. ☎ 31 26 3645792

COUNSELLING BY LETTER

by Susan Wallbank

A practical booklet on an increasingly popular and cost-effective form of counselling, used by Cruse for over 30 years

£2.95 plus £1 p&p

Available only from Cruse Bereavement Care, 126 Sheen Road, Richmond, Surrey TW9 1UR. Overseas customers please enquire about rates.

Death and people with learning disabilities:

Interventions to support clients and carers (part I)

Fiona Cathcart, MA, MSc, CPsychol, AFBPsS

Principal Clinical Psychologist, Department of Clinical Psychology, Gogarburn Hospital, Edinburgh, UK

The needs of people with learning disabilities who are bereaved have been acknowledged in the last decade. There is more understanding of ways to meet these needs. Carers need training and support when working with people who are dying or bereaved. This paper reviews the relevant literature, offers guidelines for practice and highlights areas for further development.

EVIDENCE OF GRIEVING

There is an extensive literature on dying and bereavement^{1,2,3,4,5,6} but there has been little research into the needs of people with learning disabilities. Oswin^{7,8} challenges the view that people with learning disabilities do not understand death and therefore could not grieve. She argues⁹ that participating in the social response to death is both a right and a support in itself. People with learning disabilities will be bereaved and face death themselves and they may need assistance to interpret what is happening to them.

Emerson¹⁰ found that some behavioural problems in people with learning disabilities had been precipitated by a bereavement. She reported that those caring for the person had minimised the significance of death or misunderstood the reactions to it. Disturbed behaviour such as aggression may be the only means of expression for some people with profound handicaps¹¹.

An early paper by Ray¹² describes two families in which the fathers died. Both mothers thought that their children would not understand and did not expect them to grieve. It became clear that the children's difficulties with understanding was not protective but added to their distress.

John, with Down's syndrome, was nine years old when his father died suddenly. Later his mother tried to discuss the loss with him but John became distressed and

EDITOR'S NOTE

Adults who have learning disabilities (formerly described as adults with mental handicap) are a neglected group in relation to many services. In the days when they were hidden from public view in institutions, it was unlikely that volunteer bereavement counsellors would have been asked to help them. With care in the community a reality, not only are learning-disabled adults more likely to be living near us, their losses may be more difficult for them to bear when there are fewer people to share them. Fiona Cathcart has pioneered studies of how best to help these 'children in adults' bodies' to cope with the death of a loved one and points out that our knowledge of how children grieve, and their needs, can help us. We have already published an article by Cathcart¹ on this subject, and are delighted to reprint this comprehensive review article which enables us to share her wealth of experience in this field. Practitioners working with people with learning disabilities will find much to help them.

1. Cathcart F. Bereavement and mental handicap. *Bereavement Care* 1991; 1(1): 9-11.

tried to injure himself. When a male visitor arrived John became excited, 'but when he looked at the man and realised it wasn't his daddy he just crumpled to the floor and started wailing'. On another occasion, on returning from a school trip, he ignored his mother waiting nearby and gazed around the car park saying 'Daddy'.

Bill was 16 years old when his father became ill. He saw his father's health deteriorating and visited him in hospital. Bill was staying in respite care when his father died and was unable to return