

birds who have been killed by cats fly up there, invisible to us down below?

Even among the older children, more boys than girls regard death, from a biological point of view, as the cessation of bodily life. This trend is most prominent in the oldest group: half of the 18-year-old boys, but only 13% of the girls of the same age, prefer this type of explanation. After death there is absolutely nothing, they say. The body returns to the ground.

As for considerations of the afterlife, Heaven is no longer offered as the exclusive explanation of an existence after death, as it was among children in the lower age group. What we now see are reflections about the process of dying, rebirth and of an afterlife in which one is reunited with dead friends and relatives. Sometimes what is expressed is only a hope that there may be some sort of afterlife.

Thoughts about reincarnation and death in the form of 'near-death experiences' are common among girls aged 12 and older. A third of the girls in these age groups express thoughts of this nature and draw pictures de-

scribing death as a journey through a dark tunnel toward a golden light in the distance. It is here that cultural influences are most evident. It is just this sort of idea of death that has been portrayed in our society in recent times.

Such speculations are practically non-existent among boys. To the extent that they reflect at all on a continued existence, they are more interested in Hell than Heaven. They consider the possibility of two alternatives at the final judgement after death – one directing the individual to Heaven, the other, to Hell. Their drawings of Hell scenes, which are very illustrative and detailed, describe graphically the horrors awaiting those fated to an afterlife in Hell. These representations are inspired by the cover art of video films and CDs and also, probably, by horror films and films of violence.

Personifications of death, ie representations of death in human form, appear to a certain extent among all age groups, with a predominance among the boys, though only when concepts of death are expressed pic-

torially. Verbally, only a few subjects described death in human terms. The form taken by drawn personifications of death is inspired by cultural archetypes, with death appearing as the grim Reaper, as a skeleton or a devil-like figure. Only a few younger boys drew death in a personal manner, as a snowman wearing a hat and bearing a large knife or some other weapon.

AN EXCITING ENTERPRISE

Questions about life and death are always present in human consciousness, from the young child's initial curiosity over why flowers wilt and die, to thoughts in old age about the transitory nature of life. Research within this sphere of enquiry is an exciting enterprise which will develop and branch off in many directions.

CRUSE BEREAVEMENT CARE

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BEREAVEMENT SUPPORT PROGRAMME

Winston's Wish (Gloucestershire, UK)

In 1992 Julie Stokes, a consultant clinical psychologist working with a hospital palliative care team, used a Winston Churchill Travelling Fellowship to visit bereavement centres in the USA and Canada. Inspired by what she saw there, she returned to found a grief support programme for 'every child in Gloucestershire who had experienced the death of a mum, dad, brother or sister'. A bear, named Winston in appreciation of the fellowship, symbolised the child-led approach, instrumental in the success of the programme.

The aims of the programme are:

- to organise a service which can offer an intervention to all children bereaved of an immediate family member, with the intention of reducing the risk of psychological and somatic problems in later life;
- to provide a supportive and educational environment where grieving children can share their experiences, and increase their knowledge and understanding of death, as they move through their own healing process;
- to respond to the individual needs of each child and its family, promoting open communication between them and enabling them to continue their lives in a meaningful way;
- to support care givers, schools and the wider community in responding

- to the needs of bereaved children;
- to increase awareness and understanding of the grieving process;
- to provide relevant support to other groups endeavouring to establish, or already providing, child bereavement services;
- to work towards the development of a national network for child bereavement services.

Winston's Wish is based at the Gloucester Royal Hospital and jointly funded from statutory and voluntary sources. Julie leads a small, multi-disciplinary professional team, supported by a larger team of trained volunteers. Together they provide a range of services including individual work, group work and residential weekends. A variety of social/therapeutic activities are also offered, designed to enable children and their parents to maintain friendships developed through the clinical programme, and to acknowledge difficult times during the year, like Christmas. To date 200 children have been referred each year, 75% of all bereaved children in Gloucestershire.

At the centre of the programme are the children's residential weekends¹, held five times a year in the Forest of Dean. Here children are helped to acknowledge and express their feelings, to understand more about illness and the causes of death, to learn that it is still OK to have fun and,

most importantly, to meet other children who have had a similar experience.

Diana Crossley, Macmillan child psychologist on the team, explains, 'We have worked hard to offer a range of child-focused activities. These are all theoretically based and build on each other to create an effective therapeutic process'. An important focus of the weekend is a candlelight ceremony when even children who have not expressed grief since a death can usually connect with their sadness. The children are then encouraged to remember the dead person with their families by lighting candles at home on special occasions. Every child leaves the camp with their own Winston teddy bear and a memory book to help them to remember that they are not alone.

During camp, a non-residential support group for the parents gives information about what the children are experiencing and provides a safe and supportive environment in which they too are helped to cope with their own grief. 'After School' groups are organised for children who have experienced a difficult bereavement, eg suicide or violent death (again a group for their parents is held at the same time). Individual therapy is offered to young people who are experiencing more complicated bereavements; this is about 10% of all children referred.

Tim Gisborne, a teacher employed by Winston's Wish, has invited all

Gloucestershire schools to join a support programme^{2,3} to ensure that they are prepared for the death of a pupil, a pupil's friend, or relative, or a teacher. Winston's Wish makes a commitment to offer appropriate support within 24 hours of a death which affects the school. Training days and consultation are also on offer to other agencies interested in developing child bereavement services. A comprehensive progress report is available, detailing

all aspects of the programme, which may be of help to others interested in developing similar services⁴.

It is exciting to see the emergence of many other agencies beginning to actively address the psychological well-being of bereaved children and their families. It is Winston's 'wish' that over the next decade a national network of services will gradually emerge which will have far-reaching consequences in ensuring that

the UK has a positive response towards children who have been bereaved.

1. Stokes J, Crossley D. Camp Winston – a residential intervention for bereaved children. In: Pennells M, Smith S (eds). *Interventions with Bereaved Children*. London, UK: Jessica Kingsley, 1995.
2. *Positive Response to Death: a strategy for schools*. Gloucester, UK: Winston's Wish.
3. Yendall D. *The Bereavement Booklist*. Gloucester, UK: Gloucestershire School Library Service, 1996
4. *Winston's Wish Progress Report, 1993-95*. Gloucester, UK: Gloucester Royal Hospital.

R E V I E W S

BOOKS

DEATH: What's Happening?*

Karen Bryant-Mole. Hove, E Sussex, UK: Weyland, 1992. £8.50 hb, £4.50 pb.

This is one of only a few books for children and young people about death and bereavement which depict families from many different ethnicities. Written in conjunction with Childline, it responds to questions such as 'Is death forever?', 'Why do I feel so angry?', 'Who'll take care of me?' and 'Is it my fault?'. Typical feelings, reactions and practicalities which worry children are dealt with in an honest way and useful information is given, from a strongly multi-ethnic perspective. A glossary and a note for parents and teachers are brief and effective.

One young reader felt that while she liked the sections about making birthday and anniversaries special, and the importance of being allowed to talk about the person who has died, she would have preferred to read something which dealt specifically with her personal bereavement. However, the range of pictures means that most children would have a situation with which they could identify. The book would be most helpful for a recently bereaved child as a 'way in', to begin to discuss feelings and, possibly, to find some reassurance.

David Oliviere

Lecturer in social work and palliative care

* Available from Cruse Bereavement Care, 126 Sheen Road, Richmond, TW9 1UR, UK.

BEREAVED CHILDREN AND TEENS

Rabbi Earl Grollman (ed). Boston, USA: Beacon Press, 1995. £22.99 hb, £11.99 pb.[†]

Rabbi Grollman is already an established and widely-published authority on death education. Now, as editor, he has gathered an impressive range of contributors from very diverse professional and academic backgrounds – nursing, education, child psychotherapy, religion, sociology, anthropology, and philosophy. The result is inspiring, highly educational, and immediately relevant to those who work with children facing loss.

The book is divided into three parts. The first surveys developmental aspects of children's experience and understanding of death, including a chapter highlighting the plight of

children whose grief is 'disenfranchised', for instance when emotionally significant losses of friends, teachers, pets, even celebrities are not recognised and supported by those around them. The second part focuses on the different traditions of African-American culture, Protestantism, Catholicism and Judaism, how they influence children's concepts of death and provide sources of meaning and support for their mourning. A final chapter in this section, by a philosopher, considers how children's formal and informal exposure to death plays a crucial role in developing their understanding of many other profound human issues: interdependence, the value of life, freedom and responsibility. The third part, the most practice-oriented, describes ways of helping dying and bereaved children using bibliotherapy, role plays, rituals and contemporary metaphors from young people's stories, films and pop culture.

Within the last few years, several useful publications on childhood bereavement have become available^{1,2,3}. What I like most about this book is its non-clinical elucidation of children's diverse experiences of loss. By combining developmental, educational, social, cultural and spiritual perspectives, this unique collection encourages us to extend our therapeutic efforts beyond 'grief resolution', towards helping bereaved children find new meaning, insight and hope in their lives.

Bill Young

Consultant Child Psychiatrist

1. Pennells M, Smith S. *The Forgotten Mourners: guidelines for working with bereaved children*. London, UK: Jessica Kingsley, 1995.*
2. Boyd Webb N. *Helping Bereaved Children*. New York, USA: Guilford 1993.
3. Dyregrov A. *Grief in Children: a Handbook for Adults*. London, UK: Jessica Kingsley, 1991.*

[†] Available from the Airlift Book Company, Enfield, Middx, UK.

* Available from Cruse Bereavement Care, 126 Sheen Road, Richmond, TW9 1UR, UK.

THE MOUNTAINS OF TIBET

Mordecai Gershon. Bath, UK: Barefoot Books, 1993. £9.99 hb, £4.99pb

This is a delightful, imaginative story which has evolved out of the ancient Buddhist teachings. These hold that life and death are part of a whole and that to understand death is to hold the key to understanding life.

The story tells of a young woodcutter who is born, lives and dies on a

mountain top in Tibet. He longs to see the world, but dies without ever moving out of his village. After death he is able to be reborn and the choices he makes from the myriad wonders available to him form the main part of the story.

The tale is told in a simple, direct way, with charming watercolour illustrations on every page. It would enrich the living and/or dying of a child or an adult. There is also a very interesting introduction by Sogyal Rinpoche which gives a very brief glimpse of Tibetan philosophy.

Brenda Freedman

Bereavement Psychologist

HANDBOOK OF BEREAVEMENT: Theory, research and intervention

Margaret S Stroebe, Wolfgang Stroebe, Robert O Hansson (eds). Cambridge, UK: Cambridge University Press, 1993. £45.00 hb, £18.95 pb.

This useful and comprehensive handbook consists of 29 contributions by leading authorities in the field of bereavement. It is divided into six sections which cover: the phenomenology and measurement of grief; current theories of grief, mourning and bereavement; physiological changes following bereavement; the psychological, social and health impacts of conjugal bereavement; grief reactions to different types of loss; and coping, counselling and therapy. The theoretical models used are varied, ranging from attachment theory at one end, through family systems theory, to biophysics at the other. All contributions make some claim to scientific validity. There are nevertheless some differences in their conclusions.

The *Handbook* is thus a valuable reference work which establishes a baseline for studies on grief and which rests upon measurable data. Reading it from cover to cover made me realise that many of the dictates that have previously been handed down by 'experts' on grief are questionable, but it also forced me to question the significance of some of the data upon which such scientific generalisations were reached. A major problem is the isolation of variables. Bereavement is such a complex issue that any attempt to separate them is fraught with difficulties. Silverman and Worden for example, in Chapter 21, conclude that

most children manage to adapt pretty well to the death of a parent. While this is unexceptionable, I would question whether it is reasonable to generalise about children's grief without taking into account such factors as the nature of the previous relationship with the parent, the mode of death, and the supports available to the child thereafter.

As the editors point out in their concluding chapter, a major problem is that of evaluation. All scientific research depends upon statistical measurement, but is it possible to pool and convert into a x 2 analysis the personal agonies of a group of individual survivors? Yet unless this can be achieved it is difficult to make any scientific generalisations about intensity of grief. Much will therefore depend upon the validity of this conversion. The only alternative is to seek other criteria for measurement, such as morbidity or the length of a person's survival after a loss.

The editors, to their credit, recognise that reactions to bereavement are always mediated through the culture of the society in which the death takes place. As a student of anthropology, I would have welcomed a chapter on belief systems, their effect on our understanding of the nature of death, and man's reactions to this understanding. The *Handbook* might claim to be value free, or rather to be guided only by the objective values of science. But for most of us in ordinary life, and death, other values often predominate. To take a single example, Kammer and Lavie (Chapter 22) studied sleep and dreams in well-adjusted and less-adjusted holocaust survivors. Their unexpected conclusion is that 'The survivors' ability to close off, repress and prevent memories of past atrocities from re-entering their consciousness has survival value, and suggests that the treatment approach should be different....Indeed over the past decade more evidence and research have shown that repression mechanisms are coping mechanisms that promote better adjustment.'

The implications of this conclusion, if supported by further evidence, are profound. Survival value is indeed measurable, but is it the most important value which needs to be considered here? If this is our sole criterion then repression of painful