

Planting the garden

Opening up communication within a family

Simon Eedle

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Fairy tales, morality plays, parables – throughout the ages the power of metaphor has long been recognised as an essential tool in communicating ideas and seeking to bring about change. In bereavement work the use of metaphor is limited only by the imagination of the worker.

I had devised an exercise for a family who were struggling to cope with the death of a family member, to inform me of who knew what and also what they each wanted of me. This exercise revealed that the facts surrounding the death had not been shared with the children, though they may have had knowledge from other sources, for example, the media. The facts challenged the essence of the dead person, something one parent found too hard to contemplate.

Communication, or lack of it, was a central issue in this family – secrets known, or not known, but certainly not shared. I wanted to work on the family's hidden agenda, but my colleagues slowed me down: 'Why not aim to begin the communication rather than try to define the problem,' they said. 'Here's an idea...'

The garden metaphor

At my next meeting with the whole (nuclear) family, I checked that everyone had a basic understanding of why I was there, and then began to describe my metaphor. 'The family is like a garden, and the plants are the people. Each plant is different and special. But some-

times the plants don't know how special they are or don't think that they are special at all. This little game will help you tell each other, and yourselves, how special you are.'

I cut out the parts of flowers from coloured paper – oval petals, circular centre, stalk, leaves – and for each member of the family put enough parts to make one flower into an envelope big enough to take the whole flower once it was constructed. On two of the petals I asked everyone to write or draw something



good about themselves; these petals could be shared or kept secret. On the other petals, something good about each other person in the family was to be drawn or written, and these petals were then given to the person concerned. Once everyone had received all their petals, they pasted them to the centre and made up their flowers, which were put in the envelopes and kept safely. While most of the thoughts on the petals were openly shared, each person sealed their envelope and the children stamped theirs 'SECRET'.

The act of giving good thoughts to each other was a positive and uncommon experience for this family. Adults can find it hard to write good things about themselves: when the Dad in this family was struggling, the children quickly offered their ideas to help him complete his flower. To share and, at the same time, to have acknowledged their need to keep things hidden, gave the family permission for change but at a rate that they could control.

The need to care for and tend to each other were clear messages from the metaphor. How many other meanings each person got from that exercise only they would know; suffice to say that each of them keenly agreed to my coming back and doing more, including the adults for whom the exercise was probably most difficult as it involved a medium which might have seemed more relevant to children.

This was the start of the garden metaphor. It may go on to explore the roots below the soil, the different needs of each plant, the bugs that hinder growth, the hidden things under the stones. However it grows, the seed of how good it can be to talk together has been sown and, with time, may produce a garden in full bloom. BC

REVIEW

VIDEO AND WORKPACK

WHEN A CHILD GRIEVES

Jenni Thomas, Caroline Jay, Ann Couldrick
Henley Road, Marlow, Bucks SL7 2DX, UK: *The Child Bereavement Trust, 1997. Double video, £25.00; workpack, £5.00*

This training pack is the best of its kind that I have seen. Excellent for professionals and other concerned adults, the videos can also be viewed by bereaved children and families but, I would suggest, only in the presence of a professional able to pick up on any issues raised.

The first section of the double video, *When a Child Grieves* (30 mins), is for professionals and portrays the needs of the bereaved child, with enlightening contributions from parents. Experienced professionals give clear, easy to understand accounts of the needs of these children, as well as offering practical suggestions about how these needs can best be met. The video presents

nothing new, but it reinforces in a compassionate yet powerful way what those experienced in this area of work know to be important in helping children grieve.

The youngsters featured make compelling viewing for anyone faced with the challenge of working with this age group: they are extremely articulate and speak naturally and spontaneously about their experiences, unlike those in other videos where responses often appear stage-managed to fit the theoretical model being presented. The stories and experiences are powerfully presented, with lots of important detail such as the child's age and relationship to the dead person. Loss in a school setting is also discussed with plenty of suggestions for teachers.

The second part, *Someone Died - 'It Happened to Me'* (25 mins) is also available separately at £15.00. It is intended for bereaved children and teenagers and shows young people sharing their experiences of death, giving moving accounts of how they were told about it, the way they felt and what their reactions were. Important

issues, such as seeing the body, attending the funeral, returning to school and living with the loss, are explored in detail, and the young people say what helped and what did not. Professionals are shown using a variety of techniques to help the young people express their feelings, and parents share their perceptions and understanding of their child's behaviour following the death. My only criticism is of the short interludes when an animated character, 'Gill the Gull', is used; I found these irritating and felt they detracted from the powerful messages being given.

The training and activity pack offers lots of ideas to help children and families explore and express their feelings – very useful for a variety of groupwork settings.

I congratulate the authors on producing such a moving and informative educational resource and highly recommend it to all who work with bereaved children.

Maureen Hitcham
Social Worker in Paediatric Oncology

The American view of death

DEATH, MOURING AND CARING

Robert Marrone

Pacific Grove, CA, USA: Brooks/Cole, 1997. Available from ITPS, Andover, Hampshire SP10 5BE, UK. £25.99 hb

This book would be better titled *The American Textbook of Thanatology*. It covers virtually every aspect of death and bereavement, cites over 1,100 references and is likely to remain the standard source book for information on the subject for several years.

Replete with useful bullet points and distracting purple boxes on every page (many of which contain useful 'Caring Insights'), it provides statistics and research results which are described in a clear, logical way on topics ranging from 'American Attitudes Towards Death and Dying' to 'Honoring the Dead, Comforting the Living'. The American slant is obvious from the chapter titles but should not deter readers from other countries who will find much to interest them. In fact, one of the strengths of the book is its cross-cultural reference. The USA is a polyglot country and the author provides us with fascinating insights into the rituals and beliefs of people from a wide range of cultures.

At times the empirical stance becomes a little exhausting. Thus, Marrone reviews no less than eight models of the phases and tasks of 'mourning' (he adopts the psychoanalytic definition of this term which differs from that in common use) and several more models of the phases of anticipatory mourning, phases of dying and of mourning in childhood. He is stronger on description than explanation and the greatest criticism of this book is the lack of a core theory to which the author is committed. Fundamental theories such as attachment theory, Freudian psychoanalysis and Jung's theory of archetypes receive brief mention but no attempt is made to draw out, from the voluminous evidence which is cited, the fundamental ideas which should inform our thinking about the nature of human relationships and losses.

Nor is consideration given to the copious evidence from research into child development which shows how reactions to loss are lastingly influenced by patterns of attachment. The two American pioneers in this field, Mary Ainsworth and Mary Main, get no mention and their Strange Situation test, the research tool which has enabled the very roots of attachment and loss to be made clear, is ignored.

Apart from this omission the first two parts of the book do give a very good outline of the current state of the scientific studies of the

approach to death and the reaction to bereavement. In the third section, which is concerned with 'Caring and Preparing', the author abandons his scientific stance and adopts a pragmatic and holistic approach. A wide range of therapies and interventions involving a great number of disciplines are described in a way which relies more on common sense than research evidence. In some cases this may be justified by the lack of such evidence but the reader is entitled to know whether or not the evidence exists.

This reviewer was disappointed to learn that, although the USA is claimed to be '... the birthplace of thanatology, death education and grief counseling' (p38) and 89% of US medical schools now provide formal training on death and dying, this does not seem to have led to a marked overall improvement in the attitudes of physicians towards death. In fact, in one study physicians over the age of 50 were found to have more positive attitudes than those under 50 years of age (p305). This may, of course, reflect the inadequacy of our measures of 'death anxiety' (whose validity is not questioned in this book), but this author tends to blame the doctors who 'appear to be more committed to maintaining their own opulent life styles and artificial authority than in changing the hospital culture to one that is humanized and committed to recognizing the dignity of the dying person' (p302).

By contrast, the multi-disciplinary teams

who are identified with hospice and palliative care are praised, along with the nurses, psychologists, professional counsellors, music therapists, nutritionists, massage therapists and others who contribute to the care of the dying and the bereaved at home, hospice or hospital. While I tend to agree with the author that most of these people have useful roles to play, I do think that a more critical appraisal of the strengths and weaknesses of these various approaches, and a proper assessment of the results of the research evaluations that have been carried out, should have been included. Thus, the use by hospices of grief counsellors with professional training in psychology, social work or counselling is welcomed, but no mention is made of research which shows that, in bereaved people at special risk, counselling by selected and trained volunteers can substantially reduce distress and other indicators of poor outcome.

The book ends with an impressive list of the resources available to Americans who are dying or bereaved. This includes 106 organisations who provide education or advocacy, 11 journals, 47 web sites, 40 video-tapes and several hundred books for children, young people and adults. It is clear that thanatology is now a going concern in the USA. BC

Colin Murray Parkes
Consultant Psychiatrist

Reprinted by kind permission from the Journal of Palliative Care Winter 1997; 13 (4): 59-60.

For those bereaved by suicide

BEREAVEMENT INFORMATION PACK

For those bereaved through suicide or other sudden death

Kate Hill, Keith Hawtorn, Aslog Malmberg, Sue Simkin. London, UK: Royal College of Psychiatrists, 1997. £5.00 inc p&p.

At least 30,000 people a year will be severely affected by a suicide in the UK and the impact of the 6,000 deaths annually will be felt by many others. This pack, produced with Oxford University's Department of Psychiatry, is a welcome addition to the rather limited, written information already available on this particularly traumatic loss which can have long-lasting effects on those left behind.

The pack consists of a folder of loose-leaf pages which explain the experiences of people bereaved by suicide, suggest further reading, and list sources of help including bereavement

organisations and self-help groups. The material was field-tested on over 100 relatives and friends of suicide victims, with very positive results (84% found it helpful) and it should help many others.

Those bereaved by suicide often feel very isolated, yet shame and guilt may preclude them from seeking out counselling or other support. Furthermore, general bereavement literature may only address the issue of suicide tangentially – if at all. The amount of information will not stretch busy professionals such as general medical practitioners, counsellors, or mental health teams, and will not overload bereaved individuals who may have difficulty concentrating on anything too lengthy, but who may be seeking reassurance that their reactions are not unique or abnormal. I only have two relatively minor criticisms. 'Other sudden death' in the title is misleading since the pack focuses on

suicide and does not deal with bereavement following murder, or road accidents for example. And why produce a loose-leaf folder and then include a warning that it may not be photocopied without permission?

LOSS THROUGH SUICIDE (video)

Brian Cranwell (Interviewer)

Produced by Faulkner Communications in Health Care, 1996. £10.00.†

This is an interview with Pat whose husband, Craig, committed suicide; we are not told how long ago but it would appear to have been relatively recently. The couple had four children, the youngest being eight years old.

The video opens with Pat talking about her husband's childhood – the accidental death of a younger brother for which he blamed himself, an alcoholic father, and Craig's subsequent mental health problems and heroin addiction. Most of this video, though, focuses on the impact of Craig's suicide on both his family as a whole and as individuals.

This video would be a useful training aid for counsellors working with bereaved families particularly those grieving a sudden and violent death. Many important themes and issues are raised including parent-child communication, children's reactions and understanding in relation to their age, the role of the school, potential difficulties between other family members, and counselling the family.

I would recommend this video but with some reservations. The production is rather amateur, given that the services of a professional production company were used. The sound quality is poor, and I wondered why the interviewer was a disembodied voice off-screen and who was the female voice towards the end? These aspects of the video were off-putting and I had to watch it several times to feel I had really grasped the content. Despite these criticisms, Pat left a powerful impression on me. I found her insightful and honest, and many bereaved parents would be able to identify with what she has to say.

Videos on families bereaved by suicide are few and far between, though the more professional *Shadow of Suicide*‡ focusing on three families, would be a possible alternative. However this is about parent and adult sibling survivors so, to some extent, considers the issues from a different perspective. BC

Alison Werthelmer

Counsellor and Trainer

† Order from Rotherham Branch of Cruse, 17 Newman Court, Rotherham S60 3JA, Yorkshire, UK

‡ *The Shadow of Suicide*. BBC Open Space, 1986. Available on loan to members of the London Bereavement Network, 356 Holloway Road, London N7 6PN.

Research or experience?

CHILDREN AND GRIEF*

When a parent dies

J William Worden

New York, USA: Guildford Press, 1996. £19.95 hb

Worden and his collaborator, Phyllis Silverman, have been involved in the Child Bereavement Study for most of this decade. They set out to rectify the deficiencies in previous studies of bereaved children and fill in the gaps in our knowledge about mourning in childhood.

Here, Worden reports their findings from a prospective study of children between the ages of six and 17 who lost a parent by death, from a non-clinical representative community sample in Boston, USA, interviewing both the surviving parent and the children at four months after the bereavement and following them for two years. Controls were a matched non-bereaved group. It is not an intervention study although presumably many of the families received some counselling. Unfortunately we do not know how many or how it affected the results. There was a 51% take-up of the invitation, through funeral directors, to participate and in all 70 families with 125 children took part. Most of the deaths are from natural causes, with five accidental deaths, two suicides and one homicide and 40% were sudden and unexpected. Attrition was very low over the two years of the study. The children were examined by a semi-structured questionnaire and a battery of self-rating questionnaires and although the missing data is not made explicit, our own experience with a further intervention study (being prepared for publication) is that bereaved families do not take kindly to self-rating questionnaires and I would be surprised if there was a high response. Unfortunately details of the results of the questionnaires are not given and so it is not possible to look at this.

The book itself weaves selected findings from this study into a general discussion of loss in children (from divorce and from death of siblings as well as of parents), drawing on other studies and writings. I have to say that his reading of some of these authors is somewhat cursory if Worden's misunderstanding of our work is typical. He comments (p157) that the conclusions of our intervention study 'must be viewed with caution due to a high subject attrition rate'. The attrition rate of children receiving our intervention at first year follow-up was in fact much lower than Worden and Silverman's (1/45). There is also a section on 'How we can help bereaved children', which is based more on good sense and the work of



From *Children and Death* © Sage Publications
others than on the findings of this study.

The book is a curious mixture of didactic statements and research findings – and the one is not necessarily backed by the other. It is as if the rich and long experience of the author in the field of bereavement has been allowed to override his academic rigour so that we are left being unsure whether his research findings would justify his statements. For example, on page 17 he states that during the first two years post-bereavement a significant minority (33%) was found to be at some degree at risk for high levels of emotional and behavioural problems. He does not explain how he came to that conclusion. He then goes on to identify six major categories of mediators that influence the course and outcome of adaptations to loss and ends with points to remember about the mourning process for children, without making it clear if these are findings from the study or from his clinical experience or from that of others.

There is a lot in this book which is of value to those working with the bereaved. Its strength lies in the fact that the children themselves were interviewed and that it is a prospective, controlled study. Other researchers, looking for hard data and wanting to know how valuable the research instruments were, will be disappointed.

At the end of the study the researchers asked the children what counsel they would give to other bereaved children. Some of the answers are appended in the Epilogue to the book. The one I liked best was from a 12-year-old boy two years after his father's death: 'It is a struggle, but you can survive it. It gets easier as the memories come in and the grief goes out.' BC

Dora Black

Consultant Child and Adolescent Psychiatrist

Reprinted by permission of Sage Publications Ltd from Clinical Child Psychology and Psychiatry 1998; 3 (3): 485-6.

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

CORRECTION

In the last issue (1998; 17[3]) the title of Colin Murray Parkes' book reviewed on p43 should have read, *Bereavement: Studies of grief in adult life*.

BOOKS

COUNSELLING CHILDREN*

A practical introduction
Kathryn Geldard, David Geldard.
 London, UK: Sage, 1998. £13.95 pb.

In working with children it is important to be able to be flexible in approach, no matter what the focus of concern. The Geldards have written a general counselling text, aimed at any practitioner working with children, which could be useful in the training of new counsellors and provide ideas for experienced counsellors. It is a practical guide from which individuals can extract ideas which fit.

The authors do not make explicit their own theoretical bias but their understanding of the counselling relationship betrays a stance grounded in Karl Roger's person-centred thinking. They do, however, draw attention to the need to understand the concept of transference and make some useful suggestions as to how to comment on a child's expectations and fears about the counsellor.

A high-speed overview of theoretical approaches is provided, few of which are explicitly referred to later in the text, but might whet the reader's appetite. A mode of therapeutic change is given which may seem deceptively simple to the beginner, suggesting that all that is necessary for children to access painful issues of concern is to present the right medium to them. If only it was so easy.

The book provides an introduction to many creative approaches to counselling work with children. Sand-trays, clay, books and stories, puppets and soft toys, work sheets, imaginary play and structured games are all described, as are the various types of equipment needed in relation to each. The book could be overwhelming for new counsellors who may be better trained to follow the lead of a child and not impose their own agendas.

A useful summary of basic counselling skills is provided, covering observation, active listening, helping the child tell his or her story, use of questions, statements etc. The Geldards also propose methods, largely cognitive in nature, which address children's self-destructive beliefs and provide copies of work sheets which cover issues such as self-esteem and social skills.

There is no attempt in the book to address particular cultural issues, nor any guidance in how to deal with child protection. The only consideration of this is in worksheets about how children can protect themselves.

The Geldards themselves acknowledge that this book cannot replace the need for training and supervision and it should be used within this context by new counsellors.

Carole Easton
Child Psychotherapist

Adapted, with kind permission, from the original review in Young Minds Magazine 1998; 32: 22.

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

BEREAVEMENT COUNSELLING EFFECTIVENESS

Hazel Danbury
Aldershot, Hants, UK: Ashgate Publishing, Avebury Press, 1996. £39 hb

This book was published shortly before the untimely death of its author, who waged a long and courageous battle against chronic illness. It reports, in jargon-free language and without statistics, the results of a research study in which she interviewed clients and counsellors who had received bereavement counselling. 30 from a hospice bereavement service and 30 from a local branch of Cruse Bereavement Care. In both cases the counselling was provided free of charge to the clients by volunteers who had been selected and trained for the job. Although two thirds received counselling for over six months, only 15% continued for more than a year.

Since no comparison or control group was used it is not possible to say whether or not the clients benefited from the service. In that sense the title of the book is misleading. What the book does do is to report the opinions of the clients and counsellors about the service and these findings will be of interest to all who provide similar services.

Overall both services were liked by the clients who thought that they had been valuable and effective; but this did not prevent many of them from criticising. In addition the author, who was not afraid to express her own ideas about the way to run a bereavement service, has several criticisms of the services provided. Whether the reader agrees or disagrees with these, they are certainly worth pondering.

Criticisms include the poor uptake of the services by clients from ethnic minorities, the failure of counsellors to encourage questions about sex and spiritual issue (nearly a half of clients would like to have discussed these issues) and the active discouragement by counsellors of discussion of previous losses or other problems on the grounds

that they had not been trained to deal with these. A common criticism, particularly made by clients of Cruse, was the failure of counsellors to come when they were most needed, in the immediate aftermath of the bereavement. The existence of a waiting list caused further delays and dissatisfaction.

Danbury questioned the counsellors about the training that they received and found that, while the skills training often seemed to have been better than that provided to professionals, their knowledge of relevant theory (such as attachment theory) and research (such as that risk factors) was often lacking. Few counsellors seemed to see it as appropriate to keep up to date with the result of recent research and theoretical developments in the field.

All in all I found this a humane and sensible book, and a fitting tribute to its author.

Collin Murray Parkes
Consultant Psychiatrist

WORKING WITH THE DYING AND BEREAVED

Pauline Sutcliffe, Guinevere Tufnell, Ursula Cornish (eds). London, UK: Macmillan, 1998. £42.50 hb, £13.99 pb

It was a pleasure to read this excellent volume, rich with theoretical and clinical material. The editors set out to bring together and explore systemic approaches to work with those who are facing death or bereaved, through the contributions of clinicians working with a diverse group of clients. Although there are examples of work with individuals throughout, the focus is on the family and wider systems, rather than the psychological adjustment or grieving process of the individual. The writers show how the systemic perspective provides new opportunities for intervention to aid the process of recovery.

The preface and many of the papers emphasise the socio-cultural context of bereavement, and the influence of norms and social expectations on both the bereaved and the professionals who work with them. They highlight uncomfortable areas, as where bereavement is seen as part of the medical domain (when linked to depression), and the public and political domain (when considering death through war or AIDS). The writers challenge the idea of a 'normal' process of grieving.

The first contributors to the volume, Walsh and McGoldrick, present the essentials of the family systems model, showing how the multiple meanings of a death are transformed through the family's life-cycle. Sutcliffe and Tufnell

explore a theoretical model and interventions based on the work of Salvador Minuchin in their sensitive paper, 'The relevance of tears'. One of these authors uses her own family's experience to discuss the impact of a death which captures the attention of the media, something which significantly affects the children and families we see at the Traumatic Stress Clinic. Tufnell, Cornish and Sutcliffe provide a detailed account of work with a father following the apparent suicide of his wife. They describe the different phases of the work, with useful accounts of the therapists' thinking and choices over time.

Two papers then broaden the use of the family systems model to include the professional, social and other systems. Cornish outlines her consultation work in two schools where a pupil has died, and shows how she adapted her work to fit the very different circumstances of each situation. Asen then discusses the management of suicidal teenagers from a perspective which views self-harm as communication. He draws attention not only to the family context of such communication, but also to peers, school and the medical system surrounding the young person.

Each of the papers has some explanation and exploration of the therapeutic techniques the writers are using so that, for those unfamiliar with family systems therapy, this will be a very useful introduction.

The last two papers challenge us to look more closely at the concepts we use and assumptions we make when working with the bereaved. Levner challenges the use of concepts such as 'adjustment' or 'dysfunction' by therapists, in as much as they reinforce normative patterns of disempowerment, and strengthen stories of blame and self-blame. Through his work with two male partners, both affected by AIDS, and the former wife of one of them, he demonstrates his therapeutic technique and model of change. Roper-Hall considers the effects of ageism in professional systems and provides two case illustrations of her approach. She also critiques her own work. Roper-Hall describes a variety of methods and techniques – the use of sociograms, ecomaps and ideograms, ideas from narrative therapy and the application of 'strange loops', to name a few.

A book of this kind, with its diversity and rich tapestry of ideas, is long overdue. The ideas might prove quite challenging for those just beginning their work and who have been more traditionally trained, but they will add an

important and often-neglected perspective. For the experienced clinician, this will be a source book, one to dip into when looking for inspiration.

Judith Bevan
Family Therapist

GRIEF, TRANSITION AND LOSS
A pastor's practical guide
Wayne E Oats
Minneapolis, USA: Fortress Press, 1997. £8.99

WHEN FAITH IS TESTED
Pastoral responses to suffering and tragic death
Jeffrey R Zurheide
Minneapolis, USA: Fortress Press, 1997. £9.99

These two books in a Creative Pastoral Care and Counselling Series are about the work of a local pastor in offering support to those who are experiencing loss in a variety of settings, and the testing of their faith in the face of suffering and death.

It is always tempting, when books come from a very particular faith tradition, to decide those are books I definitely want to read, or those I will certainly put on one side. In our present pluralistic society we now care for people from a wide variety of traditions, not all of which are religious in foundation. We spend quite a lot of time learning about various ethnic groups and non-Christian traditions, with the unspoken assumption that we know what Christianity is about and what it has to say on particular issues. However, as a serving hospital chaplain, it is clear to me that staff, patients and families have only a rudimentary understanding of what Christianity actually teaches. Therefore I welcome these two books which go some way towards developing an understanding of the impact and adjustment to loss and suffering within a specifically Protestant Christian tradition.

The authors try to avoid glib answers and solutions to difficult problems and attempt to offer a framework on which to build an understanding of the relationship between faith and tradition. Colin Murray Parkes observed that while religion does not seem to accelerate progress through the grieving process, it does provide a structure which helps to make sense of what is being experienced.

Grief, Transition and Loss begins with the person of the pastor and his or her preparation for caring for grieving people and then looks at grief and loss at various points in a person's life. Finally the text focuses on divorce and the impact of



corporate mergers, and the role of the pastor in offering support to those affected; industrial chaplains may find the latter particularly helpful. An especially interesting section described the effect of the takeover of the Southern Baptist Theological Seminary by fundamentalist Southern Baptists, and the dismissals which followed.

Zurheide, in *When Faith is Tested*, focuses on the difficult challenge for pastors in the face of suffering, much of which arises out of his own personal experiences of loss, as well as reflections on the sufferings he has shared in pastoral ministry to others. There is much theological argument about the nature of God and the problem of evil, but the text concludes with the recognition that we can never fully understand and must retain a sense of mystery in our faith. This can, perhaps, allow us to offer 'I don't know' as an honest response in the face of suffering.

For those who have little knowledge of the Christian tradition, these two books go some way to providing an understanding of it and therefore, ultimately, of the believing patient or client. For carers who seek to help and support people with such a background, these books will provide helpful, practical insights.

Peter Speck
Trust Chaplaincy Team Leader

THE SOCIAL SYMBOLISM OF GRIEF AND MOURNING

Roger Grainger
London, UK: Jessica Kingsley, 1998. £15.95 pb

Ten years ago Roger Grainger wrote *The Unburied* (Worthing, UK: Churchman Publishing), a book which deserved to be more widely read than it was. The present book is essentially a reissue of the earlier one, with very minor modifications and updates, and I hope it will now become better known. However, the title does not make clear that it is a second edition, which is poor publishing practice and misleading.

Grainger is multi-talented, drawing on

his expertise in drama, counselling, acting, theology, sociology and anthropology. Less multi-talented readers (that's most of us) are likely to find the book by turns stimulating and heavy going. He has some interesting things to say about the necessity of chaos, and how this is ritualised in the Irish wake.

Unlike many authors on bereavement, Grainger takes seriously the ghost beliefs that are widespread throughout history, ghosts being the dead who have not properly left; many traditional rituals are therefore designed to encourage the dead to depart. As in life, so in death, a loving relation with another person must accept their otherness, and there is no greater otherness than being on the other side of the grave. It is in letting go of the dead that our relationship with them can grow; by leaving them free to depart we encourage them to stay with us. Grainger sees the funeral as a dramatic proclamation of the death, setting in motion this process of departure/staying.

Tony Walter
Lecturer in Sociology

LIVING WITH GRIEF AFTER A SUDDEN LOSS
Suicide, homicide, accident, heart attack, stroke
Kenneth J Doka (ed)
Bristol, PA, USA: Taylor & Francis, 1996. £13.95

On the face of it this book provides what those of us who work with bereaved people have needed for some time: authoritative advice on how to help people who have suffered an unusually traumatic bereavement. In addition to the topics included in the title there are chapters on disasters, military traumas, the impact of grief on law enforcement officers and emergency services and the important topic of masculine grief. Most of these are written by experienced practitioners in the field and contain much that is interesting and useful. Descriptions are given of a range of therapies including eye movement desensitisation and reprocessing (EMDR), thought field therapy (TFT), visual/kinesthetic disassociation (V/KD), traumatic incident reduction (TIR), critical incident stress debriefing (CISD), gestalt therapy, psychoanalysis, behaviour therapy, peer support groups and grief counselling. These tend to be too brief and too jargon-ridden to be intelligible or useful. Easier to understand are several chapters by 'veterans', people who have experienced the trauma in question.

Non-scientists will like the absence of

statistics and research data but here lies the problem. With so many theories and therapies to choose from, how can we be expected to decide what works and what does not? The psychological problems which follow trauma are complex and the authors' attempts to make the book accessible to the lay reader ends by making parts of it confusing to all. The danger is that, without proper evaluation, jargon terms and techniques will be taken up and used without proper understanding of their indications, effects or value.

The lack of an index makes it difficult to use this book as a work of reference.

All the contributors are from the USA and there is very little reference to work from outside that country. For a more substantial work on the same topic readers may prefer the recent book edited by Black, Newman, Harris-Hendriks and Mezey, *Psychological Trauma: a developmental approach* (London, UK: Gaskell, 1997).

Colin Murray Parkes
Consultant Psychiatrist

SUPPORTING BEREAVED AND DYING CHILDREN AND THEIR PARENTS

Martin Herbert.
Leicester, UK: BPS Books (The British Psychological Society), 1996. £4.95.

This very practical, 37-page booklet aims to provide counsellors, health care and social services professionals with an introduction to the many needs of bereaved and dying children. It attempts to cover the development of children's understanding of death and their reactions to bereavement, as well as basic steps in counselling them and their families.

Important points to raise with parents, ideas to help/support the child, signs indicating the need to refer on, and 'dos/don'ts' for the helper are given in list form. The writing is simple and free of jargon. It even mentions divorce as another form of loss that can damage

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children emotionally. As a first reference, this small volume has its uses; its very succinct approach, however, causes one to feel almost 'force fed' with the information. However, I would hope that it would catch the interest of readers enough to send them on to reading about children's emotional reactions to bereavement in greater depth.

Cruse's *Supporting Bereaved Children and Families** would make an excellent follow-on, covering as it does similar topics but in far more detail.

Dwaine Steffes

Children's Counsellor/Training Officer

* M Sargoni, Richmond, UK: Cruse Bereavement Care, 1993. Order from 126 Sheen Road, Richmond TW9 1UR, UK

ABSTRACTS

A new understanding of grief: a counsellor's perspective

McAllen J. *Mortality* 1998; 3(3): 275-90

The loss adjusters

Footman EB. *Ibid*: 291-295

In this issue of *Mortality*, two further contributions continue the discussion which was begun by Tony Walter in 'Bereavement – a biographical approach' (*Bereavement Care* 1998; 1(1):16).

Jan McAllen, who is a bereavement counsellor, though with no formal training, challenges Walter's criticism of bereavement counsellors by relating her own experience with clients who have lost a child at any age between birth and adulthood. 'In counselling clients,' she writes, 'I offer the core conditions of emphatic understanding, unconditional positive regard and congruence.' This approach can, she believes, alleviate the isolation which many bereaved people experience, offer them a sense of acceptance as they are in the present moment, and present her to her clients as a 'real' person with a genuine concern for them. She regards it as important to follow the client's agenda rather than her own. To keep alive a continuing bond

with their dead child is for many parents of supreme importance, and where this is so it is the function of the counsellor to help to consolidate this sense of a living link.

The short article by Els Ballhausen Footman is based on the experience of having lost an 18-year-old daughter. She writes also as a counsellor and a social work lecturer. She was at first alienated by the traditional 'grief models', which seemed so clear-cut and prescriptive but which did not mirror her own continuing anger. She queries Walter's assertion that grieving is less important in the healing process than constructing a biography of the dead person, believing that both activities may be necessary. She does agree, however, that incorporating the deceased into one's life is essential. As for bereavement counsellors, she feels that it is helpful to talk to an informed stranger who will recognise and confirm the bereaved parents' distress and ultimately help them to live with themselves.

Mourning the loss of a pet

Pratt SR. *Illness, Crisis and Loss* 1998; 6(4): 396-407

A comparison of the grief reaction of children and adults: focusing on pet loss and bereavement

Jarolmen J. *Omega* 1998; 37(2): 133-50

The first article discusses the grief which people often experience at the death of a dearly-loved pet, and compares it with the reactions of those whose bereavement springs from the loss of a loved human being. The feelings of sadness – which can be agonising – are more or less similar, following Parkes' four-phased process of mourning; but in the case of a pet they may also be characterised by guilt if euthanasia has been involved, or if the quality of care has been influenced by medical costs. The author explores the hope which sustains many bereaved pet owners that they will meet their beloved dog (for most of the emphasis is on dogs) in some afterlife. 'To these pet owners,'

the article concludes, 'pets are not just dogs and cats; they are members of a family. The death of a pet to them is a significant loss.'

The second article states that very little work has been done to study the bereavement reactions of children, still less when the bereavement is the result of the loss of a pet. The author sought to remedy this situation by means of a questionnaire which was completed by 106 children between the ages of 6 and 10, 57 between 13 and 17, and 270 adults. The results showed that the younger children and adolescents were less attached to their pets than the adults, but that their grief/bereavement response was longer and more intense. For respondents of all ages, the anticipation of grief led to a shorter grief period than did a sudden loss. The main difference seen between children and adults in the grieving process is that children withdraw more and show their emotions less. The author feels that death education might help adults to understand how to cope with the feelings of bereaved children, and she expresses the hope that the results of this study may be of use to mental health practitioners when they come into contact with children who have lost their pets.

Spoiled memories: problems of grief resolution in families bereaved through murder

Riches G, Dawson P. *Mortality* 1998; 3(2): 143-59

This paper explores a number of factors which delay opportunities for 'normal' grieving in families bereaved by murder or manslaughter. Stress arising from a child's death appears to be increased by the stigma of murder and by criminal proceedings which sometimes eclipse the anguish of bereaved family members. Two themes appear in parents' accounts: i) outrage and a sense of unique loneliness arising from the horror of the death; ii) frustration arising from failings of the criminal justice system, the role of the police, lack of information and loss of control over the deceased's body. The child's memory may be spoiled for the parents through the publicity given to the murder and through a preoccupation with the perpetrators. Evidence suggests that the formal agendas of police, courts and coroner's office, and the absence of a sensitive support network, further frustrate opportunities for normal grieving, add to the parents' anguish, and may be harmful to family relationships.

This article is interesting, informative and

well written, throwing light on an aspect of bereavement which will be unfamiliar to most people.

Using humor, art, and music with dying and bereaved children

Cox GR. *Illness, Crisis and Loss* 1998; 6(4): 408-20

Children who are dying or bereaved may not be able to communicate their feelings and their fear in words, and complicated grief may manifest itself in the complete absence of outward grief reactions.

These children may be left to grieve without family or social support. But they can mourn successfully if supported, and humour, art and music can be valuable methods of providing such support. Humour can relieve grief, and open the door to sharing, while art can enable the child to express emotions in a way that he or she cannot convey through words. Music is also a valuable therapeutic tool. Unfortunately this article is repetitive and badly organised. The section on the therapeutic value of humour, which takes up the major part of the article, also suffers from the fact that no attempt is made to discuss when humour might be appropriate, or when it could be interpreted as a lack of sensitivity.

Group design: bereavement group for widows.

Conrad E J, Brandon C R. *Illness, Crisis and Loss* 1998; 6(2): 185-96.

The death of a mate has been described as one of the main stress factors in our society today. This article puts forward a group design for widows which will, it is hoped, help them to learn to cope with loss and create a more meaningful life. The format takes the shape of a small counselling/support group with psycho-educational components. The widows are invited to eight structured sessions in the course of which they share and discuss (among other concerns of great importance to them at this time) the concepts of loneliness; deprivation; looking to the future; healing and renewing; life changes and new relationships; anxieties and feelings of guilt; and the need of support from others. Grief, the authors believe, is not a one-off event from which one recovers, but a process and a journey, and group work with a small number of women who are suffering in the same way can be one of the most effective means of providing help and hope for the future.

Sheila Hodges and John Bush

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