Breaking the silence

AGE RANGE
3-11 years old

work with puppets

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I imagine that I am not the only social worker to feel daunted at the prospect of individual work with a bereaved child. Indeed, more experienced colleagues have suggested that this is an appropriate response to the prospect *of undertaking* such work, in that it is always a privilege and a huge responsibility to be permitted into the child's grieving world. However, I would like to share a situation where, despite my fears of either making matters worse or not making any headway at all, I began to trust that the child will find a way to communicate, although not necessarily verbally. Also, I came to realise that the child will take what is required from the process, though this is often not what the worker believes is necessary.

Sara, aged seven, was referred by her primary health practitioner for bereavement work 18 months after her brother Peter, aged nine at the time, had been killed in an accident. The two had been very close and Sara's parents were increasingly worried about her as they said that she would not mention Peter's name at all and was often tearful and naughty and seemed filled with self-loathing. Sara had managed to tell the doctor that she missed Peter very much and would like to talk about him. However, when I met her for the first time she announced to her parents that she would not talk about Peter. I felt rather uncomfortable for, though it was clear that the parents wanted her to see me very much, I did wonder how informed Sara's consent to see me could be.

She did, however, agree to get to know me and we started to meet for an hour at a time in her home. She appeared to enjoy playing with the toys I brought and rapidly developed several favourites, which she greeted each time as old friends. Although the sessions were enjoyable, I continued to feel under some pressure as every so often her parents would enquire anxiously in private, 'Is she talking yet?', whereas the reality was that even the most casual reference to Peter would be met with silence or a change of subject.

Wise Old Mr Fox

The breakthrough came when Sara, tired of interruptions by younger siblings at home, agreed to come to my office. This seemed to mark a change of attitude as she now became more purposeful. We were playing with hand puppets and I had a fox which Sara called 'Wise Old Mr Fox', while she had a squirrel which she named Sara and said would only answer in squeaks. I suggested one squeak for yes and two for no.

Although I had worked with children and puppets before in a child protection context and appreciated that children often felt happier 'telling the puppet' what had happened, on this occasion I also seemed to feel liberated by speaking in the puppet's voice about what 'Eileen' was thinking and feeling. I was thus able to express that I was concerned for Sara who I thought was quite troubled and missing her brother very much, but I was not sure how to help as she seemed very scared or upset at the thought of Peter. Sara, through the puppet, squeaked a solemn 'yes' to all these observations. I then said through 'Wise Old Mr Fox' that Eileen was wondering if Sara would like to make a book all about Peter. There were then three long squeaks and as no code had been agreed for three squeaks I, nonplussed, fell out of role and asked what that meant. Sara said it meant 'Yes, yes, yes!'

This proved a crucial conversation, for over the next six sessions Sara and I worked on a scrapbook about Peter. This meant that not only did she have to tell me all about him and eventually, very briefly, how he died but seeking material, for example photos from her parents, opened up the conversation at home.

Towards the end of the sessions I was wondering how Peter's death could be represented in the book, but this was my agenda not Sara's and she decided that she wanted nothing like that in her book and that it was to be a 'happy' book. Sara made it clear that the work was now over and we had a last session playing with all her old, favourite toys, which she had completely neglected while working on her book. Her parents reported that the self-hatred and tearfulness had disappeared and that she was now able to talk about Peter to them so this seemed a very appropriate time to end. ■

COPING WITH LOSS

Colin Murray Parkes, Andrew Marcus (eds)
London, UK: BMJ Books, 1998. £14.95

This useful little book is aimed at medical practitioners, although other health care professionals would find much in it of value. I stress the word 'little' not to disparage it, rather to praise, for it comes in an accessible format.

The fundamentals of loss and patterns of bereavement are now well know, not least from the works of the first author. Why then, another book? The reason is given in the title: this is not just about coping with the loss of another person who has died; the remit includes all sorts of loss, including that which arises from divorce, redundancy, retirement, amputation, sensory and cognitive dysfunction and disasters. For good measure there are also chapters on what might be called the more conventional topics – death of a child, bereavement in adult life.

Several themes emerge. One is the commonality between all these losses. There is so often a compromise between giving vent to the 'pangs of grief' and exercising self control; there is a need to establish a new identity; the value of preparation for an event is evident. Each of these is taken up and illustrated with examples of practice. The practical element of all the chapters is one of the book's main strengths.

Professionals directly involved with loss will benefit also from the strong recommendations on self-awareness, the need to recognise that doctors often lose their illusions but can gain in reality. To spell this out a little: quite early on in a medical career comes a time when the work is not sufficiently sustaining on its own. 'Now the people with the idealism and enthusiasm are confronted with a fresh reality, and much of a doctor's subsequent life and career will depend on how this matter is addressed'. It is pointed out that these losses, like all others, can be construed as points of transition, to be seized creatively.

I have only two, small criticisms. One is that, although it is mentioned, the place of anger is not given the central role that it warrants: so often it is the pervasive emotion for many people – one that has to be dealt with before others can have their turn. That, perhaps, is a bee in my bonnet. The second is that I would have welcomed a discussion on the very tricky topic of a loss which may or may not be permanent – the loss of speech after a stroke, for example. The book is highly recommended. ■

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