

Breaking the silence

work with puppets

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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. ■

BOOK REVIEWS

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 known, 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. ■

Richard Lansdown
Consultant Psychologist

Part of a review first published in the Journal of the Royal Society of Medicine December 1998; 91: 656, reproduced by kind permission of author and editor.

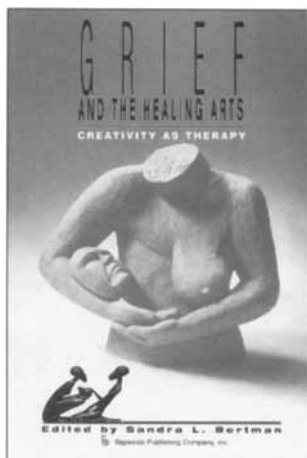
Art as therapy for the dying and bereaved

Research by Schut *et al*' has shown that an art therapist, working in conjunction with a psychologist, can provide help to people with complicated grief that is more effective than a more traditional form of therapy. Consequently, I was glad of the opportunity to review three new books in the field. My hopes were raised by Bertman, who says in the introduction to her book: 'the expressive arts and therapies function beautifully as vehicles to help us reshape grief'. However, I was disappointed to find that most therapeutic efforts were directed at people with cancer, whose troubles would soon be over, and that only one of the art therapists had chosen to reach out to bereaved people.

GRIEF AND THE HEALING ARTS Creativity as therapy

Sandra Bertman

Amityville, New York, USA: Baywood, 1999. \$29.95 pb



The 40 contributors to this book, all from North America, cover a wide field and adopt a very broad definition of 'creativity'. Those readers who have attended Professor Bertman's lively visual presentations at international conferences will not be surprised at her choice of authors. These present us with a thought-provoking and challenging mixture of wisdom, humour, outrage and downright quirkiness, much of it with little connection to art with a capital 'A'. Here we find fascinating reviews of the influence of bereavement on the artistic work of such important artists as Edvard Munch (Judith Stillion), Kaethe Kollwitz (Louis Gamino) and several great composers of music (Ledleigh Forsyth). Moving accounts are given of the use made of writing, poetry, sculpture and music in the writer's own passage through grief and several therapists describe how they use the arts in the care of people with life-threatening illness.

Readers of *Bereavement Care*, however, may be

disappointed that there are no chapters describing art therapy with bereavement people.

ART THERAPY IN PALLIATIVE CARE

The creative response

Mandy Pratt, Michelle Wood

London, UK: Routledge, 1998. £47.50 hb, £15.99 pb

As the title implies this is a more focused book. Here 13 contributors, all save one working in the UK, describe their work in hospices and other palliative care units. Although three appendices describe aspects of mourning, only one chapter discusses art work with bereaved people. This chapter, by Mandy Pratt, describes group work with bereaved adolescents. Exercises include making frames for photographs of the dead person, making a mask for oneself, and writing a message to the dead person to be attached to a helium balloon and released. Free drawing and painting is also permitted but not described. Readers may not agree with the injunction to

staff to resist the temptation to cuddle or comfort the youngsters when they became distressed. No evaluation of the outcome of this therapy is reported.

SOMETHING UNDERSTOOD

Art therapy in cancer care

Camilla Connell

London, UK: Wrexham/Art Books International, 1998.

£14.95 pb

This book, unlike the others, is profusely and beautifully illustrated. It contains numerous detailed accounts of the writer's sensitive art therapy with people with cancer. One can only regret that this kind of help seems not to have been offered to the patients' families, either before or after bereavement. BC

Colin Murray Parkes

Consultant Psychiatrist

I. Schut HAW, de Keijser J, van den Bout J, Stroebe MS. Cross-modality grief therapy: description and analysis of a new program. *Journal of Clinical Psychology* 1997; 52(3): 357-365.

Looking death in the eye

THE REVIVAL OF DEATH

Tony Walter

London, UK: Routledge, 1994. £55.00 hb, £15.99 pb

Tony Walter is an articulate and well-read sociologist whose writings always provoke thought and challenge established views. In this book he takes an Olympian view of death and bereavement, reviewing the changes that have taken place in our beliefs, behaviours and reactions over the last century and questioning the directions that we are taking.

His essential argument is that people in the West have become increasingly individualistic. In doing so they have moved through several views of death: from a **traditional** view based on religious faith, in which death took place in the home, was supported by the local community and perpetuated by priests whose authority determined the reactions and behaviour of the dying and the mourners; through a **modern** view, which denied the significance of death, was based in the hospital where most people died, and was perpetuated by the medical profession whose authority dictated that dying become an impersonal and lonely experience and that bereaved people be left to grieve in private; to a **neo-modern** view, in which individuality is taken to its logical conclusion and each person becomes the authority whose right to die and grieve 'my way' must be respected and encouraged.

The advent of hospice and bereavement services is seen as a reaction within modernism against the worst effects of modernism; but, since it is doctor-led and includes institutional care, it is also an attempt by 'experts' to control the dying and the bereaved. Hence it is potentially dangerous and alienating. He suggests that the psychological theories associated with these movements are sometimes resisted because they reduce autonomy. These movements he places in a special category and labels **late modern**.

Sadly the neo-modern view is also flawed. Its insistence on the individual's autonomy is hard to maintain in the face of increasing helplessness and physical dependence. Even the individual's ultimate option of euthanasia may interfere with the autonomy of others. Walter concludes that 'the authority of self may not be up to the task of looking death in the eye'.

In the final section Walter looks forward to a possible next stage in which 'Doing it yourself is possible, but only in company'. Self-help groups currently provide temporary communities in which the nomads of the post-modern age can find the community which their family and institutions can no longer supply. Walter asks if these communities have to be temporary. Poverty and unemployment created real urban community but 'with the Welfare State and affluence the basis of community has collapsed.

Dying, however, is one form of suffering which will never go away, and it may yet be the surest base for community, even in an affluent society'. He cites Aberfan as an example of a community in which the disaster of 1966 generated a temporary need to work together which led to a permanent renaissance of community spirit and activity. As a means of facilitating such developments he suggests that neighbourhood care schemes be set up on the model of Neighbourhood Watch but, apart from this, his expectations are minimal and the book ends on a pessimistic note: 'Postmodernism is a culture born out of the very success of modernism in controlling nature, and I am yet to be convinced that it has the philosophical resources to enable human beings to come to terms with their ultimate powerlessness.'

Like most models Walter's are an attempt to simplify complex situations. At times they seem simplistic, unfair and partisan. He suggests that some controversies in the psychology of bereavement (the phase model is one and the psychoanalytic theory of repression another) have thrown doubt on the whole enterprise of bereavement counselling which is 'the most frequent way in which people are introduced to the concepts of popular therapy, with all the attendant dangers of obsessive introspection'. His words reflect a widespread suspicion of volunteer counsellors and of psychological theories.

As a committed 'expert' in this field I repeatedly found my hackles rising but it is important to remember that, most of the time, Walter is simply expressing the doubts and fears held by many about 'experts' rather than criticising them himself. In fact he is himself no mean 'expert' and we should listen carefully to his warnings.

Thus Walter warns us of that hospices and other organisations that offer care are in danger of becoming too routine and bureaucratic in the ways they operate, of substituting rules and regulations for responsive caring. He suggests, that we may have to accept this but 'to manage it carefully in the light of (and even to commission) sociological research... hospices may have to listen, not only to patients but to sociologists.' While I fully agree with this suggestion, I cannot fail to be amused at the thought that Walter is advocating the creation of a new 'expert', the hospice sociologist.

Doctors have played an important part in the development of palliative and bereavement care and it is inevitable that their efforts are sometimes seen as a power bid to take over from the priests' roles that are properly theirs. It is to be hoped that, in the end, they will be judged by the success or failure of their efforts to relieve the

suffering of dying and bereaved people. Walter knows of no society that leaves the dying and the bereaved to die and grieve in their own way and it is not surprising that people who have discovered the value of a rational and scientific world view turn for help to the medical profession, whose wholehearted adoption of that view has been singularly successful. This said, I suspect that, just as doctors have relinquished the practice of preventive medicine to other experts, so they must now be prepared to make

way for others to provide psychosocial help to the dying and the bereaved. It is psychologists and sociologists whose academic disciplines are most relevant and are already providing scientific backing for the front line of bereavement social workers and priests. The Community Development Programme in Aberfan is a example of the success of just such collaboration. BC

Colin Murray Parkes
Consultant Psychiatrist

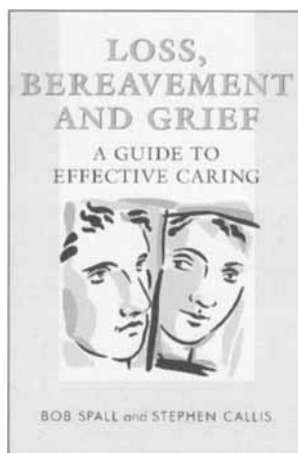
Understanding how to help bereaved people

LOSS, BEREAVEMENT AND GRIEF

A guide to effective caring

Bob Spall, Stephen Callis

Chekenham, Gloucestershire, UK: Stanley Thorne, 1997
£15.50



In this excellent book, Spall and Callis take us on a journey of understanding through the process of bereavement and loss from a personal and theoretical perspective. They do this by engaging us in a form of Socratic questioning, backed up by theoretical models which, as a consequence, encourage positive changes in thinking behaviour.

The theoretical paradigm is that of change, and change management, with loss through dying and bereavement as potentially the most traumatic change(s) we have to cope with. A variety of topics is covered including theories of change, understanding dying and bereavement from a personal and professional perspective, cultural and spiritual or religious issues, recognising when to get help, and self-care. Each of the 16 chapters is well set out.

The authors say in the preface that the book arose from a series of workshops they have run, and no doubt this is where they developed the interactive style used throughout the book. The

technique works very well as they manage to keep the interest of the reader, as well as provide a wealth of robust theoretical and practical material.

There are many strengths in this book, and to mention them all would be tantamount to writing another one! However, I believe it is important to highlight one or two chapters, in particular the one addressing religious, spiritual and cultural needs. The first two issues are extremely well-managed: the reader is encouraged to think about the role of religion and spirituality in the care of the whole person, whereas many other general books either treat these superficially or ignore them completely. The disappointment here is that, in comparison, cultural issues are glossed over, although readers are directed to further reading if they are interested.

The chapters on coping with difficult situations and breaking bad news are superb. Models dealing with understanding the process of awareness and illusion (collusion) in the caring relationship are explained and methods are suggested to help unravel and provide a constructive alternative to poor communication between all parties. Similarly, on breaking bad news, the authors stress that it is not easy for either the bearer or receiver of such information, and that the process is often one of damage limitation, rather than 'getting it right'. The chapter on 'The aftermath' is particularly helpful here, because it recognises the importance of coming to terms with bad news as being a process; thus professionals need to be both aware and available, if possible, to manage practical and emotional needs of the recipients.

Finally, the section on support, while thought-provoking, lacked the variety of models and options for positive change presented in other chapters. I would have liked to see the overall approach continued here, particularly as there is

BOOKS

good published work on methods of support, supervision and personal therapy elsewhere in the psychological literature which could be applied here. However, while a disappointment, it does not detract from what is essentially an excellent, readable book on a difficult and complex subject area, and I warmly recommend it to bereavement trainers, counsellors and volunteer helpers alike.

WORKING WITH BEREAVED PEOPLE*

Ann Faulkner
Edinburgh, UK: Church Livingstone, 1995. £14.95 pb

Represented as being of 'direct practical help' to those working with dying and bereaved people, this book certainly attempts to meet that aim. The contents include facing death, assessment for bereavement care, manageable grief, understanding those who are at risk of poor resolution of grief, individual, family and children's grief, bereavement visiting, the stress of caring; understanding one's responsibilities, and boundaries. The author presents her case in a clear and systematic manner and the layout is good, with numerous graphs, tables and summary boxes to help the reader through the ideas discussed. Many chapters include a section of dialogue between family members, professionals and other relevant individuals to illustrate the points at issue.

The book has a number of strengths, and I particularly enjoyed the chapter 'The grieving child', which addresses issues such as parental/familial collusion in not discussing the seriousness of the situation, and the capricious nature of children's behaviour when faced with such events. The points raised help us to understand and normalise what can often seem incomprehensible and insensitive behaviours in children at this difficult time.

The major difficulty I found is that the book is essentially uncritical and didactic in its style, and thus does not encourage the reader to address some of the many contradictions that have developed in bereavement theory and practice over the past ten years. The referencing at the end of each chapter is rather limited and somewhat dated. Much of the work cited is the author's own, which of itself is not necessarily a bad thing but, in the absence of any critical dialogue about the literature, one is left wondering how much the reader can learn that is of

true practical value. This may be particularly evident when faced with the complexities of working with 'real' dying and bereaved people, who will not always fall neatly into the categories described.

I was also perturbed by some of the idiosyncratic interpretations of some fundamental concepts, for example transference and countertransference, the latter being presented as 'remind[ing] the visitor of somebody that they do not like'. The brief and enigmatic references to these concepts are both negative and misleading, which is unfortunate to say the least.

In summary, this is an interesting if somewhat prescriptive introduction to the area of working with bereavement and loss. It may be useful if, for example, it is used in conjunction with tutorials for pre-qualification nurses but, without such guidance, is probably of limited value when there are other, more comprehensive and thought-provoking books now available.

Christine Kalus
Consultant Clinical Psychologist

* Available from Cruse Bereavement Care, 126 Sheen Road, Richmond TW10 6ET, UK

LOSS, CHANGE AND GRIEF

Erica Brown
London, UK: David Fulton, 1999. £13.00 pb.

The title suggests that the book is directed toward those who work in school and other educational settings, but it would be useful to a wide range of professionals and also to families. The impact of loss, change and grief upon parents, siblings, children, grandparents and godparents is discussed, including moving accounts from children who are facing their own death. There is also consideration of how to help children with learning disabilities. The detailed descriptions of the beliefs, ceremonies, rites and rituals of a number of religious traditions, including Christianity (Protestant, Roman Catholic, Anglican, Eastern Orthodox), Hinduism, Orthodox Judaism, Buddhism, Sikhism, and Chinese religions are particularly welcome and interesting.

The section on post-traumatic stress disorders implies that it is necessary to have an experience that is 'outside the range of usual human experience'. It is, perhaps, worth remembering that this is an area of controversy, and symptoms seen in post-traumatic stress disorder have been described after relatively trivial accidents, and even after childbirth.

The text is attractively set out with

subheadings, short case vignettes, bullet points and tables, and children's drawings are used sensitively and appropriately. A comprehensive list of useful addresses and of picture story books is included. Apart from one small error I noted (in the spelling of the name of Jean Harris-Hendriks), the references are complete and comprehensive. The price of £13 is very reasonable and the author is donating the royalties to the CHASE Children's Hospice Service. Thus, I can recommend this book to all those who work with children and families experiencing bereavement and loss.

Martin Newman
Child and Adolescent Psychotherapist

CHILDREN, BEREAVEMENT AND TRAUMA Nurturing resilience

Paul Bernard, Ian Morland, Julia Nagy
London, UK: Jessica Kingsley, 1999. £13.95 pb

This publication offers a retrospective view of the life and work of the Liverpool Children's Project, sadly now no more. The authors claim to have developed a new approach to working with bereaved children, but I struggled to find what was new.

There is a useful chapter by Capewell on the practical implications of traumatic bereavement in schools, in which she sensibly advocates the need for schools to invest in training on the effects of trauma and outlines the key elements in a planned response. However this whole chapter is an extract from an article published six years ago!

Theories of resilience are reviewed, leading into an exposition of an 'educational model' of group work, the theoretical foundation of the project's practice. This model locates the resources necessary for the long-term resolution of bereavement in the child's social environment (the family, school and peer group) and within children themselves. Any intervention, it is argued, must seek to enhance existing resources and improve the child's 'potential for resilience'. This drives the argument that group work is the preferred approach because it does not isolate the child in a 'therapeutic' relationship, nor introduce external elements which cannot be sustained when the intervention closes. Group membership provides a 'surrogate support system' and a peer group within which the child can explore the impact of his bereavement with greater freedom than elsewhere.

Although I have no argument with the overall thrust of the text, my difficulty was that it did not seem to be significantly different to other expositions on group work, different or detailed enough to warrant buying this publication.

Peta Hemmings
Senior Social Worker

I. Capwell E. Disaster: the role of education. *Home and School*, March 1992: 37-41.

WORKING WITH CHILDREN IN GRIEF AND LOSS

Bruce Lindsay, John Elsegood (eds)
London, UK: Bailliere Tindall, 1996. £13.95 pb

A useful and comprehensive account of issues involved in this work. The authors and editors are to be congratulated on the excellent presentation and style, and on the breadth of issues covered. The content includes an interesting discussion on the changing place of children in society, and also covers the importance of developmental perspectives, the principles of attachment, guidance for those working with children who have experienced grief and loss, the need for staff support, and advice on planning organisational responses.

The emphasis is on practical issues, with vignettes skillfully used to illustrate themes. There is mention of relevant research throughout, with lists of useful references at the end of each chapter (although a few have some details missing). There are one or two controversial statements – for example, I am not sure all would agree that after traumatic bereavement, 'intervention within a few days of the event is essential to minimise long-term problems'.

This book, which is attractively priced, can therefore be recommended to all those who care for children who have suffered from grief and loss, and also to those who have only recently started to work with such children, and who may feel somewhat daunted by doing so. BC

Martin Newman
Child and Adolescent Psychotherapist

A new Cruse publication

Bereaved by Suicide

by Patrick Shannon

£2.00 + 50p p&p

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