

ABSTRACTS

Case management and client care for solicitors and their clients litigating PTSD claims arising from fatalities and disasters.

Peart G. *Journal of Personal Injury Litigation* 1999; 2/99: 113-144

This important paper describes the position of people who suffer a bereavement which gives rise to legal action. It is based on information from 35 people who claimed for damages on the grounds of post-traumatic stress disorder (PTSD). It will be of particular value to lawyers and provides them with much useful information about PTSD and its management.

People who seek legal redress following a fatality may not be aware that what they want, what they will get and what they need may be three quite different things. What they *want* is 'justice' – which may mean that they hope that someone will be found to blame, express regret for their actions and, possibly, accept punishment. It is unlikely that any of these things will be achieved. What they probably *get*, after considerable delay and the ordeal of being examined and reported upon by two psychiatrists, is a sum of money which will in no way compensate them for what they have lost. Most often this will be paid, without any admission of guilt, as an out-of-court settlement. If they do get to court they may have to face hostile examination aimed at discrediting their evidence. All things considered, it is not surprising that they will *need* specialist counselling or other therapy from someone with training and experience of helping with problems of trauma and bereavement. Sadly few of them are referred for help of this kind.

The article points to the recent introduction in the USA of 'legal bereavement mentors' whose job it is to liaise between attorneys and their clients in the hope of reaching a more satisfactory outcome than that which currently leaves many litigants angry and dissatisfied.

Colin Murray Parkes

Effects of a child's death on the marital relationship: a review

Oliver LE. *Omega* 1999; 39(3): 197-227

The death of a child can be a cataclysmic experience for parents, with potentially devastating effects on individual, marital and family functioning. This article

examines the extensive literature on the effects of a child's death on general marital functioning and on specific facets of the marital relationship, including the sexual aspect, the possible breakdown in communication between the bereaved parents, and the grief variables. One of the most valuable insights to be gleaned from the literature is that bereavement is an important marker when working with distressed couples: differences in coping with it can, in many cases, generate conflict and the therapist should help them to understand the easily-forgotten fact that everyone grieves differently.

Does it hurt to die? A description of bereavement work to help a group of people with learning difficulties who have suffered multiple, major losses

Persaud S, Persaud M. *Journal of Learning Difficulties for Nursing, Health and Social Care* 1997; 1(4): 171-5

Loss and bereavement in people with learning difficulties

Hurst J. *British Journal of Therapy and Rehabilitation* 1998; 5(9):468-71

Both these articles discuss the ways in which people with learning difficulties can be helped to cope with a bereavement, and stress the importance of involving the bereaved in the aftermath of the death.

The first makes the point that such people may, as a result, face extra loss – of friends, neighbours and home – as caring services move in to 'help': the bereavement may thus become lost within bureaucracy. Knowledge of a death may be withheld from them, or they may be debarred from attending the rituals associated with death. The authors describe an educational programme involving a series of ten workshops for eight people with learning difficulties, designed to explore a wide range of issues surrounding loss. The outcome was encouraging, and suggests that this approach is worthy of further study.

Jenni Hurst's article explores the work that has been undertaken in this field, and highlights the extent to which occupational therapists can offer useful interventions for these clients. Suggestions include group work with the bereaved, and emphasise that they should be allowed to make choices. Training sessions and support for care staff are also important.

Children, adolescents, and death: myths, realities and challenges

Work Group on Palliative Care for Children of the International Work Group on Death, Dying, and Bereavement. *Death Studies* 1999; 23(5): 443-63

All too often the needs of children and adolescents who encounter issues related to death are not properly appreciated or acknowledged by adults. This work group examined this situation, and in a clearly written and comprehensive article discuss the myths and the realities (often greatly at variance), and the ways in which children can be helped to cope effectively with death and the emotions it elicits. All children grieve at some time – they cannot be protected from grief – and, as in other aspects of bereavement, they can best be helped through honesty, discussion and understanding. This excellent article could be a great help to adults who face the challenge of comforting and reassuring children who experience a death, be it of a close relative, a friend or schoolmate, or a pet, or face the prospect of their own.

The role of policy in creating a supportive social context for the management of loss experiences and critical incidents in school communities

Rowling L. *Illness, Crisis and Loss* 1999; 7(3): 252-65

School communities are experiencing traumatic events that have the potential to affect the mental health of those involved, the academic progress of students, the professional life of teachers, and the perception of schools as a safe physical and psychosocial environment. This situation necessitates the adoption of a comprehensive management strategy.

Louise Rowling's interesting article suggests strategies designed to cope with such incidents, based on guidelines emanating from a policy document sent to all government-funded schools in New South Wales, in the implementation of which she was involved. The programme called for a holistic, proactive approach to loss and grief, which implies a change in beliefs about the purpose of schools, the role of leaders, and school policies and structure. Such a change necessarily encounters difficulties in its execution: for example, teachers already

overburdened may resist the need for a new perspective on their work.

Nevertheless, in view of the many tragedies which schoolchildren have recently experienced, the concept of preparing them for loss through a proactive policy that calls for co-operation between all the agencies involved seems altogether excellent.

'Filling the void': grief and loneliness in older adults

Costello J. *Illness, Crisis and Loss* 1999; 7(3): 218-32

Conjugal bereavement can lead not only to grief but also to loneliness, and this is especially true for older people. The position in society of the surviving spouse is inevitably affected by the loss, and this may lead to marginalisation. This article examines the findings from research interviews conducted with 16 elderly people following the death of a partner. In our society little value is placed on the elderly – in contrast to Japan, where they are respected and invariably cared for by their families. The author believes that loneliness in later life is a problem which needs to be seen as separate from grief resulting from bereavement, although the grief may be an initiating mechanism in older adults. Helping older people to consider grief and loneliness as separate but related experiences, initiated by loss, may enable them to make sense of the complex reactions they encounter following bereavement.

Discussing death in the classroom: beliefs and experiences of educators and education students.

Mahon MM, Goldberg RL, Washington SK. *Omega* 1999; 39(2): 99-121

In this study the beliefs and attitudes of teachers and education students about providing death education and death-related intervention are explored.

Although many children will experience the death of a close relative before they are 18, the authors found a lack of understanding of childhood bereavement and of knowledge and skills about necessary intervention. They believe that schools must be involved in death education in the broadest sense of the word; but that only when the complexity of childhood bereavement is appreciated – including, for example, an awareness that grief affects school performance – will the clarification of opportunities to provide help proceed. **BC**

Sheila Hodges and John Bush