

with her young patients and their families. She also enjoyed teaching, ran seminars and discussion groups for doctors and health visitors, and published several papers on the emotional development of children and the dynamics of family life. Her seminal paper with Paul Argles – a case study of crisis intervention in a multi-problem family – was very influential to a younger generation of child psychiatrists, myself included, who were just beginning to explore the new therapeutic

techniques of family therapy.

Mollie was friends with many of the great figures who influenced the modern practice of child psychiatry, and she in turn influenced many of the present senior figures in her speciality. But she remained a modest person who enjoyed living right up to the end and took pleasure in her son's achievements and those of her friends. She is survived by her son, Malcolm.

Dora Black

Consultant Child and Adolescent Psychiatrist

After retirement Mollie moved to Suffolk and we met in 1977 because of my interest in starting a branch of Cruse Bereavement Care there. Already a member of Cruse Council, Mollie's knowledge, experience and enthusiasm were 'manna from heaven' and the Waveney Branch was launched in 1979, as the 46th Branch of Cruse.

During her nine-year involvement, Mollie's wisdom and guidance firmly established the branch (now Waveney and North Suffolk) as financially self-

sufficient, with its own library and annual lecture. She set up and ran the training courses for counsellors and helped with the formation of other local branches. Her expertise in all aspects of counselling proved invaluable to our volunteers and she was a wonderful chairman, always willing to listen while skillfully guiding the committee in the right direction. She is remembered with great affection by all who knew her. **BC**

Margaret Chad

President, Waveney and North Suffolk Cruse

COUNSELLING BEREAVED CHILDREN

Letting go the reins

Group therapy with bereaved teenagers

Simon Eedle

Project worker, Barnardo's Orchard Project, Newcastle-upon-Tyne, UK

When the idea of running a group for bereaved young people aged 12 to 15 was mooted, I felt enormous anxiety. How could I, and my co-facilitator, hold the turmoil of several bereaved young people? How could we remain in control? After some reflection my thoughts turned to activities that could be used to enable a group to explore feelings and experiences of bereavement and the exciting tingle of anticipation began. What anxiety remained was more than doubled by my co-facilitator's suggestion that we organise the group on Axline's principles of non-directive work: 'Group therapy is a non-directive therapeutic experience with the added element of contemporary evaluation of behaviour plus the reaction of personalities upon one another'.

Out of the window went my need to control and out went the programme of suitable activities. In came working at the children's pace, not leading or directing, giving permission for them to feel and be as they were at the time, enabling the existence of a group that would go where it wanted to go and would do what it needed to do.

Giving the young people the control was not an easy option. To take the risk we had to prepare the ground well, both for the young people and for ourselves. And we still had to prepare activities as options for the group should they want some input. As this was our first venture into bereavement groupwork together, my co-facilitator and I agreed that we could live with our occasionally reverting to being directive – a welcome safety net for me!

Our first task, having brought the group together, was to create a safe environment, a

AGE RANGE
12-15 years old

structured space that anchored the young people's work to the 'world of reality'. The first session's agenda gave permission to the group to express itself, to make choices and to decide the direction in which the group wanted, or needed to go. Together, we set boundaries such as the use of the building, time keeping, how the group would conduct itself and the need for agreement on confidentiality, recording and evaluation (this last we encouraged by providing pre-prepared charts on which we all stuck stars at the end of each session). We facilitators took responsibility for selecting group members and clarifying the roles of the adults, setting up the room, providing snacks, and for welcoming and accepting the young people as they were. We were also to set the times and dates of the sessions and arrange the transport, in consultation with parents and carers and the young people..

This session was crucial. It modelled the way in which we, as facilitators, were able to hold the group but not control it. So it was that the group decided how and when in that first session they would draw up the agreement and whether they would take up the ready-made options we had prepared, or choose to do something else. There was initial reluctance to accepting the control and much looking to us to take the reins. We resisted the temptation to take over, reflecting back to the group the difficulty they were experiencing and allowing them the space to find a way of coming to their own decisions. Their first choice was to play a game that we had prepared, designed to break the ice and enable everyone to learn each other's name. This highlighted the need for us to be prepared and, from the final feedback, it was clear that this was

a significant moment which helped promote the sense that we could hold and facilitate the group while they controlled its direction and content.

As the sessions went by the group readily accepted responsibility for the shape and content of each session. They chose a mix of activities, some prepared by us, others ideas of their own. These included watching videos, playing computer games and the creation of their own video which they made for the project to use as an introduction to future potential group members. Indeed, for much of the time we were made redundant, being asked to leave the room while the group got on with the tasks they had set themselves. This could have felt risky but the model we had encouraged of the group being in control and responsible for itself, created an atmosphere of trust that led to the group acting responsibly.

For the most part bereavement was not an apparent issue. However, from the follow-up evaluations it was clear that sharing time and behaving normally with other bereaved young people was a major benefit, a recognition that they were not alone. And this is the message being repeated time and again by workers in the bereavement field (as highlighted by several of the speakers at the recent 'Children and Bereavement, Who Cares?' conference (see p29 of this issue): bereaved young people need to share experiences with others in the same situation to help overcome their sense of isolation.

This brief look at one group is not a 'what to do', nor a 'how to do'; volumes have been written by others on these matters. It is, I hope, a message of encouragement to take the risk of offering bereaved young people the opportunity to come together and have real choices about how (and indeed whether) they use that safe time to further their bereavement work. **BC**

Reference

J. Axline. *MV. Play Therapy*. Edinburgh, UK: Churchill Livingstone, 1989, pp69-70.