It was brilliant; they made me feel a lot better about helping with the client. They helped me with a few things I hadn't thought about and I was able to pass them on to my client. (Social worker)

What the survey has highlighted is that the actual referrals to a bereavement service may be only the tip of the iceberg in comparison to the numbers of people in need of some form of support. Estimates of families helped by a service such as Candle should include these hidden clients, those who may have been given all the help they needed in a telephone conversation with a professional, as well as those seen face-toface. Our results also provide evidence for the CBN's assertion that the needs of bereaved children, and of those who care for or work with them, are often simply for straightforward advice and support. We need to offer reassurance that what they are experiencing or how they are handling a situation is perfectly normal and that they are doing OK, to give practical information and to point out other options.

References

- 1. Monroe B, Kraus F. Coping with death. *Special!* 2000; Autumn:16-19.
- 2. Wass H, Berardo FM, Neimeyer RA. Death in the lives of children and adolescents. In: Wass H, Berardo FM, Neimeyer RA (eds). Dying: Facing the Facts. Washington DC, USA: Hemisphere Publishing Corporation, 201-228.
 3. Dowdney L. Childhood bereavement
- 3. Dowdney L. Childhood bereavement following parental death. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 2000; **41**: 819-830.
- 4. Ragan P, McGlashan T. Childhood parental death and adult psychopathology. *American Journal of Psychiatry* 1986; **143**(2): 153-157.
- 5. Stoppelbein L, Greening L. Posttraumatic stress symptoms in parentally bereaved children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry* 2000; **39**(9): 1112-1119.
- Worden JW. Children & Grief: When a Parent Dies. New York: The Guilford Press, 1996.
- 7. Black D. Childhood bereavement. *British Medical Journal* 1996; **312**: 1496.
- 8. The Children and Young People's Unit.
 Report on a mapping exercise to identify 'open access' specialist bereavement support services for children and young people in England.
 Nottingham, UK: Childhood Bereavement
 Network, August 2002.

FORTHCOMING EVENT

2005 World Gathering on Bereavement. For professionals and bereaved people. Speakers include Earl Grollman, John Morgan, Alan Wolfelt. Also The Compassionate Friends 4th Annual Gathering. 17-21 August 2005. Vancouver, Canada. Apply to from Kay Johnson, Griefworks BC, Vancouver, Canada; +604 875 2741; website www.worldgathering.org

Counselling the bereaved in prison



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Bereavement is recognised by some prison authorities as a factor impeding the progress of certain prisoners towards acceptable behaviour. One such authority invited a local volunteer

bereavement service to be part of its prisoners' rehabilitation programme and here one member of the team describes what was involved, the difficulties and rewards of this challenging work.

he Rushmoor and Surrey Heath branch of the UK national charity, Cruse Bereavement Care, provided a bereavement support service for prisoners at Her Majesty's Prison Coldingley for four years, between 1998 and 2002. Prisons in this country are categorised A to D according to the level of security, A being the highest level.

Coldingley is a category C prison accommodating up to 372 prisoners. It is the only industrial prison in the UK, with three main industries – a commercial laundry, an engineering workshop, and a sign shop – that employ about 150 inmates working a 37.5-hour week. There is also a 'Trike' project making motor cycles for disabled riders and a bird project looking after and breeding birds of prey.

Coldingley shares the general aims assigned to all prisons. It holds prisoners in custody and tries to encourage and assist them to lead law-abiding lives on discharge. To that end, there are a number of agencies and counsellors operating in the prison working towards the rehabilitation of prisoners in various ways, such as assisting those addicted to drugs, exploring the offending behaviour, or helping with relationship problems. Our bereavement service formed a part of this rehabilitation programme.

THE SET-UP

A team of four volunteer bereavement counsellors provided the service, for which Coldingley paid an hourly rate. This payment helped in the running of the Cruse branch and covered the volunteers' expenses. Each counsellor normally worked for a period of three months, in rotation. I was one of the counsellors, and also acted as co-ordinator, keeping in regular touch with the on-duty counsellor and the prison liaison officer. Our counsellors needed to be experienced and capable of dealing with the complex and sometimes harrowing work involved. Clients can be manipulative so boundaries had to be firm. Some members of our team worked in other counselling settings and

EDITOR'S NOTE

Members of bereavement services may be reluctant to reach out to bereaved people in prison for various reasons. These include fears for their own safety, antipathy towards prisoners, lack of financial support and lack of time. Yet there is good reason to regard many of those who suffer bereavement while in prison as being in special need of our help and, as Ruth Rodger points out, a little counselling and support may reduce the risk of further offending and of suicide.

This paper describes how a small team of counsellors were able to work with the authorities in a medium category prison to set up a self-funding service which seems to have achieved a great deal. For a further explorations of bereavement in a prison environment, see Margaret Potter's article, 'Inside grief' (Bereavement Care 1999; 18(2): 22-25) and Ken Dolman and Rusus McGinty's 'Domestic killing: the perpetrator's need to grieve' (Bereavement Care 1997; 16(3): 29-31). CMP

with other issues besides bereavement. We arranged supervision and met regularly to exchange ideas, discuss difficulties and support one another.

A counsellor visited the prison on the same morning each week, offering a possible three counselling sessions, though one or two clients per morning was the norm. We had to follow the prison procedure for entering the prison and going to the room made available to us each week, which was very near the entrance. We could not move within the prison unaccompanied and we could be searched. The counselling room was very stark, with three chairs and a small table, brightly lit and with a small glass panel in the door to permit observation. A prison officer fetched the clients and sat outside the room while we were counselling. We did not have personal alarms, but we never felt threatened and found most prison staff friendly, helpful and understanding.

We learned that most counsellors are nervous before starting work in a prison setting. To ease their fears, we would arrange a visit to the prison to learn the entry procedure, see the room, meet the liaison officer and experience the atmosphere. We also supplied typed instructions of the procedures to follow.

The majority of clients were helped by the counselling and were very grateful for our support, often saying they would recommend it to others. Occasionally a client might find it too difficult to return to the prison environment after a session, especially the first one, if painful feelings of loss had been explored. This could result in a cancellation of the next session.

After the service had been running for a couple of years, we were invited to take part in an open evening at the prison, the purpose of which was to inform prisoners and officers about all the types of support available to them and give them an opportunity to meet the volunteers and find out what counselling is about. We have also recommended books on bereavement for the prison library and have helped design a leaflet describing the support available to bereaved prisoners, which is circulated throughout the prison.

OUR EXPERIENCES

Losing a loved one whilst in prison can have a major impact on a prisoner. They may feel many emotions, particularly anger and guilt, which they do not understand. The anger can be expressed in undesirable ways against other inmates and prison officers. As prisoners are isolated from their family and friends, they

cannot grieve with them and so begin to accept their loss and move on. Many men believe that crying and expressing sadness is weak and, particularly in prison, they do not want to appear vulnerable. The unexpressed sadness can lead to depression and in extreme cases, suicide. To escape painful feelings some prisoners may turn to drugs.

I have been surprised how often bereavement has been the indirect cause of the criminal offence. The pain of loss has been expressed in extreme anger and violence. Alcohol and illegal drugs are an escape from painful feelings of loss and maintaining a drug habit leads to crime. One client said:

It's better to talk about it than keep it in. Keeping it in builds up and it gets worse. Because of my loss I went downhill, committed the crime and ended up in prison. I would advise anybody else who had gone through what I went through to see a Cruse counsellor.

As bereavement counsellors, we provided a safe environment where the prisoners could work through their feelings, understand their actions, and begin to accept their loss and move on. In the words of another client:

It's been invaluable to me. It's enabled me to open doors I never thought could be opened. See things I never realised. I think about where I'm going wrong. If I don't deal with my past I'm not going to have a future. It's my bereavement counselling and drug counselling that's keeping me going.

When transferred to another prison, this client asked for counselling again and was told it was not available.

This work can be challenging but the reward is in seeing the changes in the clients and hearing their optimism and hope for the future. We feel privileged to have been able to play our part in the rehabilitation work at Coldingley and have recently been asked to return. We hope that, as a result of our experiences, other bereavement agencies may be encouraged to work in this field and many more prisoners will be able to ask for counselling and support following bereavement.

LETTERS TO THE EDITOR

Dear Editors

I have just read *The Lovely Bones* by Alice Sebold. David Trickey (*Bereavement Care* 2003; **22**[3]: 46) says that it is unlike anything else, because it is told from the point of view of the deceased. Well...almost!

In 2002 I read The Great Blue Yonder by Alex Shearer, a Macmillan children's book. This too is told from the point of view of the deceased, 12-year-old Harry, killed in a bicycle accident. In the 'other lands' to which he has gone he is able to visit earth unseen and unheard, to see how school and home fare without him. Sometimes he is being mourned, sometimes life goes on very well without him. To his dismay there are no memorial plaques on his desk, cloakroom pegs etc! Eventually the school plants a tree for him, he makes peace with his sister, and he comes to terms with no longer being alive. So he moves on to 'the great blue yonder' whither go those who have completed their unfinished business.

This is a subtle and sensitive tale that speaks the language of children of Harry's age. For this reason it may well be useful in education about death. I thoroughly enjoyed it and it often made me laugh. I think perhaps I was more convinced of the authenticity of the thinking of 12-year-old Harry than I was by that of 14-year-old Susie of *The Lovely Bones*. Her thoughts are remarkably mature, though it has to be said she grows up in the course of the story.

Readers, do read *The Great Blue Yonder* as well. It's great!

MARY BENDING

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Dear Editors

In January 2003 I was invited to train a group of 25 health professionals and volunteers in Goa in bereavement counselling skills. Afterwards some of the course members decided to create a community-led bereavement service, within the respected Goan-led NGO (charity), Sangath Child Development and Family Guidance Centre.

Goa is one of India's most developed states, an increasingly multi-cultural, urban-based society with a population 64% Hindu, 31% Catholic and 5% Muslim and other religions. The influence of 450 years of Portuguese rule, migrations along its seaboard and tourism have combined to give it a relatively cosmopolitan and westernised culture.

The new service has been planned by Goans and, with the help of a small team of volunteer experienced bereavement trainers from the UK, we now have an excellent programme and a committed group of 13 trained volunteers. We are now in the process of setting up Sangath UK which will enable us to raise urgently needed funds.

However, we need more volunteers in Goa and more trainer volunteers from the UK. So, if you think you might have the right experience to offer as a trainer and are prepared to pay your own way, please contact us for more details. We also welcome hearing from others about other bereavement services set up in less developed countries. Finally, our UK-based group are always keen to come to meetings and talk about our work.

PHILIPPA WEITZ

UK Coordinator

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