REVIEWS



FACING DEATH: Patients, Families and Professionals

Averil Stedeford. William Heinemann Medical Books, London. 1984. £5.50.

I have rarely read a book which has moved me more. Dr. Stedeford, a psychotherapist working at an Oxford hospice, sets out the principles which guide her in the psychological care of dying adults, and charts the many detours on the path to dying well which our personalities and psychological defence mechanisms force us to take. This is an invaluable handbook for those caring for the terminally ill—nurses, doctors, clergy, social workers and counsellors. There is a helpful analysis of psychological responses to physical symptoms and associated with treatment, as well as sections on the crisis of learning about prognosis, fears of dying and communicating with relatives. The way in which we can recognise and treat depressive illnesses and confusional states I found particularly helpful, as is her laudable determination to help the patient and his family to optimum functioning right up to death's door. She starts with a case vignette which shows how difficult the work is. Dying patients and their families see the intervention of a psychiatrist as insulting. They or their relatives are not mad and surely their reactions and symptoms are normal? Dr. Stedeford teaches us when to persevere, when to respect people's defences, when to accept defeat, and when not to. One telling case history teaches us that a patient's refusal of treatment may be due to a depressive illness (suicidal attempt by omission), which if treated—here by antidepressants—may cause the patient to accept what may be life-saving or-enhancing therapy.

Making choices enables people to have control over their lives. Towards the end of life choice may be restricted to what time of day one bathes or whether to wear the blue or green nightdress, but enabling those choices to be made enhances self-esteem. Dr. Stedeford reminds us that we should never underestimate the capacity of the dying to give, and the case studies demonstrate in different ways how open communication allows those facing death the chance to give. Yet the patient will tell us how open we can be and we must listen to him or her.

Bereavement is dealt with briefly because of the existence of good literature on the subject. The chapter on the effects of death and dying on the carers and the steps we must take to help ourselves and our colleagues should be required reading for all doctors and nurses.

My criticisms are few. There is little about the effect of a dying patient on children and nothing on dying children and their special problems. Dr. Stedeford refers often to individual psychotherapy and sometimes to marital therapy but omits consideration of family therapy. I felt her first case cried out for a family approach and hope she will consider it in future.

References are scattered throughout but in future editions it would be helpful to have them listed at the end too.

Dr. Stedeford has written a most valuable, practical book to help professionals to give good psychological care to dying patients and has illustrated what a psychiatrist can contribute as a member of the team caring for the terminally ill. It deserves to be widely read.

DORA BLACK

THE EFFECTIVE USE OF ROLE-PLAY: A handbook for Teachers and Trainers.

Morry Van Ments. Kogan Page & Nichols Publishing. 1983. £12.50.

The use of role-play as an educational or training technique is part of the wider set of techniques that have collectively become known as "simulation and gaming". It is one way of pursuing the tenet "I hear and I forget. I see and I remember. I do and I understand".

In very general terms, role-play is concerned with creating situations which approximate the events of everyday life, **but** in a controlled environment. Thus the players are able to get the 'feel' of certain conditions and then go on to analyse their own behaviour and that of others taking part in the experience. As a method it can therefore help prepare people to anticipate new experiences and understand past and present ones, by testing alternatives and re-appraising actions. It is to be expected that on some occasions role-play will arouse deep feelings.

This excellent book drawn from the author's personal observation of a variety of work experience and training techniques encourages both newcomers and the more experienced in role-play to develop their work in an effective way with the minimum of stress and the maximum of enjoyment.

The first four chapters look at how role-play fits in to simulation and gaming, the place of role-play in teaching and training, how to approach it, and the different types of role-play.

Chapter five 'Preparing for Role-Play' highlights the need for and includes a variety of examples of 'warm up' games to build up trust. An essential ingredient often left out with disastrous results by those not experienced in this area.

Another vital part of role-play is debriefing. This gives the participants a chance to analyse and re-think what has taken place, and to look for meaning in the episode. Another important function of debriefing is that it provides an opportunity for the whole group to reassure and support a troubled member or members. This is all very adequately covered in chapter eight.

Other aspects covered are 'The Hidden Agenda', 'Running the Role-Play Session', 'Other Experimental Methods'. Other Uses in Role-Play' and 'Linked Role-Play'.

A well thought out and written book which not only looks at every aspect of Role-Play but also relates it to other techniques and settings.

My only real reservation is the price. At £12.50 it may prevent interested trainers on limited budgets from being able to purchase it. How about a paper-back version?

BARBARA WARD
Cruse Counsellor

THE HOSPICE ALTERNATIVE

Margaret Manning. Souvenir 1984. £8.95 & £5.95.

The hospice movement has grown rapidly in the last ten years, with what might seem a confusing variety of provision. **The Hospice Alternative** by Margaret Manning is for those who want to know and understand more, though it is not perhaps the best nor always the most easily readable book available. Written for the lay person, its range is comprehensive, reflecting the current ideas and thinking of those working in this field. I found the approach at times somewhat idealised and although she intended to cover problems faced by the present day hospice movement, the author failed to consider these in any depth.

The book starts with a disappointingly brief historical review of attitudes to death and dying, moving rapidly to a discussion of modern-day fears of death and a résumé of the contribution of Elizabeth Kübler-Ross to present thinking and understanding of the needs of the dying. Against this background, Ms. Manning traces the roots of the hospice from early Christian times to its emergence in re-vitalised form at the turn of this century, with care of the dying as the primary focus.

The chapter on the Philosophy of Hospice Care is the core of the book and the message the author wants to communicate. Taking a comprehensive look at the aims and priorities of care, she examines how the values of dignity, truth and respect work out in practice—in relation to the various dimensions of pain control; communication between and within families, patient and staff; teamwork; education and bereavement. She considers the growing interest in death and is at her best in looking at the educational and support needs of professional and lay groups working in hospitals and hospices. She makes a number of challenging suggestions about the shortcomings of existing training.

The second half of the book is devoted to describing a range of facilities, some of which the author has visited, in this country and abroad. Perhaps because they share the same concept of care, I found the presentation became increasingly repetitive, though others may feel the descriptions give substance to the theory.

The book concludes with a look to the future, with the hospice movement becoming a "vanguard for change", defining those skills which are not unique to the setting and contributing to their development in all settings where the old and the ill are cared for. She invites each of us to share in this responsibility by examining our own response to loss and death.

JUDITH GRAY
Senior Social Worker, Countess Mountbatten House

ANOTHER STORY: Women and the Falklands War

Jean Carr. Hamish Hamilton. 1984. £7.50.

There have been many books about the Falklands conflict. Collections of photographs, journalists' 'on the spot' accounts, books of political analysis—the library is full of them. But in reading 'Another Story', I became aware that this was an attempt to look at an aspect of warfare not usually considered: namely the plight of the wives and families who stay at home, and live with the uncertainty and lack of information.

The main thrust of the book is very much a criticism of the lack of support given to those bereaved or having husbands disabled as a result of the conflict.

I doubt if it would have been written forty years ago; I'm certain it wouldn't have been sixty years ago. We are fortunate to live in a society where the quality of life is greatly valued, where bereavement, be it of life or limb, is seen as a major tragedy rather than a minor illness. We have learnt to appreciate the profound effect that loss can have on an individual, and have come a long way in our understanding of the whole grief process. So I found it alarming to read of the insensitive treatment meted out to widows by organisations where violent death is presumably always a possibility.

The author is out to make a political point, but in so doing has clearly highlighted a human need. Again and again, in her interviews with widows and families, Jean Carr mentions the anxiety brought about by the lack of information, or the passing of wrong information. After being told their son had been injured, one family spent twenty-four DAYS trying to find out what had happened to him and when he would be home. And many women, after hearing of a sinking on the television, were initially told their husbands were safe, only later to be informed that they had died. I don't think it is surprising then, that many widows either asked to bury their men at home, or to go out to the Falklands to view the graves. 'The lack of facts added to the unreality of it all, and did not prepare them for the inevitable consequences of all wars —death and injury'.

For most of us the Falklands conflict is now a memory. But for many men and women it is a wound that will not heal. This book is right to criticise the armed forces and the Ministry of Defence for their insensitivity when dealing with wives and families. But it also shows the need to look at our whole approach to the victims, and those left bereaved, through large-scale acts of violence. Maybe we too were found guilty of applauding the victors while ignoring the victims.

Revd. MALCOLM KING,
Chaplain to St. Peter's Hospital, Chertsey

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Academic Papers No. 1 comprises a reprint of the article on The Risk of Suicide following Bereavement by Dr. C. Murray Parkes (originally published in *Bereavement Care*, Vol. I, No. 1), together with A Review of the Literature on Bereavement following Suicide by Dr. S. Henley.

SUPERVISION

Academic Papers No. 2 is a reprint of the article on Supervision and Consultant Care —Counselling the Counsellors by Gill Parker, Family Therapist, from *Bereavement Care*, Vol. I, No. 2.

ALL IN THE END IS HARVEST

An anthology for those who grieve

Compiled by

AGNES WHITAKER

Introduction by

COLIN MURRAY PARKES

Published by Darton, Longman & Todd

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Cruse Conferences

A Scottish Area Conference was held in Greenock last April. Under the general title of "Aspects of Loss", delegates heard Dr. Bertram Levy speak on "A G.P.'s View of Bereavement", and Dr. E. C. Nelson, Consultant Child Psychiatrist, on "The Effects of Bereavement on Children". Rev. Peter Sampson talked about the dying and their families, and Jane Balderston gave a hospital social worker's viewpoint on loss and bereavement. Delegates also took part in a workshop on practical problems in counselling.

The North Thames & East Anglia Area had their conference on 22nd September in Kensington, London. Delegates heard Dr. R. Fieldsend, Consultant Psychiatrist, speak about Bereavement & Suicide, and Mr. R. Howlett, Chairman of Dacorum Cruse, speak about Looking after the Elderly. Dr. D. Morgan, another Consultant Psychiatrist, gave a talk about Bereavement & Guilt Feelings, and the day was wound up with a discussion on rehabilitation through social contact and activities, initiated by Mr. Cedric Robinson, Chairman of Barkingside Cruse, and Mrs. Elsie Mallam of Southend Cruse. Seventy representatives from 23 Branches attended the conference.

The South-East had their conference on 24th November at Caterham in Surrey. Proceedings started with small groups discussing problems and possible solutions for Branch chairmen, secretaries and organisers, social sub-committee chairmen and counselling sub-committee chairmen. After lunch delegates heard a talk by Dr. Sheila Hollins on Children & Bereavement.

Barkingside Cruse had a Jubilee Day Conference on 29th September. Delegates saw the film "Living through Loss", and heard John Vivian, the local Cruse Area Organiser, outline Cruse's work and philosophy. The main speakers were Rev. Peter Speck, Chaplain of the Royal Free Hospital, whose talk was on The Religious and Cultural Aspects of Bereavement, and Penelope Crick, Clinical Psychologist, who spoke about Grieving, Mourning & the Family.

POSTBAG

From:
PAULINE GROVES
Chairman, Counselling Sub-Committee Epsom, Ewell & Mole Valley Cruse

In your last issue Jane Reardon questioned the use of the word "counsellee". I am happy to say that I have never heard the word used in our Branch. We have "members", or (if being counselled) "clients". But that word has a social work ring about it.

As a social worker I worry about the use of our jargon in Cruse. Normal English words are given a second esoteric meaning. One particular word which I am sure misleads is "supervisor". The Concise Oxford Dictionary definition includes "watch with authority". Is this what we do with our counsellors? Surely we support and lead them on. No wonder some of them will only turn to us with problems, or fear us checking up on them. Can we not find another word which has the meaning we want for the man and woman in the street—perhaps "advisor" or "supporter".

Or is Cruse slowly becoming a branch of social work, full of sophistication and jargon, but with little time for the volunteer, especially (horror of horrors) the volunteer whose contribution to the work is their own experience of widowhood, who may never before have volunteered for anything? Do not let us frighten them off with clever words and pretentious ideas.

From:
MARY MARSHALL
Counsellor, Worcester Cruse

I agree with Jane Reardon that "counsellee" is an awful word, and one feels that there must be a better word than "client". New to this—I refer to "my Cruse lady or man".

Dr. Agnes Wilkinson, who wrote the original article, comments:
I adopted the word 'counsellee' to correspond with 'counsellor' in the particular context of my very short article on *Counselling: a beginning, a middle and an end*. It has no particular relevance in wider contexts, and it would be lamentable if a word which I invented for a particular purpose were to be used in all sorts of inappropriate ways. I trust that Jane Reardon's apprehension on this score will prove unfounded, but the point she is making is worth serious attention.

BEREAVEMENT CARE is published for all Cruse workers and others who wish to deepen their understanding of bereavement. It is sold subject to the condition that it shall not be re-sold, reproduced in part or in entirety, hired out or otherwise circulated without the publisher's consent.

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