(continued from page 21)

regard clients who require bereavement counselling as patients. All of us have had experiences of death or loss and know that, for a period, we need to mourn and to recoup our strength. At this time of crisis, when we are at our most vulnerable, support and understanding, care and clarification can be vital. As counsellors we need to recognise the privilege, the pain and, above all, the temporary nature of our involvement with other families. I am sure that you are all well aware that unless a family is well prepared for our ending contact with them they may well feel our going as yet another loss. Hopefully we will have helped them to extend their range of problem-solving behaviours rather than encourage their dependency.

Ultimately, to be of most help to bereaved families, we as counsellors have to know ourselves, have a knowledge of family functioning and continually work to improve and extend our skills.

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WHEN MY MUM DIED

When my mum died, I felt that I didn't want to be here any more, and I thought "Why did my mum have to go?"

I felt lost and helpless. The more I thought of it, just being three of us, the more I thought it was a dream, and one day it would come to an end. But I think I am realising that she's gone and she's not coming back. But it's still hard to live with. Now my mum's gone, the house feels empty and boring, and most of the time I'm out.

Sometimes I feel like ending things for myself, but then that would put my dad in an even worse state than he's in now. And sometimes I think "Why couldn't I have gone in her place?", because she was good, kind, and was always willing to help people.

People tell me that I've got all my future in front of me. But my children will have no grandma on my side of the family, and my mum was looking forward to that.

The main thing is that you feel as though someone has taken the only thing you had, and nothing can replace it, not even all the money in the world. At night times you cry and cry, but not even that will bring her back.

Sharon, aged 14

REVIEWS

BRIEF THERAPY WITH SINGLE-PARENT FAMILIES

A. Morawetz & G. Walker. Brunner/Mazel, New York. 1985.

Over the last decade there has been a dramatic doubling in the numbers of families headed by a single parent. One in seven children in England and Wales is now in such a family. Added to the perennial problem of the death of one parent, we now have an explosion in divorce rates and in the number of unmarried women who choose to bring up their children single-handed. While this change in our society is noted, it is striking how little attention has been paid to the many problems these families face. The response of the helping professions has been uncoordinated and often despairing. Few reliable studies have appeared on the subject. For these reasons I warmly welcome this excellent book as a serious contribution towards developing strategies for dealing with single parents who find themselves unable, for various reasons, to cope with their children and their lives. At first sight it looks like a family therapy text-book, or for those who work professionally with families. It is, and the authors give a clear well-written account of how to work with a category of family which the professionals, often feeling de-skilled before the work starts, regard with apathy or even hostility. But it is also a handbook which will provide help and guidance for all, in both professional and voluntary spheres, who are concerned to maximise their skills in dealing with people in distress. It is based on the results of a three-year study of thirty families headed by a single parent, which was undertaken at the Ackerman Institute for Family Therapy in New York. The authors are both experienced social workers and specialists in family work.

The book is clearly laid out in three parts. The first deals not only with the theoretical approach to the work but also tackles the vital minutiae of engaging families. Challenging the current myths about the similarity of these families, the authors suggest that knowledge of the differing circumstances surrounding their creation is vital to understanding the way in which they handle loss. How can families formed by the birth of a child to a single woman; by the death, expected or unexpected, of a parent; by a divorce, whether mutually sought or bitterly fought; be considered as similar? And how can the emotional presence of a parent, whether dead or alive, be ignored? Based on this approach, the authors provide a well-reasoned summary of some of the common problems and developmental stages they have observed in these families. Such a framework gives the worker a most useful benchmark for organising material and formulating hypotheses; it also helps her to decide between the normal processes of grief and the problems which indicate that the family needs extra support.

One chapter is devoted to an excellent review of the evolution of the systems model of family operations, in which the differing elements in the development of the authors theoretical framework are clearly explained. This exposition is amplified in the case studies where theory comes vividly alive. The first part of the book ends with chapters on intake and the initial interview. Here are some of the best ideas in their arsenal. My experience is that what happens at the start of therapy generally is not monitored closely enough. The strategies the authors suggest to ensure that the worker does not unwittingly sabotage the therapeutic relationship at the beginning are eminently sensible. Practical suggestions abound. These include asking people to record symptomatic behaviour before the first meeting, this insuring accurate information with which to start treatment; also how to deal with a family member who attempts to trap the therapist into sharing confidential material. If the first interview is a microsm of the treatment, how the worker handles it is of crucial importance. Again the authors are sure guides, with suggestions about how to plan the session and ideas about the feelings, motives and behaviour of parents and children who have to seek help. The importance of checking who made the referral and why the family is seeking help when it does is also underlined.

Case studies form the second part of the book. I did not feel, as so often happens, that these are tacked on as padding, but that they illuminated the authors' approach and sensitively illustrated common themes in the families' lives. People are seen in terms of their strengths rather than their weaknesses, thus challenging the view of the single-parent family as a flawed version of the normal family. Morawetz and Walker deal with families who challenge their ability to remain neutral and to view family and context systemically; at times they side-step (and explain how they do so) and avoid traps set for the unwary helper who lands up sucked into alliances with family members or arguments with other agencies. There is recognition that for most families seeking professional help the dilemma is 'Solve our problem but don't change us'. Such ambivalence is realistically assessed and possible ways for applying therapeutic pressure towards change evaluated. Very little is said about how the authors define 'brief therapy'; we get the impression that often the therapy is demand orientated, with the families setting their own pace and contacting the Institute when they get into trouble.

For all those with an interest in bereavement the cases resulting from the loss of a parent are particularly thought-provoking. In neither of the cases included are things as single as they seem. In a large, poor family, each child in turn has a problem which keeps mother from worrying about father's gambling. A circular pattern of child in trouble, mother not coping and father coming back into the family to take control is shattered when he dies from a heart attack at 45 years. Mother fails to cope and becomes increasingly depressed by her problems and all the skills of the therapists are need to avoid her being sucked into becoming the homeostatic prop and protector of the family (which is what happens in so many social work situations). The end is unexpected, but it is one that is congruent to the family's needs, even though the therapists might have wished another. Such respect for the family is illustrated repeatedly. Therapists must accept the differing values and needs

of their families. As the authors say in a final note to another case, "As with a number of cases in this book, termination of therapy does not always coincide with a traditional 'happy ending'. In this case a more 'satisfactory' ending might have had Mrs. G. marrying . . . and living happily ever after. These sentiments raise, yet again, the question of a therapist's values and goals. Does the image of an ideal family exist towards which all therapy should aim and against which all families are judged? Are some life-styles considered more valid and more acceptable than others? . . . There are no simple answers. It is, however, important to acknowledge that the questions exist, and that the therapist's own values cannot easily be suppressed" (p. 252).

The last section of this valuable book contains excellent chapters on the single-parent family and the school and the multi-problem family, both of which underline the need to include all those involved with the family into an effective strategy for help. The pitfalls which occur when several agencies become enmeshed with a 'needy' family are highlighted, and suggestions made of alternatives to getting into a situation where each agency fights for its preferred solution. Although perhaps overlong for some at 384 pages, many chapters could be used for training on their own. But however it is used, the reader will find not only practical ideas and guidance but that they have become involved in the way that the authors confront and illuminate the human dilemmas that their work entails.

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JOHN DEERE AND THE BEREAVEMENT COUNSELLOR

E. Schumacher Society, Box 76A, RD3, Gt. Barrington, MA 01230, U.S.A. 1984. $3.00 by post.

This short pamphlet is the text of the fourth annual E. F. Schumacher lecture. It was given in New Haven, CT., USA by John L. McKnight in 1984 and raises interesting and challenging questions for those of us concerned with bereavement counselling or the provision of care-giving services. The lectures and seminars sponsored by the E. F. Schumacher Society are designed to acquaint more people, and keep the faithful in touch, with the Schumacher vision of a substainable, decentralised economy nurturing the earth and its peoples and derived not primarily from science and technology but rather from the traditional wisdom of humankind.

Illustrating the Schumacher principle of traditional wisdom being passed on through stories rather than studies, McKnight tells the story of the European pioneers who first settled in the Midwest and failed, initially, to meet the challenge of converting the great grass prairie lands to productive agricultural land. After two decades John Deere, an Illinois blacksmith, invented a new tool, the 'sod buster' which opened the prairies to agricultural development.

Forcing the native American Indians off the prairies where they had grown maize, beans and squash successfully for generations, the settlers used John Deere's tool to open the land to a new kind of agriculture based on wheat. Ignoring the traditional methods of the Sauk Indians, the soil lost its goodness and within 30 years the settlers had effectively depleted the land, made wheat farming uneconomic and moved on in search of new lands to exploit. Banished to the reservations to make way for the settlers, the native Americans in the course of time forgot the techniques and tools which had sustained them on the prairie for generations. So three deserts were created: Wisconsin, the reservations and people's memories.

Now, warns McKnight, a century later the farmers and townspeople of Wisconsin are threatened by a new invention quite as deadly as John Deere's plough. Called 'Bereavement Counselling', manufactured in the university and disguised as a service, this new technology will undermine and finally replace the traditional, well tried mourning rituals of the community and gradually create for the bereaved a new desert of isolation, disinterest and unhealthy dependency on experts to provide what once sprang naturally from the heart of the community still in touch with its traditional wisdom.

The warning is salutory and McKnight offers four criteria by which we might assess what he calls the impediment factor of modern service technologies, all of which are pertinent to those of us concerned with the provision of bereavement counselling services: the monetary cost of the service in relation to the actual nature of its provision—when does a service make for 'social distortion' by just being too expensive? The 'specific counterproductivity' element—does health care create ill health and do bereavement counselling services create bereaved clients with problems ; the loss of knowledge consideration—the potential in any service provision for disconnection of a community from its own traditional wisdom; and finally, the 'hidden curriculum' element which tends to invoke dependency, promote the myth of professionalism and, as McKnight says "sow clienthood where citizenship once grew". Weighed against these four criteria McKnight suggests that we can begin to recognise how often the tools of professionalised service make social deserts where true communities once flourished.

Well and good and it is good to be reminded of the difficulty of recapturing for the community professionally occupied space—the assumed prerogatives of the legal profession are a good example—and of constructing new social forms that won't quickly be colonised by yet more professionalised services. But the emergence of bereavement counselling services is not simply the imposition on a healthy community of yet another superfluous service technology, as the history of Cruse well shows: it is, at least in good part, a response built out of people's personal experience of the community's failure to carry its age-old grieving processes into the complexities of modern, and especially urban life. To this extent the growth in this country of bereavement counselling services is much more the product of imaginative self-help initiative on the part of people trying to re-connect with our traditional wisdom than it is the brain child of the university based community care theoreticians.

I believe the function of any bereavement counselling service is properly two-fold: the efficient meeting of immediate, and sometimes critical, needs and the raising of awareness concerning attitudes towards death, dying and bereavement. Only if this second function is addressed can we hope to move on to create new and vital community responses which are truly contemporary expressions of the traditional wisdom that human beings need to give and receive closeness and support at moments of crisis and transition. This work will involve the patient creation of learning environments in which people have the safety necessary to recognise and eliminate the numbing effects both of personal experience of bereavement and of the pervasive cultural conditioning to deny the centrality of death and loss in the process of healthy living.

CHRISTOPHER SPENCE
Cruse Counsellor

HOSPICE CARE: Principles & Practice

Ed. Charles A. Corr & Donna M. Corr. Faber & Faber. 1983. £4.95.

This book is a series of articles relating to hospice philosophy and practice from contributors on both sides of the Atlantic. The editors are both involved in this field, and have supplied linking passages between the a ticles.

The subjects cover the whole range of hospice care. Although there are few British contributions, these come from such acknowledged leaders of the movement as Dame Cicely Saunders, Dr. Colin Murray Parkes and Dr. Robert Twycross. The greater part of the book is devoted to "caregiving", and includes articles by nurses , a physiotherapist, social worker, chaplain, psychotherapist, voluntee- organiser and others. Some of these are excellent and very practical, such as the comment that "Counselling a dying patient in a wet bed is ineffective". The problem of boredom reinforcing pain and depression in terminal illness is highlighted, and also the need to avoid staff "burn out" by sensitive and realistic suppo t at all levels.

There are only two articles on bereavement, both American. One is factual, and tells of various hospice-based bereavement services. It is considered that as the families are included in "Hospice Care" before a death, they are the responsibility of the hospice aftewards. This view is shared by some hospices in this country, but when an organisation such as Cruse is available there would seem to be value in co-operation. There is often a greater range of expertise and facilities available, and it minimises the problem of "hospice-dependent" relatives, and releases hospice staff.

The two classical monographs on "Pain Relief in Terminal Cancer" by Robert Twycross of Oxford, and "Symptom Control in Terminal Illness" by Dr. Mary Baines of St. Christopher's are included. While the principles of these remain valid, in the four years since they were written new drugs and different ways of giving them and a wider range of palliative treatments have already emerged.

The honeymoon period of the hospice movement is now over, and much thought must be given to the future. As Richard Hillier of Southampton remarks in the final paper, a rash of ill-equipped and underfunded units is not the answer. It seems to me that existing hospices should be centres of excellence with staff of high professional calibre, and with a large commitment to teach the principles of caring for people and not diseases.

Apart from hospice buildings, the philosophy is spreading through home care services and palliative care units in existing hospitals. These are being developed on both sides of the Atlantic.

This interesting although rather uneven book has a very moving epilogue written by a patient in St. Christopher's Hospice. She reflects that she has been cast as the wounded man in the Parable of the Good Samaritan. Without the wounded man there would not have been a Good Samaritan—they are inseparably linked.

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