children and in themselves? Can they absorb some of the bereaved children's anger without feeling personally attacked? Can they tolerate some of the children's love for other family members (especially for the fathers) without feeling rejected? And what are the caretakers' own prior experiences of loss and bereavement?

We cannot get the answers to all of these questions in a brief evaluation. This requires ongoing, long-term parent guidance work.

Such parent guidance often returns to one of several themes. Prominent among them is the fact that the caretakers are parents by default; most did not want to take on this work, however much they might feel that it is now their wish and/or responsibility. Grandmothers, especially, often feel that they have already 'served their time'; the transition back into parenthood is a difficult one for them. Much of our effort with these caretakers is aimed at helping them to find ways in which they can get some support and satisfaction for themselves while continuing to respond to the needs of the children.

A second prominent theme in parent guidance has to do with the relationships between the caretakers and the dead mothers. These mothers were daughters or sisters to the caretakers and the caretakers have very intense feelings about them. It is important that the commonly-encountered guilt about surviving the dead mothers, and the anger at their dereliction of duty, should not be acted out towards the children. It is also important that the anger should not be acted out by the therapists towards the caretakers at those points when the caretakers' own needs lead them to either deny or neglect those of the children.

A third theme in parent guidance concerns the relationships between the children, their fathers, and the caretakers. The caretakers are often very angry at fathers whom they perceive as neglectful, selfish, or dangerous. It is hard for the caretakers to help the children to come to terms with their own ambivalent feelings toward their fathers, since any signs of affection expressed by the children towards their fathers make the caretakers furious.

Conclusion

I have described some of the problems we encounter in working with relatives who take on the job of raising the children of their dead daughters and sisters. These problems centre around the caretakers' ambivalent feelings towards the children (whom they love, but who cost them dearly), towards the dead mothers (whom they love, but who died and left them with the tasks of childrearing), and towards the fathers (whom they often see as neglectful or as murderous).

I would like to emphasise that the caretakers and children we see are a skewed sample. Most are chronically stressed and abused people with few resources (internal or external). They differ in important ways from the families described by Altschul where 'the majority of the families considered themselves reasonably well functioning prior to the death'[1]. I conclude with an example of a family in which our intervention was brief, focused, and successful (at least in the short run).

Ms. A., the mother of a four-year-old boy, John, had died of an illness. Ms. A.'s sister, Mrs. B., took the boy into her home during the final stages of the mother's disease. Mrs. B. was married and had several children of her own. She was a full-time homemaker and John's arrival did not force a change in her role. Ms. A. had never identified John's father; instead she had encouraged her sister's husband, Mr. B., to fill a paternal role for John. Fortunately Ms. A. had purchased a large life insurance policy soon after John was born, before she became ill. Thus the family suffered no financial hardship when Ms. A. died.

Mr. and Mrs. B. brought adequate resources, both internal and external, to the task of substitute parenthood. When John began to test out his aunt's and uncle's resolve to keep him, they were able to tolerate this behaviour as something to be expected during his adaptation to his new family. When John expressed his sadness about his mother's death, his new family was able to share in the sadness and to support him through these painful times. And while there have been occasional bumps in the road, the adaptation appears to have gone well.

Most of the caretakers and children we see are not so fortunate. They usually had little to start with and lost much of what they had when their daughter or sister died. In working with these caretakers, we aim to help them to recognise the sources of their ambivalent feelings and to limit the extent to which these feelings interfere with their ability to respond flexibly to the needs of the children. We hope that such preventive mental health services will help the children and caretakers from falling into a cycle of loss, anger, guilt, provocation, and rejection which would make what is already a difficult adaptation into an impossible one. We hope, too, to provide some support to children and caretakers alike as they are confronted with the painful and wearying tasks of grieving their loss and then building new foundations.

Reference

1. Altschul S (ed.). Childhood Bereavement and its Aftermath. Madison, Connecticut: International Universities Press, 1988.

This article is based on a paper presented at the International Conference on Grief and Bereavement in Contemporary Society, sponsored by Cruse, held in London in July 1988.

[A longer, more detailed version of this paper, built around a case illustration, is available upon request from the author at the Division of Child Psychiatry, University Hospitals of Cleveland, 2040 Abington Road, Cleveland, Ohio 44106, USA.]

FORTHCOMING COURSES AND CONFERENCES

Cruse Bereavement Courses. A number of Cruse Branches are running Bereavement Courses this autumn. Cruse workers will find details in the September issue of Cruse Bulletin, and information is also available from Cruse House (Tel. 01-940 4818).

The Lantern Trust, a registered charity, offers courses for professionals on giving care to people with HIV infection or AIDS. Courses can be arranged to suit participants' requirements. Contact Cyril Ives, Co-ordinator, The Lantern Trust, 72 Honey Lane, Waltham Abbey, Essex EN9 3BS (Tel. 0992 714900).

Perinatal Bereavement. London. 21st September, 1989. One-day symposium at Queen Charlotte's and Chelsea Hospital. Fee £40. Details from the Symposium Secretary, Royal Postgraduate Medical School, Institute of Obstetrics and Gynaecology, Queen Charlotte's and Chelsea Hospital, Goldhawk Road, London W6 0XG (Tel. 01-740 3904).

LETTER TO THE EDITOR

Open University Course on Care of the Dying and Bereaved

From: Professor Malcolm Johnson

Dear Editor,

In response to requests from a very wide range of people, the Open University's Department of Health and Social Welfare is proposing to develop a short, multi-disciplinary course on the care of the dying and the bereaved. This will be a package of written materials supported by audio and video tapes that individuals study at their own pace, but which may also provide a structured basis for group work. Our current intention is to prepare the course in ways which would meet the needs of all who are involved with dying and bereaved people.

To help us get an accurate feel to the kind of course that is most needed, we warmly invite readers of *Bereavement Care* to let us know their answers to the following questions:

1. What issues would you most like to see covered in the material?
2. Who do you think would be interested in using the course?

Thank you for your co-operation.

Yours sincerely,

MALCOLM JOHNSON
Director, Department of Health and Social Welfare, The Open University, Walton Hall, Milton Keynes MK7 6AA.

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