weekly sessions for six to 12 year olds and was co-led by a professional and an adolescent or young adult who had lost a sibling by death. This was a structured group experience aimed at relieving current grief and trauma. Unfortunately it was not evaluated. In this field we are perhaps not yet ready to do proper evaluation but it must come soon.

There was little new in most of the American big-name presentations but they did a competent job of summarising the current state of knowledge. Elizabeth Kubler-Ross's presentation was a *tour de force*. She started at 7 p.m. after we had already had six or seven hours of presentations and were all tired and she continued for an hour and a quarter without stopping. Her talk could be termed inspirational rather than scientific. She had started to work with the children of AIDS patients who are themselves AIDS sufferers and her theme, that of unconditional love transcending all obstacles, left few people unmoved.

To me, work from the Netherlands' University of Gronigen by Humphrey and his colleagues was the most useful. They are looking at the factors that help children to cope with terminal care in cancer, and in particular examining the effects of the child participating in decisions about his or her own care. They concluded that the child and the family coped relatively well with the disclosure of the beginning of terminal care. The children understood their declining health and decided on what kind of terminal care they should have, either alone or with the family. Severe depression and severe behavioural problems rarely occurred during terminal care and the communication between the parent and child increased. Humphrey and colleagues' findings have important implications for those who work in oncology and haematology units.

The British contingent accepted the task of organising the next conference on Children and Death to be held in Great Britain in 1992. As in all conferences the exchange of ideas, the stimulation of seeing other people struggling with the same problems and sometimes finding solutions, and the stimulus of hearing about new research and techniques makes these conferences worthwhile. Greece was particularly beautiful and interesting in the lead-up to the general election. The fact that air pollution in Athens had reached such high levels that the children were not allowed to go to school was especially poignant at a gathering considering children and death.

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REVIEW

BEREAVEMENT COUNSELLING TRAINING VIDEOS

1989. Produced by Northern Ireland Cruse. Price £200 (special rate of £100 to Cruse personnel and Cruse Branches). Available from Cruse, Cruse House, 126 Sheen Road, Richmond, Surrey TW9 1UR, England (Tel. 01-940 4818).

As a trainer I have mixed feelings about the use of videos. I think that they can be helpful as trigger points; however, there is no substitute for learning by experience. It was with some hesitance, therefore, that I agreed to review four videos which I thought might be used as 'How to do it' training.

Overall I think that the videos have been made with sensitivity and thought. The simulated counselling sessions were staged over a period of months. It was a believable situation and it was difficult to tell whether Kate, the client, was a bereaved person or role-playing! Watching the sessions unfold as an on-going process was particularly beneficial.

Ruth, the counsellor, demonstrated the core qualities needed for counselling and allowed Kate, the client, to move at her own pace. She gave Kate space and time to explore her feelings about what had happened to her. It illustrated how client-centred counselling works. There were things which could have been done differently: these would make good discussion points.

The videos were introduced by Charlie Warmington who also gave the theory of client-centred counselling practice and a summary and review. This was succinctly put, in a way which I think will be understandable and helpful to those supporting the bereaved.

The weakness for me were the supervision sessions. Supervision does not necessarily need to model the philosophy and approach of the counselling, which in this case was client-centred. The sessions certainly did not mirror in any way the safer environment and reflective process of the counselling sessions.

On reflection the word that comes to mind is 'busy'. The supervisor did most of the talking, asking a lot of questions, sometimes one followed by another, and at times answering himself. I found it authoritarian and directive. There was little time for reflection and the counsellor's own feelings were barely touched upon.

At one time the counsellor asked how to confront Kate's feelings of anger. The supervisor did not answer and pointed out later that he did not tell her 'how to do it'. I do not think that one can be told 'how' to do that; there are techniques which one can learn. However, firstly one needs to be comfortable with one's own feelings. This needs to be explored in both supervision and training. Both the counsellor and supervisor deflected feelings. This is the main limitation of most training—i.e. how to work with feelings is talked about but not addressed.

I think the videos have a place and will be of value to bereavement counselling training. So many videos reflect a bias towards the south of England that it was a refreshing change that these were made in Northern Ireland.

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