the loss of control that threatened to overwhelm me—it seemed as if my life depended on it.

My daughter

My lengthy period of hospitalisation was further complicated by intense feelings of guilt because of my daughter's separation from me. At first my parents moved into my house in order to care for her, but they had great difficulty in coping with her wilfulness and with her energy! They imposed far more restrictions on her than I had done and she responded with a mixture of stubbornness, confusion and an iron determination to continue in a way with which she was familiar. Her behaviour was both extreme and erratic: she was either too well behaved, too helpful and too careful, or she was extremely disobedient and unmanageable. Clearly, she was very unhappy and insecure.

I have painful memories of the weekends when I was allowed home to be with Katie. My need to maintain contact with her was intense and she looked forward to my arrival with great excitement, but those short periods of contact were not good. She would cling to me from the moment of my arrival, demanding my constant attention, talking continuously and excitedly, desperately wanting my love and affection. But I had none to give. I was trying to cope with myself and could not accommodate the demands made on me by the one small person who gave me a reason to live. I didn't want to live, and resented the fact that I loved her so much! All too often she would be reduced to tears by my negative response to her efforts, or she would hide quietly away by herself, as if she had given up trying.

When my parents eventually decided that they could no longer cope with Katie, she went to stay with relatives in a nearby town. She was in a loving home, with parent figures who were kind and sensitive to her needs, but she refused to accept their love. She became obsessively independent, perhaps as a statement of her loyalty to me, but more particularly as a means of self-preservation. Her problems continued long after I had brought her home after being discharged from hospital. She had frequent, terrible nightmares and would kick me and punch me with her little fists tightly clenched, screaming at me wildly, her eyes wide open, whilst still apparently asleep. I was still depressed at that time and was exhausted by her unpredictable behaviour. I seemed to be constantly tired and reacted very badly towards her at times.

I worry about the long-term effects of the trauma of our separation; it is impossible to know the extent to which her personality has been shaped by it. At present she seems happily settled at home, is doing well academically at school, and has many friends. She seems to have forgotten what happened to her, but her sense of security remains very fragile.

Although the memories of Katie's difficulties remain clear in my mind, my memory of much of the time spent in hospital is very poor. However, I was always very much aware of the support of others, professionals and patients alike. The importance of feeling that I was acceptable to the doctors, and of trying to trust them, was of great significance. The importance, too, of the nursing staff and their attitude cannot be overemphasised. They played a big role in my recovery and their tolerance and consistent patience meant a great deal to me. Equally important was the patients' tolerance of one another's conditions and difficulties, as far as they were able. That, too, cannot be overemphasised when one is trying to recover a state of equilibrium and a sense of being.

Moving onwards

By the time I left hospital I had moved onwards through my grief to some extent. I could verbalise my problems to some degree and had begun to accept my new status as a widow and as a single parent, though there had still not been any release of feeling through tears or anger, and the lack of positive feelings about myself was still apparent. I could cope with practical difficulties, though without much real interest in life. Indeed, I have learnt to do many things which I would normally have left to my husband. I have also made new friends, whose interest and concern are very genuine.

For my part, I now find that I am more tolerant and compassionate towards other people. However, I am still very lacking in confidence, and lack any real sense of identity. Within a fairly short space of time I had lost my status as a full-time teacher and then as a wife; things had changed between myself and my family for various reasons, and I could no longer rely on the familiar daughter and sister status. There does not seem to have been anything to replace that loss, other than my continuing status as a mother. I still find that I have no sense of direction, which is very frustrating.

To accept life and become involved again after such trauma needs a tremendous amount of courage; there is a certain safety in depression and opting out, which is almost addictive. I have not yet found the necessary courage to leave all that behind me, to let Ian go, accept myself as I am and to risk becoming involved again, though the prospect of this seems less hopeless now than it did five years ago. Many small, almost imperceptible but significant improvements have taken place during that time, which have made me stronger and more likely to reach a point where I have the necessary courage to go forward and join in with life once again.

** Compulsorily admitted to a psychiatric hospital or unit for a limited period under the Mental Health Act.*

REVIEW

BRAVE HEART: THE DIARY OF A NINE YEAR OLD GIRL WHO REFUSED TO DIE
Joanne Gillespie. London: Century Hutchinson, 1980. £4.99 pb.

This 60 page book, written by a nine-year-old girl with a recurring brain tumour, has much to commend it. The introductory section is written by Joanne's mother and provides the reader with a parent's perspective on life-threatening illness in childhood. The remainder of the book is written and mainly illustrated by Joanne, who describes her experience of suffering from cancer and of the medical treatment she received.

This book will be of much value to children who have a life-threatening illness, to their parents and to professionals working with them. Joanne is able to remind professionals of how an ill child feels and of how honesty, kindness and maximal involvement of the child in their own treatment can help to reduce the child's distress.

Parents will be helped by recognising a child's ability to face her illness and maintain a positive attitude to life. Her statement (p. 52) that 'most grown-ups are afraid of cancer themselves and think that children will be even more frightened, so they don't tell them everything. I'm glad my mam and dad talked to me and explained as much as they could—I'm glad they were honest' may guide parents unsure how much to tell their child about the illness. Mrs Gillespie's experience and her ability to carry on will be a source of support to parents.

This book will be of great value to children themselves but their reading of it needs to be supervised and supported. Joanne's description of unpleasant procedures and her advice on how to minimise the discomfort—e.g. relaxation, distraction with music, visualisation—could be of much benefit to other children. She gives general advice too—the value of support groups, of positive thinking and the acceptability of crying. With this book, Joanne has achieved her aim of helping fellow sufferers.

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there were opportunities to do so. Forty-eight (30%) of the total sample surveyed responded that the policy of the school included opportunities to discuss loss and death in the classroom. Thus the vast majority, approximately 70% of the teachers surveyed, teach in schools which do not have a defined policy in this respect and, indeed, guidance is not given to those staff in these schools about how to cope with this issue.

There was no significant difference between the controlled sector and the maintained sector in relation to whether or not schools had a defined policy about death education. Teachers in controlled schools were almost four times more likely to have access to books and resources on death and bereavement in their staff library than teachers in maintained schools. This did not mean, however, that they were any more likely than teachers in maintained schools to make use of books or resources to enable them to help children understand loss and grief.

IV There was an hypothesis that the geographical location would influence some aspects of school policy with regard to the treatment of death and bereavement. (Geographical location refers to whether the teachers surveyed taught in the North, South, East or West of the city. Although the city of Belfast has had a traumatic history during the past 20 years, the North and West of the city have been exposed to more death from violence than the East or South.) This hypothesis was not supported statistically. It would seem that school policy throughout the city has not been influenced differently by the present situation in Belfast.

V A need to educate for loss was demonstrated by the finding that 114 or 72% of the teachers responding were aware of having taught a bereaved child. Of these 114 teachers, 81 or 71% had noticed behavioural changes in the bereaved child. These changes included tiredness, disruptive behaviour, withdrawal and attention seeking. It was also noticed that if a teacher had taught a bereaved child and believed in education about death and loss, there was more likelihood of the teacher being sensitive to uncharacteristic behaviour in that child.

Nineteen teachers had experienced the death of a pupil from their class. They were asked how they had reacted to the death of a pupil, both personally and with the class. They expressed emotions such as anger, sadness and shock and, in the majority of cases, related how they felt ill-equipped to deal with the loss, not only in the classroom but when faced with the parents or siblings of the deceased.

From some of the comments and observations, it can be concluded that teachers are somewhat confused about how to handle the issue of death in schools. The views expressed ranged from 'Death and coping with death is a very personal and private affair' to 'To talk about death in class, if handled with care and tact, is helpful to all.' Overall, the comments and observations suggest that teachers feel inadequately prepared to teach about the subject of death and would welcome information and guidance.

The main limitations of this study were the small size of the sample and the omission of any questions relating to whether or not teachers thought preparation for death education should be included in their initial training or during in-service training. It is impossible to reach any absolute conclusions or to make sweeping generalisations from the study, but if it has achieved anything it has illustrated that primary school teachers in Belfast are inadequately prepared and are lacking in information, guidance and support when it comes to coping with the subject of loss and death in the classroom. It has highlighted the fact that this is an area worthy of research and exploration, not only in the primary sector, but in all levels of education.

Acknowledgement

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Further information can be obtained from the author at The School of Education, The Queen's University of Belfast, 69-71 University Street, Belfast BT7 1NN. N. Ireland.

REVIEWS

(Continued from page 16).

HANDING OVER

Barry Mason. D. C. Publishing, 17 Avenue Mansions, Finchley Road, London NW3 7AX. 1989. £6.50.

I liked this approach to 'developing consistency across shifts in residential and health settings'. Mason, a social worker and family therapist, has developed a systems approach which will be of immense help if applied to nursing patients who are seriously and terminally ill in hospitals, hospices and nursing homes. In most nursing handovers, the senior nurse who is going off duty does most of the talking and concentrates on content. The result is frustration, boredom and a feeling of powerlessness in those taking over. Mason proposes that the staff coming on take charge of the handover, not the staff going off, interviewing the retiring staff, and emphasising process and relationships rather than facts, which will anyway be recorded in the notes. He emphasises that the new handover is weighted towards helping people think and then act, rather than telling people what is and what to do. Throughout the book there are numerous examples and exercises and although no formal evaluation has been done of its usefulness, I commend it to those who have been using traditional methods of handover as a way of bringing fresh thinking to bear in the service of patients.

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CARE OF DYING CHILDREN AND THEIR FAMILIES

Guidelines from The British Paediatric Association, King Edward's Hospital Fund for London and the National Association of Health Authorities. Prepared by Rosemary Thornes. 1988. £6 inc. p&p. Birmingham: National Association of Health Authorities. Available from NAHA, Birmingham Research Park, Vincent Drive, Birmingham B15 2SQ.

This brief report is intended to provide guidelines for health authorities in the care of dying children and their families. It could be read with benefit by a wide audience including health care professionals, social workers, voluntary organisations and families themselves. It is clear, concise, comprehensive and remarkably sure-footed.

The report rightly emphasises the needs of the child *within* its family, with the home as the centre of care. The need for families to receive co-ordinated practical, emotional and spiritual support is powerfully illustrated by anecdotal evidence from parents themselves. The development of key workers is seen as vital and the central principle is defined as the right of parents to maintain control.

The first half of the report is a helpful and thorough examination of the care requirements of dying children and their families at various stages from diagnosis to death and afterwards. It is written in checklist style and is full of insight, acute observation and practical suggestions. The rest of the report considers how these requirements can best be met and put into practice. There is frequent criticism of the current system—'one of the greatest weaknesses lies in inadequate communication at every level'—but this is balanced with creative ideas for improvement. An example is the suggestion that a shared-care card, held by parents, should be routinely completed by all community and hospital staff. As a social worker, my only regret is that the report appears to perpetuate a limited and sterotypic view of the social work role as 'a potentially useful source of practical and financial help'.

Overall this is a thorough and useful survey. Those seeking a more detailed expansion of the issues could consult 'Parental Loss of a Child' by Theresa A. Rando, Research Press (reviewed in

Bereavement Care Vol. 7 No. 3, and Myra Bluebond-Langner's 'The Private Worlds of Dying Children' published by Princeton University Press, 1978.

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GOOD GRIEF 2. EXPLORING FEELINGS, LOSS AND DEATH WITH UNDER 11s. A companion to GOOD GRIEF 1 for older children. Barbara Ward and associates. Uxbridge: Good Grief, 1989. Available from Cruse—Bereavement Care, £19.50 + £3 p&p.

As a schools' counsellor, this pack has made me realise how important it is for the exploration of feelings, loss and death to find a place on the school curriculum. Many school communities are affected by the death of pupils. Children suffer the death of grandparents, parents and siblings. They suffer loss when their parents separate or divorce, when they are rehoused, or when members of their family are compelled to spend long periods abroad. Those who have been alongside grieving children know that their feelings have depth and intensity. The expression of grief, however, varies according to the child's age. Teachers who work with children who are at the 'magical' stage of thinking, as well as those who have reached the 'concrete thinking' stage can find the prospect of exploring this area daunting. This pack offers them encouragement to follow that exploration.

The first section covers such issues as 'Stages of Grief', 'Grief in Children', and 'Difficulties in Grieving'. The material is grounded in the needs of the child; good references are made to the significance of the material to behaviour. I was especially pleased to read the section on 'Divorce and Separation' as this loss is perhaps the one which most often affects children in school. The suggestions and guidelines highlight such important issues as the need to be honest with children, and give helpful down-to-earth suggestions on how to support them.

Section 2 consists of activities to share with children. They cover a wide range of skills designed, but not limited to, children under 11. They provide ways in which children can get in touch with their feelings, both positive and negative. They give opportunities for the nurture of empathic skills. The ideas are illustrated with exciting examples of children's work, and there is a good selection of writing to use. These can be supplemented by the excellent book list. It is good to see reminders to let colleagues know what we are doing, to check for sensitive areas in children's backgrounds at the outset, and to use such techniques as de-briefing.

Section 3 is a fascinating collection of articles including one by John Bowlby on 'Children Mourning Dead Parents', and another on 'The Value of Hospitalised Children's Artwork'.

On the practical level the pack is divided into useful short sections, but the lists of contents have no page numbers and this can be irritating.

The 'Good Grief' pack is already being used by teachers, and the activities are set in the context of the National Curriculum. The pack is firmly rooted in the needs of children and of schools, and is a most valuable addition to teachers' resources.

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DEATH, DYING AND BEREAVEMENT: AN INSIGHT FOR CARERS
L. Sherr. Oxford: Blackwell Scientific, 1989. £12.95.

In many ways this is an admirable book and could act as a text for counsellors working with the dying and bereaved and their families. There are chapters on hospices, the legal aspects of dying, cultural and religious aspects, staff training, setting up and running a bereavement counselling service, care for the carers, and chapters on specific aspects of death and dying—death of a baby or child, disasters both natural and man made, AIDS (two chapters!), cancer and suicide (but not murder, accidents, or other illnesses).

The authors of the various chapters all have practical experience in their fields and the writing is full of common sense, informed by judicious reading. And this is where the book sadly fails—some authors do quote their sources and others don't, there are many mistakes in the reference lists, and no author index. Each author has listed his references in a different style and no editorial hand can be detected in tidying this up or ensuring that there is accuracy or uniformity. So, for example, Parkes's seminal work on bereavement is listed as by Murray Parkes, or Parkes CM, and the publisher is variously either the British and American one.

Such sloppiness by the editor and publisher makes it difficult to recommend this book as a textbook in spite of some valuable chapters. Of these I found the most interesting were those by A. Sherr on legal aspects, Speck on religious and cultural aspects and Johnston on disasters. A list of voluntary and statutory organisations involved in the care of the dying and bereaved would have been helpful, and I am particularly grieved to see so little on how to help bereaved children.

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ELLIPSE AND OTHER POEMS
Averil Stedeford. Oxford: The Amate Press, 1990. £4.50.

This valuable book of poems by a psychiatrist and psychotherapist is of particular interest to readers of *Bereavement Care* because its author has worked for 12 years in Sir Michael Sobell House, a hospice in Oxford. However the poems, though highly specific to the author, her personal life and where she lives, offer rich experience of life and living, not just of death and leaving life.

Technically, the poems vary in quality. In some, the message is far more important than the medium and I expect the author wishes, as do all writers, continually to polish and perfect her craft. One charming poem, 'Time Rhyme', illustrates just this theme, counterpoising the author's four days of writing with the work of a clock repairer.

For the bereavement counsellor, I particularly commend her advice to the bereaved: 'Go round the house and gather up all the souvenirs/that sharpen spikes of memory, releasing yet more tears./Choose a drawer to keep them in, one you'll often see,/and when you've finished, lock it up/and put away the key./Then wait.' And try 'The Heavy Stone'. The image of grief as a stone rough and sharp is conventional but this poem makes something new and fresh of a conventional image, grief as beauty, the stone matured and shaped by time and tears and anger.

However, my favourite poem is 'To a Bricklayer'. The writer observes this man who makes beautiful patterns for the pleasure of creating them, knowing that the patterned bricks will be hidden by plaster as each house reaches completion. 'Perhaps you marshal bricks as I do phrases./The snowflake-maker, though his crystals melt,/goes on riddling chaos into order/because he must. Was his the touch you felt?'

Undoubtedly this is a poet who will go on practising her craft.

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