as non-caring while the silent one found the other's continual reiterations disturbing and unhelpful.

Only 26 of the victims in our population of 80 families were closely related to their murderer, either through kinship or as partner to the deceased. Within the total population, only 21 lived with the murderer. Our figures may appear to conflict with the usual notion that a very high percentage of murders committed are labelled 'domestic'. As our population was drawn from areas which contained a cross-section of types of housing and was not overweighted by single occupancy or hostel accommodation, we cannot explain this factor.

Within our population there were few younger children (ie under ten years) living in the households. In the six families identified, the younger children tended to be sent to relatives for care. Four children needed placements to be arranged but, perhaps due to the fact that no specific social work agency or section of agency moves into action after a murder, we identified only one case where a social worker became involved following the murder.

The needs of families generally, including those of the children, were seen as being met by others. Victim Support volunteers felt that in several cases they had been left to handle matters which should perhaps have been dealt with by professional social workers. They gained an impression that there was some reluctance for social workers to become involved, although this could have been due to the competent manner in which Victim Support was already helping. The researchers were aware of the consultant child psychiatrist Dr Dora Black's concern and ongoing research with children[2] and therefore did not attempt to research this matter in depth. Victim Support workers were alerted to the researchers' concern and were encouraged to help where possible, and two children in the south of England were referred to Dr Black, who readily helped.

The split loyalties felt by surviving relatives were difficult for them to deal with, especially where the previous relationship had been happy. There were also indications that friends and neighbours were uncomfortable when they felt that they had to choose whom they should support.

Generally families tended to want little or no communication with the perpetrator, and in several cases became angry when the death was described by the murderer or others, as being due to a 'domestic' problem.

As for longer-term reactions, even within the two years of the project there were indications that the grieving processes take considerably longer in cases of murder or manslaughter. The more normal watersheds of the first anniversary of the death, and other significant first-time dates such as birthdays, do not provide the opportunity for 'moving on' which is observed in other bereavements. The length of time that it takes for a prosecution to come before the courts—normally over 12 months—also seems to hold families in suspension. As already noted, the finding of 'not guilty' has further complicated implications, as has acceptance by the courts of the lesser plea of manslaughter. Likewise, if the person responsible for the death is not discovered, this can set the family mourning back again to the earlier process of trying, but failing, to make some sense of the death.

For the most part, the families in this project were and are ordinary families who found themselves in extraordinary circumstances. Overall, they were families whose intense distress prevented them from functioning normally. They needed understanding help which would clear channels of communication for them, assist them to regain control over events, and generally enable them to grieve in healthy ways.

The families needed someone who would be alongside them, especially during critical events such as being told of the death, viewing the body for the first time, or when property or clothing of the deceased was returned. This help was also needed on significant anniversaries, and during the trial. Additionally, they needed help in handling the glare of publicity and media intrusion.

In this project, well-trained and experienced Victim Support Volunteers gave most of the help described above. Whilst volunteers found the work draining and time-consuming, they also found it worthwhile and this help continues to be given through Victim Support. Better contact and understanding from other workers would be helpful to the volunteers, whose own work is described in greater detail in the report[1]. It should, however, be said that since the publication of that report, with its recommendations, there have been changes in some policies and practices which are leading to improvements in the ways with which families of murder victims are dealt.

In their turn, families within the project were very appreciative of the help given by Victim Support and other official bodies as the work developed. They willingly and generously shared their experiences so that others might be helped more appropriately in the future, and they continue to encourage the authors of the report in further work

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REVIEW

PERSPECTIVES FOR LIVING
Bel Mooney. London: John Murray, 1992. £9.90 pb.

This book is based on the transcripts of 12 interviews conducted by Bel Mooney for two BBC series of the same name. Bel Mooney believes that 'Death can offer those that are left a totally new perspective for living', and in these interviews she explores with the bereaved interviewees how one particular death affected each of their lives and altered their particular perspective for living.

The series set out to cover a range of bereavement experiences including that of partner, parent, child, sister and friend. The nature of the relationship with the deceased is drawn out by skilful questioning. The interviews also cover a range of deaths, from the sudden cot death and murder to peaceful death coming gently at the end of a long life. Contributors each bring some of their history with them; the particular death may rest alongside other great losses. No one who speaks does so in the raw days of early bereavement; all have had time to reflect on their loss and to make some sense of what happened in their past. It is this length of experience that gives the book its greatest wealth.

It is impossible to ignore the fact that the lives covered in the series are far from 'ordinary' or even representative. Those who speak are generally creative people—politicians, writers, an actor—those perhaps most likely to be able to use their skills to transform the straw of loss into the gold of experience, and there is much gold to be gleaned from these pages. Worden's[1] final task, the reinvestment of energy, is found not only in the poem, the novel, the play but in another child, and in memories of dignity and goodness and loss.

Perhaps this book is as much a celebration of the power of attachment as it is a series of survival stories. It offers a challenge to Donne's concept that we are necessarily diminished by death. The language sometimes used about the process of grief has no place here. As Bel Mooney herself says about the death of her son ten years ago, 'I do not wish to get over his loss . . . I simpy wish that his life and death should be absorbed into my own: enlarging and deepening in perception.' Death may make us aware of our mortality, a little less afraid of dying, a little more afraid of wasting time. Those who have lost someone they care for, will have, as Bernard Levin says, death 'woven into our lives'.

For those that are engaged on a personal search for an understanding of life and death, Bel Mooney's book contains much richness of thought.

SUSAN WALLBANK
Cruse Counsellor

1. Worden JW. Grief Counselling and Grief Therapy. (2nd edn.). London: Routledge, 1991.

sary to repeat this work over time, according to each child's age and understanding, an additional burden for adult carers who must work through their own grief.

Case 4

Two girls aged three and five were present at their mother's killing. The older one developed asthma subsequently, which dramatically came on when painting a picture of a rainbow at the seventh therapeutic session. The therapist recognised that the asthma which accompanied her attempts was the sound the girl had heard as her mother attempted to take in air with a cut throat. The child's symptoms were relieved by interpretation.

Case 5

Larry, aged five had night terrors every night following the death of his father at his mother's hands when both were drunk. He had witnessed the killing and had stayed all night with mother and the body of his father until mother, sober the next morning, gave herself up to the police after taking Larry to her sister's. Using the technique described by Lask[18] of waking the child just before the night terror usually began, he was cured within a few days. He is having psychotherapy to help him with his grief and other symptoms, and the maternal aunt values the help given. Thus, timely interpretation and relevant behavioural techniques can relieve symptoms and facilitate longer term interventions. Early intervention is economic and effective.

Principles for practice

As a result of our experience with these troubled children we have formulated the following recommendations.

Immediately after the killing

1. Placement should be with familiar people, who will need immediate advice and support.
2. Custody decisions are required at once. Preferably the State should act as parent while plans are formulated. The children may require independent legal representation and advocacy.
3. Primary health care services should be alerted about the children and early consultations sought from child mental health services with particular reference to assessment of PTSD and the need for crisis intervention or other treatment. Expert advice should be sought regarding the planning of access to father and key relatives, the desirability of seeing the body and of attending the funeral.

In the longer term

1. Permanent placement planning should begin as soon as possible and should certainly not be delayed pending the outcome of father's trial. The emergency placement should not become permanent by default.
2. The decisions about access and custody must be guided by the principle of the child's best interests. In particular the right of the child to have contact with father must be borne in mind. We recommend that the child should see the father at least once in prison to reduce the likelihood of frightening fantasies about his power.
3. Therapeutic help should be available as needed. Crisis intervention and bereavement counselling are likely to be needed by all children who witnessed the killing.
4. Decisions about whether the children are fit to give witness in court at their father's trial must be made by experts. If it is essential that the child does so, he must be supported by someone experienced in anticipating what problems may arise and preparing the child for the experience. The child will probably need post-trial counselling.
5. Consideration must be given to obtaining compensation for the children where appropriate, safeguarding their inheritance, obtaining maintenance from their father, or the State, and to protecting them from family conflict and pressures to side with maternal or paternal relatives. This may mean removing them from a placement with kin if antagonism is harming them.
6. Long-term studies are needed to ascertain what happens to these children, especially when they are returned to their father, and when they grow up. Comparative studies of different treatments are needed.

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REVIEWS

(Continued from page 8)

PERSPECTIVES ON DEATH AND DYING
A. S. Berger et al (eds). Philadelphia, USA: Charles Press, 1989. £12.50 pb.*

This book has grown out of a co-operative venture undertaken by the Institute for the Study of Death and the Foundation of Thanatology in America. A variety of perspectives on death and afterlife are described, ranging from African, Islamic, Chinese and Indian, to Jungian psychology and 'near death experience' writings. Each section covers the belief system of the particular group being studied as well as the practical issues that arise as someone approaches death. One of the problems of this type of publication is that the reader may be tempted to assume that every person who describes themselves as Islamic or Hindu or Buddhist is necessarily going to be an equally strict adherent to that particular belief system. However in the chapter entitled 'The Good Death', the authors show how death, dying and bereavement are approached by British Hindus, and it is clear that the underlying belief system is modified by the culture within which people find themselves. It would have been helpful, therefore, to have had a section or chapter which defined the word 'culture' and its relationship to the individuals who live and move within that culture and other cultures.

I was also surprised to see that there was no chapter describing the approach within Judaism or Christianity, (although in Chapter 18, entitled 'Does religion need immortality', Christian tradition is clearly addressed in relation to views on life after death). If this book is to address cross-cultural views, as its title suggests, then it would have been helpful to have both the Jewish and Christian perspectives explained so that those of other traditions might have a clearer picture of what these two groups believe.

The final section of the book looks at paranormal experiences and the phenomenon usually described as 'near death experience'. It is suggested in the conclusion to this chapter that the insights gained in the 'near death experience' can possibly enrich the understanding of people who are working in other fields of study relating to death.

Whilst this book is not exactly bedtime reading, it is a useful resource book for those who wish to have more information about the background of some of the people from cultures other than their own. It is however, important to remember that each individual, irrespective of cultural or religious label, may not necessarily conform to the broad description that is given in any particular book.

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Principal Chaplain
Royal Free Hospital, London

* Available from Cruse—Bereavement Care, 126 Sheen Road, Richmond, Surrey TW10 6ET.

THE FACTS OF DEATH
Michael Farrell. London: Robert Hale, 1991. £7.95 pb.

A comprehensive, detailed and informative guide to the practical matters which need to be dealt with after a death. Divided into chapters with specific headings, it is well laid out and can be dipped into as necessary.

Part 1 deals with the funeral and related matters, such as registering the death, involvement of the coroner, organ donation, burial, and immediate financial matters. Part 2 deals in depth with the deceased's estate: intestacy, inheritance tax, probate, description of assets and administering the estate, including a useful chapter on estates in Scotland. There is a glossary of difficult terminology near the end, followed by a list of useful leaflets, forms and addresses.

Although this is a book for the relatively sophisticated reader, the information is presented in a straightforward and thorough manner. Part 2 would be particularly useful to those required to be executors who are not employing other professional help. A useful book for the adviser's reference library, though possibly too detailed for the ordinary reader.

MIRANDA DE SOUZA
Advisory Counsellor
Cruse—Bereavement Care

POEMS FOR TODAY
Margaret Torrie. 1992. Available from Cruse—Bereavement Care, £3.50 + £1.00 p&p pb.

Over the years Margaret Torrie has combined all the hard work of directing community and counselling services with reflection and poetry. This latest collection, written during her country retirement, shows how closely she gives her attention to the world around and that she has lost nothing of her concern for both loss and resolution, hardship and beauty. Whether it be a recreating of the past in a Minstrels' Gallery, the commemoration of a devastating accident of war or a fresh look at the Annunciation, she challenges us to consider our own readiness to become more aware of the world that faces us.

There is no easy path through bereavement but her creation, Cruse, has helped many to find their own way to a personal harvest. There is no soft comfort in this book but fresh insights that, as she writes, may 'tighten the reins of my mind.'

DAME CICELY SAUNDERS
Founder and Chairman
St. Christopher's Hospice

FORTHCOMING EVENTS

Aspects of Grief: Unhealthy Grief and its Contribution to Mental Distress. Study conference held jointly by The Compassionate Friends, Cruse—Bereavement Care and SW Mind. 22 September 1992. Bristol. Details from SW Mind, 9th Floor, Tower House, Fairfax Street, Bristol BS1 3BN.

Facing Death and Dying Well. A lecture from the Tibetan Buddhist point of view by the Dalai Lama. 8 May 1993. London. Tickets from Booking Dept., Wembley Stadium, Wembley HA9 0DW, or phone 081-900 1900.

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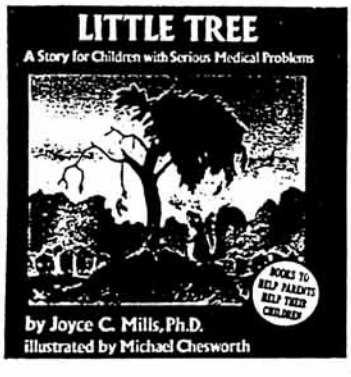
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