new roles. We were surprised that not one of the men had spent time discussing their family's future with their partner before she died. Finally, it was clear that most of the men had depended greatly on their spouses, and needed to develop assertive skills to cope with the extra demands following their bereavement.

As a result of the workshops and other research, we have reached some tentative conclusions that need further research.

- In the traumatic transition to lone parenthood, bereaved fathers, like all parents and other fathers in transition, want and benefit from professional and self-help support in order to address the uncertainty of the new role as lone fathers.
- Their adjustment to the transition has important consequences for the future mental health of themselves and their children.
- It appears that in bereavement, as in the normal transition to parenthood and in lone parenthood by divorce, it is possible to make one of three types of adjustment: angry or hostile; passive; or negotiated. The last group, who were able to negotiate with their partners before they died and get their 'permission' to parent and become involved at the 'responsible' level, did better.
- As in the involvement of all fathers in parenting, their feelings of confidence and competence are crucial and the skills that they need can be learned to prevent lack of confidence eroding parenting skills and a downward spiral developing.
- Institutional practices and services can be changed to accompany a male 'gender ideology' that enables men to give and receive help from each other.
- Fathers' beliefs about gender roles affect their sons' grief process.
- There may be a different pattern to the male bereavement just as there is a 'his and hers' transition to parenthood.

In conclusion we see this project as a beginning, and an area that we will explore more fully. For further information about the Bereaved Fathers Project, please contact Exploring Parenthood, Latimer Education Centre, 194 Freston Road, London W10 6TT. Tel: 0181 968 1678.



Madeleine Rigby

The summer the world betrayed me

Madeleine Rigby

The summer of 1986 was a beautiful one, until that Friday night. I was ten years old, in the last year of primary school and really enjoying being free to go out with my friends to town or to the youth club. This may not seem much now, but to me it was a big step in my life, a time when my mum trusted me to go further than the school field at the end of the road.

I woke as usual to the smell of cheese on toast drifting into my room. I threw on my dress then ran downstairs, ready and waiting for my cheese slices on toast. Stuart, my 12-year-old brother, was still in bed so mum shouted up the stairs until she heard the thud of his feet on the bedroom floor.

He eventually came downstairs. By this time I had finished my toast and was glad of it because Stuart had thick Cheshire cheese on his toast, which I hated the smell of. I was a bit envious of Stuart as he was allowed to get up a bit later than me as he had only a two minute walk to school whereas I had a 20 minute walk.

Stuart was able to do what he wanted; he stayed out late, went to places on his own and with his friends. This made me quite jealous but I knew that I would soon be able to do these things.

That day I was walked to school by my dad. He was a big man and he walked extremely fast with massive strides. I used to try to keep in step with him, but never succeeded, so always found myself running every two minutes to catch up.

EDITOR'S NOTE

Madeleine looks back six years to the ten-year-old girl she was on the night her brother received his fatal injuries and describes graphically how it changed her view of the world. We publish it in line with our policy of using first-hand accounts of bereaved people to help those whose task it is to counsel the bereaved to gain greater insight into their clients' experiences.

Children who lose a sibling are often overlooked when relatives and friends of the parents come to console, and sometimes too by bereavement counsellors who may feel inadequate with young people. We hope this account will encourage them to address children's needs for counselling when visiting a bereaved family.

In the morning we had English with Mrs Hayes. Christian Greenwood, a tall, fat boy, with short brown hair and one eye of a slightly different shade than the other, had yet another argument with the teacher. He then jumped on Adam Price's desk and danced about like a hooligan until the desk snapped

At half past three the bell rang for the end of school. I ran out of school to find my mum waiting for me in the yard, chatting to the other mums. As we walked home together, holding hands, I told her about Christian, she shook her head, but couldn't hold back a smile. I was a quiet girl, who never got into fights, didn't dare argue with teachers and I would sit in the middle of the classroom, even when it was in uproar, and watch everyone, taking everything in.

Stuart was sitting in the front room doing his homework while watching television when I returned.

I liked to see what he was doing, then try it myself so that I could do the work when I was old enough to go to middle school.

After tea I went round to my friend Michaela's house. She was younger than me, but I didn't mind because that usually meant that I could be in charge. That afternoon we went to play at the school wearing our glitter wigs and prancing about thinking we were pop stars. We often dressed up, as it made us feel special, better than the other children.

We watched all the older children go into the youth club held at Stuart's school. I longed to go, but you had to be 11 years old before you could get in. As we sat by the clinic, next to the school, we saw Brendan, one of Stuart's friends, running towards us. His face was white as a sheet. I could tell there was something wrong. I looked at him, my eyes full of fear and said 'What's wrong?'.

He looked to the floor and then looked at me and spluttered, 'It's Stuart. He's trapped in St Joseph's School. Go an' get your mum!'

The three of us ran as fast as we could to my house and frantically banged on the door. My mum answered, she had just got out of the bath and was wearing her bath robe. She sensed there was something wrong, but nobody spoke.

'Tell her!' I whispered to Brendan.

'Tell me what?' shouted my mum. 'What has happened?'

Brendan burst into tears. 'It's Stuart. He's trapped in St Joseph's School!' Panic set in. My mum shouted to my dad and told him to get over to the school while she got dressed.

We all turned back to the school, led by Brendan. As we approached the school I could see a young man on the roof, looking through a skylight. My dad didn't stop to think, he clambered on to the roof and ran towards the skylight. He peered down through the hole and shouted, 'Stuart!', then looked up to the sky as if he was looking for God. 'Stuart! Are you all right?'

There was no answer. Silence. Even the birds had stopped singing. The long, unbearable silence was interrupted by the loud piercing sound of the ambulance siren. The crowd which had gradually built up around me scattered as the ambulance came hurtling around the corner. I did not budge, all I could do was stare at my dad who, by this time, was down off the roof, trying to break the school doors down.

I suddenly felt people staring at me, my eyes moved to see members of the youth club talking about me. I took off my wig and leant against the wall. The seconds ticked so slowly. Time was moving in slow motion. My dad continued to ram the door. Then my mum came running through the school gates. Eventually the door flew open. My mum, dad and the ambulance men ran inside.

I wasn't told anything, I felt as if everyone was trying to shut me out, a conspiracy against me

I decided not to follow them. I was too frightened. I did not want to see my brother lying hurt. Nobody seemed to notice me. Ten minutes passed before my mum came back out. She took me inside.

We walked down a short corridor, my heart pounding, then turned a corner. I saw a crowd of people bent over a body on the floor. It was my brother. He lay there, not moving, not speaking. The ambulance men lifted him carefully on to a stretcher. My mum spoke to my dad, but I didn't catch what she said. I stood like a stone statue staring at my brother, holding my wig at my side by one strand of glitter.

Stuart was carried outside, strapped to the stretcher with a mask over his face. Together my mum and I followed into the ambulance and sat in seats across from where my brother lay. We were told to fasten our seat belts as the ride would be bumpy. My dad had gone back home to lock up and follow us in a taxi up to the infirmary. My mum began to cry. I held her hand. 'Don't cry, mum.' I was crying myself but I begged her not to. Stuart lay still and pale, not even a groan left his lips; he was in a coma.

I don't remember much of what happened next, only going with my Uncle Mark to his house where I would be staying the night. Nothing sank in about what had happened. I thought that I would wake up in the morning and find this whole incident a dream and I could go home and have cheese on toast with Stuart.

I did not go home the next day, or the day after that. I even missed school on the Monday. I wasn't told anything, I felt as if everyone was trying to shut me out, a conspiracy against me.

The next time I saw my mum was when I went to visit Stuart in hospital. He had been moved from the infirmary to Booth Hall. My mum looked terrible, she was pale, wore no make-up and had large dark circles under her eyes. She threw her arms around me and began to weep. Then I saw my dad. He looked worse than my mum. He hadn't shaved, he had swollen red eyes and his face was drawn. I was used to seeing him tough and strong. Now he was reduced to a quivering wreck.

I couldn't hold back my tears. They came flooding out, streaming down my cheeks. After we had calmed down a little, I was led down a corridor decorated with children's paintings and a little rectangular fish tank on the corner. We turned into a small room, brilliant white with a bed on one side covered in crisp, white sheets. In the bed lay Stuart, but he looked different and strange. He was almost as white as the sheets which lay on him and he had what seemed like dozens of wires and tubes attached to his chest, arms, mouth and nose. He was surrounded by machines, bleeping and showing his heart beat.

I turned to my mum. She smiled warmly and said, 'Speak to him. He can hear you. He's just sleeping.'

I looked around the room. It was so bright, so white and so clean. I looked at the nurse. She was looking at me. My eyes moved back to the bed, back to Stuart's pale face. I didn't say a word. I couldn't, the boy lying there was not the same as my brother. Stuart was so full of life and enthusiasm. Now, well, it turned my stomach. The only thing I could think of was getting out of this terrible room. I ran out of the room, shocked and confused.

That night my mum stayed with Stuart, I went home with my dad. The next few days were extremely strange, I went back to school but everything was very abnormal. People spoke to me differently, as if they knew more than I did. We prayed for Stuart in assembly with the vicar who came once a week in the morning assembly. My mum and dad were never at home at the same time, our family, instead of

being together, were apart, I didn't know why.

The next day was a Friday. My teacher, Mrs Yearsly, took me home in her car. I ran through the front door to find my mum and dad together. Why was this, why weren't any of them at the hospital? I ran to hug my mum, these thoughts running through my mind. I think my mum read these thoughts. Still hugging me, my mum spoke. 'Stuart died today, Madeleine. That's why we are both here.'

My eyes searched my mum's face. It couldn't be true. I didn't want it to be true, but my mum's pale face told me it was true. I cried. It broke my heart. I had just lost my brother. I had just lost my faith in the world. How could it be so cruel to a happy ten-year-old girl, who had never done anything wrong? This was the summer the world betrayed me.

NEW FROM CRUSE

After the Death of a Parent by Caroline Morcom. A booklet for adults expressing the feelings many people experience but find difficult to talk about. £2.95 + p&p.
Counselling by Letter by Susan Wallbank. Guidelines for good practice on an increasingly popular form of counselling. £2.95 + p&p.
Both available only from Cruse – Bereavement Care, 126 Sheen Road, Richmond, Surrey TW9 1UR. P&p 50p, overseas customers £1 (pay by sterling draft).

CONFERENCE REPORT

Fourth International Conference on Grief and Bereavement in Contemporary Society

Stockholm, 12–16 June 1994

I. AN OVERVIEW

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The hosts for this important gathering were the Swedish National Association for Mental Health, and they are to be congratulated on their efficient organisation of both the scientific and social programme. Some 235 papers were presented by the participants, who came from many countries including 28 who had made the journey from Australia. Only one, however, came from France. Inevitably the Scandinavian countries were well represented and helped to make us feel welcome.

The stars of the show were undoubtedly the team from the University of Utrecht, which has drawn together some of the foremost researchers in the field of grief and bereavement. Surprisingly none of this group had been chosen as plenary speakers but, between them, they contributed eight excellent papers. Thus Henk Schut and his colleagues dared to question the assumption that the 'stiff upper lip' is always and necessarily harmful and Margaret and Wolfgang Stroebe, who have recently joined this team, presented their Dual Process Model of coping with bereavement, which maintains that the traditional model of 'grief work' is simplistic. They suggested that bereaved people need to oscillate between approaching and avoiding confrontation with the full reality of loss. Only if confrontation or avoidance is excessive may complications result.

Jan van der Bout, from the same stable, described his cognitive model of Rational Emotive Therapy, which was convincingly illustrated by means of an experiential exercise. The idea that there is a precise and perfect relationship between emotions and the beliefs that give rise to them leads to a method of therapy that focuses on the clarification of this link and the articulation of these beliefs. Using this method in practice, many of the beliefs that underlie the emotional disturbances of pathological grief are found to be irrational and untrue. When the patient or client recognises this discrepancy, the belief changes, and with it the disturbing emotion.

Several papers focused on spiritual or religious dimensions of care and on the rituals that exist or can be created to facilitate the process of grieving. However, two papers (by Margaret Lee, USA and Maria-Helena Bromberg, Brazil) recognised that inappropriate rituals may also do harm. Deviations from tradition are hazardous.

Measures of grief

The research, still in progress, of a team working with Mardi Horowitz at the Langley Porter Clinic in New York was reported by Are Holen and George Bonnano. The team is examining the place of pathological grief in psychiatric diagnosis as codified in *DSMIIIR*[1]. Holen described a modification of Horowitz's well-known Impact of Events Scale, which has been designed to identify symptoms specific to grief. This provides us with a measure of chronic grief. Their research suggests that delayed grief is relatively uncommon, but Bonnano's study found that bereaved people with low scores on grief-related symptoms have more rapid heart rates than people with higher scores. This may explain the finding of higher mortality from heart disease among widowers than among widows, since men seem to inhibit emotional expression more than women and this may, in turn, affect the heart.

If Horowitz's index can be criticised as reflecting only one aspect of pathological grief, the same cannot be said of the sophisticated Bereavement Phenomenology Measure described in an excellent plenary session by Beverley Raphael. This reliable and valid measure allows both normal grief and its pathological variants to be measured, and her findings should certainly be studied by the authors of *DSMIV*[2]. Another version is being planned and it is hoped that the pressure that is already being brought to bear on the planning committee to include a category for pathological grief will not lead to premature closure of this rapidly developing field of knowledge.

Traumatic bereavement and other special situations

An international conference on bereavement can be expected to widen our understanding of the special traumata that arise in trouble spots across the world. It was a daunting privilege to meet psychologists and others who are attempting to help victims of traumatic bereavement in Bosnia/Croatia, Chernobyl, Ethiopia, Latin