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.
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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

America, Kuwait and Armenia. Their work, though hard, is getting results, and it is to be hoped that it will prevent victims from suffering long-term effects such as those reported across generations in people traumatised in the Nazi concentration camps.

Traumatic bereavements commonly give rise to intrusive memories and images. Roger Solomon, from Washington State, described a new method of ameliorating these by Eye Movement Desensitisation.

Other special situations that received attention included deaths from suicide, cystic fibrosis, Batten's disease, dementia, fire, road traffic accidents, homicide, abortion, stillbirth and neonatal death. One of several papers on death from AIDS, by Kelly, Raphael, Statham and Ross from the National Centre for HIV Social Research in Brisbane, described a systematic comparison of reactions to deaths from AIDS and cancer.

Evaluations of therapy or counselling

Geoffrey Glassock, in Australia, has developed a way of measuring spiritual ways of coping in AIDS victims and their partners. Azhar and Varma from Malaysia found that the addition of a religious perspective to group psychotherapy was associated with more rapid improvement in depression after bereavement than occurred in groups that did not include this dimension.

Several other evaluations of therapy or counselling were reported. Marilyn Relf, Oxford, UK, used a risk assessment to assign into two random groups the high-risk relatives of patients who had died in a hospice. The index group were offered bereavement counselling by carefully selected and trained volunteers and the controls, none. Some 13 and 20 months after bereavement the index group was found to have made less use of health care services and to be less anxious than the controls. In these days of scarce resources these findings are of particular importance, since it is clear that the savings on the cost of health care in the group who received counselling must have outweighed the costs of the bereavement service. (Applicants for funding are advised to quote this study!)

The effects of childhood loss on adult bereavement

Long-term effects of losses in childhood were reported by Horesh and Lepkifker from Israel. They found that patients with depressive illness in adult life were more likely to have suffered losses in childhood than non-depressed controls. They were also more likely to have suffered a recent negative life event, particularly a loss. The authors concluded that loss of a parent in childhood sensitises people to loss later in life. This finding was confirmed in my own study of bereaved adults who seek psychiatric help. Both separation from parents and insecure attachment to parents were found to predict more intense emotional disturbance after bereavement than was found in patients who had not had these experiences. Learned fear and learned helplessness predict anxiety and depression respectively.

Unfortunately many papers, including several plenary papers, reflected the outworn and unsupported assumptions of Freudian psychoanalysis. It was, therefore, all the more exciting to find a few psychoanalysts who are aware of the important developments that have taken place in our understanding of the ways in which children develop relationships with parents and others. This is, of course, at the root of psychoanalysis, and psychoanalysts such as John Bowlby have adapted their theory and practice to take it into account. Another is Emmy Gut, from Stockholm, who applied her own theory of Productive and Unproductive Depression to the griefs of old age. The result can fairly be described as 'productive'.

Physical aspects of bereavement

Recent research into the bodily effects of bereavement were summarised by Hans Agren from Sweden. These include impairment of the immune response system reflected in increased numbers of T-helper cells, decreased T-suppressor cells and impaired natural killer cells. Dysregulation of the hypothalamo-pituitary-adrenal axis may also occur with changes in corticotrophin-releasing hormone and hypercortisolism. Beverley Raphael also drew attention to recent studies that suggest that, whereas the intensity of pining (separation distress) correlates with a drop in the levels of prolactin and growth hormone, changes in the immune response system are more closely correlated with depression. These findings are discussed in Selby Jacobs' *Pathologic Grief*[3].

Mark Hamner, Charlestown, USA, reported evidence that suggests that opioid peptide systems are disturbed by chronic post-traumatic stress disorders, which may, in turn, be caused by bereavement. He thinks that this may contribute to cognitive and emotional disturbances, including making bereaved people more susceptible to chronic pain and psychosomatic disorders.

In conclusion, it is clear that knowledge of the psychological, physical, social and spiritual aspects of bereavement is growing steadily and with it an increasing number of innovative ways of helping the bereaved. Both professionals and volunteers are contributing to help in an increasing range of circumstances, some of them quite horrendous. Although systematic evaluations of this work are still few, those that have been carried out are getting encouraging results.

2. CONTRIBUTIONS ON CHILDHOOD GRIEF AND BEREAVEMENT

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Three significant trends emerged from the various contributions on childhood bereavement. Firstly, a greater reluctance to extrapolate from adult models of grief and intervention and more attempts to help children find healthy ways of remaining connected with the person they have lost rather than 'forgetting' or 'letting go'. Secondly, an increasing awareness of the social and cultural influences on children's understanding of death and their expression of grief. Thirdly, a growing recognition that, although many of the adverse effects of

childhood bereavement can be prevented, many children are still suffering from ignorance within their own communities or inappropriate psychiatric interventions.

The theoretical perspective

Several presenters enriched our understanding of children's grief. Tamm and Granqvist's analysis of more than 1,500 spontaneous drawings of death by Swedish schoolchildren revealed some fascinating age and gender differences. Biological death concepts dominated younger children's pictures, whereas metaphysical concepts (including tunnel phenomena) were found increasingly with age. Boys were more likely to personify death and use violent images, while girls more often depicted human emotions and impressions of heaven.

John Baker and Mary Sedney from Massachusetts, using intensive clinical observations of bereaved children, described childhood grief as a developmental process consisting of tasks to be accomplished in sequence over time. Whereas the early tasks involve self-protection and understanding what has happened, later the child has to establish a new identity in the absence of the loved person. They recommended that interventions should be planned according to which tasks the child is currently dealing with.

Reports on clinical practice

Several innovative and successful projects specifically aimed at helping bereaved children were described. A Dutch charity, Behind the Rainbow, which was originally set up as a telephone helpline, is now becoming a nationwide support network for bereaved children and their carers. It offers information, education and consultations for parents, carers and schools, as well as group counselling and weekend camps for bereaved children. This project was particularly impressive because, for the majority of bereaved children, it seemed to provide less stigmatising and more appropriate support than conventional mental health alternatives.

Ben Wolfe described his eight-week groups for bereaved children, which form part of a larger grief support programme in Minnesota, USA (reported in *Bereavement Care*[4]). Activities included telling stories about the dead person, bringing their possessions to discuss (link objects) and visiting a funeral home. That these groups have been running continuously for the last 11 years with an 89 per cent completion rate is proof of their acceptability, if not success.

Atle Dyregrov, from the Centre for Crisis Psychology in Bergen, ran a stimulating workshop based on his work with a much-neglected group: adolescents traumatised by the loss of a friend. Most notable for me was his use of different strategies for helping boys and girls, which he supported by citing research on gender differences in the expression of feeling and help-seeking behaviour. He proposed that the traditional counselling approach, which emphasises verbal communication of feelings, is based on a 'female model of relating' and that, in Norway at least, boys often responded better to other types of interventions such as story-telling, games, using computer or video, and visiting places.

Empirical studies

The findings from several empirical studies carried important messages for those involved in preventive and therapeutic work. Phylis Silverman's study of children with dying parents showed how little explanation and preparation they receive and how often even young children 'figure it out' for themselves. One consequence is that what parents intend as concerned protection, children experience as confusing deception, which adds to their distress. The message from this study is clear: regardless of age, children who are actively informed and prepared before their parents die are far more likely to cope better afterwards.

William Worden's ongoing Harvard Child Bereavement Study has resulted in a screening instrument that identifies those children most at risk after parental bereavement. He has found that older girls who lose mothers may be a particularly vulnerable group. In addition, his first year follow-up interviews are showing that many children's distress is becoming more intense at a time when the surviving parent's grief reaction is subsiding. One possible implication here is that later disturbances in a child's behaviour may not be attributed by others to grief, perhaps least of all by their parent.

Dora Black's early intervention study for parentally bereaved children is aiming to compare parent counselling with family counselling. The preliminary findings of this unique study are already highlighting the lack of accessible services for these families, the unrecognised clinical needs in this non-referred group of children, including high levels of post-traumatic symptomatology, and the many benefits of delivering educational and counselling interventions to families in their own homes.

* * * * *

The Third International Conference on Children and Death will be held in Ontario, Canada on 15–18 May 1995. Meanwhile the Fifth International Conference on Death and Bereavement in Contemporary Society will probably be held in Washington DC in the third or fourth week of June 1997, under the auspices of The Association for Death Education and Counselling.

Further details of all the papers mentioned here can be obtained from the Abstracts[5] and from the Proceedings of the Conference, which will be published later this year. We will also be publishing some articles based on the papers in *Bereavement Care*.

References

1 American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders 3rd edn revised (DSMIIIR). Washington DC: American Psychiatric Association, 1987.

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3 Jacobs S. Pathologic Grief. Washington DC: American Psychiatric Association, 1993.

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5. Abstracts of the Fourth International Conference on Grief and Bereavement in Contemporary Society. Stockholm: Swedish National Association for Mental Health, Box 45124, S–10430 Stockholm, Sweden, 1994.

FORTHCOMING CONFERENCE

Foundation for the Study of Infant Deaths (Cot Death Research and Support). 1 April 1995. London, UK (City University). Annual National Conference. Programme and application form from FIDS, 35 Belgrave Square, London SW1X 8QB. ☎ 0171–823 1986