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.

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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*.

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

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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