'People are like balloons...' – an analogy for explaining death to children

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Some months ago, I came across the following letter written by Alison Howarth, a primary school teacher who is also a funeral director, describing some ideas she has developed through counselling young children after a death.

'Children relate easily to concepts they themselves have had experience of, and so I liken life to a balloon. This is well within the experience of most children.

When people are first born they are like a new balloon – the form is there but there is no substance inside the balloon.

As a person grows they become bigger and become 'filled' with all the things that go to make up that person – learning, intelligence, relationships, etc. This is just the same as a balloon growing when it begins to fill up with air.

As the person begins to age they become a little more wrinkled and have less energy (like a balloon which slowly begins to deflate). At the end of life, when the person dies, it can be likened to all the air being let out of the balloon. Nobody knows where the air has gone, it may be all around us; we may breathe some in but you can't see it any more. All that is left of the balloon is a wrinkled shell with nothing inside it.

To explain a sudden death it can be likened to a balloon bursting, for no apparent reason, whilst it was partly or fully inflated. Sometimes it happens by accident because the balloon has caught on a sharp object and sometimes it happens because there is a fault in the make-up of the balloon...' *

I have since used Alison Howarth's ideas in my work with several bereaved children, aged between five and nine. They have readily understood and accepted the analogy, finding it helpful in coming to terms with death. One child drew pictures of a balloon person gradually deflating, then drew a box around the deflated balloon and finally coloured it over. In this way the child, who had not attended the funeral, created a way to talk about a death and say goodbye.

The description of the balloon being first expanded by all the things that go to make up a person, and then deflated or burst in death, with nothing left but an empty, wrinkled skin, is particularly useful. It helps children to understand that when someone dies the 'person' or 'soul' is no longer inside, or a part of, the now redundant body, and that it is the empty body which is being buried or cremated, not the person. It can be helpful to talk with a child about where the 'air' inside the balloon might have gone, but I would hesitate to include the idea of breathing in this air, as it may leave a child with more difficult ideas to understand and make sense of, and it could be upsetting.

The analogy can also be extended to cover other causes of death, for example, illness, where the balloon has something wrong with it which prevents it becoming, or staying, fully inflated so that it deflates before its time – in some cases quite quickly, in others more gradually. Balloons can also be burst by other people, accidentally or intentionally, so this can help to explain deaths in which another person was responsible (such as murder).

Bereaved adult clients who were having difficulties talking to their children about death, have have also found these ideas helpful and enabling. I have introduced them to teachers in workshops on bereavement and many, particularly those working in primary schools, thought they would be useful when trying to explain death in the classroom. Older children may not find the analogy quite as useful. My 13-year-old daughter's comment was 'It's a good idea, but sometimes if you're careful you can untie the balloon and blow it up again.'

* This extract is reprinted from *The Funeral Service Journal,* May 1994, by kind permission of the Editor and author.

REVIEWS

JOHN BOWLBY AND ATTACHMENT THEORY

Jeremy Holmes. London and New York: Routledge, 1993. £12.99 pb.

This is both a biography and a critique of the work of John Bowlby and of attachment theory. Written by a psychotherapist who is sympathetic to much of his work, it attempts a rapprochement between Bowlby and psychoanalysis that was never achieved during his lifetime.

Bowlby was, at one time, a prominent figure in the world of psychoanalysis. Training Secretary of the Institute of Psychoanalysis in 1944, he remained a member and never stopped calling himself a psychoanalyst. As time passed, however, although he remained committed to the psychological treatment of psychological disorders and continued to treat patients throughout his life, he became disillusioned with many of the fundamental tenets of psychoanalysis, with Freud's theory of infantile sexuality and his libido theory, with Klein's insistence on the importance of the mother's breast as the child's first attachment object and with the way most psychoanalysts ignored or played down the importance of traumatic life events in favour of the analysis of their patient's fantasies. In later years he lost interest in psychoanalysis and seldom attended meetings at the Institute.

His criticisms of their sacred cows put him at odds with the leading figures in the field, with his former supervisor, Melanie Klein, with her long-standing opponent, Anna Freud and with most of the rest of the psychoanalytic establishment. And as his star in the psychoanalytic firmament was declining, in other fields it was rising. His work, and that of his former pupil, Mary Ainsworth, brought about a major revolution in the psychology of child development and child care and the completion in 1980 of his trilogy, *Attachment and Loss*[1], provided us with a new paradigm for understanding the roots of love and loss which has been enormously influential and which brought him many honours.

Holmes rightly points to the importance of Bowlby's contribution to our understanding of bereavement; to the 'stages of grief' which, with James Robertson, he first observed in children separated from their mothers and later, with Parkes, applied to bereavement in adult life; and to the nature of the 'secure base' which lies at the root of attachment relationships and the loss of which makes bereavement so intensely painful and frightening an experience. 'Seen in this light', says Holmes, 'attachment is a unifying principle that reaches from the biological depths of our being to its furthest spiritual depths.' It also has important implications for therapy and counselling, in both of which the care giver must set out to provide the 'secure base' that has been missing or lost from the life of the client.

Bowlby, unlike most of his psychoanalytic colleagues, saw attachment as quite separate from sex. He wrote little about sex and Holmes, who clearly finds this unsettling, points out that, by comparison with Freud and Klein's passionate world of infantile sexuality, Bowlby's scientific world 'at times seems bland, banal even.' He clearly intends this as a criticism much as Sellar and Yeatman refer to the Roundheads as 'Right and Repulsive' while the Cavaliers were 'Wrong but Wromantic'[2]. Elsewhere Holmes says, of Bowlby, 'You did not really allow yourself to feel the full imaginative impact of psychoanalysis. The imaginative leaps, the heights and depths of emotion, the understanding of how intimate experience is engendered and gendered...'. He sees Bowlby's 'detachment' as a form of arrogance, yet in doing so he condemns himself, for what greater arrogance can there be than to mistake our own 'imaginative leaps' for objective truth?

Psychoanalysts cannot have their cake and eat it. If they truly want to be reconciled to their most penetrating critic, they must accept not just his science but his logic. The thing that saddened Bowlby most about psychoanalysts was their refusal to face up to the logical contradictions of psychoanalysis, their tendency to interpret disagreement as defence and criticism as personal attack. Yet he understood all too well that much of the rage that he engendered was a form of grief, a desperate attempt to cling to an obsolete model of a world that was threatening to crumble, and he knew that grief takes time and that it was no good trying to force the pace. So he stepped back from the fray and allowed time to pass.

It is good to discover that some psychoanalysts are now ready to revise their fundamental models of the world and this book will do much to pave the way. It is strongly recommended to all those who are familiar with the language and thought of psychoanalysis. The rest of us may be forgiven for wondering what all the fuss is about. We shall perhaps find other accounts of attachment theory

such as the well-recommended recent book by Robert Karen, '*Becoming Attached*'[3] more suited to our needs.

Colin Murray Parkes
Consultant Paychiatrist

1. Bowlby J. Attachment and Loss. London, UK: Hogarth, 1980
2. Sellar, Yeatman. 1066 and All That. London, UK: Methuen, 1930.
3. Karen R. Becoming Attached. New York: Warner, 1944.

GRAN-GRAN'S BEST TRICK

L Dwight Holden. New York: Magination Press, 1989. $8.95*.

The aim of this book is to encourage communication in primary school children where a loved adult is dying of cancer; the author would also like it to be useful in other cases of loss. However the language is specific to illness and it is doubtful whether it could be multipurpose.

The child in the story tells of his/her lack of comprehension at the changes in Gran-Gran since his illness, recalls the fun times they had and finally after Gran-Gran dies the child vows to tell his sibling all about him. One of the difficulties for me was not knowing whether the child was male or female; another that the text containes numerous americanisms incomprehensible to readers from other countries.

Whilst this book could be of use for those families which are unable or unwilling to help a child frame questions when a person is very ill, the story feels very much an adult's attempt to put a child's world into words.

Brenda Bridgeman
Bereavement Psychologist

*UK, £6.95: available from 'Being Yourself' 73 Liverpool Rd, Deal, Kent, CT14 7NN.

LISTEN. MY CHILD HAS A LOT OF LIVING TO DO

JD Baum, Sr Frances Dominica, NR Woodward (eds). Oxford, UK: Oxford University Press, 1990. £8.99 pb.

This book is subtitled 'The Partnership between Parents and Professionals in Caring for Children with Life-threatening Conditions' and, in spite of disclaimers to the contrary, provides a powerful criticism of the existing medical and social services' efforts to provide for such children. It consists mainly of descriptions of individual attempts to fill the enormous gulfs of need in terminally-ill children and their families, together with some research findings from an individual hospice and the recommendations of a working party on the care of dying children.

The response of the voluntary sector to the deficiencies in support from hospitals, primary care and social services has been quite remarkable in some areas. Several chapters describe aspects of the work of the Cancer and Leukaemia In Children Trust (CLIC) in developing domiciliary and support services in south-west England. Early projects were aimed at meeting basic needs, such as hostel accommodation for parents accompanying their children while in hospital. Later developments have included supporting a team of domiciliary care nurses, who have a major role in briefing the local primary care team as well as the direct support of child and family. Other chapters cover the role of parent self-help groups related to several specific life-threatening conditions, aspects of education for dying children, and the scope of bereavement work.

While this book gives a fairly extensive account of the range of services provided, it appears firmly aimed at professionals rather than parents. It can, however, be warmly commended for the emphasis it places on the exceptionally close relationship between sick children and their families, and the importance of support services taking this into account.

Annie Flower
Social Worker

LETTING GO OF LONELINESS: a positive approach

Gina Levete. Shaftesbury, Dorset: Element Books, 1993. £6.99 pb

A lively, readable book that many lonely people may find helpful to keep on their bedside table. Each chapter offers a fresh approach to a problem that besets many people at different stages of life. The book offers wise insights into the difference between being alone and being lonely and it emphasises that the way forward is within ourselves.

There is a wealth of practical advice, with suggestions for further reading in the text, as well as the bibliography at the back. The book ends with lists of organisations, centres and directories to give leads to anyone seeking to move out of the pain and loneliness.

Margaret Foster
Bereavement Counsellor

PERINATAL DEATH AS A PASTORAL PROBLEM

AA Wretmark. Sweden: Bibliotheca Theologiae Practicae, 1993. SK198*

Aastrid Wertmark's very interesting book comes out of her work as a hospital chaplain at the Karolinska sjukhuset in Stockholm. Seeking to offer a meaningful ministry to large numbers of parents whose children had died perinatally, stimulated her to focus on these issues for a doctoral thesis, for which she interviewed 79 such families. Her work led to a recognition of the need to confront the reality of death in order to have a healthy resolution of the experience.

Astrid then expanded her research by visiting various hospital chaplaincies and organisations in England, and those of us who met her can well remember the intense grilling she gave us (in a very charming way) as she gathered information about how British chaplains and health care professionals respond to perinatal death. The result of all this work is a valuable book for all concerned with pastoral care and the provision of appropriate responses following a baby's death. Much of the text focuses on the liturgical provision for saying 'goodbye' in both Sweden and in the UK, and the research findings arising out of the interviews with the 79 families. Astrid also reviews the presence (or absence) of references to pastoral care in the medical and nursing literature and the significance of baptism (as membership) for live-born children and of naming as a means of bestowing parenthood.

After looking at the various myths and stereotyping associated with funerals and other rituals, she reviews the variety of liturgies available in the various churches and countries she has surveyed. In particular she focuses on the thorny (for some people) issue of baptism for stillborn children and asks 'what are people seeking reassurance about when they ask for a dead child to be baptised?', and whether there are other pastoral responses which may be more appropriate, ie naming and blessing.

Astrid believes hospital chaplains and bereaved parents to be far ahead of the institutional churches in devising appropriate rituals for perinatal death. This book could, therefore, challenge the churches to rethink their approach to an important pastoral need.

Peter Speck
Hospital Chaplain

* Obtainable from Almquist & Wisksell Int., Alsnogatan 7, S 116, Stockholm.

VIDEO

WHEN OUR BABY DIED with companion booklet GRIEVING AFTER THE DEATH OF YOUR BABY

Jenni Thomas, Nancy Kohner, Bradbury Williams. London, UK: Child Bereavement Trust*, 1993. £22.50 (video £17.50, booklet £7.50) all inc p&p. Running time: 30 minutes.

The producers are to be congratulated on putting together this remarkably sensitive and interesting video which will be of great help to parents who have lost a baby. They have wisely allowed bereaved parents who have 'come through' to speak for themselves, and the producers' own sensible explanations and suggestions are confined to the accompanying booklet. White, black and Asian parents each speak in an articulate way about their experiences, and surviving siblings of the babies who have died are also included. We learn about the problems they have experienced and the things that have helped them.

Without using any technical language or psychological theory, the video makes clear why, just when they need each other most, many parents find it most difficult to help each other. It shows how important it is for people to talk about their feelings and it reassures them that, no matter how painful the memories of their loss may be, the pain will gradually diminish and happier memories prevail. None of the parents whom we meet have forgotten their baby, nor do they want to do so. Rather, by choosing to remember and treasure the child who has died, they can move forward in life without bitterness.

Showing the video would be an excellent start to a group discussion with bereaved parents.

Colin Murray Parkes
Consultant Child Psychiatrist

*Available from Child Bereavement Trust, 1 Millside, Riversdale, Bourne End, Bucks SL8 5EB.

ABSTRACTS

The assessment of need for bereavement folllow-up in palliative and hospice care.

S.A. Payne. *Palliative Medicine*, 1994; **8**: 291-297.

In order to assess the services provided for bereaved people by hospices and other palliative care services in the United Kingdom, the author of this excellent paper sent a questionnaire to each and received responses from nearly a half. With the exception of hospital support teams, most of these do provide some kind of follow-up of bereaved people and there is general agreement that self-referral is not a satisfactory way of selection (only 9% rely on self-referral to their service).

Although a third follow up every bereaved family, the rest use some form of assessment of bereavement risk. This is usually undertaken by nurses who make an informal judgement based on their knowledge of the bereaved family. A quarter use more formal methods of risk assessment (questionnaires or check lists).

The service provided is very variable with some offering group sessions or social groups, some personal counselling, some referral to Cruse Bereavement Care or other local bereavement services and a few (12%) offering only counselling by telephone. The author concludes that 'Bereavement follow-up is recognised as part of palliative care, but pressure of work, lack of time and resources are limiting factors'.

Colin Murray Parkes

Reactions of Older Women to the Death of Their Close Friends

Roberto KA, Stanis PI. Omega 1994; 29(1): 17-27.

In contrast to men, whose friendships are generally structured