St. Christopher's Hospice

About 180 delegates, all concerned to share experiences, to learn and to deepen their own contribution in the field of terminal care and bereavement attended the second international conference organised by the hospice in London in June. This brief report was compiled from notes made by MARGARET ATKIN, AIMSW, Principal Social Worker at the Hospital for Sick Children, Great Ormond St. London, and a member of the Cruse Council

DAME CICELY SAUNDERS, St. Christopher's Medical Director opened the conference and showed graphic interpretations of life and death, painted by patients at the hospice.

PROFESSOR PETER MARRIS, University of California, stated that the absence of a loved one does not cause grief; rather, the loss of meaning in that relationship causes intense grief and isolation. There had to be a collective sense of meaning in society for reintegration to take place. Relationships in society determined the extent to which bereaved people could construct meaning and sustain it.

PROFESSOR SELIGMAN, University of Pennsylvania, spoke on 'helplessness'. There was a tension between asking a patient to accept illness and not to accept it and to fight. Could the chance of survival be increased? He discussed 'learned helplessness' and advanced the view that internalised helplessness with low self-esteem would tend to produce long-term grieving. Reduction in self-esteem is less when the cause of helplessness is externalised, with a tendency to short-term grieving patterns.

Both professors responded to audience concerns about their papers. There was a difference between making sense of dying and resignation to dying. The task was to help a patient make sense of his dying so that the rest of his life was meaningful. To attempt this it was essential for the hospice to have a collective ideology.

DR. COLIN MURRAY PARKES, The London Hospital and St. Christopher's Hospice and PROFESSOR ROBERT LIFTON, Yale University, in dialogue sparked each other off. To Dr. Parkes' question: "Do we need ideologies?" Professor Lifton spoke from his experience of Hiroshima, Vietnam, Buffalo Creek and his work with Nazi doctors. He discussed historical ideology - a person's need for a feeling of continuance; and the ideology of the mind - a symbolising process of creation and recreation. A hospice ideology based on a shared body of beliefs was advocated. The sharing, communicating and loving experienced in a hospice enabled an individual to create more than he would alone. In hospice work, death was much closer to patients than to caregivers; hence the learning experience was a real one. The importance of pursuits apart from the hospice was stressed.

ELIZABETH EARNSHAW-SMITH, St. Christopher's principal social worker, discussed individual families and how members were involved in re-drawing relationships in the light of further understanding of their own problems.

St. Christopher's are in the process of re-evaluating their bereavement counselling work. MRS. SUSAN LE POIDEVIN, research psychologist, described the rigorous programme counsellors went through to qualify. The model being used can hopefully be replicated for counsellors in other settings.

DR. DORA BLACK, Edgware General Hospital, reported on new research undertaken with 45 families with 83 children, all of whom had lost a parent. These families were offered family therapy intervention-type help two months after the bereavement with six sessions spread over the three following months. Only a quarter of the control families had professional help from other sources. It seems that if short-term intervention is offered it will be accepted in at least half the cases and appears to reduce the need for follow-up. Among many findings was the fact that the health of parents was worse in the control group, in spite of the fact that those in the treatment group had also suffered more significant deaths in addition to the loss being evaluated. It was also noted that those children who cry the most are better able to talk.

DR. MYRA BLUBOND LANGNER, New Jersey, spoke of her research on a group of children with leukaemia. The children seemed to pass through five different phases as a result of information accumulated over the course of treatment. These, graphically illustrated by children's comments, ranged from seriously ill to the recognition of being ill and never getting better. Many children did not want to get to the stage of awareness, so the cause of death was implied not stated. Few children referred to heaven and death was not taken further than the grave. Time took on new meaning because it was no longer endless. Comments made by children should always be assessed.