The grieving process of mentally-ill offenders imprisoned for domestic manslaughter is more difficult, not only because they usually have the added complications of mental illness but also, as my client clearly identifies, because there are prejudices and intense feelings expressed about them. There is no doubt that these people need to grieve, and I have found that counselling helps both with the pain and with coming to terms with the circumstances which led up to the tragic moment. However, a counsellor who has insufficient knowledge or experience of mental illness and personality disorders could have an adverse effect.

Forgiveness plays no part in my approach to the client. I make a point of saying that I cannot condone what he or she has done, and as yet have not had a client ask me for forgiveness. However, in some cases the forgiveness of the remaining relatives is important to the recovery. It is sometimes possible to convince families that these offenders have been unintentionally cruel to those they love. If a meeting is planned, this must be very delicately and sensitively handled, as other members of the offender's family may naturally be unwilling or afraid, and family dynamics must be carefully considered.

RECOMMENDATIONS

It is my experience that the guilt and pain that the majority of my clients feel is not acknowledged by the majority of staff, not even the medical staff. On most occasions the grieving process is not identified as needing treatment. Therefore a patient could, in theory, be admitted to hospital for several years and eventually leave without this major issue being addressed, possibly leading to relapse, and even violence again. This major vacuum in the therapeutic organisation of these hospitals creates another 'loss' for the patients, impeding their recovery. A better-coordinated, quality service is needed so that patients do have access to skilled bereavement counselling and grief therapy. BC

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New for 1998 in *Bereavement Care*
Peta Hemmings and her colleagues will be contributing a regular section on ways of working with bereaved children based on their work at the Barnardo's Orchard Project in Newcastle.

Explaining death to children



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To give children ready-made explanations about death is to diminish their bereavement experience. From the age of four, children have an ability to comprehend the facts of death, but information alone is not enough; they also need an opportunity to explore the feelings generated by a death in order to believe the facts and come to a personal explanation of their meaning.

Enabling children to discover for themselves the significance of their experience after a death is particularly important because the resolution of bereavement is not a finite process, but one which continues throughout the rest of life[1,2]. Bereaved children will need to return to bereavement-related issues many times and review their meaning against the backdrop of their changing world. This commonly occurs most intensely at times of developmental change and during other times of transition.

A good explanation cannot be delivered in a one-off session: it is a two-stage process, dealing first with facts and then with feelings. The optimum outcome is that the child is able to construct an appreciation of the loss which is compatible with the developmental stage.

EXPLAINING THE FACTS

The first stage of the process involves assessing what the child understands already, what he can tolerate to know at present and what level of knowledge is permissible within the family: this last point is particularly important in the case of a stigmatised death. The manner in which these facts of death are explained to a child depends upon these and a number of other factors: age, developmental maturity, previous experiences of loss, the nature of the relationship with the dead person, the type of death, cultural norms and the belief system of the family.

Children's understanding of death

Children discover death quite naturally through play, experience and observation. Research studies have demonstrated that most children develop an interest and an understanding in death-related subjects from three to four years old and that this appreciation develops progressively, reaching maturity when the child is nine or 10 years old[3,4,5]. Although most 10-year-olds will be able to understand what death means (see Table on p32), it is unwise to assume that all children of this age will do so, or that only children of this age can do so. Kane's research[6] has shown conclusively that children from as young as four years who have been bereaved have the capacity for a mature understanding of death. This finding has important implications, not least of which is that age alone is no longer a reason for excluding a child from the family's collective experience. The problem it raises is how to explain death to children who, because they are so young, have a limited vocabulary.

Unhelpful explanations

The way in which many adults respond to the questions of very young children is

EDITOR'S NOTE

A two-year-old boy, told by his mother that the park café would be closed that day 'because Princess Diana had died', ran into the park the next day and finding the café open said, 'Princess Diana must be alive again!' Peta Hemmings illustrates for us some of the cognitive and emotional processes in young children who have to cope with death, and teaches us how important it is that we respect and draw out each child's unique way of understanding and coming to terms with bereavement, using play materials, myths and symbolism to help allay fears and lay ghosts.

Table: factors that constitute a mature concept of death (based on Kane[6])

Realisation: an awareness of death as an event which happens and results in the living dying.

Separation: that death involves being physically apart from the dead person, that they are located elsewhere

Immobility: an appreciation that the dead person can no longer move or initiate any activity

Irrevocability: an acceptance of the degree of permanence and irreversibility connected with the status of death.

Causality: the beliefs about what brought about the death, especially the child's part in that.

Sensitivity: an awareness that the dead person has no sensory or mental function

Dysfunctionality: the beliefs about the ability of the dead person to have any bodily functions

Appearance: an acceptance that the dead person looks different to living people

Universality: the ability to accept death as everyone's eventual fate

often an additional hazard to their understanding. It is only natural for caring adults to want to protect children from the emotional pain they are experiencing themselves but, sadly explanations which gloss over the facts and resist the emotions associated with death frequently have the opposite effect. Explanations of this sort usually involve imagery and language which are confusing and offer false hope to the child. For example:

- 'Daddy has gone on a long journey to heaven.'

There are three possible responses to this: either the children may assume that this separation, like all previous ones involving a journey, will result in a reunion; or they may become fearful whenever anyone else plans to go on a long journey; or they may believe that it is possible for them too to travel to heaven and will seek out ways of making that journey.

- 'Jesus needed another angel and that is why He took your baby brother.'

Although this is a very comforting image for grief-stricken parents, what does it say to the child who is left behind? Was he or she not good enough to be an angel? Will other people be snatched away in an equally unpredictable way?

Explanations like these are often given by loving parents who want to protect their children

EXPLORING THE FEELINGS

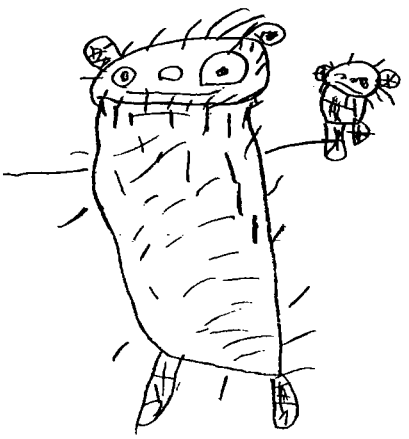
The second stage is the process whereby the child explores the personal significance of his loss. I have worked with many children who were given the foundation of facts and then enabled to explore the feelings associated with their bereavement experiences in play sessions. Through this process they were able to construct explanations which were far more creative and meaningful than any I could devise, as the following case studies illustrate.

Children's own explanations of death

Stella (aged four) – baby brother died

Stella's brother had been born with serious brain damage and lived for two and a half weeks She had only seen him in photographs and did not attend his funeral. She had nightmares following his death and was unable to leave her mother's side. In referral I was told she had been told all the facts about his death but this had not brought about any improvement in her distress.

Stella came for weekly play sessions during which she gradually explored the fears she had about her own safety and the reliability of the world in general. This was translated onto the drawings she did about her nightmares in which she was hunted by monsters with gnashing teeth and long arms. It was only



One of Stella's monsters

after several sessions that she was able to think about what the loss of her baby brother meant to her. She mourned the fact that she was not the big sister she had longed to be. She was profoundly saddened by the loss of someone she had grown to know and love as he grew and moved about inside her mother's tummy. She came to understand that she would always miss him and that he would be a part of her family and yet not a part of it. This was the most difficult aspect for her to grasp and she struggled to hold onto him and let him go at the same time.

She had played with balloons in the first two sessions but was unhappy about the explosion when they burst. Then she discovered bubbles. She explored every aspect of the medium: she made mountains of them in the sink and washed them away gently; she used tubs of liquid to blow her own, linked them up and allowed them to fall to the floor and pop; she opened the windows and blew them out into the air. When she was ready she told me what she understood about her brother.

Her explanation was that when we are born we have a beautiful, shining bubble inside us. It grows as we do and fills with memories and things we can do. When we die that bubble comes out of our bodies and goes to heaven to be with God. Her brother's bubble was so small it had hardly anything inside it but it did have her love for him and all the cuddles she had given him when he was inside her mother's tummy. He has those still, even though he is in heaven, and she has all the love she got from him in her bubble, even though she never saw him.

Her explanation of death was perfect for her and I feel sure would be a positive starting point for other children too. It encapsulates the dilemma of simultaneously holding on and letting go. The bubble describes the fragility of a baby and the sadness when the promise of the relationship disappeared.

This example illustrates the need to allow a child time to explore the meaning of the loss before constructing an explanation. Had I given Stella the facts and taken her ability to assimilate them as proof of success, I would have failed to give her the help she needed. The true test of a good explanation lies in children being able to marry the facts with the feelings and construct their own definitions of what has been lost to them. For example:

Peter (aged seven) – father died from cancer

'When I think of my daddy I see him on a rainbow. He climbs up one side of it and when he is on the top he waves to me. Then he sits down and slides down the other side, just like when we used to go to the park. I know he is happy.'

Susan (aged nine) – grandfather died suddenly

'Grandpa is in a special place and he is a beautiful silver fish swimming in a stream. There are trees hanging over the water and he swims in and out of the shadows and the pools. The sunlight is on the water and he will be beautiful for ever.'

Susan's grandpa was a keen angler. Her explanation integrates her knowledge of the meaning of death with an image which encapsulates the essential elements of what has been lost in her relationship with him. Similarly Peter's explanation embodies the irrevocable separation of bereavement alongside his memories of his father.

An explanation of this quality is the most certain proof that a child has fully understood and internalised the significance of a bereavement. Even the most difficult deaths can be understood by this process.

Andrew (aged eight) – father died after three weeks' separation

Andrew's father had a brain tumour which progressed rapidly, too rapidly for Andrew to assimilate the changes brought about by his deterioration. His father changed from being an active, sporty, humorous man to being morose, lethargic and unpredictable. As a result of his treatments he gained weight, lost all his hair and was unable to tolerate light. He was transformed from the person Andrew had known and loved into a monster.

He spent the last three months of his life in a hospice. Andrew visited him occasionally but was so distressed by his appearance and unpredictable behaviour that his mother decided not to take him any more. He had not seen his father for several weeks when he died.

It was unsurprising that Andrew had great difficulty in believing that his father had died. Although he was able to comprehend fully the factual aspects he was unable to assimilate the emotional content. The experiences leading up to the death had threatened to overwhelm him and he needed to defend himself against further threat of disintegration which was why he was resisting the reality of his father's death.

He needed to take his time and approach the issue at his own pace. When he felt safe within our therapeutic relationship I decided to make up a story which incorporated details of Andrew's experience of his father's illness and death, so that he could gently approach the reality of the death. I used a soft toy which transformed from a dragon to a dinosaur. (The use of a third object creates a focus for the story away from the child, thereby reducing the tension it may generate for the child.) The story traced the history of Andrew's father's illness and his various treatments, so the dragon gradually changed into a dinosaur. At each stage I reminded Andrew that the toy still loved his little boy and remembered their times together.

The story culminated in the dinosaur being admitted to the local hospice and his body being too ill to work any longer. Finally his body stopped working and the bit inside that belonged to God went to heaven. (Andrew's parents were committed Christians and I had previously discussed the extent to which their beliefs had been part of any other explanations.) Andrew listened intently and then asked me to repeat the story, which I did during that and the subsequent session. It was after this experience that he asked to return to the hospice to visit his father's room. I arranged this and a couple of weeks later we went together.

He entered the room and thoroughly inspected everything in it, calling quietly for his father until he was sure that he really was not there. It was only after he had completed this search that he could begin to mourn because the experience had become real. He had been able to connect the facts with the feelings and accept the explanation this combination made.

CONCLUSION

Explaining death to children would be relatively easy if it were merely a matter of communicating the facts. The difficulty lies in connecting those facts with the child's feelings and enabling the child to explore the impact of this combination. This process equips the bereaved children with the personal resources necessary for mourning and enables them to embrace the whole experience at each stage of their development. BC

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The loss of a twin



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The devastating loss of my twin, and the sense that I was never able to make up to my mother for being 'only one', have led to my lifelong interest in other people's feelings and, in time, to the decision to study how other lone twins actually experience this bereavement. When my research was eventually published[1] I felt that, at last, this unique loss had been given some recognition.

The first thing that I am nearly always asked, when someone hears that I lost my identical twin sister in early childhood is, 'Do you remember her?' She died when we were three years and three months old, so my memories are limited to small incidents that we shared, such as feeling scared caught in a tremendous downpour of rain in our large double pram, playing hide and seek in the park, and feeding the pigeons, which apparently fascinated us both from the age of two.

Perhaps what is always more significant is what one does not remember. I was amazed when recently my older brother, now at retirement age, told me for the first time, that he recalled very well when, at breakfast, my mother told us that our sister Pam, would never come home from hospital. My brother was not yet five years old, but he remembers going at once to sit on our mother's lap and that I went to my father. I guess that this memory was such a very painful one for me that it was buried far too deeply to recall.

My sister had developed a severe ear infection which became a mastoid. The doctor failed to diagnose this and, although she was rushed into hospital, it developed into meningitis and she died within a week.

EDITOR'S NOTE

Bereavement by death of a twin is a neglected area about which little has been published. Yet the death of a twin can set in train serious problems which may well come to the attention of counsellors and others who attempt to help the bereaved. In this paper Joan Woodward describes her own experience of losing her twin sister, the results of her research into the needs of 'lone twins' and the mutual help organization, the Lone Twin Network, which she set up to meet their need.