suitable amendments to organisational protocols, is the central recommendation of this paper.

Counselling bereaved employees

A trained welfare officer should be able to exercise his or her counselling skills to the benefit of the client. The degree of empathy achieved will largely determine the level of progress likely to be made. To the bereaved of today's death-denying generation, the spiritual message that death is natural and not a failure or disaster often brings comfort[3]. If matters become too complex, or a need for long-term counselling is identified, then a referral to an external agency such as Cruse Bereavement Care may be appropriate. It is not recommended practice for simultaneous counselling to be administered, although in some instances a welfare officer may provide counselling as a holding measure if there is a waiting period for the external agency. Civil Service counselling skills training are based on the Egan model, a three-stage process: Stage 1, Beginning (Explore); Stage 2, Middle (Understanding); Stage 3, End (Act). In this model the counsellor assists the client to make use of his or her own skills in order to move on and become fully functioning again.

All counsellors should have access to adequate supervision and be removed from bereavement counselling for a time if they themselves become bereaved. The core attribute for this work is the capacity for empathy and those who administer bereavement counselling should have resolved their own associated issues.

The view of a senior medical officer of the Civil Service Occupational Health and Safety Agency[4] was that counselling should be recommended to anyone still experiencing feelings of morbidity six months after bereavement. The author's doctor[5] acknowledged the importance of recording a bereavement in family case notes. He found that his patients often sought recognition of their loss at various anniversary points.

SUPPORTING THE RETURN TO WORK

Those who have suffered a bereavement may feel that their work gives them a sense of purpose as something which is still part of their life and which has not been lost. The need to talk to colleagues and friends at work is not always fully appreciated, especially if the bereaved person does not have adequate support from family or friends, and is without spiritual conviction. Conversely, bereaved employees may 'close off', particularly if they are feeling devalued, and become increasingly marginalised, or they may insist on attending when they are lacking an interest in their work. They may be on automatic pilot, 'going through the motions', and unable to cope with complicated tasks. Some bereaved people are liable to make mistakes[6], often acting illogically and out of character.

A desire to make a fresh start, by asking for a transfer, resigning or moving house for instance, could lead to a multiple loss and should be discouraged. Often bereaved employees need to leave work early, or to not attend on some 'bad' days, while others develop workaholic tendencies, burying (ie denying) their emotions in work.

The attitude of the employer is crucial in determining the timescale for a return to regular and effective working. A fine balance has to be achieved in the allocation of work, encouragement and support. Questions such as, 'How long do I carry a passenger?' and, 'At what point do I criticise inferior work and stop making allowances?' are likely to arise. The line manager should encourage continuing support from the welfare service and liaise with the welfare officer if appropriate. A fall in performance should be qualified with a reference to bereavement on ASR markings.

The research confirmed that more support could and should be made available to those returning to employment after bereavement

Welfare officers are not, unfortunately, all-powerful in the workplace; they may advise, but do not necessarily have the authority to make decisions about bereavement leave or to amend ASR markings. There is no doubt that delegating the discretion to approve special paid leave or to re-evaluate staff performance records in cases of bereavement, to line managers and personnel, without clear guidance, is unhelpful and adds to the anxiety of the bereaved. No price can be placed on the peace of mind which results from the knowledge that a set policy, such as that which has long been established in the Civil Service, is in place at a time of devastation. The costs to employers of not understanding the value of such measures, through sick absence or reduced production, are considerable.

This research confirmed the initial hypothesis that more support could and should be made available to those returning to employment after bereavement. The wealth of statistical data compiled has to be balanced against the fact that every case is unique and should be treated and respected on its own merits. Indeed, emotion is much more compelling than statistics. Nevertheless, it is the author's view that the processes of adapting to loss would be best served at the workplace by a greater sense of collective (ie individual/corporate) responsibility and that, ideally, this should be structured through a bereavement protocol.

This project formed part of the author's Certificate in Occupational Welfare course at the University of Bristol, submitted in 1996. The research involved contact with the medical profession, clergy, personnel officers, Cruse Bereavement Care and others, and he would like to thank them all, together with his own colleagues and clients, for their help and co-operation.

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LETTER TO THE EDITOR

Dear Editors

I was pleased to see your feature on 'The loss of a twin' by Joan Woodward (Winter 1997 issue), whose very special form of bereavement has only recently been recognised.

At the Multiple Births Foundation we are equally concerned by the special, and no less complex, grief suffered by the parents of a single surviving twin, particularly if he or she dies at birth. Not only do the parents have a constant reminder of their loss in the surviving twin, but the problem of having both to celebrate and mourn at the same time. Moreover, because they still have a baby, their grief is often understated, even ignored, by other people.

We offer help to such parents but also welcome contact from the professionals caring for them.

ELIZABETH BRYAN MD, FRCPCH
Director, The Multiple Births Foundation
Queen Charlotte's and Chelsea Hospital
☎ 0181 383 3519 London W6 OXG

FORTHCOMING EVENT

Sudden Death: conference arranged by nine organisations concerned with helping the bereaved. Speakers include Colin Murray Parkes, Bob Wright, Paul Forrest and Geoffrey Markham.
16, 17 October 1998. Birmingham, UK.
Contact Bereavement Support Services.
☎ 01278 760066.