from some family members who would normally be part of a network to support them through this phase of their grief.

COUNSELLING BEREAVED PRISONERS

The opportunity to share the emotional impact of the death and to express emotion overtly in the safety of a counselling session is valued by many inmates. The non-institutional and objective role of a bereavement counsellor gives permission and freedom for the inmate to reach into inner feelings in circumstances which normally do not readily permit this.

To be effective the counsellor must also enable the bereaved inmate to talk at length and in depth about the deceased person, what that person represented to them and the life that was shared in the past, and this is consistent with the findings of Walter[7] who advocates a biographical approach in the support of the bereaved. For many bereaved individuals serving a custodial sentence, there is a gradual acceptance of the finality of the death and the missing physical presence of the deceased, although this transition may take a much longer and more problematic course than would be the case in normal social circumstances. For others, the grief response remains in limbo with no environmental adjustment or restoration activity taking place. Both the bereaved individual and counsellor have to acknowledge that a point will often be reached where grieving remains suspended: progress towards final acceptance and adjustment can only be resumed once the prisoner is released and can return to family, friends and home, minus the deceased person. BC

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The sick child



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The greatest unnameable fear for all of us who are parents is that of losing a child. We hear about it in others, we read about it in the papers and a cold chill touches us. The most common deaths are sudden in accidents but many parents have to cope with the long drawn-out trauma, alternating hope and fear, of sickness. No-one can ever know if or when or where they may experience the policeman at the door or the embarrassed compassion in the doctor's face.

If any bereavement can be likened to amputation of part of ourselves the death of a child attacks the very soul. For parents it is an amputation not only of an adored individual but of our posterity, our sexuality, our genes, our future hopes and a million memories that turn in an instant from pleasure to torment. The most beloved partner, friend or lover has been grafted onto us at a later stage and somehow we sense deep down we could, perhaps, survive their loss. We know at the deepest level that we could not survive the loss of a beloved child. And yet – people do survive. Most somehow get through the experience as best they can. Often they wish they did not need to survive, but parents like the mother who killed herself recently after the suicide of her son are the exception not the norm, if only because there are usually other children to care for or look after, however inadequately.

The death of a brother or sister also resonates in a unique way. They are a childhood companion, a sort of mirror, and the repository of fierce and ambivalent feelings. Edvard Munch, the Norwegian artist, lost his mother to tuberculosis at the age of five and nine years later his 15-year-old sister to the same illness. He painted the first versions of *The Sick Child* in the 1890s and returned to it obsessively over the years. (The cover of *Bereavement Care* shows a version painted in 1896 when Munch was 33.) He described the picture as 'a breakthrough in my art, most of my later pictures derived from this painting.' More than any of his other pictures it aroused huge controversy and he describes the opening day of the exhibition: 'A crowd of people milling round the picture. You could hear screams of horror and laughter.'

The colours appear to be mostly a reddish brown contrasting starkly with green. The patches of light and dark are fragmented and the dark areas are composed of brown and blue, appearing almost black. The shadows seem to menace behind the body of the woman and solidify within her, passing across the bed in harsh lines to join the green of the girl's jacket. There is darkness also behind the head of the bed. Everything focuses on the girl's pallid face. Her hair flames with life and streams onto the pillow like blood in contrast to the absolute stillness and immobility of the figures. The painter's agitation is shown in the scribbles of paint and harsh brushstrokes. The reddish glow is picked up in the bedside table on the left and the medicine glass on the right and in the woman's hand and neck, which is all we can see of her flesh. This is a stark painting of emotion frozen at a point of unbearable pain. One senses the closeness between the two figures, whether child with mother or with nurse. Perhaps at an earlier stage there was much mutual communing between these two; dozens of tiny details of intimacy, sharing and even pleasure. In sickness the daily routine is reduced to a miniature palette and to an immediacy which can be mutually rewarding. Even the times of anger, whining or impatience are part of the living network. At this moment all these things are swept away. We know that this girl is going to die, not because she is so ill – many people who look as bad as this survive – but because she herself knows it. The woman is not bending her head in resignation. In another context it might

signify acceptance, even defeat, but her shoulders are still upright, braced back, and her hand is strong, stretched out and suddenly halted in some practical task or gesture of life. Only her head has suddenly dropped forward. She is no longer able to look at the child's face because of what she has seen there. The girl is no longer looking at her but through and beyond her. There is a remoteness in her look that goes deeper than resignation. Her remoteness transcends humanity, transcends her age. She is now past any stages of hoping, despairing or fretting. Munch has painted an unbearable moment of truth. In sickness the loss does not always come at the moment of death but at the time when the loved person moves out of the reach of our experience into the loneliness within themselves, and we who love them so much are left behind. No wonder the crowds in that Norwegian exhibition nurtured on sentimental 19th century versions of death bed scenes were shocked into screaming and hardly knew if they should laugh or cry. Nearly a hundred years later we are used to images of grim reality but are no better than they were at facing mortality, so this picture retains all its poignancy and power to shock us into a moment of stillness. BC

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COUNSELLING BEREAVED CHILDREN

The volcano of anger

AGE RANGE
six years +

An exercise to help children analyse, understand and manage anger

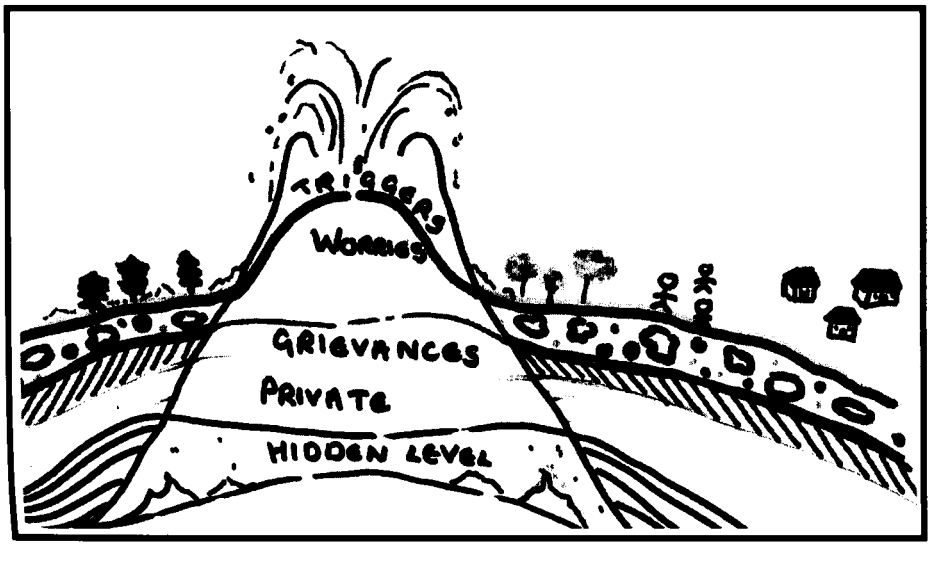
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Anger is an integral part of bereavement. It is a very intense, powerful state which has many sources. Its roots lie in the powerlessness we feel to effect change, to stop the illness progressing, to bring back the person who has died. It underpins the abandonment we feel at being left behind to suffer the pain of grief and to carry on living without the person who has died. A parent bereaved of a partner may feel anger at being left to bear the responsibilities of parenting alone. The child bereaved of a parent may feel anger at being left by the parent he had expected always to be there.

Anger is not a single emotion but a cluster of feelings and thoughts generated over a period of time. The complexity of the final state is often belied by the seeming simplicity of its appearance. The mood may have been building up for days or weeks and, like the spring which is gradually tightened, turn by single turn, it is the final twist of the key which snaps the wire, releasing its coiled energy as it unravels and lashes out at everything around it. All we see is the outburst of rage because the rest of the process has been hidden from view.

An additional complication lies in the fact that anger is the one emotion which culturally is least tolerated, and most readily condemned. It is considered to be a dangerous state, one which threatens stability and order and consequently must be either suppressed or punished. We attach pejorative labels to its manifestations, describing angry children as having tantrums or being naughty, angry teenagers as anti-social or delinquent and so on. Because we see only the end result, the lashing out, we are much readier to judge than to understand.

The challenge when working with angry children is to help them to analyse the process and, through understanding, gain mastery over its effects. This requires a degree of abstract thought not usually found in children younger than six or seven years and even then the concepts need to be helped along with concrete explanations - which is why the volcano metaphor is so useful. It allows an analysis of the different sources, levels and intensities of anger and incorporates personal elements which help construct an understanding of the individual's unique experience. At first sight this may appear quite complicated but a picture-exercise makes it much simpler.



Constructing a volcano

I start with a simple volcano set in a cross section of the Earth's crust and encourage the child to draw the surrounding area, ensuring that there are some human figures in the overall landscape. I then describe how, when we are angry, we are like a volcano. There are some bits of ourselves which are so deep that we rarely see them but they are there, rumbling away in the bottom layer. There are other parts of ourselves which we can understand more easily and by understanding them we can see why we get angry and what it is that finally triggers off the outburst which causes us so much trouble.

The second level is for the experiences which the child knows about and cannot talk about right now but may choose to do so later. By acknowledging that there are some aspects of their condition which cannot be addressed at present, children are allowed to maintain their defences and exercise some control over the process. This is a critical element in the exercise.

The third level is for bereavement-related experiences, events in which the child feels their needs were either overlooked or ignored. Children will often hold grievances to themselves for may years, silenced by the imbalance of power in the adult-child relationship. It is when they are given permission to voice those grievances that we hear that they deeply resented not being allowed to visit Dad in hospital, or not being asked if they wanted to go to the funeral. There is nothing that can be done about them now that time has passed, but some of the injustice the child experienced can