tions that bereaved parents do worse than their non-bereaved counterparts, as yet we have little objective information about the aftermath of losing a child. The consequences of having a partner who responds to the loss in a different way have also hardly been studied thus far. Inferring from our own study, however, the experience of such discordance seems to add to the burden of the loss by affecting the quality of the relationship between the parents. Consequently, in order to prevent parents from first losing their child and then their partner, differences within couples should be looked at closely in both future research and clinical practice. BC

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COURSES IN 2003

Working with bereaved couples. Course of three workshops led by Lynne Cudmore. 17, 31 Jan, 14 Feb. London. Further details from The Tavistock Marital Studies Institute. ☎ 020 7447 3725; training@tmsi.org.uk

Cri-Tec multidisciplinary schools. One-day events, UK. **Coping with sudden death**. With Bob Wright. 19 Feb, Cambridge; 26 Feb, Bristol; 5 March, Chester; 12 March, Leeds; 2 April, Birmingham; 11 April, Guildford; 15 April Edinburgh. **Working with disastrous events**. With Bob Wright, Marjorie Ashdown. 27 March, Cambridge; 23 April, Bristol. Apply to Leeds General Infirmary, Great George St, Leeds LS1 3EX, UK. ☎ 0113 392 2810

Understanding loss and grief. Study days for healthcare professionals. 9 April, 15 October. London. Details from Nadya Enver, St Joseph's Hospice. ☎ 020 8525 6000 x5070; education@stjh.org.uk

Grief and bereavement course for teachers. 11 June. Belfast, UK. Contact Conference Manager, NI Hospice Care. ☎ 028 9078 1836; education@nihospice.com

Administrative and practical requirements when a child dies. 5 March. Birmingham, UK. Contact Acorns Children's Hospice Trust. ☎ 0121 248 4818; acornscht@acornscht.demon.co.uk

The nine-cell bereavement table

A tool for training



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As a result of the multiplicity of races, cultures, and faiths in Zimbabwe, we have found it helpful in our training programmes to move away from the traditional grief models developed in the West. Rather than presenting a model, we attempt instead to provide a platform for discussing, challenging and reflecting on grief issues and have devised a new tool that can be used to give structure to our sessions.

Alongside raising awareness of grief issues in schools, churches and community organisations, one of the greatest demands on our bereavement service is providing training in bereavement counselling for doctors, health professionals, psychologists, social workers and other counsellors. In my training role, I found myself becoming uncomfortable in sessions when an emotion or behaviour identifiable within a 'western' model of grief would be countered with 'in our culture that doesn't happen'. Interestingly, when the discussion was opened up to others of that same culture, there were, of course, differences within the group. It became increasingly clear that, whilst our population mix may be no different to other mixed-culture groups of people around the world, we needed to find better ways to approach grief and mourning in our Zimbabwean context.

We now find it beneficial to base our training on discussion, drawing out themes from the group rather than focusing on traditional models of the grief process[1]. This allows individuals in any given group or audience to be helped towards an understanding of these issues for themselves, as individuals and within their families and communities in our local context. The culturally sensitive approach of Stroebe and Schut's oscillation model[2] was inspirational here.

To focus the trainees' thoughts and experiences, we developed a cellular table to be filled in during the session (see Table on p41). The horizontal cells form a time line showing reactions to death immediately, a bit later, and a long time after the event. This, in itself, provides a good initial discussion point to check the group's understandings of how long feelings of grief can last. The vertical divisions move from individual feelings, to how these might be shown outwardly so that others may recognise the distress, to what is allowed or expected by a culture or society after a death. Dividing the trainees into groups to discuss these issues works extremely well, particularly along the time line: one group looks at what happens immediately after a death, the next, after several months and the last considers aspects over a year or more. The table is drawn on a white board

EDITOR'S NOTE

Most of the research and theories about bereavement have been developed and published in the West. While some of them apply equally well to people in other cultures we cannot take it for granted that this is so. In this paper Jenny Hunt presents an interactive method by which people from one culture can run training programmes in another. This is essentially trainee-centred and enables the trainee to draw out from the teacher those ideas which will be useful and relevant to them. It is my experience that culturally sensitive programmes also enable the teacher to learn a great deal from the trainees. *CMP*

or flip chart, allowing the trainer to write in the responses of the group as they contribute. A training session begins with blank cells, but in the Table here they are labelled for reference, the timeline cells as 1, 2 and 3 and the vertical cells, A, B and C.

Discussion can be in either direction, ie feelings along a time line, or reactions felt, shown, or allowed. The trainer merely asks for thoughts or personal experiences to be identified in each cell, and can choose to ask for further details, differences between experiences in the group and, in particular, contrasting thoughts relating to rituals, religious teachings and individual interpretations of these. The trainer's knowledge of grief theories and models is important in providing an information base and knowing when to challenge or explore further detail.

The impact of this teaching tool comes when trainees are asked to check for themselves whether there is fit or discordance between the cells. Very often this is an opportunity for a personal experience to be explored. For example, looking at whether there is a fit between A1 and C1 is particularly challenging. A trainee counsellor was able to confirm that in her culture there are no formal mourning rituals for a stillborn infant. Cultural pressure encourages such parents to keep quiet about what has happened and to simply try again for another pregnancy. Holding a funeral for the infant is not allowed. The trainee had herself, however, been in such a situation and when asked how she would complete the A cells she acknowledged great personal pain, grief and total isolation over a long period of time.

Usually the trainer can use the experiences of trainees or can draw upon personal counselling experiences to highlight differences. It is beneficial to share with the group the stories of people who have broken the rules of their culture or faith in order that their felt needs are met. I often share the story of the Muslim widow I had worked with. According to Muslim traditions, she had had to say goodbye to her husband in their home before he was taken away and was forbidden to attend the graveside service. This did not feel right for her. Her immediately felt emotions (A1) were so at variance with what her culture and faith prescribed for her (C1) that she went out at night to her husband's grave, just a couple of days after he was buried, to say her own goodbye to him in his burial place.

Comparing the fit between A and B cells can also be a very useful exercise. Social pressures over time generally make it difficult for bereaved people to really show what they are feeling. Very quickly they put on a social face and express their emotions in private. In a training group may recognise that there can be discordance between A2 and B2, for instance, and this usually gives rise to healthy debate on owning feelings *versus* bowing to pressure to get back to normal.

THE NINE-CELL BEREAVEMENT TABLE

Experiences in bereavement

	Cell number	1	2	3
Cell letter		**Immediate**	**After several months**	**After a couple of years**
A	**Felt**	A1	A2	A3
B	**Shown**	B1	B2	B3
C	**Allowed/ expected**	C1	C2	C3

Culturally prescribed rituals can be discussed in this context, as some are found to be beneficial whilst others are sometimes seen not only as inadequate, but occasionally damaging. In Zimbabwe, Shona culture includes a mourning ritual after one year that encourages a man to marry his brother's widow. In the light of the AIDS risk in this country, this ritual is currently being relaxed and widows are given the option to refuse this tradition. This example reminds people of the dynamism of culture and helps them to feel less stuck with cultural rules. Gender differences are woven into each cell and are reflected in differences in expression of grief, as well as culturally prescribed rituals for men and women.

This kind of cell structure makes it possible to add other templates to examine specific complicating or added issues. For example, if one adds an AIDS box to each of the cells, one would expect trainees to identify in A2 with AIDS, worry, fear of infection, anger at the person who died, doubts about fidelity etc. In C1 in Zimbabwe there may be many complicating issues. The family may be ostracised, the husband's family may refuse to pay for a funeral, a wife may be blamed for the death of her husband, social support may be withdrawn and the widow stigmatised as AIDS is often labelled 'a women's disease'. Other templates we have used include traumatic death, multiple deaths, death by suicide and age-related bereavement, ie young children or adults.

Having used this tool across a wide variety of groups, from poorly educated community volunteers to doctors, and everyone in between, it seems successful in its adaptability. Its strengths are:

- It draws on people's existing knowledge and experience and adds to it
- It models an open-minded and non-judgemental approach
- It recognises great diversity in grief between individuals, genders, families, cultures and faiths
- It encourages trainees to listen to others whilst helping them to bring down barriers of previously held beliefs about grief and other cultures.

In conclusion, perhaps the most important benefit of this training tool is in helping people to reflect on their own feelings and assess for themselves just how effective and supportive families and communities really are in dealing with bereavement. This is particularly useful in multicultural societies. It encourages 'owning' feelings and reactions and finding ways of meeting bereavement needs within one's social framework. By so doing, it places the uniquely personal journey of grief firmly within the social setting in which grief is processed. BC

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