Cruse POSTBAG

From:

DR. LIZ McWHIRTER
Lecturer in Psychology,
The Queen's University of Belfast

Having enjoyed and been stimulated by the September Conference on Bereavement Following Violence it was with interest that I noted Ofra Ayalon's paper on teaching children strategies for coping with stress in the Winter 1983 edition of **Bereavement Care.** As a psychologist with research interests in the effects of the continuing sectarian and political violence in Northern Ireland on the children and young people living there, as well as a resident and mother, I should like to comment on the paper. My brief comments are at two levels —theoretical and practical.

Among recent and current researchers on stress there is one perspective which seems to be emerging as a broad integrative framework. It is a view which suggests that stress occurs in the face of demands which tax or exceed the resources of the system, or demands to which there are no readily available or automatic adaptive responses. At the heart of such a 'transactional' view of stress lie the concepts of cognitive, mental appraisal and coping responses. The Israeli COPE model is clearly consistent with such an approach and as such has many features in common with other 'stress inoculation' programmes, all of which require systematic evaluation. (See, for example, the chapter by Donald Meichenbaum and Roy Cameron in a recent volume entitled *Stress Reduction and Prevention* edited by Donald Meichenbawn and Matt Jaremko, Plenum Press.)

On the other hand, two of the special features of the COPE approach are that it is specifically aimed at children and that it is directed at the school situation. Therein lies my practical interest. Although it may be extremely difficult for outsiders to believe, the very concept of a coping-with-stress training programme seems to be totally alien to the Northern Ireland situation. To my knowledge, there is no open acknowledgement of a need for such an arrangement among professionals working with children and young people. There is also no formal arrangement, as far as I am aware, whereby parents, teachers, principals, etc. can turn to a clearly designated "crisis-intervention" or "disaster" team, even when children become directly involved in a violent incident by intimidation, threat, injury, bereavement, etc.

One of the possible reasons for the apparent lack of concern for such a set-up may be that there are already sufficient existing support systems—from the traditional nature of Northern Irish society with its closely woven family network systems and small tightly knit communities, where there may be a strong influence of the Church, both Catholic and Protestant, through voluntary organisations to self-help groups. Another set of possible reasons may relate to the changing nature and dynamics of the conflict. Compared to the widespread street-rioting and bombings at the beginning of the 1970's, (especially in the two main urban centres, Belfast and Londonderry) when the child psychiatrist, Morris Fraser, author of *Children in Conflict,* was working in Belfast, the violence in recent years has been relatively low-key and intermittent with more specific targets—such as members of security forces, politicians and isolated families in the rural area surrounding the border with the Irish Republic. Also, the fact that the conflict has persisted for so long suggests that people—adults and children—may have become reasonably well adapted to the situation. Potentially threatening or dangerous events may no longer be interpreted as very stressful. This 'abnormal-normality' thesis is supported by a very wide range of psychological studies since the late 1970's and by a couple of recent clinical studies, all of which together testify to the resilience potential of children under stress. Not surprisingly perhaps, not everyone believes the research evidence. Also many more studies are urgently needed, especially studies which compare children living inside N. Ireland with children living outside N. Ireland on measures of psychological adjustment and coping, and studies involving clinical and psychiatric researchers.

As one of the psychologists in the forefront of the research in N. Ireland, and a former educational psychologist in Belfast, I should be most interested in actively pursuing the idea of introducing coping-with-stress training programmes into N. Ireland schools. However, I have no doubts that both the Department of Education in N. Ireland and the educational authorities would need considerable convincing of the necessity for such a strategy. 'Market research' would obviously need to be the initial step to persuading the relevant professionals in N. Ireland that "health" education programmes and "peace and reconciliation" educational programmes ought to be supplemented by stress-intervention programmes. I have little doubt, however, that some individual parents, teachers, principals—and children—may well already fully appreciate the need for and value of such an arrangement. Perhaps this suggestion is something the new N. Ireland branch of Cruse might investigate.

A specialist crisis team for children is described in a paper from Norway which we hope to publish in a future edition. Editor.

From:

SUE JOSLIN
Chairman Counselling Committee,
N.W. Surrey Cruse Branch

Last Saturday, 10th March, we ran a day conference for teachers and school welfare staff on *Bereavement and the Child at School.* The impetus to do this came primarily from a study done by Margaret Nuttall which highlighted the lack of any policy in most of the schools she contacted on how to respond to death, although almost all had had at least one death in the past five years.

In the morning the programme included a short talk on "CRUSE and its role in Bereavement" followed by "An Introduction to Childhood Death in the 20th Century". The central lecture was on "Bereavement Responses in Adults and Children". There was then time for discussion in small groups. After lunch two head teachers talked about their experiences of death in their schools, and then the groups discussed the steps they would have to take to formulate a policy on responding to a death in school.

It was very significant that of the 110 schools we circulated, only 9 were represented by 18 people at the conference, and only one special school, although Margaret Nuttall's study had shown that 10

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Christopher Leach

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out of the 13 special schools she visited had had a death the previous year and two had had three deaths each. The general feeling of the conference members was that most of our publicity had ended in the waste paper basket as head teachers do not want to think about death in their schools, even though some of their staff may be interested. Obviously we must think more carefully about publicity next time.

The day was voted a resounding success and there have already been some developments: a head teacher said he would suggest the subject for the local head teachers' annual conference in 1985; three teachers have written to the local paper expressing their enthusiasm; one school has asked us to do a session at a joint staff meeting they have with two other schools; and four teachers have asked to be put on the list for our next course for prospective counsellors in the autumn. It was very exciting and rewarding.

If anyone is interested to know more about the conference I should be very happy to speak to them at home—Weybridge 48849 or work, Epsom 26100, ext. 525.

From:

DR. ARTHUR HIBBLE
General Practitioner
Chairman, Stamford Cruse Branch

In response to Dr. Richards' letter (in Winter 1983 **Bereavement Care**) and as a recent course organiser for the Peterborough Vocational Training Scheme, I share his incredulity over the lack of interest shown by fellow general practitioners in bereavement. However, I do have a suggestion for him and other interested GPs.

As course organiser and subsequently I have made it my business to ensure each cohort of trainees has the opportunity to discuss bereavement in at least one session of their half-day release. Different formats have been tried and each has been successful, implying that it is the subject rather than the method which is important. These young doctors are facing death and bereavement often for the first time in their lives, let alone in their professional experience, and they are very keen to discuss the topic. I am sure that the present professional attitude is largely due to inadequate handling of this very personal experience at this stage in their training.

I would recommend that all interested GPs or other CRUSE representatives contact their local Vocational Training Scheme organisers and volunteer to lead a meeting and or discussion on bereavement. The method used will depend on the group and its leaders, but I have found that a Modified Essay Question which I compiled from my own case work has proved popular and a good catalyst to discussion.

For those less certain of their teaching methods or capabilities, maybe a GP's Vocational Training Scheme work-pack would be helpful. I am sure those who have a common interest in GP training and bereavement work would be happy to combine their efforts in this direction.

Cruse is combining with the Royal College of General Practitioners to run a two-day course in bereavement counselling for GPs at the College, 3rd-4th May, 1984.

From:

EDITH MORGAN
Director, Good Practices in Mental Health Project

I should like to draw the attention of readers of **Bereavement Care** to the Good Practices in Mental Health Project for which I am responsible, and in particular to the GPMH Information Service which we operate. The project was set up by the International Hospital Federation in 1977 to collect and disseminate information about some of the mental health services that have proved to be successful in different places. We are as much concerned with schemes for people who are under severe emotional stress, as we are with services for people recovering from a mental illness.

Those who are involved in helping bereaved people may be interested to know about some of the information GPMH can offer. We do have information about several Cruse groups but also about some bereavement counselling services, retired people's advice services, a range of terminal care support schemes, and the appointment of a welfare officer for bereaved relatives at one hospital. There is no charge for the GPMH information service; we ask only for postage and photocopying costs to be reimbursed.

If you would like to have further details of GPMH, or if you have details of interesting services for bereaved people that you think others should hear about, will you please write to me at:

Good Practices in Mental Health Project
67 Kentish Town Road
London NW1 8NY
or telephone 01-267 3054.