

HCPJ is the quarterly professional journal for counsellors and psychotherapists in health care

Publisher

BACP, BACP House, 35-37 Albert Street, Rugby CV21 2SG
Tel 0870 443 5252 Fax 0870 443 5161
email hcpj.editorial@bacp.co.uk

HCPJ is published in January, April, July and October

Subscriptions

The journal is sent free to FHCP members. Members of BACP, IACT, COSCA, RCN and BPS qualify for discounted rates. For subscription queries: tel 0870 443 5252; membership@bacp.co.uk

Managing Editor

Dr Penny Gray hcpj@pennygray.com

Editors

John Eatock BACP Lead Advisor for Healthcare Counselling and Psychotherapy john.eatock@bacp.co.uk
Pat Seber FHCP Deputy Chair
pat@morganseber.freereserve.co.uk

Associate Editors and FHCP Executive members

Shane Buckeridge (Chair)
Mike Carter
Lynne Thompson

Associate Editors

Rachel Freeth, psychiatrist and counsellor
Peter Jenkins, Senior Lecturer in Counselling Studies, University of Manchester

Design and production *Fran Shall*

Printer *Page Bros*

Cover image *Justin Hutchinson/Alamy*

Advertising

For rate card and insert rates contact *Kate Morris* tel 0870 443 5225
kate.morris@bacp.co.uk

Copyright

Apart from fair dealing for the purposes of research or private study, or criticism or review, as permitted under the UK Copyright, Designs and Patents Act 1988, no part of this publication may be reproduced, stored or transmitted in any form or by any means without the prior permission in writing of the publisher, or in accordance with the terms of licences issued by the Copyright Clearance Centre (CCC), the Copyright Licensing Agency (CLA), and other organisations authorised by the publisher to administer reprographic reproduction rights. Individual and organisational members of BACP only may make photocopies for teaching purposes free of charge provided such copies are not resold.

© British Association for Counselling and Psychotherapy

Contents

1 Editorial

2 News

4 Reflections...

Ed Halliwell asks why exercise is so often ignored as an intervention for depression, given its efficacy

6 Bereavement as a health issue

Cruse responds to more than 160,000 enquiries a year. Anne Viney describes how its services can be helpful to our clients

10 Complicated grief

Holly Prigerson explains how counsellors can identify and deal with maladaptive reactions to loss

14 Are we hard wired for love and grief?

Complicated grief can be seen an attachment disorder related to lack of resilience, says Pedro Huertas

16 Models of grieving

Ann Dent outlines the theories and explains how they can be used by practitioners supporting bereaved people



20 The dual process model

Rosie Dalzell looks at how we can make sense of cultural and gender differences in styles of grieving

22 Bereavement theories

Sally Flatteau Taylor reports on the counselling experiences of bereaved people who sense the presence of the deceased



23 Northern Ireland Counselling Forum

The place to be for BACP/IACP members in Northern Ireland

24 Counselling blind people

Research shows that counselling can be a lifeline for this client group. Teresa Nicholls reports



28 Hospice work

Sharman Partridge considers the future of the hospice movement and shares a personal account of bereavement counselling

31 DASS

Christine Foster offers a personal view of the DASS questionnaire

Editorial

32 Agenda for Change

Pat Seber and John Eatock provide guidance for job matching and review panels

35 Europe v. depression

Margaret Maxwell outlines the ambitious programme of the European Alliance Against Depression



39 Primary cares

John Hague offers a personal view of the NHS Quality and Outcomes Framework

40 In training...

Liz Coldridge discusses the range and quality of counselling training

41 On the receiving end

Cathy Stillman-Lowe shares her experience of depression

42 Book reviews

44 Best practice

David Morgan describes the development of primary care counselling in Shetland

48 FHCP update

The latest developments, from Shane Buckeridge

48 Last word

The increasing recognition of bereavement as a health issue has to be a good thing, says Penny Gray



None of us can predict where or when we will die, nor the circumstances surrounding our death. Not that we spend much time thinking about it: the majority of us live as if we were immortal – even counsellors and healthcare professionals who should know better! In a more religious age we might well have prepared for our demise, and prayed to be saved from a 'sudden death' that would not allow

time for this preparation. These days I often hear people say they are not afraid of death, but are rather concerned about pain and indignity. Woody Allen put this neatly when he wrote, 'It's not that I'm afraid to die, it's just that I don't want to be there when it happens!'

However it happens, the fact of death and its immediate impact often has a profound effect on those who survive. Bereavement often becomes, as the Chief Executive Officer of Cruse, Anne Viney, states (p6), 'a health issue'. The startling fact from Anne's article for me was that 'the total volume of enquiries to Cruse is now almost one-third of the volume of registered deaths'. Does this mean that we are less able to cope with bereavement in today's world or is it that there was a great deal of hidden grief in the past or better means in our communities to facilitate grieving?

From my own experience, bereavement is often the cause of referral for clients with all sorts of simultaneously presenting issues, such as anxiety, depression, anger, family disruption and so on. Bereavement becomes a health issue for me simply because of the huge number of presentations to family doctors where the death of a loved one is a significant factor. The range of material available to you in this issue of *HCPJ* is fascinating, and it is difficult to recommend one article above another. The scientific, yet sensitive, treatment of complicated grief and bereavement as a disorder by Pedro Huertas give an interesting perspective on the nature of 'resilience' in relationship to our tenuous 'hold on the world' and our attachments. Sharman Partridge echoes this in her description of the counselling work at St Richard's Hospice, Worcester (p24), when she says that 'living with grief takes place in the real world'.

My own training came to mind when I read Ann Dent's piece on models of grieving which, though useful, need to be sensitively and appropriately tailored to our clients. Models after all are just tools – not prescriptions for grieving. Sally Flatteau Taylor reminds me of a phenomenon I know well from my professional interest in spirituality – that of the reality of the presence of the deceased to many who are bereaved. Her conclusions may be challenging to some practitioners.

When you have had enough of bereavement, take a break and look at the other interesting material – on counselling blind and partially sighted people; in the new regular columns on training issues and primary care; in our best practice feature – this time from the Shetland Isles; in the latest Agenda for Change advice on job review and matching panels; and in our FHCP members update section, on page 40. You will also find some very interesting book reviews.

Bereavement is one of those subjects that perhaps we feel we know well. I hope this issue of *HCPJ* will enable you to think again, and support you in making a positive difference to your practice.

John Eatock

BACP Lead Advisor for Healthcare Counselling and Psychotherapy