BOOKS AND VIDEOS

AT A LOSS: Bereavement care when a baby dies

Alison Stewart, Ann Dent. London, UK: Bailiere Tindall, 1994. £11.95 pb.

AN ACHE IN THEIR HEARTS: A resource package

Judith Murray, Yvonne Connolly, John Vance. South Brisbane, Australia: The University of Queensland, 1994. AUST$ 250.00.

WORDS CAN'T DESCRIBE HOW YOU FEEL (video)

Ann Deri-Bowen, Jeni Thomas, Bradbury Williams. London, UK: The Foundation for the Study of Infant Deaths, 1994. £40.00 inc p&p.

At a Loss is the most comprehensive training manual I have come across on grief after the death of a baby. Its title is indicative not only of the subject but also of the feelings of others, including professionals and family members, at such a time.

Since the 1970s there have been many publications on baby loss. Initially the literature was directed at helping professionals understand the importance of laying the foundations which facilitate grieving, and then moved on to examine good practice and to acknowledge the ongoing needs of parents. The Foundation for the Study of Infant Deaths (FSID), the Stillbirth and Neonatal Death Society (SANDS) and the Miscarriage Association all pioneered good practice which has been incorporated into routines in hospitals around the UK, and this book draws on the work of these associations. It is the first to offer a systematic approach to all these areas of parental bereavement, covering the needs not only of the families experiencing loss, but also the supporting staff.

Unlike most other books in the field, this one also covers the loss effects of infertility and adoption. There is some examination of the problems of people from different cultures and religions, but insufficient emphasis on the importance of having leaflets in the relevant language for non English-speaking parents. Examples of training exercises are included, as well as advice drawing up counselling contracts and problems in counselling. Not enough attention is paid to the long-term effects on the family of losing a baby but, having said that, this book is the one that I would recommend for every maternity unit as well as for training all staff involved with families suffering baby loss.

An Ache in their Hearts is an Australian package to help those who have lost a baby, consisting of books and pamphlets written for all the members of the grieving family, a video and training materials for professionals. The eight books for children, directed at two age ranges, readers and younger children, are stories on miscarriage, stillbirth, neonatal death and sudden infant death. There is also a pamphlet for an adolescent sibling, the idea being to make an individual package for each family according to the loss they have experienced. The training manual is designed to be used in conjunction with an appropriate handbook and overhead transparencies and is aimed at three groups: experienced counsellors, those developing basic counselling skills, and various other professionals with whom parents may come into contact. A video accompanies the pack.

Unfortunately only the video and a precis of the rest of the pack were available for review, so it is difficult to compare the package's training potential with others. It sounds as though its coverage is as broad as that of *At a Loss*, but geared towards Australian service provision. The video 'Jan and Cameron's Story' uses flashbacks, and reviews some of the bad periods the young couple experienced in the year after they found their baby dead. In comparison with *Words Can't Describe How You Feel*, it is brief and covers a narrower range of parents' experience. Nonetheless, this the first video on baby death that I have seen that focuses so strongly on the problems of couples grieving at different rates and in different ways. In normalising these differences, this video could be a valuable aid to bereaved parents and should be available to them.

Words Can't Describe How You Feel is a good training video which offers a broad range of examples of the feelings and needs of families and professionals after sudden infant death. Parents from a variety of backgrounds have been recorded and this is one of the few training videos in this field which acknowledges the difficulty of being a bereaved single parent. The examples of professionals talking about their distressed feelings when working with bereaved families should result in more staff being able to show parents that distress at a time like this is normal. It was good to see siblings looking back on their experience of the death. However, like the others, this video did not explore their problems during the next pregnancy or after the birth of the next child, let alone those that may arise when they are adults.

Hazelanne Lewis
Social Services Training Officer

POST-TRAUMATIC STRESS DISORDER AND DRAMA THERAPY

Linda Winn. London, UK: Jessica Kingsley, 1994. £16.95 pb.

The last few years have seen a bewildering plethora of publications on different treatment approaches to Post-Traumatic Stress Disorder (PTSD). The author of this book, an experienced practitioner and teacher, is aiming not only at drama therapists but at anyone working with psychological trauma. After outlining the main features of PTSD, she describes a wide variety of approaches including debriefing, anxiety management, therapeutic rituals and guided imagery, which are aimed not only at relieving disabling symptoms but stimulating new coping skills and personal growth. The value of these non-verbal modes of expression is richly demonstrated through brief and extended case examples of both individual and group work.

Undoubtedly, many will welcome the breadth of practical information in such an easily readable form, particularly when working with clients who seem to be 'stuck' with their traumatic experiences. However, I could not recommend it as a 'how to do it' guide for the novice. Many of the techniques require further explanation and training, as well as practice, to be used safely and effectively. The risk of re-traumatisation should always be a major consideration with this group. Indeed, a final chapter emphasises the importance of supervision and of the supervisory relationship itself, which can so often mirror the therapeutic process.

Given the frequent co-occurrence of grief and trauma, it is becoming increasingly important for all those in bereavement care to be familiar with, and willing to use, a diversity of approaches to meet the differing needs of their clients. I would therefore recommend this book not only to experienced counsellors wishing to expand their therapeutic armoury, but also to those responsible for training and supervising future generations of workers.

Bill Young
Child Pschiatrist

TWO WEEKS WITH THE QUEEN

Morris Gleitzman. London, UK: Macmillan, 1995. £3.50 pb.

This short and moving little book came to my attention as a result of seeing a creative and inventive adaptation of it at the National Theatre in London. The book is by an Australian children's writer, and tells of a 12-year-old boy whose brother Luke is afflicted with sudden illness which proves to be incurable cancer. Colin is dispatched to England to stay with relatives 'to take his mind off things'. Not surprisingly it does no such thing. Though reluctant at first to leave his family (a wiser young man than his parents in this respect), he conceives the notion of asking the Queen to help make Luke better. His efforts to reach the Queen by letter and by attempting to scale the wall of Buckingham Palace are both amusing and touching. Having failed in that, he then turns his attention to 'the best cancer hospital in the world', where he makes friends with a young, gay man whose lover is dying of AIDS. This helps him to reach the mature and painful conclusion that we cannot always beat death, however prominent and clever we are.

Colin's persistence in passing, with desperation, from one fantastical solution to another is humorously told, without the loss of the basic serious bent of the story. One of his most authentic angry reactions comes after he has been told the doctors cannot stop Luke dying. The 'best cancer hospital in the world' soon becomes the 'worst', and he goes into the car park and lets the air out of the tyres on all the doctors' Jags, Mercedes etc (fear not – his new friend covers up for him).

Many of the ingredients of agonising situations like these are there – the denial, the maturing understanding and the family solidarity, albeit only at the end. There are also implied warning notes for adults about how to treat children when disaster strikes.

I commend it, and should be interested to hear the reaction of any young adolescent who reads it, as indeed I should have dearly liked to have been a fly on the wall when the school parties, who were with me at the theatre, got back to the classroom and discussed the play.

Mary Bending
Cruse Counsellor

BEREAVEMENT AND ADAPTATION: A comparative study of the aftermath of death

Marc P H D Cleiren. London, UK: Taylor and Francis, 1992. £21.95 hb.

In this major contribution to research in the field of bereavement, Marc Cleiren, a psychologist from Leiden University, reports the results of a well-conducted comparison between a group of 91 people bereaved by suicide, 93 bereaved by road traffic accidents and 125 whose bereavement followed death from long-term illness. They were interviewed at four and 14 months after bereavement and each was asked over 1,000 well-chosen questions which included Beck's depression inventory, Horowitz's Impact of Events Scale (IES), Konsui's scale of suicidal ideation and several other instruments. Bereaved people included spouses, parents, siblings and children of the deceased.

The intensity of grief can probably best be assessed by the 'Intrusion' scale of the IES which measures preoccupation with intrusive thoughts. Parents losing adult children scored highest, with spouses and sisters next. The mode of death did not influence the intensity of grief. The IES Avoidance Scale which seems to be an indicator of Post Traumatic

Stress Disorder, was highest four months after a road traffic accident.

Depression was also most marked four months after road traffic accidents but declined thereafter. On the other hand depression tended to increase between four and 14 months in parents and spouses of people who had suffered a long illness. In these case the early reaction was often one of relief. At four months after bereavement, 36% of spouses suffered acute to severe depression and at 14 months, 22% were still depressed. Other relatives showed less depression with siblings and children least. Suicidal ideation was seldom severe but many spouses and parents agreed that they wished they were dead.

Bereavement by suicide was most often associated with feelings of guilt, but strong guilt was rare. At the four-month interview those bereaved by suicide were more likely to feel stigmatised by their bereavement and their social functioning was worse than the rest, but these differences had disappeared 10 months later. There was a substantial number of those bereaved by suicide whose reaction was one of relief.

Unfortunately, the measures of health used in this study were a hodge-podge of psychological and physical symptoms which correlated more closely with 'anger' than they did with 'consumption of medication'. This raises, yet again, the question whether there is any such thing as 'general health'. Certainly, in this study a lot of variance of this score remained unexplained and it is difficult to understand the reason for those correlations that did exist – apart from the obvious correlation between poor health and older age.

In this, as in other studies, the majority of bereaved people came through the stress of bereavement without suffering any permanant deterioration in psychological adjustment. How then are we to recognise the minority who will get into difficulties if they are not offered appropriate counselling? Cleiren shows that closeness of attachment, intensity of anger and lack of support predicted poor outcome across all types of loss. In addition, widows and widowers were most at risk after unnatural deaths or if they had suffered a large drop in income. Parents losing a child were at special risk if they had pre-existing health problems (mothers being at more risk than fathers). Adult children who had lost a parent were most at risk if they had maintained close and frequent contact with that parent (daughters being more vulnerable than sons). Finally, siblings were most at risk if they were young and blamed themselves for an unexpected death.

Most grief improved between four and 14 months after bereavement but persisting grief was more likely in parents who blamed themselves for their child's death, particularly if this child was of the opposite sex. This confirms clinical impressions that chronic grief often has a self-punitive quality.

The author suggests that the good adjustment made by most widows may reflect the relatively generous financial provision that is made for this group by the Dutch State and by social tradition in Holland. Despite this, there would seem to be a need for improving the provision of practical help and information for bereaved people there. Those who lacked these types of help experienced more severe loss reactions, worse health and worse social functioning than those with practical and informational support. Extreme reactions at the four month period are a strong indicator of future problems.

It is a pity that Cleiren did not include a sample of unselected bereaved people in his study as there are obvious dangers in extrapolating from his overall findings. This said, he has made a significant step forward in bereavement research and his use of well-established instruments makes comparison with other studies possible and appropriate and confirms his view that many of those who suffer traumatic bereavements will go on to develop Post Traumatic Stress Disorders.

The book includes a useful review of the theoretical and research literature (although this reviewer was surprised to find his own work labelled 'psychoanalytic') and should be read by all serious scholars of bereavement. It should be stocked by all major medical, nursing, psychological, sociological and social work libraries.

Colin Murray Parkes
Senior Lecturer in Psychiatry

ABSTRACTS

Developing Strategies to Assist Sudden-Death Families: A 10-Year Perspective

Williams M, Frangesch B. *Death Studies* 1995; **19** (5): 475-87.

In 1983, nurses in a 600-bed, acute care hospital in the Midwest of the USA initiated a holistic programme designed to help survivors, family or friends after a sudden death, perhaps from suicide, homicide or an accident. The intervention begins at the moment of death and lasts for two months. The aim is to provide a structured, supportive link with the survivor(s), through listening, crisis intervention, help with the grieving process and community referral, mainly (after the initial crisis) by means of telephone calls. The programme, which seems to be an extremely caring one, has functioned well, and has fuelled the determination of the people involved to continue it in the future.

An Integrative Model of Grief

Moos NL. *Death Studies* 1995; **14** (4): 337-64.

Much emphasis has been placed on individual grief reactions following the death of a family member. However it is becoming increasingly apparent that families, and the interaction within them, play a large part in the process of grieving. By combining individual and family conceptualisations of grief tasks, the author establishes a model of family grief that shows the interrelationship of these processes. Her clearly written, thoughtful and interesting article highlights the importance of family processes in the individual's perception of the death, as well as the influence of each family member in the overall grief reactions and coping strategies of the family system.

Evaluation of Bereavement Anniversary Cards

Hutchison SMW. *Journal of Palliative Care* 1995; **11** (3): 32-4.

It is the practice of St Columba's Hospice in Edinburgh, Scotland to send a bereavement card, 12 months after the death of someone who has been in their care, to close relatives and friends as a gesture of support. Wishing to know how the recipients felt about these cards, the hospice sent out to a hundred of them a questionnaire asking for their reaction. Nearly all the recipients replied that they welcomed the cards, though a few of them thought, wrongly, that it was a means of asking for donations to the hospice. The main conclusions of this brief article are that the cards are comforting and appreciated but that they should be sent as part of broader support, and that the misunderstanding with regard to donations should be clarified.

Death of an Institutionalised Parent: Predictors of Bereavement

Pruchno RA, Moss MS, Burant CJ, Schinfeld S. *Omega* 1995; **31** (2): 99-119.

The authors of this article, all of whom work in geriatric centres, analyse the degree of grieving likely to be experienced by adult children following the death of a parent in a long-stay care facility. From their research they postulate that the length of stay, the parent's cognitive status, depression, and the child's feelings about the parent living in a nursing home, all provide guidelines in predicting the degree to which the child is likely to experience sadness, a sense of comfort in memories of the dead parent and a sense of relief that the parent's suffering is ended. The data suggest that the nursing home is an ideal place for bereavement intervention programmes.

Sheila Hodges and John Bush

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