

Gloucestershire schools to join a support programme^{2,3} to ensure that they are prepared for the death of a pupil, a pupil's friend, or relative, or a teacher. Winston's Wish makes a commitment to offer appropriate support within 24 hours of a death which affects the school. Training days and consultation are also on offer to other agencies interested in developing child bereavement services. A comprehensive progress report is available, detailing

all aspects of the programme, which may be of help to others interested in developing similar services⁴.

It is exciting to see the emergence of many other agencies beginning to actively address the psychological well-being of bereaved children and their families. It is Winston's 'wish' that over the next decade a national network of services will gradually emerge which will have far-reaching consequences in ensuring that

the UK has a positive response towards children who have been bereaved.

1. Stokes J, Crossley D. Camp Winston – a residential intervention for bereaved children. In: Pennells M, Smith S (eds). *Interventions with Bereaved Children*. London, UK: Jessica Kingsley, 1995.

2. *Positive Response to Death: a strategy for schools*. Gloucester, UK: Winston's Wish.

3. Yendall D. *The Bereavement Booklist*. Gloucester, UK: Gloucestershire School Library Service, 1996

4. *Winston's Wish Progress Report, 1993-95*. Gloucester, UK: Gloucester Royal Hospital.

R E V I E W S

BOOKS

DEATH: What's Happening?*

Karen Bryant-Mole. Hove, E Sussex, UK: Weyland, 1992. £8.50 hb, £4.50 pb.

This is one of only a few books for children and young people about death and bereavement which depict families from many different ethnicities. Written in conjunction with Childline, it responds to questions such as 'Is death forever?', 'Why do I feel so angry?', 'Who'll take care of me?' and 'Is it my fault?'. Typical feelings, reactions and practicalities which worry children are dealt with in an honest way and useful information is given, from a strongly multi-ethnic perspective. A glossary and a note for parents and teachers are brief and effective.

One young reader felt that while she liked the sections about making birthday and anniversaries special, and the importance of being allowed to talk about the person who has died, she would have preferred to read something which dealt specifically with her personal bereavement. However, the range of pictures means that most children would have a situation with which they could identify. The book would be most helpful for a recently bereaved child as a 'way in', to begin to discuss feelings and, possibly, to find some reassurance.

David Oliviere

Lecturer in social work and palliative care

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BEREAVED CHILDREN AND TEENS

Rabbi Earl Grollman (ed). Boston, USA: Beacon Press, 1995. £22.99 hb, £11.99 pb.[†]

Rabbi Grollman is already an established and widely-published authority on death education. Now, as editor, he has gathered an impressive range of contributors from very diverse professional and academic backgrounds – nursing, education, child psychotherapy, religion, sociology, anthropology, and philosophy. The result is inspiring, highly educational, and immediately relevant to those who work with children facing loss.

The book is divided into three parts. The first surveys developmental aspects of children's experience and understanding of death, including a chapter highlighting the plight of

children whose grief is 'disenfranchised', for instance when emotionally significant losses of friends, teachers, pets, even celebrities are not recognised and supported by those around them. The second part focuses on the different traditions of African-American culture, Protestantism, Catholicism and Judaism, how they influence children's concepts of death and provide sources of meaning and support for their mourning. A final chapter in this section, by a philosopher, considers how children's formal and informal exposure to death plays a crucial role in developing their understanding of many other profound human issues: interdependence, the value of life, freedom and responsibility. The third part, the most practice-oriented, describes ways of helping dying and bereaved children using bibliotherapy, role plays, rituals and contemporary metaphors from young people's stories, films and pop culture.

Within the last few years, several useful publications on childhood bereavement have become available^{1,2,3}. What I like most about this book is its non-clinical elucidation of children's diverse experiences of loss. By combining developmental, educational, social, cultural and spiritual perspectives, this unique collection encourages us to extend our therapeutic efforts beyond 'grief resolution', towards helping bereaved children find new meaning, insight and hope in their lives.

Bill Young

Consultant Child Psychiatrist

1. Pennells M, Smith S. *The Forgotten Mourners: guidelines for working with bereaved children*. London, UK: Jessica Kingsley, 1995.*

2. Boyd Webb N. *Helping Bereaved Children*. New York, USA: Guilford 1993.

3. Dyregrov A. *Grief in Children: a Handbook for Adults*. London, UK: Jessica Kingsley, 1991.*

[†] Available from the Airlift Book Company, Enfield, Middx, UK.

* Available from Cruse Bereavement Care, 126 Sheen Road, Richmond, TW9 1UR, UK.

THE MOUNTAINS OF TIBET

Mordecai Gershon. Bath, UK: Barefoot Books, 1993. £9.99 hb, £4.99pb

This is a delightful, imaginative story which has evolved out of the ancient Buddhist teachings. These hold that life and death are part of a whole and that to understand death is to hold the key to understanding life.

The story tells of a young woodcutter who is born, lives and dies on a

mountain top in Tibet. He longs to see the world, but dies without ever moving out of his village. After death he is able to be reborn and the choices he makes from the myriad wonders available to him form the main part of the story.

The tale is told in a simple, direct way, with charming watercolour illustrations on every page. It would enrich the living and/or dying of a child or an adult. There is also a very interesting introduction by Sogyal Rinpoche which gives a very brief glimpse of Tibetan philosophy.

Brenda Freedman

Bereavement Psychologist

HANDBOOK OF BEREAVEMENT: Theory, research and intervention

Margaret S Stroebe, Wolfgang Stroebe, Robert O Hansson (eds). Cambridge, UK: Cambridge University Press, 1993. £45.00 hb, £18.95 pb.

This useful and comprehensive handbook consists of 29 contributions by leading authorities in the field of bereavement. It is divided into six sections which cover: the phenomenology and measurement of grief; current theories of grief, mourning and bereavement; physiological changes following bereavement; the psychological, social and health impacts of conjugal bereavement; grief reactions to different types of loss; and coping, counselling and therapy. The theoretical models used are varied, ranging from attachment theory at one end, through family systems theory, to biophysics at the other. All contributions make some claim to scientific validity. There are nevertheless some differences in their conclusions.

The *Handbook* is thus a valuable reference work which establishes a baseline for studies on grief and which rests upon measurable data. Reading it from cover to cover made me realise that many of the dictates that have previously been handed down by 'experts' on grief are questionable, but it also forced me to question the significance of some of the data upon which such scientific generalisations were reached. A major problem is the isolation of variables. Bereavement is such a complex issue that any attempt to separate them is fraught with difficulties. Silverman and Worden for example, in Chapter 21, conclude that

most children manage to adapt pretty well to the death of a parent. While this is unexceptionable, I would question whether it is reasonable to generalise about children's grief without taking into account such factors as the nature of the previous relationship with the parent, the mode of death, and the supports available to the child thereafter.

As the editors point out in their concluding chapter, a major problem is that of evaluation. All scientific research depends upon statistical measurement, but is it possible to pool and convert into a x 2 analysis the personal agonies of a group of individual survivors? Yet unless this can be achieved it is difficult to make any scientific generalisations about intensity of grief. Much will therefore depend upon the validity of this conversion. The only alternative is to seek other criteria for measurement, such as morbidity or the length of a person's survival after a loss.

The editors, to their credit, recognise that reactions to bereavement are always mediated through the culture of the society in which the death takes place. As a student of anthropology, I would have welcomed a chapter on belief systems, their effect on our understanding of the nature of death, and man's reactions to this understanding. The *Handbook* might claim to be value free, or rather to be guided only by the objective values of science. But for most of us in ordinary life, and death, other values often predominate. To take a single example, Kaminer and Lavie (Chapter 22) studied sleep and dreams in well-adjusted and less-adjusted holocaust survivors. Their unexpected conclusion is that 'The survivors' ability to close off, repress and prevent memories of past atrocities from re-entering their consciousness has survival value, and suggests that the treatment approach should be different....Indeed over the past decade more evidence and research have shown that repression mechanisms are coping mechanisms that promote better adjustment.'

The implications of this conclusion, if supported by further evidence, are profound. Survival value is indeed measurable, but is it the most important value which needs to be considered here? If this is our sole criterion then repression of painful

memories might seem the preferable coping strategy for all bereaved persons. but there might be a hidden cost which is less measurable; perhaps if Bruno Bettelheim and Primo Levi had managed to repress all their memories of Belsen, Dachau and Auswicz their suicides might have been averted, but we would also have lost their deep insights into the nature of evil.

Despite these criticisms this remains a very useful and thought provoking book.

*Dr H M Holden
Consultant Psychiatrist*

LIVING AFTER A DEATH

Mary Paula Walsh. Blackrock, Ireland: Columbia Press, 1995. IR£7.99 pb.

BEREAVEMENT - YOUR QUESTIONS ANSWERED

Ursula Markham. Shaftesbury, Dorset, UK: Element Books, 1996. £4.99 pb.

AS SOMEONE DIES

Elizabeth A Johnson. Carson, CA, USA: Hay House, 1995. £6.99 pbⁱ

LIVING WITH GRIEF AND MOURNING

James Moorey. Manchester, UK: Manchester University Press, 1995. £29.99 hb, £8.99 pb.

A great many (too many, some might say) new books appear each year intended to help those facing death or in grief. Of these only a handful could be recommended and, furthermore, not all bereaved people feel able to find comfort or strength in reading. For those who do, *Living after a Death* would be a good choice. The author has worked with bereaved people all her adult life, trained with Elizabeth Kubler-Ross and pioneered work in this area in Ireland. Her 'guidebook for the journey of bereavement' is sensitive, thorough and wise. Those who grieve in secret will welcome the attention paid to unrecognised losses, such as that of a divorced or homosexual partner. A useful section covers the place and value of rituals.

Bereavement - Your Questions Answered has a more factual and straightforward approach, with chapters on different bereavement situations giving an outline of the processes most people go through, in a helpful format. Though designed for those in grief, it might be better read as an introductory book for those seeking to support them.

In *As Someone Dies*, brief chapters on suicide, the death of a child, a pet and so on, give helpful quotations, practical hints and suggestions for focusing on the positive side. In fact these are so short that the approach seems superficial.

Elizabeth Johnson is interested in Eastern as well as Western philosophy and, perhaps intending to avoid offence, refers to the Life Force or

Universal Spirit rather than God. The book might be of some help to a recently bereaved person, but the author attempts to cover too many situations in a very slim volume and seems so eager to comfort that there is little space to allow the reader to feel the pain, and go through the anger and despair of grief.

Though an excellent book for counsellors, nurses and other professionals, *Living with Grief and Mourning* is less appropriate for bereaved people, at least in the early stages of grieving. Much emphasis is laid on the growth and attachment theory of Bowlby and others, with a careful explanation of the connection between this and loss and re-attachment. The process of mourning is set in a wider context by an emphasis on the different approaches, in children and adults, in Britain and other cultures. James Moorey is a clinical psychologist working in a hospital situation with the bereaved, but he makes it clear that although professional help may be necessary in cases of complicated mourning, most people work through the pain and the problems with the help of family, friends and neighbours. However agonising it may be, grief is normal.

*Margaret Foster
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ⁱAvailable from the Airlift Book Company, Enfield, Middx. UK.

POST-TRAUMA STRESS

Frank Parkinson. London, UK: Sheldon Press, 1993. £8.99 pb.

This is a book written from the heart with an elegant simplicity by an author who understands about trauma, as distinct from just the symptomatology of post-traumatic stress disorder. For these reasons alone it can be recommended.

However it falls between two stools and struggles to find its market. The first five chapters work well in a self-help mode: they are informative and accessible and would be reassuring to a 'victim' with good reading skills. The next three chapters are geared more towards helpers and seem unduly selective, which restricts their usefulness: one contains some helpful points, yet is rather orientated towards sudden death; another has particular relevance for welfare departments. There is a good description of the debriefing model but, though there is an indication that it requires a wide range of skills to use it effectively, perhaps the enthusiasm for the process is a little unqualified.

Despite the structural problems which limit its value, the book will be of interest to counsellors as a starting point in considering trauma.

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I WISH I COULD HAVE TOLD YOU SO

Christine Kalus, Peter Adern.

The Television Centre, University of Portsmouth, UK: Portsmouth Productions, 1994. £176.25 inc UK p&p.

This package comprises three video tapes and an instruction manual giving exercises for those 'who want to train others in the basic skills required to help bereaved people'. It was made at Portsmouth University as a joint project with the local Health Authority and has a highly professional format, although the participants are not professional actors.

The idea is a good one and the technical quality of the package is impressive, but sadly the contents are not satisfactory. The opening tape sets out to give some theoretical models. First, an idiosyncratic view of the psychoanalytic model that I found confused and unhelpful, and then a brief but reasonable account of current medical thinking about depression. A phase model of bereavement is described which confuses Kubler-Ross's 'phases of dying' with Bowlby's 'phases of grief'. These were initially proposed by Bowlby and Robertson to describe childhood mourning and subsequently applied by Bowlby and Parkes to grief in adult life.

The second tape starts with a counsellor interviewing a client. The sequence is then repeated with a scoreboard giving plus and minus points to illustrate good and bad technique. Although most of the evaluations seem reasonable, I do not think that the counsellor should have been penalised for referring to his own experience of life. In other respects, however, I found this a good way to learn, although it is not clear how the observers are supposed to know why the marks are awarded. It might be better to use this method after the basic training has been given.

There follows a well-described outline of Carl Rogers' basic guidelines and various counsellors then talk about the value and limitations of these. Then group of new counsellors talk about their worries on making their first visit.

Another demonstration of interviewing shows the way in which a counsellor should introduce herself. She tells the client her view of how and why the referral was made without bothering to find out if this coincides with the client's view. The counsellor then goes on to describe what she is offering, again without finding out what the client's agenda may be. On the other hand, to be fair, she does end her peroration by asking the client if this seems to be OK. She then indicates how many sessions will be offered rather than finding out how many are needed. In my view we should not think of making a contract

until after the first few interviews. In similar vein the tape goes on to talk about the ending of counselling with the implication that this needs to be considered early on. An appropriate time to end can only be decided in the light of our developing knowledge of the client's needs. In my experience, ending only becomes a problem if we have seen the client more than five or six times and have developed a close relationship with them.

Counsellors are warned not to replace the person who is lost, but how can they prevent that? Two clients then tell us how much they have benefited from counselling without saying why. It might have been more helpful to hear from some clients who had not felt helped by counselling. I suspect that a common criticism might have been that the counsellors revealed nothing of themselves. In my experience more harm is done by therapists who hold back from involvement for fear of 'dependency' than by those whose closeness to the client leads to an intense attachment. It would be easier to deal with these topics if they were to be considered in the light of Bowlby's views on the attachment relationship in therapy. He talks about the relationship between therapy (or counselling) and parenting, demonstrating that most of the things that go to make a good parent also make for a good therapist.

The list of bereavement risk factors only covers a few of these and does not deal with them in any detail or attempt to classify or explain them. Nor is there any discussion of the research on which our knowledge of risk factors is based.

The final video starts by focusing on 'problematic reactions to bereavement' but without any classification of these. Several 'techniques' are illustrated which the counsellor can use to help clients who have special problems. These include visiting the grave, writing letters to the dead person, using an empty chair as a point of contact with the dead person, clearing the wardrobe and talking about photographs. Each of these has its place but the ones mentioned all seem to assume that the basic problem is that of helping the bereaved person to express grief. In my experience this is often not so. Frequently people who 'get stuck' in grieving have no difficulty in expressing grief; their biggest problem is to stop grieving and to get on with living. Counselling which overemphasises the expression of grief, far from relieving this problem, may aggravate it. The problems of depression and chronic grief are not covered and, although two counsellors talk about particular cases in which they did not achieve what they hoped to achieve, it is not clear how the use of these techniques would have helped these cases.

A major criticism of this series is its

failure to show counsellors how to assess or help when there is a suicidal risk. This is an area of great concern and importance to counsellors. They are given little guidance on the diagnosis of depression and, although we are told that it is important to know when to refer people to others for help, no information is given about the special contribution that psychiatrists, psychologists or social workers can give.

The final section deals with the counsellor's own need for support and is, perhaps, the best section. I also like the case examples and the exercises that are a part of the package. These reflect the makers' experience of running experiential workshops and their preference for 'hands on' training. While I would readily agree that these are important components of any training in bereavement counselling and not well covered in books, they are no alternative to well-organised background information and good useful theory.

*Colin Murray Parkes
Consultant Psychiatrist*

Few quantitative studies have examined the phenomena of multiple loss and cumulative grief experienced by gay men as a result of the AIDS epidemic. In this study, 93 gay men living in San Francisco, whose own HIV status was negative or unknown, and who had lost to AIDS at least three friends, lovers or relatives, completed Sanders' Grief Experience Inventory in the summer of 1993. It was discovered that a committed relationship, employment, or the fact of caring for someone with AIDS, was a positive factor in helping the bereaved to work through their grief. But no significant relationship was found between the number of individual losses reported and the intensity of grief experienced. This article, though somewhat repetitive, is interesting, not least because the results challenge some previously accepted on the subject.

Gender Differences in Parental Grief

Schwab R. *Death Studies* 1996; 20(2): 103-13.

Gender differences in the grief of parents who had lost their child were examined using the Grief Experience Inventory (GEI). The participants were 35 bereaved couples ranging in age from 27 to 73. Results showed that the mothers' scores were significantly higher than those of the

fathers on the following scales: atypical responses, despair, anger/hostility, guilt, loss of control, rumination, depersonalisation, somatisation, loss of vigour, physical symptoms, and optimism/despair. No significant differences were found in the scales of denial, social desirability, social isolation, death anxiety, and loss of appetite. The potential usefulness of the GEI in helping the bereaved is discussed.

Bereavement Follow-up: What do Palliative Support Teams Actually Do?

Bromberg MH, Higginson I. *Journal of Palliative Care*; 12(1): 12-17.

Care for the family and bereavement follow-up are considered part of good palliative practice. This study examines the bereavement follow-up given to the families and carers of 320 patients (319 suffering from cancer and one from AIDS) by five multiprofessional teams in south-east England. The teams consisted of any of the following: nurses, doctors, social workers, volunteers, and in one case a chaplain. Analysis of the quality and degree of care given showed that it differed widely between the five teams, and the authors of this report conclude that there is a need for training, for clear protocols, and for further research into what the families and carers themselves need.

Sheila Hodges and John Bush

ABSTRACTS

Grief Among Gay Men Associated with Multiple Losses from AIDS

Cherney PM, Verhey MP. *Death Studies* 1996; 20(6): 115-32.

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