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

ABSTRACTS

Grief Among Gay Men Associated with Multiple Losses from AIDS

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

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

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