recognise her special optimism and courage for the painful process of moving from loss to acceptance, and given her life experiences, this has a ring of authenticity. For some her insights will be a spur towards recovery; for others, perhaps the mountain may seem too steep for climbing.

Her language is clear and without jargon; explanations of process are combined with suggestions on how one may help bereaved people in a variety of ways. Those who need a deeper exploration of a particular aspect of loss may find the scope of this book too wide. It does not contain, for example, the detailed, theoretical discussion of aspects of bereavement in Beverley Raphael's *Anatomy of Bereavement*[1], nor the imaginative, cultural discussion in Alida Gersie's *Storymaking in Bereavement*[2], based on myths and folk tales from around the world. For experienced counsellors, the prescriptive nature of the do's and don'ts may limit a more imaginative and creative response to each new client. Nevertheless, the listing of what is and is not useful to the bereaved can also be a healthy reminder of the essentials in our work.

The appendix opens with an anonymous quotation, 'sorrow that has no vent in tears makes other organs weep', introducing relaxation and visualisation techniques used by the writer on her courses, to give physical relief from stress. I would have liked more of these. There is also an excellent bibliography and section on addresses and support groups.

Eileen Pitman
Bereavement Counsellor

1. Raphael B. Anatomy of Bereavement. London, UK: Unwin Hyman, 1984.
2. Gersie A. Storymaking in Bereavement. London, UK: Jessica Kingsley, 1991.

‡Available from Cruse Bereavement Care, 126 Sheen Road, Richmond, Surrey TW9 1UR.

ABSTRACTS

Towards an Experiential Theory of Bereavement

Hogan N, Morse JM, Tason MC. *Omega* 1996; **33**(1): 43-65.

This long article is divided into two parts: the first reviews the perspectives that have guided bereavement research in the past, and the second describes and draws conclusions from a study by the authors of the reactions of 34 persons bereaved for between six months and 30 years. The authors find that, despite wide variation in the circumstances of the death, the process of grief followed a consistent overall pattern. The various stages of grief are described and the findings compared with those of other writers.

The authors claim to have developed 'an experiential theory', but what they have produced is a descriptive classification which is not much different from the descriptions of grief which emerge from other studies. They have not attempted to explain their findings and their account remains free of theoretical assumptions or conclusions. It is not without interest but is certainly not the break-through in theory that the title suggests.

Sheila Hodges, John Bush and Colin Murray Parkes

'We've had the same loss, why don't we have the same grief?': Loss and Differential Grief in Families

Gilbert KR. *Death Studies* 1996; **20**(3): 269-83.

'Families do not grieve. Only individuals grieve. This is done in a variety of contexts, one of which is the family.' In this interesting and helpful article, the author discusses the generally-held assumption that after a bereavement all the members of a family express their sense of loss in a similar fashion. In reality, this is often not the case, and the result may be misunderstandings and additional stress and grief. Various aspects of the different ways in which famuily members grieve are explored, and practical suggestions made for dealing with this situation.

Responses to Loss and Bereavement in HIV

Maxwell N. *Professional Nurse* 1996; **12**(1): 21-4.

The stigma of HIV/AIDS means that those bereaved through this illness can feel shunned by society and isolated in their grief. Nurses can provide vital help at this time through good communication and counselling skills, and through an understanding of the patient's emotional as well as physical needs. Their relationship both with the patient and with the family and significant others wil be close and perhaps long-term, and, in order to provide support, they themselves need to have sources of help and referral.

A Critical Review of the Concept of Pathological Grief following Pregnancy Loss

Janssen HJEM, Cuisiner MCJ, Hoogduin KAL. *Omega* 1996; **33**(1): 1-19.

It has often been suggested in the literature on pregnancy loss that parents run a high risk of pathological grief as a result of such loss. What confuses the issue is that the definition of pathological grief is unclear. This useful, but somethat repetitive, article reviews the empirical studies on pathological grief following pregnancy loss according to four subtypes taken from general bereavement literature: chronic, delayed, masked and exaggerated grief. It is suggested in conclusion that pathological grief may be less common than had previously been thought, and that many women seem to be able to recover in time from pregnancy loss, drawing on their own strength.

Sheila Hodges and John Bush

The Child Bereavement Trust

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