

# A new paradigm for grief?

## CONTINUING BONDS New understanding of grief

Dennis Klass, Phyllis R Silverman, Steven L Nickman (eds)

Washington DC, USA and London, UK: Taylor & Francis, 1996. £30 hb, £18.95 pb

The ways in which bereaved people continue to think and feel about the dead is an important topic and there is much of interest in this book by a distinguished line-up of contributors. There are, too, some 'new understandings' to justify the subtitle, but Silver and Klass's claim (chapter 1) to have discovered a new paradigm for grief is not fulfilled.

The authors start by overturning some 'myths' – that the function of grief is to sever ties to the dead, that pathological grief is caused by the retention of continuing bonds to the dead, and that grief has an end point. These are disproved by the discovery that most people who suffer a major loss treasure their memories of the lost person, that a sense of the continuing presence of the dead is very common and that, although the intensity of the pangs of grief tends to decline over time, most bereaved people agree that grief does not end. The truth is that all of these things have been known for a long time and there are few, if any people working in the field of bereavement and loss who believe or ever have believed in the myths as stated by the authors.

Another recurrent error in this book is the assumption that, because a particular belief or behaviour is 'normal' within a particular society, it also acceptable and beneficial. Many Japanese people see a 'hot-line' to the dead in the form of a family altar (Klass in chapter 4)) as a comfort in bereavement, but the associated tradition of disciplining children by expecting them to confess their errors to their ancestors strikes this reviewer as dubious. Similarly, the attribution of natural deaths to witchcraft and the subsequent persecution of 'witches', however 'normal' it may be in certain African cultures, can hardly be regarded as desirable. Even the tendency to idealise the dead, which is reported in most societies, and for which quantitative evidence is provided by Lopata (chapter 9), should not blind us to the fact that this is often carried out to the detriment of the living, as when widows who remarry denigrate their second spouse in favour of the first or feel that they are carrying out 'psychological bigamy' (Moss and Moss in chapter 10) or when children who survive the death of a sibling are seen as 'bad' by comparison with a

'good' sibling (chapter 13).

Stroebe and her colleagues (chapter 3) rightly warn us of the dangers of assuming that behaviour that is 'normal' in one culture is necessarily 'normal' in another. Certainly the overt expression of mourning between cultures is very variable. Only when well-conducted cross-cultural comparisons have been made, however, will it be possible to be sure to what extent the general laws governing behaviour in one culture can be applied in others and whether or not the differences between cultures influence the incidence of psychiatric or other problems within those cultures. The evidence so far available supports the idea that there are commonalities in grief which are shared, not only between humans of diverse cultures, but even by other species of social animal.

These authors go too far in suggesting that 'The post-modern researcher would not attempt to generate conclusions of universal proportion'. In this statement they not only throw doubt on the existence of grief but discount the entire corpus of human and animal psychology. Likewise, until such studies have been carried out, it will not be possible to confirm or refute Rosenblatt's contention (chapter 3) that it is a mistake to regard perpetual and immoderate grief and lasting inhibition of grief as pathological and the fact that many of those in western society who suffer from these conditions seek for and benefit from psychiatric help, should encourage us to continue to provide such help.

Accounts (in chapters 5, 6, 7 and 8) of the ways in which children and adolescents who have lost a parent or (in chapter 17) a grandparent, continue to see that person as a positive influence in their lives, reassure us that there is a real sense in which people do 'live on' in the memories of those who survive them. The fact that this would probably have occurred in any case following the normal separation that takes place at adolescence does not detract from its importance. More surprising is the finding that dead children are viewed in a similar way and may even be credited with wisdom and the ability to care for their own surviving parents (chapter 12).

Two chapters (15 and 16) describe the ways in which adopted children relate to their birth parents and siblings, whom they have never met. The fact that the birth parents usually continue to exist makes it less likely that the fantasies that adoptive children have about them will be totally unrealistic. Thus, unlike the

'family romances', idealised fantasies of adoptive parents which Freud found in ordinary children, less than five per cent of adoptive children expect their parents to be famous.

Klass (chapter 12) describes the way in which the mutual-help group, the Compassionate Friends, helps parents who have lost a child 'to integrate the child into the parent's life'. He recognises that, for bereaved parents, 'completing the grief process is a kind of loss' but fails to address the possibility that, by collusively emphasising the importance of the dead children in the lives of the surviving parents, the Compassionate Friends may make it more difficult for its members to 'let go and move on'. Until properly-conducted comparative studies have been carried out, it is unwise to assume that the experience of a bereavement is the sole qualification for helping the bereaved and that the mutual help groups that are so popular in the USA are a better option than the well-evaluated counselling services that are available in the UK.

Each of the authors has adopted a different viewpoint and these reflect a wide range of psychological and sociological thinking. It is regrettable that none has adopted an evolutionist view as this might have clarified some issues such as the urge to search for and find the lost person, which occurs following all separations and is necessary for survival. Similarly the inclusion of a psychiatrist among the authors might have ensured that such phenomena as the persistence of painful and intrusive memories following traumatic bereavements will be recognised as likely symptoms of post traumatic stress disorder and treated appropriately.

Despite the rich case material which is drawn upon, the reader will wait in vain for a classification or consensus view of how and why continuing bonds to the dead are experienced by bereaved people. In a disappointing conclusion, the editors agree that 'We are not sure what forms a new model of the resolution of grief will take nor can we describe the new rituals and social interactions that will express the new model.' Clearly they have not succeeded in their expressed aim to find a new 'paradigm' for grief. ■

Colin Murray Parkes  
Consultant Psychiatrist

Revised version of a review originally published in British Journal of Clinical Psychology 1997; 36 (3): 458-459 reprinted by kind permission of the Editors.

# Communicating with dying and bereaved people

It has been an interesting challenge to review these three books, whose subject matter is, superficially at least, very similar. On closer inspection, while having a common core, that of exploring communication with dying and bereaved people, they differ widely in their written style, theoretical approach, and hence the audience to whom they will appeal.

## COUNSELLING IN TERMINAL CARE AND BEREAVEMENT

Colin Murray Parkes, Marilyn Relf, Ann Couldrick. Leicester, UK: BPS Books, 1996. £14.99 pb

This very well-presented book covers a wide range of relevant issues. It opens with a chapter on 'Families in transition', looking in some detail at Parkes' theory of psychosocial transitions and Bowlby's theory of attachment, and how these apply in clinical practice to families whose lives are potentially disrupted by one member facing a life-limiting disease. Another excellent chapter, 'The caring team', explores the problem of burnout, of finding support (in the widest sense), and various service issues such as where care takes place and the implications of this for staff and families.

Most of the book is devoted to counselling, mainly from a Rogerian standpoint, (although there is some reference to other relevant models). The integration of the three main approaches, attachment, psychosocial transitions and Rogers' client-centred counselling, is well managed and clear, with appropriate cross-referencing throughout the book. I found helpful the chapters on counselling the patient with a life-threatening illness, and the family, both before and after bereavement, and valued the discussion of different coping styles and how to manage them. It is often issues such as dealing with conflict, anger, and difficult or extreme behaviours that counsellors, particularly volunteers, find so problematic. Thus the clear and pragmatic way they are addressed in this book is especially welcome.

A strength of the book is that it does not limit itself to terminal care but looks, albeit briefly, at other forms of death and their possible consequences on those bereaved as a result. I found the sections comparing post traumatic stress disorder and bereavement particularly helpful, although I would dispute the emphasis on psychiatric assessment and treatment, as the evidence for psychiatric counselling – as opposed to trauma debriefing and prophylactic counselling – in post-disaster situations is still equivocal.

I was disappointed to see only one brief,

specific reference to old age and bereavement, which arguably deserves greater mention, given it is normally a time of multiple losses. The authors are somewhat dismissive of the potential for change, especially in 'old-old' people, subscribing to the 'disengagement theory' of later life – a concept by no means accepted by (or acceptable to) social gerontologists and others. Indeed one could argue that the rest of us have a great deal to learn from the older people themselves about adjustment to loss and change throughout the life-span.

The chapter summaries in this book were particularly clear and provide a useful *aide-mémoire* for the reader. I have used some of them in training groups to great benefit.

## COUNSELLING FOR GRIEF AND BEREAVEMENT

Geraldine Humphrey, David Zimpfler. London, UK: Sage, 1996. £35.00 hb, £11.95 pb.

It would be a mistake to think that this book is an alternative to *Counselling in Terminal Care and Bereavement* (see above) as it takes a different view of the topic. Humphrey and Zimpfler's theoretical approach is multi-modal, rather than focused on attachment theory and psychosocial transition, and they make good use of both individual and systemic theories of human functioning.

As do Parkes *et al* in their book, Humphrey and Zimpfler here seek to cover individual and family grief, anticipatory grief and 'special Issues' in bereavement, ie traumatic, untimely or stigmatised deaths. However the ways in which these are covered are quite different. Here the reader is invited to explore different modalities, or theoretical constructs, when looking at an individual case study. As such, the book provides an absorbing and challenging journey through the possible process involved in bereavement work, and encourages one to think broadly about how one can approach a bereaved person. I personally enjoyed the interactive style, and found myself talking out loud at times, when I did not understand or agree with a particular point the authors were making!

This challenging approach is begun in the second chapter, 'Assessment strategies', where the reader is encouraged to think about loss and its consequences from many perspectives – philosophical, spiritual, psychological, sociological and physical. Each of these has an operational definition with which it is possible to work (whether or not one agrees with the definition) and good, clear examples are given

to illustrate the points made. There is an excellent chapter on group counselling; the approach is based on Yalom's model for the development of bereavement groups, and then elegantly develops other theoretical models which can be integrated into clinical practice.

A further strength of the book is that it enables the reader to work clearly through the beginning, middle and end of the counselling relationship. This may sound self-evident, but is often ignored, or obfuscated in many books. There are many practical tasks that readers can introduce into their practice, and anyone who has some experience of, and training in, existential and/or cognitive behavioural methods would enjoy developing these.

On a more negative note, if *Counselling in Terminal Care and Bereavement* made scant and somewhat negative reference to bereavement issues in later life, this vital area seems to be missing entirely here. This is disappointing since much of the work coming from the psychological literature of later life, including long-term Holocaust survivors and war veterans, has a great deal to teach us about adaptation to loss, death and change.

In summary this was a book I enjoyed reading very much, and which I found both theoretically sound and practically helpful.

## EASEFUL DEATH Caring for dying and bereaved people.

Jeanne Katz and Moyra Sidell. London, UK: Hodder Headline, 1994. £11.99 pb.

*Easeful Death* approaches the area of communication and caring for dying and bereaved people in a quite different way from the other two books. It does not purport to be a 'how to do it' book on counselling, but rather aims to look at the issues in a broader, yet no less practical, way, taking the reader step-by-step through each topic. The content is largely descriptive, written in clear, comprehensible language that expresses the thinking behind palliative and bereavement care in a way that is unequivocal and easy to understand.

Each chapter clearly lays out the message it is trying to convey. Topics covered include facing death and dying, pain relief, communicating with and supporting dying people and their carers, the concept of a 'good' death, the immediate impact of bereavement and supporting bereaved people through the mourning process. I found the chapters on 'Symptom control' and 'As death approaches' particularly helpful: the former covers both bio-medical and

# Supporting bereaved parents

complementary therapies in a non-judgmental and non-proselytising way, and similarly the latter takes the reader through practical, spiritual and emotional needs clearly and concisely.

The title of the book does not make it clear that theoretical background is linked with that of the Palliative Care and Hospice movement and, as such, has less applicability to other ways of dying, such as from coronary heart disease or AIDS, although these do get a fleeting mention. Neither is there much said on sudden death or the impact of traumatic death, both of which can cause great concern to health-care professionals and bereaved people alike.

Paradoxically, one of the strengths of the book can also be seen as a weakness: many of the chapters, particularly those on bereavement, are rather too brief. Thus the reader is left with a sense of 'so what can I do about this?' Nevertheless, again it is a book I found a straightforward and helpful read.

In summary, I have used *Counselling in Terminal Care and Bereavement* with several groups of volunteer bereavement counsellors and they have found it an invaluable adjunct to their training. Humphrey and Zimpfer's book, on the other hand, demands the reader has more than a fleeting knowledge of various theoretical models and, as such, has proved useful when working with professionals. I have used it with clinical psychology trainees, who have particularly valued the multi-modal approach and clinical challenges it has given them, whereas the Parkes book has been seen as helpful, but too descriptive and uncritical for their level of working. I have not as yet had cause to use or recommend *Easeful Death*, but I believe it would provide a useful guide to those professionals new to palliative care and the hospice movement, and would enable the reader to begin to ask thoughtful questions, and develop their reading of the subject with greater confidence. BC

**Christine Kalus**  
Clinical Psychologist

**CRUSE PUBLICATIONS**

**When someone dies**  
Help for young people  
coping with grief

**When someone dies**  
How schools can help  
bereaved students

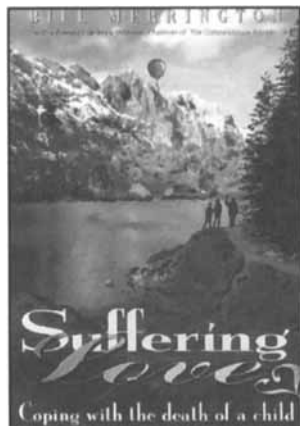
by **Dwaine Steffes**

£2.95 each + £1.00 p&p

Available only from  
Cruse Bereavement Care, 126 Sheen  
Road, Richmond, Surrey TW10 6ET  
☎ 0181 940 4818 Fax 0181 940 7638

**SUFFERING LOVE**  
**Coping with the death of a child**

**Bill Merrington,**  
Dent, Cumbria, UK: Advantage, 1995.  
£7.50pb



Surely coping with the death of a child is the most difficult and heart-rending task anyone ever has to face. Without personal experience it is impossible to imagine the suffering of parents who have lost a child, and yet those of us who are bereavement counsellors must try to do just that. Here is a book which can help us in our task, by adding to our instinctive sympathy the beginnings of the empathy which we need.

Bill Merrington, the Vicar of St Paul's Church, Leamington Spa, and for three years the Chaplain of Birmingham Maternity Hospital, has done extensive research with bereaved parents. The result is this realistic assessment of how they think, feel, and learn to cope with their loss.

*Suffering Love*, while free of the sentimentality or superficiality which sometimes mars books of this type, is not a heavy scientific analysis. It is divided into sensible short sections which make easy, if sad, reading. Quotations from the hundred interviews Bill Merrington conducted are, of course, composite in order to protect confidentiality but are none the less authentic for that.

There are three main sections. The first gives parents' experiences of nearly every kind of childhood death. The second concerns common patterns of grief and includes discussion of personal relationships, the funeral and the role of religion. The third outlines the way ahead. There are also three valuable appendices – lists of supportive organisations, points for reflection for professionals, and further reading – and an index. There are a few printing errors early on which occasionally

obscure the meaning of a sentence, but otherwise it is excellently published, on good paper and with clear print.

Only one kind of childhood death is not mentioned – murder. The reviewer lives in Dunblane, and has had tragic experience of the effect of this recently: the murder of 16 of our youngest schoolchildren has brought devastating sorrow to an entire community. But we are only too aware that children are dying at the hands of evil men and women all over the country, and that the grieving for them is just as sore as is ours. Dunblane's tragedy is too recent for any analysis of the sorrow and anger and guilt of grieving parents, grandparents, siblings and the community in general to be worthwhile, but one day, just such a book as *Suffering Love* will surely bring some comfort to all those who have lost children through murder, and understanding to the carers who try to help them. BC

**Sheila Grey**  
Doctor of Medicine, Cruse counsellor

**SURVIVING THE DEATH OF A CHILD**

**John Munday, with Frances Wohlenhaus-Munday.** London, UK: Darton, Longman and Todd, 1995. £0.90 pb.

This book deals with the death of a teenage daughter, a crime as yet unsolved. Fran, her mother, discovered her daughter's body when she returned home on an ordinary day. It is primarily written by John, a friend who subsequently becomes Fran's husband, and he describes sensitively the dilemmas facing someone who is close to the victim, someone who has both shared, and been separate from, her pain.

Much of the book reflects the authors' search for meaning in the context of their Christian beliefs, and they provide an interesting analysis of sources of guidance and support in *The Bible* for those who share those beliefs. John and Fran discuss the difference between a return to 'functioning', and rediscovering meaning in life, which they equate with recovery and healing. For John and Fran, the 'theology of accompaniment' is the solution, a philosophy of healing through being with those also suffering similar losses. In helping others in distress, they are able to see their own progress.

It is unusual to have such a vivid account of the impact of a senseless death and, as such, it would probably be too painful for those recently bereaved,

but I would recommend it to counsellors wanting to understand more about this kind of bereavement.

**JUST MY REFLECTION**  
**Helping parents to do things their way when their child dies**

**Sister Frances Dominica.** London, UK: Darton, Longman and Todd, 1997. £12.95 pb.

Written from the Oxford Hospice for Children and intended for use by 'friends, pastors, nurses, doctors, funeral directors and family members', Sister Frances Dominica's latest book provides information, thoughts and reflections which will help families to make difficult decisions, consistent with their own beliefs, at the point where they are facing a child's death. It is sensitively worded, but also very practical, drawing on the author's considerable experience and giving information in a simple, direct way.

The first part of the book focuses on the needs of family members facing the death of a child, and gives details of what to expect following a death. The author describes and discusses issues around sensitive topics such as post-mortem, donating organs and embalming. She discusses preparation for the funeral, and describes in brief the burial customs of the major religions. She offers helpful guidance for friends about practical ways in which they can help.

The second section consists of a collection of prayers and readings, both scriptural and non-scriptural. The appendices include addresses of children's hospices and other agencies offering support, and a particularly well-written section on 'reflections on death in childhood'.

Those advising and supporting parents will find this a useful book, compassionate in its simplicity and directness. BC

**Judith Bevan**  
Family Therapist



'The Riverside' by Nigel Barklie © Helen House

BOOKS

**DEATH AND LOSS**  
**Compassionate approaches in the classroom**

**Oliver Leaman.** London, UK: Cassell, 1995. £50 hb, £18.99 pb.

As a full-time class teacher of 11-year-olds and a personal, social and health education co-ordinator, I am very aware of the lack of useful material to support teachers who are dealing on a daily basis with pupils, parents and colleagues who are grieving the loss of a loved one through death or other causes. This is why I was interested to read Oliver Leaman's book.

The title of the book suggests that it offers ideas and approaches for use in the classroom which will support teachers looking for help in this area. However, I found it to be a book full of theory, most of which I already knew, comments on research work not clearly identified or verified, and completely dismissive of teachers and the really great work being done by many schools and individuals in the field of pastoral and social education, including death and loss education.

Dismissive phrases like 'teachers have no idea what they should say about death and dying and take energetic steps to avoid the issue', or 'it is because teachers do not understand this, that their lessons lack effectiveness', run through the book and I began to wonder if the author had been inside many schools in the past ten years. In *Death and Loss*, he is at pains to make clear that Western society finds the whole area of death and loss difficult to confront, so to write a book devoid of any compassion for teachers, who form part of that society, seems to lack sensitivity. Who, I kept wondering, did Mr Leaman expect to read his book?

Personally, I became so angry that I had to keep putting the book down; I found it a real struggle to read.

Yes, it is a useful book about death and loss and a student researching this area might find it good background reading. However as a useful tool to support teachers, to train staff who are feeling inadequate in dealing with this area, I would not recommend anyone to read it. I feel that by the end of chapter one they would feel criticised and incensed, and that all the good work that is being done to encourage them to look at this issue would be undone.

When an 11-year-old boy at school died last year, we met as a staff and shared all our feelings of grief, our concerns for the friends and siblings of the boy who had died and we worked

together to ensure that our school community was a haven of support for all concerned, including the parents and grandparents of the child. Acknowledgement for this sort of response, and for the integrated death and loss education in place in my school and many others, in would be a very useful place to start writing a book on this topic. As teachers we want to know about good practice that works, we want ideas to improve what we do; we do not need pages and pages of criticism telling us what we don't do.

**Cath Corrie**  
*Deputy Headteacher, Personal and Social Health Education Co-ordinator*

**ATTACHMENT ACROSS THE LIFE CYCLE**

**Colin Murray Parkes, Joan Stevenson-Hinde, Peter Marris.** London, UK: Routledge, 1991. £16.99pb

It seems like common sense that our earliest attachments influence our relationships in adulthood and our beliefs about ourselves. That this is so well accepted by counsellors and therapists owes much to the work of John Bowlby and his collaborators and followers. Bowlby's influence is clear in the work of Colin Murray Parkes, Elizabeth Kubler-Ross and Cicely Saunders. One of Bowlby's major contributions was to apply methods from a variety of scientific disciplines, including work from animal behaviour, and direct observation of mothers and infants, to develop a theory of attachment. *Attachment Across the Life Cycle* extends these approaches in the light of more recent research. It includes reviews by authorities on attachment, covering the nature of attachment itself, patterns and problems of attachment, and their implication for counselling and psychotherapy.

For the non-specialist, attempting to read the book from cover to cover would be a challenge. Even some of the chapter heading might appear daunting. However, the book contains much material of particular interest to those working with the bereaved. This includes an interesting review of the early development of attachment theory, comment on the importance of culture in understanding attachment and its consequences, and the final chapters by Colin Murray Parkes, John Byng-Hall and others on implications of attachment theory for work with clients. The book provides a fascinating insight into the origins and development of attachment theory. It illustrates well how theory, observation and experiment have influenced one another and changed

the way we think about people whose attachments have been broken, and the help which they might need. Counsellors will find much of value by dipping into the book.

**Bridget Sensky, Psychotherapist**  
**Tom Sensky, Psychiatrist**

**THE LONE TWIN**  
**Understand twin bereavement and loss**

**Joan Woodward.** London, UK and New York, USA: Free Association Books, 1998. £35.00 hb or £15.99 pb.

This important book is the first to deal with survivors' reactions to the death of a twin. Its author is a psychotherapist who set up the Lone Twin Network. She has found, in the works of John Bowlby, Alice Miller and Jean Baker Miller, the theoretical perspective that helped her to make sense of her own experience of the loss of a twin, as well as that of the 48 other contributors whose histories make up the bulk of the book.

Joan Woodward summarised her main conclusions in an article in *Bereavement Care*\* and there is no need for me to repeat them here. The book takes these much further and will be of interest to all who work with bereaved people. Its implications extend far beyond the limited field of twin bereavement and raise interesting questions about such issues as the nature of attachments and the grief which survivors are said to feel when a twin has died in the womb.

**Colin Murray Parkes**  
*Consultant Psychiatrist*

\* Surviving the loss of a twin. *Bereavement Care*, 1997; 16(3): 33-35.

**SITES OF MEMORY, SITES OF MOURNING**  
**The Great War in European cultural history**  
**Jay Winter.** Cambridge, UK: Cambridge University Press, 1995. £24.95 hb, 12.95 pb, £9.95 canto.

This is a wonderful book. It shows how the art, poetry, memorials and popular religion generated by the first world war helped a generation come to terms with loss; Winter thus sheds light not only on bereavement, but also on art, literature, religion and architecture. He documents the way in which communities grieved, how officers wrote letters to families to tell them the manner of their son or husband's death, why the French war dead were repatriated but not the British, the use of spiritualism by the Victorians in order to find comfort, and the building of



*War (Der Krieg)*, part of a triptych by Otto Dix, from *Sites of Memory, Sites of Mourning*

war memorials not as symbols of nationalism but as foci for grief. Throughout, Winter compares France, Germany and Britain, and there are some fascinating contrasts.

Winter's main contribution is to challenge the influential argument of Paul Fussell in *The Great War and Modern Memory*†, that the Great War heralded the advent of modernism, with modernist poets and artists telling the unadorned truth about the war. Winter argues that traditional motifs – whether in poetry, paintings or war memorials – were dominant, and for this simple reason: they had the power to heal. The modernist sense of dislocation, irony and paradox could express anger and despair, but bereaved people need forms of expression that they can recognise and embrace. Just as today only a few want green or d-i-y funerals, so then families wanted well-worn rituals, beliefs and symbols. And yet these symbols had to be transformed if they were to even begin to represent the enormity of what had happened. Winter notes, however, that traditionalist art failed to articulate the horrors twenty five years later of Hiroshima and the Holocaust.

It is not often that history is written so well, and so movingly. I hope that one day some scholar will produce a history of how peacetime bereavement has evolved this century, to complement Winter's history of bereavement through war. That we are still sadly lacking. BC

**Tony Walter**  
*Reader in Sociology*

† The Great War and Modern Memory Oxford, UK: Oxford University Press, 1975.

## VIDEO

### DYING, DEATH AND BEREAVEMENT

*The Conference Unit, St George's Medical School, Brighton, UK: Mole Conferences, 1996. £25 + £3.00 p&p*

The two, one-hour videos in this pack are recordings of presentations given at a conference and copies of both papers are included.

The first video, 'A model for coping with grief and its practical applications for the bereavement counsellor', given by Margaret Stroebe and Henk Schut of the University of Utrecht, covers much of the same ground as their article which appeared in the last issue of *Bereavement Care* and needs no review here. The tape also includes a session with Henk Schut inviting questions and discussion from the audience after the talk.

The second video, 'Dying, death and grieving in a multi-cultural society', contains an abundance of information concerning the beliefs, rituals and rites of passage for Hinduism, Sikhism and Islam. The address was given by Hansa Patel-Kawal of the Naz Project. This project was established in 1991, in Hounslow, because people from the South Asian, Turkish, Arab and Iranian communities were not able to access mainstream HIV/AIDS or sexual health services because of linguistic and cultural difficulties.

I would see this video as a good training tool for health care workers and bereavement counsellors, not solely those working in the HIV/AIDS field. There is also, perhaps, a need for a parallel video for Judaism and Christianity; it is too easy to assume that everyone is familiar with the procedures for these faiths.

As both videos are recordings of the actual conference talks, they include the overhead projector presentations. Unfortunately, these are so faint and blurred that they cannot be read and so it would be important to provide a précis when using them.

Many conference organisers now record papers given at their conferences and try to market them but, as the recording conditions are far from ideal and the speakers are addressing a live audience with no opportunity for editing or retakes, the results seldom make good listening or a satisfactory production.

**Richard Adfield**  
*Hospital Chaplain/Cruise Counsellor*

'Culture and grief. *Bereavement Care* 1998; 17(1): 7-10.

## ABSTRACTS

### Perinatal bereavement in its cultural context

Hébert MP. *Death Studies* 1988; 22(1): 61-78

The author of this interesting article on perinatal loss is an obstetric social worker who is involved with a highly diversified ethnic community in Canada. She describes how the loss, whether *in utero* or soon after birth, can be helped among Western communities by seeing or holding the baby, or by collecting mementoes such as a piece of clothing or a snip of hair. In the Muslim community, however, different conditions prevail, and the author illustrates this by describing the parental and familial reactions to the death of a 22-week-old foetus in a Muslim family where the father had lived in Canada for seven years whereas the mother, who only spoke Arabic, was a recent arrival. It was difficult for the nurses involved to appreciate the fundamental differences between Western and Muslim attitudes to death, and much work by everyone concerned, particularly the social worker, was needed before compromises acceptable to both parties could be agreed. The author believes that insensitivity to cultural differences gives rise to misinterpretations, conflict and inappropriate interventions, and stresses that it is important for everyone involved in these situations to be familiar with the ethnically sensitive and appropriate clinical practices and mores.

### New directions in bereavement research: exploration of gender differences.

Stroebe M S. *Palliative Medicine* 1998; 12(1): 5-12

Psychological research into bereavement has moved from a concern to establish the range and severity of mental and physical health consequences, to the examination of factors that make people especially vulnerable and, most recently, to an investigation of ways of coping with loss that may influence recovery and adjustment. This trend is illustrated here by exploring gender differences in reactions to the death of a spouse. Both males and females are vulnerable to health problems on becoming bereaved, but research has shown that widowers suffer more, in this respect, than widows. A new framework that has been developed to help understanding of such processes in coping with loss is outlined.

### Psychological development during four years of bereavement: a longitudinal case study

Balk D E, Vesta L C. *Death Studies* 1998; 22(1): 23-41

Bereavement in the lives of college students is more common than many people realise, and it is made harder to bear because these students rarely find anyone in the university willing to recognise and discuss the significance of bereavement in their lives. This study follows the progress over four years of a student whose much-loved father had died, and who kept a journal throughout this period in which she recorded her changing feelings and described how she coped with her grief. She believes that the bereavement left an indelible mark and shaped her development and character.

### Gender differences among parents who experience the death of an infant weighing less than 500 grams at birth

Kavanaugh K. *Omega* 1997; 35(3): 281-96

There has, says the author of this article, been no examination of gender differences between parents who experience the death of a live-born infant weighing less than 500 grams at birth. In this study he describes and analyses the reactions and methods of coping with their bereavement of a small sample of such parents (five mothers and three of their husbands). The initial reaction was

extreme sadness on the part of the mother, and a great need to discuss the loss with their husbands, as well as with other people. They grieved for longer and more intensely, and it was painful for them to be around other infants. The fathers, on the other hand, felt a loss of control and especially of concern for their wives. They found it difficult to talk about the bereavement, and felt a need to be strong and a desire to return to normalcy. Both mothers and fathers, however, experienced relief in work and keeping busy.

### Sibling bereavement: a concept analysis

Robinson L, Mahon M M. *Death Studies* 1997; 21(5): 477-99.

The death of an offspring presents parents with experiences and feelings that may isolate them from some of the social relationships in which they were previously involved. In this article the authors report their findings after interviewing 31 parents. They conclude that a bereaved parent culture may offer both emotional release and support; and that what gives these parents the greatest comfort is the opportunity to share their grief and sense of isolation with other bereaved parents and with understanding friends. The authors also discuss the difference between mothers and fathers in the way they react to their bereavement, and stress the great importance to women of being able to share their grief with other mothers. **BC**

Sheila Hodges and John Bush

## BOOKS direct from CRUSE

### Counselling and Therapy with Refugees

by *Guus van der Veer*

£15.99

Practical guide to the losses and psychological problems experienced by refugees

### Bereavement and Grief

Supporting Older People Through Loss

by *Steve Scrutton*

£11.99

Published with Age Concern, a best-selling and much needed book for all who work with elderly people

### Making the Most of a Funeral

by *Jenny Hockey*

£3.25

How ministers of different Christian denominations approach funerals and the reactions of bereaved people to them.

### When the Helping Starts to Hurt

A New Look at Burnout among Psychotherapists

by *William N Grosch and David Olson*

£19.50

Offers advice on preventing burnout as well as a model for treatment

All available from **Cruse Bereavement Care**

126 Sheen Road, Richmond TW9 1UR, Surrey, UK

☎ 0181 940 4818 Fax 0181 940 7638