

children emotionally. As a first reference, this small volume has its uses; its very succinct approach, however, causes one to feel almost 'force fed' with the information. However, I would hope that it would catch the interest of readers enough to send them on to reading about children's emotional reactions to bereavement in greater depth.

Cruse's *Supporting Bereaved Children and Families** would make an excellent follow-on, covering as it does similar topics but in far more detail.

Dwaine Steffes

Children's Counsellor/Training Officer

* M Sargoni, Richmond, UK: Cruse Bereavement Care, 1993. Order from 126 Sheen Road, Richmond TW9 1UR, UK

ABSTRACTS

A new understanding of grief: a counsellor's perspective

McAllen J. *Mortality* 1998; 3(3): 275-90

The loss adjusters

Footman EB. *Ibid*: 291-295

In this issue of *Mortality*, two further contributions continue the discussion which was begun by Tony Walter in 'Bereavement – a biographical approach' (*Bereavement Care* 1998; 1(1):16).

Jan McAllen, who is a bereavement counsellor, though with no formal training, challenges Walter's criticism of bereavement counsellors by relating her own experience with clients who have lost a child at any age between birth and adulthood. 'In counselling clients,' she writes, 'I offer the core conditions of emphatic understanding, unconditional positive regard and congruence.' This approach can, she believes, alleviate the isolation which many bereaved people experience, offer them a sense of acceptance as they are in the present moment, and present her to her clients as a 'real' person with a genuine concern for them. She regards it as important to follow the client's agenda rather than her own. To keep alive a continuing bond

with their dead child is for many parents of supreme importance, and where this is so it is the function of the counsellor to help to consolidate this sense of a living link.

The short article by Els Ballhausen Footman is based on the experience of having lost an 18-year-old daughter. She writes also as a counsellor and a social work lecturer. She was at first alienated by the traditional 'grief models', which seemed so clear-cut and prescriptive but which did not mirror her own continuing anger. She queries Walter's assertion that grieving is less important in the healing process than constructing a biography of the dead person, believing that both activities may be necessary. She does agree, however, that incorporating the deceased into one's life is essential. As for bereavement counsellors, she feels that it is helpful to talk to an informed stranger who will recognise and confirm the bereaved parents' distress and ultimately help them to live with themselves.

Mourning the loss of a pet

Pratt SR. *Illness, Crisis and Loss* 1998; 6(4): 396-407

A comparison of the grief reaction of children and adults: focusing on pet loss and bereavement

Jarolmen J. *Omega* 1998; 37(2): 133-50

The first article discusses the grief which people often experience at the death of a dearly-loved pet, and compares it with the reactions of those whose bereavement springs from the loss of a loved human being. The feelings of sadness - which can be agonising - are more or less similar, following Parkes' four-phased process of mourning; but in the case of a pet they may also be characterised by guilt if euthanasia has been involved, or if the quality of care has been influenced by medical costs. The author explores the hope which sustains many bereaved pet owners that they will meet their beloved dog (for most of the emphasis is on dogs) in some afterlife. 'To these pet owners,'

the article concludes, 'pets are not just dogs and cats; they are members of a family. The death of a pet to them is a significant loss.'

The second article states that very little work has been done to study the bereavement reactions of children, still less when the bereavement is the result of the loss of a pet. The author sought to remedy this situation by means of a questionnaire which was completed by 106 children between the ages of 6 and 10, 57 between 13 and 17, and 270 adults. The results showed that the younger children and adolescents were less attached to their pets than the adults, but that their grief/bereavement response was longer and more intense. For respondents of all ages, the anticipation of grief led to a shorter grief period than did a sudden loss. The main difference seen between children and adults in the grieving process is that children withdraw more and show their emotions less. The author feels that death education might help adults to understand how to cope with the feelings of bereaved children, and she expresses the hope that the results of this study may be of use to mental health practitioners when they come into contact with children who have lost their pets.

Spoiled memories: problems of grief resolution in families bereaved through murder

Riches G, Dawson P. *Mortality* 1998; 3(2): 143-59

This paper explores a number of factors which delay opportunities for 'normal' grieving in families bereaved by murder or manslaughter. Stress arising from a child's death appears to be increased by the stigma of murder and by criminal proceedings which sometimes eclipse the anguish of bereaved family members. Two themes appear in parents' accounts: i) outrage and a sense of unique loneliness arising from the horror of the death; ii) frustration arising from failings of the criminal justice system, the role of the police, lack of information and loss of control over the deceased's body. The child's memory may be spoiled for the parents through the publicity given to the murder and through a preoccupation with the perpetrators. Evidence suggests that the formal agendas of police, courts and coroner's office, and the absence of a sensitive support network, further frustrate opportunities for normal grieving, add to the parents' anguish, and may be harmful to family relationships.

This article is interesting, informative and

well written, throwing light on an aspect of bereavement which will be unfamiliar to most people.

Using humor, art, and music with dying and bereaved children

Cox GR. *Illness, Crisis and Loss* 1998; 6(4): 408-20

Children who are dying or bereaved may not be able to communicate their feelings and their fear in words, and complicated grief may manifest itself in the complete absence of outward grief reactions. These children may be left to grieve without family or social support. But they can mourn successfully if supported, and humour, art and music can be valuable methods of providing such support. Humour can relieve grief, and open the door to sharing, while art can enable the child to express emotions in a way that he or she cannot convey through words. Music is also a valuable therapeutic tool. Unfortunately this article is repetitive and badly organised. The section on the therapeutic value of humour, which takes up the major part of the article, also suffers from the fact that no attempt is made to discuss when humour might be appropriate, or when it could be interpreted as a lack of sensitivity.

Group design: bereavement group for widows.

Conrad E J, Brandon C R. *Illness, Crisis and Loss* 1998; 6(2): 185-96.

The death of a mate has been described as one of the main stress factors in our society today. This article puts forward a group design for widows which will, it is hoped, help them to learn to cope with loss and create a more meaningful life. The format takes the shape of a small counselling/support group with psycho-educational components. The widows are invited to eight structured sessions in the course of which they share and discuss (among other concerns of great importance to them at this time) the concepts of loneliness; deprivation; looking to the future; healing and renewing; life changes and new relationships; anxieties and feelings of guilt; and the need of support from others. Grief, the authors believe, is not a one-off event from which one recovers, but a process and a journey, and group work with a small number of women who are suffering in the same way can be one of the most effective means of providing help and hope for the future.

Sheila Hodges and John Bush

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