

RESOURCES

the story' and 'Making a first aid kit' were especially helpful, supportive and easy to use, but two of the other suggested activities, 'Making a jar of memories' (involving coloured salt) and 'Making a Christmas bauble', were regarded as difficult and impractical. All the families felt there should be more information on implementing the activities, the underlying theoretical rationale, and how to support children on a daily basis.

The sheets are colourful, user-friendly, well-designed and value for money, appropriate for not only parents and carers, but also for use by professionals supporting children. They are an important addition to my work at Zig Zag Children's Services, especially useful when building self-efficacy within families. I recommend them, but with the proviso that when offering them to families, adequate information and support must be carefully considered. **BC**

Robert Dighton

Co-ordinator/Play Therapist

ABSTRACTS

The myth of the replacement child: parents' stories and practices after perinatal death

Grout LA, Romanoff BD. *Death Studies* 2000; **24**(2): 93-113

Parents bereaved by perinatal death adapt to their loss in a variety of ways. If they have a subsequent child or children, their constructions of family life necessarily change. The subsequent child is thought to be at risk of psychopathology (the replacement child syndrome) if parents have not sufficiently grieved their losses. This article examines the stories told by such parents, with particular attention to how they represented the dead child and later children in the family structure.

Two different ways in which these parents maintained the connection with their dead child or children emerged: either they preserved the space in the family that the dead child would have occupied, or they created an ongoing relationship with the child for themselves and their subsequent children. The authors feel that there are multiple paths to parenting through bereavement, and that their study is only a beginning point in examining bereaved parents' ways of making meaning of their loss.

Developing services for bereaved children: a discussion of the theoretical and practical issues involved

Stokes J, Pennington J, Monroe B, Papadatou D, Relf M. *Mortality* 1999; **4**(3): 291-307

No one is likely to disagree with J.W. Worden's assertion that 'the death of a parent is one of the most fundamental losses a child can face' (*Children and Grief*, New York, USA: Guilford 1997). Yet every year many children and young people who are bereaved following the sudden death of their mother or father are given little or no support. Services to help them are beginning to develop in the UK, but with a minimum amount of national debate and no agreed standards or guidelines.

The authors of this interesting study believe that the way forward lies through the development of community-based children's services, which should be available for all bereaved children and young people and their families, providing resources, advice and support. They make a pertinent comment about a health culture which is able to react positively for all at the beginning of life while advocating the rationing of community services following the end of a life.

Bereaved children's questions to a doctor

Thompson F, Payne S. *Mortality* 2000; **5**(1): 74-96

This study was undertaken to determine: (a) what questions bereaved children would like to ask a doctor; (b) how a doctor responds to such questions; and (c) the factors that may influence this process. Written questions (121) were posed to a volunteer doctor by 99 children who took part in a grief support programme organised within the Gloucestershire area, England, for the purpose of helping to identify what issues may have been complicating the children's grief. Analysis of the questions showed that they fell into five categories relating to cause of death, life span, the role of doctors, the dead body and feelings of grief. A subsequent analysis of 35 more questions confirmed these findings. It emerged that the doctor employed three phases in his response - validation, reflection and description. One of the most revealing aspects of the investigation was the fact that the doctor needed above all to be sensitive to the children, and to realise what lay

behind many of their questions. The authors summarise the implications of their study with useful suggestions which should guide professional workers involved with bereaved children in helping them to understand and come to terms with their grief.

Adolescents and parental AIDS death: the role of social support

Dillon DH, Brassard MR. *Omega* 1999; **39**(3): 179-195

Adolescents who lose a parent to AIDS often have to deal with an aura of secrecy which hinders opportunities to receive social support and their ability to cope with their loss. A study was conducted to investigate the relationship between the degree of social support and the development of coping strategies, the participants being 15 males and five females between the ages of 11 and 17 years, one or both of whose parents had died from AIDS. Given the growing numbers of adolescents who suffer such a bereavement - and who, clearly, are a population at risk - and the unfavourable conditions which complicate their loss, it is likely that they do not receive adequate support. Yet the degree of help they are given has a major influence on the coping strategies they develop. Useful guidelines are provided for those who, in a professional or personal capacity, are involved with such bereaved adolescents.

The death of a parent in childhood: a family account

Elliott JL. *Illness, Crisis and Loss* 1999; **7**(4): 360-75

The feelings of three sisters, between the ages of 34 and 42, whose mother had died 28 years earlier are examined in this article. After such a lapse of time

the sisters still felt the sense of a gap or hole in their lives. What compounded their grief was that, following their father's example, they never discussed their loss with him, with one another, or with anyone else. From observation of the sisters' reactions, the author puts forward conclusions about what such a bereavement can mean for children in general - a change of roles, for example, and the loss of a major source of identity formation. The study focuses on two major issues: the experience of grief and the role of communication in the grief process. It suggests that openness about death is important, as well as recognition that grief is often a long-term process carrying on until adulthood.

Children, spirituality, and loss.

Cox GR. *Illness, Crisis and Loss* 2000; **8**(1): 60-70

Children face losses, and spirituality can be an important component in managing these bereavements. As each loss is unique, so are the ways of coping, even though children often imitate their parents' ways of grieving. This article presents the view that loss can be an opportunity for growth, wholeness, and holiness. Guidelines to help children in growing through their losses and in developing styles of healthy grieving are presented. The author, who is associate professor of sociology and associate director of the Center for Death Education and Bioethics at the University of Wisconsin, claims that spiritual journeys are paths that each must develop and follow through his or her life, since each journey is special and different. One cannot make the journey for children. At best, one can be a spiritual guide. **BC**

Sheila Hodges and John Bush

FORTHCOMING EVENTS

A listing of major national and international events directly related to bereavement

The Social Context of Death, Dying and Disposal. 5th International Conference. 7-10 September. London, UK. Speakers: Dame Cicely Saunders, Alice Lovell, Karen Haltunen, Vanessa Harding. Contact: Craig Spence, Goldsmith's College, London SE14 6NW. ☎ 020 7919 7035, fax 020 7919 7398, email: c.spence@gold.ac.uk.

Supporting You. Residential support and training courses for

volunteers or staff who work for a voluntary organisation helping grieving families. No charge except £25 for support materials. 12-14 September, 10-12 October, Chester; 1-3 November, Sheffield, UK. For further details and eligibility contact Carole Heeley, The Child Bereavement Trust, Brindley House, 4 Burkes Road, Beaconsfield, Bucks HP9 1PB, UK. ☎ 01494 678088, fax 01494 678765.