

interviews of this kind. Just two of these were of the counsellor or therapist type: 'I found the interview very helpful to me, just to talk to somebody who understands was most welcome; in a roundabout way it was a sort of therapy.'

The pilot study also taught me how important it was to consider my choice of clothing to wear during the interviews. For the first interview, I thought I would dress cheerfully, so I wore a black and red cotton dress and a red jacket. During the interview, the participant told me that, for her daughter's funeral, she had requested that no one should wear black. She also said that, owing to the bloodstains on her daughter's clothing, she could not tolerate the colour red and asked that no red flowers be sent to the funeral. She confided that it was many months before she could tolerate red because it reminded her of all the blood on her daughter's clothes, the result of the road traffic accident in which she had been involved. Needless to say, I felt very uncomfortable with my demeanour and, subsequently, wore only pastel colours for interviews!

**'I found the interview very helpful to me, just to talk to somebody who understands was most welcome; in a roundabout way it was a sort of therapy'**

Undoubtedly, my professional background had an impact on interactions with participants and the pursuance of the research agenda. I felt that identifying myself as a nurse was an important element in developing rapport with relatives in this delicate situation. They knew I had a knowledge of the hospital environment and many of the issues that surrounded their experience. I felt that my professional background had prepared me to conduct such interviews with sensitivity and empathy as far as it was possible. **BC**

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## BOOK REVIEW

### GRANDPARENTS CRY TWICE Help for bereaved grandparents

Mary Lou Reed

New York, USA: Baywood Publishing, 2000. \$23.95hb

Grandparents can often be the forgotten mourners within a family after the death of a child, and this is made more apparent by the limited amount of self-help literature available for them in this situation. Mary Lou Reed writes candidly about her own personal tragedy and offers support that may help to lessen the feelings of isolation of others.

Grandparents may experience three- and sometimes four-fold grief – their own grief, grief for the dead grandchild, grief and worry about their adult child, and the grief of any surviving siblings. At the same time, their role as grandparents may be very important within the family after such a traumatic loss. Reed uses her own experience in negotiating the grief process to

educate bereaved grandparents about it and describes how they can help themselves through healing rituals. She normalises the physical and emotional pain of bereavement by pointing out that it is an individual experience. As a grandmother herself, Reed recognises the needs of the entire family after a child's death, especially any surviving siblings for whom she offers advice to help them to understand the loss of a brother or sister. She also highlights the need for social support and suggests how support and encouragement may be obtained from friends, organisations and literature.

Bereavement counsellors and clinicians may find this book useful in understanding the complexities of grandparent bereavement, while bereaved grandparents may identify with Reed and find solace. **BC**

Linda Drew  
Researcher

## Including the parents

**AGE RANGE**  
5-11 years old

### Reacting creatively to parental concerns

**Helen Kershaw** DipSW

*Senior Practitioner, Barnardo's Orchard Project, Newcastle-upon-Tyne, UK*

**B**arnardo's Orchard Project is a bereavement and serious illness project running a number of support programmes for families with children living within a 30-mile radius of Newcastle-upon-Tyne, UK. During the year 1998-1999 we worked with 243 families, including 177 children. Our main focus has always been on families affected by bereavement, offering them an initial assessment followed by an intervention involving either the children, the parent(s) or the whole family. We feel it is essential to evaluate this programme regularly to ensure that we develop our practice and continue to offer the best possible service. In 1997 we commissioned an independent researcher in the field to do an evaluation study of our work with bereaved children. From our records a sample was selected of 21 families whose cases were closed, and eight of these agreed to be interviewed.

The results were very positive and encouraging, but the study picked up on concerns expressed by some parents who had felt excluded at the time when their child had been involved in individual play sessions with the social worker. It has always been central to our interventions to enhance the parent-child relationship, as well as helping the children to develop their own inner resources. So there was a clear need to consider ways in which we could maintain links with parents and help them to feel

included in our individual work with their children. At the same time, it would be essential to respect the confidentiality that is such an important part of the contract of work with the child<sup>2</sup>.

I considered ways in which parents could be more involved and, with an enormous amount of help from some children, developed the following idea, taking our original concept of the working contract<sup>3</sup> one step further by devising a new format for it. Instead of the child and worker designing an individual one-page agreement together, as previously, the child and I now created a booklet in our first session. It contained two pages for each session: one page identified clearly the date, time and number of the session and how many sessions remained; the other page was blank except for the session number as a heading. The purpose of the empty space was for the children to represent thoughts, feelings or the activities they had participated in during the session. I gave each child the choice of working on this project at home or using some time at the end of session. Without exception the children asked to take this booklet home and, in the main, to share the information in it with their parents. I anticipated that the booklet might not return each week and occasionally this did happen. However most of the time the children brought their booklets back to sessions and were always eager to show their representations

to me. The ability of the children to display as art an important part of their bereavement work was incredible and to see it was a very humbling experience; their creativity never ceased to amaze me

For the parents' part, I asked them not to place any pressure on their children to share their work, but to remind them gently that the booklet was available for them to draw or write in if they chose to do so in between sessions. This agreement echoes the general ethos of our work.

The outcome of this development was that children continued to receive a confidential service. They remained in charge, sharing only the details they chose with their parents, and parents felt included in the work throughout the process. This helped to develop communication between parent and child, and to cement the working relationship between all three of us, without compromising the integrity of the therapeutic relationship. The positive comments from both parents and children, and the enthusiasm with which the exercise was carried out, convinced me of the success of this working tool. It is always a privilege to be shown the completed document at the end of a series of session and to see how the concept continues to develop as each child and parent discover new ways of using the booklet together.

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## BOOK REVIEW

### ON BEREAVEMENT

#### The culture of grief

**Tony Walter**

*Buckingham, UK: Open University Press, 1999.*  
£55.00 hb £17.99 pb

In recent years books on bereavement, whether by psychologists, psychiatrists or the bereaved themselves, have concentrated on the individual, mentioning the social context only in passing, if at all. It is thus refreshing to learn about bereavement from Walter, a sociologist, who places emphasis on culture as a framework to help us to better understand bereavement and grief.

The first part of the book deals with the ways in which human societies – traditional, modern and post-modern – engage with and relate to their dead. Walters looks at the way in which nation, generation and gender shape social responses, and the importance of war this century as a source of multiple bereavement

reactions. He also encourages us to think about social and cultural responses to death in peacetime when it seems that remembering the dead has become a private matter.

Part II considers theories of bereavement and how grief would appear to be 'policed' in modern Western society. In the chapter on bereavement care, Walters writes expansively on mutual help groups, bereavement counsellors and therapists. However, no mention is made of the role of the health care professionals in the National Health Service as potential supporters of the bereaved. My own research\*, for instance, found that health visitors, especially, have a vital role in supporting families after the death of a child.

I have benefited greatly from reading this fascinating and informative book, so well researched. Every chapter is filled with thought-provoking material, and further reading matter and questions at the end of each help the reader

consolidate what has been put forward. The whole is like a rich fruit cake which anyone seriously interested in increasing their understanding of bereavement is encouraged to digest. Parkes calls it a *tour de force*, a view I would certainly endorse. BC

**Ann Dent**  
Research Fellow

\* Dent A, Condon L, Blair P, Fleming P. A study of bereavement care after a sudden and unexpected death. *Archives of Disease in Childhood* 1996; 74 (6): 522-526.

#### NEW PUBLICATIONS CATALOGUES

- for those who are bereaved
- for those professionally involved with bereavement
- for children and young people and those working with them

from **Cruse Bereavement Care**  
126 Sheen Road, Richmond TW9 1UR, Surrey, UK  
☎ 020 8940 4818 Fax 020 8940 7638

completed her studies of the ways in which poor people in north-eastern Brazil cope with the high infant mortality (described in her important book, *Death without Weeping*<sup>2</sup>) has been interviewing key figures in the promotion of peace and reconciliation in South Africa. While previous ethnographic studies had led her to expect that the miseries of the apartheid era would have given rise to vengeance, blood feuds, counter-sorcery and witch hunts, the attempts to place 'collective grief' at the service of a new and 'beloved community' is receiving wide support. Reparation must be made to suit individual needs. One family, for example, felt the most important acknowledgement of their grief was to have new trees planted to replace those taken from their land by the military. Schepper-Hughes remains unconvinced of the extent to which forgiveness is possible.

## THERAPY

Some innovative approaches were reported although none has received systematic evaluation.

Two papers described the use of **drama therapy** in bereavement. Thus, Bar-Yitzhak has been treating complicated grief following stillbirth by this means and Ora Efroni used it to help a group of Druze widows. Rachel Gutterman used film extracts ('**cinotherapy**') to facilitate insight by 'projective identification' in families of Israeli soldiers killed in military service.

Geron's follow-up study of 138 bereaved parents who received **group support** from the rehabilitation department of the Israeli Ministry of Health found that better-educated people received the most benefit. The 'facilitating style' of the group leader did not prove important, nor did the participant's mode of coping. Respondents valued the contact which they had with others in the same situation more than they did the expertise of the group leader or the instruction in coping skills which they received.

An interesting development was presented on the 'fringe' of the conference by Yehuda Israely who has developed software for providing

**bereavement support over the internet.** This application of modern technology offers a means of support, particularly useful for bereaved adolescent males.

The therapeutic value of **rituals** was asserted by several speakers but only Itzhak Dweck had attempted a systematic evaluation. She found that the traditional Jewish expressions of condolence often resulted in frustration rather than comfort. Only the sharing of sorrow was seen as helpful.

Perhaps the most memorable conference ritual was the foot-washing ceremony inflicted on one delegate, Edie Stark, as a celebration of her birthday, during the final event, a Roman banquet held in the Old City of Jerusalem. It was followed by a breathtaking demonstration of knife juggling during which you could have heard a finger drop!

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## REVIEWS

### When birth and death collide

**T**he death of a baby in pregnancy or soon after birth can be one of the most difficult losses for bereaved parents and families and for the professionals who care for them. In teaching aspects of bereavement to trainee nurses and midwives, it has been my experience that there is not a lot of good quality material available on these topics. However, this review of some currently available publications highlights a number of useful resources for both bereaved individuals and those working with them.

Several of the publications deal with the making of some sort of a record of a dead baby's brief existence. This is enormously important for the parents and others and can represent a vital element in the healing process. Every effort should be made to help parents and others to retain and treasure their short experience of their baby in a variety of ways.

#### MOTHERS BEREAVED BY STILLBIRTH, NEONATAL DEATH OR SUDDEN INFANT DEATH SYNDROME

*Frances Boyle*

*Aldershot, Hampshire, UK: Ashgate, 1997. £33.50 hb*

Frances Boyle, a social scientist and a bereaved mother, here presents the results of research carried out in Queensland, Australia, based on interviews with 194 women. This is an important book that should be used to inform and

influence good practice. It will appeal most to individuals experienced in handling research material although I would hope it would be more widely read, as anyone working with mothers in this situation would gain a great deal from it.

Two chapters are of particular value: one reviews research over the past 30 years; the other considers the mental health impact of perinatal or infant death. Evidence is produced to reinforce what is seen in practice, that the death of a baby can have a significant impact on a woman's mental health and, for some, that impact is enduring. Further sections provide data on the effects of the loss of a baby on other life domains, particularly the relationship of the bereaved parents, and there is some pertinent explanation of different patterns of adjustment. One of the strengths of this book lies in its combination of quantitative and qualitative research data, the short extracts from the interviews adding much to its interest and value.

#### PREGNANCY LOSS

##### Perspectives and issues in care

*Christine Moulder*

*London, UK: MacMillan, 1998. £16.99 pb*

Based on her original, though relatively small-scale research, Christine Moulder presents enlightening data relating to the experiences of bereaved mothers and their professionals. This is a valuable resource that could be used in training

to bring about a much-needed change in attitudes to pregnancy loss. It deserves the attention of all who are responsible for the care of bereaved mothers

Again, both qualitative and quantitative data are included to good effect, with direct quotations from some of the interviewees illuminating a variety of points. There is a welcome engagement with ethical, and other dilemmas faced by professionals and the sensitive, yet direct, presentation of these views is useful and refreshing. I was also reassured by the book's emphasis on the uniqueness of each loss experience, something that is vital to any understanding of bereavement and yet in practice forgotten only too often. The excellent bibliography and suggestions for further reading at the end of each chapter are especially useful.

#### PREGNANCY LOSS AND THE DEATH OF A BABY

##### A training pack for professionals

*Nancy Kohner, All Leftwich*

*Cambridge, UK: National Extension College, 1994. £75.00*

Produced in conjunction with SANDS (the Stillbirth and Neonatal Death Society), SATFA (Support Around Termination for Abnormality) and The Miscarriage Association, this pack, both in terms of content and presentation, must be one of the best of its kind. It is of the very high quality that we have come to expect from the

National Extension College with a wealth of material in a practical and attractive format. Professionals running training sessions in a variety of contexts will find it an extremely valuable resource.

General work on understanding loss leads on to more specific treatment of pregnancy loss and the death of a baby. Some skills-based work follows, and the pack concludes with a section on the review and development of policies and protocol. Challenging questions are addressed here on such topics as consent and post-mortem examinations. Currently, there are some controversies in these areas, but the approach adopted in the pack seems eminently sensible and practical. The policy/protocol questionnaire should be of great help to professionals in clinical settings.

One of the pack's most obvious strengths is its flexibility. It could be adapted and used in a wide variety of training situations. Scope is provided for engagement with difficult moral and other issues, including healthcare policy, and this must be welcomed. Acknowledging that caring for bereaved families is difficult and distressing work, there is a useful, positive unit on working in a supportive environment. This pack has the potential to challenge attitudes and promote good practice and I can highly recommend it

## Guidelines for professionals

**Nancy Kohner**

*London, UK: Stillbirth and Neonatal Death Society, 1995. £12.00 pb*

Produced in conjunction with the training pack, this title can also be read alone. It provides a wide range of high quality material, background information and comment. This revised edition takes account of the changes that have taken place in attitudes to, and understanding of, the needs of grieving families. The 'guidelines' are, rightly, very practical in nature and informed by clinical practice.

Following an initial statement, 'inappropriate care can be the direct cause of additional trauma', Nancy Kohner goes on to suggest many ways in which this can be avoided. She handles well such difficult subjects as the storage of a dead baby, post-mortem examination and funeral arrangements and, acknowledging the perplexity of dealing with such situations, gives much-needed information on how to address them with parents and others. Well-chosen photographs add to the material here, and throughout the book.

The many, complex procedures that must be carried out when a pregnancy fails or a baby dies are covered in a

practical section at the end of the book. The checklist suggested seems particularly well conceived: I have had experience of counselling individuals who have been distressed by a variety of omissions following their loss and know how helpful such a list would be in dealing with this and related problems.

## BEREAVEMENT

**Elizabeth Bryan and Faith Hallett**  
*London, UK: The Multiple Births Foundation, 1997. £5.99*

This interesting booklet focuses on the particular issues raised by the loss of a twin, triplet or higher multiple birth. Its aim is to provide easily accessible information and this on the whole it achieves. The work relates mainly to the healthcare structure in the UK. Within each section there are pages of background information on a variety of loss situations accompanied by clearly presented recommendations for the care of the bereaved parents and others. This helpful, practical format contributes greatly to the booklet's aims.

Clinical work shows that families with multiple births face very specific problems, particularly following the death of one or more of the babies. The guidelines presented here offer concise, practical advice and comment on supporting and caring for such families, followed by a helpful glossary of terms, reading list, and addresses. My only criticism is that some pages feature white text on a turquoise background which is difficult to read.

## GRIEVING AFTER THE DEATH OF YOUR BABY

**Nancy Kohner, Jenni Thomas**  
*Bourne End, Bucks, UK: Child Bereavement Trust, 1993. £7.50 pb*

The stories of a number of bereaved parents and families form most of the content of this book, illustrated effectively by direct quotations and photographs. These accounts by those who have gained some knowledge of the inexplicable and frightening emotions associated with the loss of a child, should do much to help others in the same situation to feel less isolated and to understand and explain their own reactions. The general comment and information that follow give some valuable advice on expressing grief, while also acknowledging that what is natural and normal covers a very wide span of emotions, thoughts, sensations and behaviours.

The book adopts an encouraging approach to asking for help in a whole

range of ways. As a practitioner, I appreciated the positive attitude to counselling – one comment from a bereaved parent was: 'People in your family, or your friends, aren't always the best people to talk to. I feel we were lucky being able to speak to a counsellor.' The section on memorials is particularly useful, as are the listings of books and relevant organisations. This is a book that could be used by bereaved parents and families in a variety of settings, or with the Child Bereavement Trust's video *When Our Baby Died* which features short interviews with the parents who tell their stories in the book. In addition both book and video, used with discretion, are excellent training aids.

## WHEN A BABY DIES SUDDENLY AND UNEXPECTEDLY

**Foundation for the Study of Infant Deaths**

*London, UK: FSID, 1998. Free*

Another booklet mainly for bereaved parents and families which, for its size, contains a great deal of practical information and comment. Dealing in an honest but sensitive way with the questions families ask, it addresses some of the difficult issues, particularly the legal ones, that can arise following the death of an infant. It is easily read and the information it contains is accessible.

A section on grieving establishes early on that there is no right or wrong way to grieve and no set time or process for it. Mothers and fathers may react differently to bereavement and, once again, this is illustrated appropriately by direct quotations. The needs of grandparents and other family members are considered too, with particular emphasis on how to help children. The list of publications contains references to other resources, and to the free telephone help-line provided by FSID.

## WHEN A MEETING IS ALSO FAREWELL

**Ingela Radestad**  
*Hale, Cheshire: Books for Midwives, 1999. £12.95 pb*

This is more than a book with a poignant title. The author, a former midwife, is currently a university lecturer and she is also a bereaved mother. All these aspects of her experience helped her to recognise the need for a sensitive but realistic book to help parents and those around them cope with the death of a baby.

Personal interviews, letters and

poems are all used to portray grief realistically and help to break the isolation of bereavement. Interviews with healthcare professionals at the end of the book give practical advice on helping parents to create a precious, lasting memory of their child – vital when, as the title suggests, their meeting is so brief – and to face the future with hope.

Published originally in Sweden, the book contains some references to Swedish customs and practices which are fully explained in the English edition. For me, these added another small but significant dimension. Though her book is intended for midwives, Ingela Radestad brings much professional and personal experience to her writing which will have a much wider appeal.

## MY BOOK ABOUT OUR BABY WHO DIED

**Lynda Weiss**  
*Bourne End, Bucks, UK: The Child Bereavement Trust, 1996. £5.00 pb*

Written by an experienced hospital play specialist, in conjunction with bereavement counsellor Jenni Thomas, this useful little book for young people also encourages the creation of precious memories. After some basic information about pregnancy, birth and care of babies, and the death of a baby, a simple workbook format invites the reader to write about themselves, their family and their little brother or sister who has died. The space for drawing pictures and for attaching photographs will encourage children (and families) to express and discuss some difficult feelings as well as to create something positive and permanent in memory of their baby.

Children are very often the forgotten mourners and this book provides a means of including them in the grieving process and the rebuilding of family life following the loss of a baby. It is a valuable addition to the sparse material available for them in this situation and I would hope that it would be widely used for this difficult work.

## MEMORIES

**Child Bereavement Trust**  
*Bourne End, Bucks, UK: CBT, 1993. £2.50*

This is a very simple, but effective, resource also designed to help parents and others to preserve their memories of a lost baby. It is a little folder with pages containing space for photographs, handprints, footprints and other mementoes. BC

**John W. Beaumont**  
*Counsellor and Lecturer in Bereavement*