

BOOKS

problems that individuals must deal with when a death occurs. The caregiver should not be one of them'. In a chapter describing visualisation as a way of handling grief, Ted Creen uses the 23rd Psalm as a very good illustration of how effective this approach might be for some. Other topics covered include the relevance of previous losses in life to how we cope with the final loss, children and death, and social and historical perspectives. There is a chapter on spiritual care in a hospice, which is both critical and sensitive to the way this is handled. In conclusion, a section on bio-ethical issues focuses on neonatal and adult euthanasia, and consent issues around transplantation.

Overall this is a book that carers would probably browse through and discover some interesting areas for further reflection. However, readers conversant with recent publications in the UK would not necessarily find a great deal that would be new to them.

Peter W Speck
Trust Chaplaincy Team Leader

PERSPECTIVES ON LOSS

John H Harvey (ed)
Philadelphia: Brunner/Mazel, 1998, 352, £31.95 pb. ISBN 0 876 30910 4

John Harvey's latest book covers a wide range of losses, including not only loss through death, but job loss, illness and disability, relationship loss, and losses related to body weight. It was designed to collect in a single volume the writings of distinguished scholars, representing psychology and related fields, to address ideas on the dimensions of loss. Of the 45 contributors, the majority are American professors in psychology.

There are 26 chapters, well-written and well referenced, divided into four sections: theoretical perspectives, losses within close relationships, losses faced by survivors and caretakers, losses related to social identity, and synthesising commentaries on loss theory and research. In many of the chapters, reference is made to interpersonal dimensions and making sense of meaning, which I particularly welcomed.

For those working in the generalist counselling field I see this as a useful book to consult. For those working specifically in the bereavement field, I am unsure as to its value, as authors on loss through death in this source book are included in other bereavement publications. However, those who are

seeking a wider perspective on loss will find that this book offers interesting material and insights with good references, although I believe that Viorst's book *Necessary Losses** is a better starting point.

Ann Dent
Research Fellow
*Viorst, J. (1989) *Necessary Losses*. Positive Paperbacks, London

COMPANION ANIMAL DEATH

Mary F Stewart
Oxford: Butterworth-Heinemann, 1999, 188pp, £14.99 pb. ISBN 0 750 64076 6

This is an extremely useful little book for new or recently qualified veterinary surgeons and, since family members come in all shapes and sizes, for many bereavement workers. Its methodical and well-structured layout will appeal to a logical mindset, which is important for veterinary students as it deals with a completely non-scientific subject which may otherwise cause them to simply 'switch off'.

The wisdom in this book would normally take years of experience to gain. Without doubt it should be compulsory reading for all final year veterinary students and also would benefit counsellors offering help to adults or young people who have lost a companion animal. **BC**

Robert J Wallace
Veterinary Surgeon

ABSTRACTS

Adolescent parent mourning reactions associated with stillbirth or neonatal death

Welch KJ, Bergen MB. *Omega* 1999; 2000; 40(3): 435-51

Adolescent parental loss of a newborn through stillbirth or neonatal death is a tragic experience equivalent to no other loss. In this study, six adolescent mothers who had lost an infant in this way were interviewed at various intervals during their pregnancy and after the loss of their babies. Typically, this form of bereavement is minimised by society, and the mothers are excluded from an active role in grieving the death of their children. Bereaved adolescent mothers experience extreme fluctuations in their emotions, as well as losses associated with development and their successful transition to adulthood. The authors of

this article, writing from Kansas State University, say that at present no support programmes exist for these adolescent girls, whose grieving is of a different nature from that of older mothers. They thus face potential harmful impacts on their future well being. The need for appropriate support and education for them cannot, the writers believe, be overstated.

Death rites in the San Francisco gay community: cultural developments of the AIDS epidemic

Richards TA, Wrubel J, Folkman S. *Omega* 1999-2000; 40(2): 335-50

This interesting study of rituals of dying and death is based on narrative accounts of 52 gay men whose partners died of AIDS in San Francisco between 1991 and 1994. Although much of the article is devoted to descriptions of the final stages of the sufferers' lives, it is also concerned with the rituals performed by the survivors after their partners had died (all of them had been in long-standing and committed relationships). The death rites in which they took part involved culturally unique rituals which were very important to the bereaved, and which reflected the need of members of a stigmatised culture to care for their own in ways that they found meaningful and important.

Older people's attitudes towards death in England

Field D. *Mortality* 2000; 5(3): 277-97

The Mass-Observation Archive at the University of Sussex seeks to involve members of the British public in the recording of everyday life. A panel of several hundred correspondents responds regularly to open-ended 'directives' asking them to write about topics of contemporary interest. The April 1994 directive asked panel members to report their personal experiences of death and bereavement and to respond to questions about 'death and society'. A sample of 54 correspondents in the 65-80 age range (28 men and 26 women) was selected for detailed analysis of their personal experiences of death and bereavement and their views of changing social attitudes towards death. Experiences of the Second World War appear to have been of particular importance in shaping reactions to death and dying. All the correspondents acknowledged societal changes in behaviours and attitudes to death in contemporary society as compared to their childhood, but varied

in their assessment of these changes. The persistence of memory and loss is strikingly revealed by vivid accounts of deaths and bereavements in childhood, adolescence and young adulthood.

When a baby dies: a standard of care

Gensch BK, Midland D. *Illness, Crisis & Loss*; 8(3): 286-95

Health care provider support and grief after perinatal loss: a qualitative study

Ujda RM, Bendiksen R. *Illness, Crisis & Loss* 2000; 8(3): 265-85

This issue of *Illness, Crisis & Loss* is entirely devoted to perinatal bereavement. Of the seven articles included, the two listed above have a similar approach to helping parents who face such a loss. Both emphasise how important it is for health care providers to understand the particular needs of such parents, who are often young and overwhelmed by their sudden and unexpected bereavement.

Gensch and Midland provide a historical overview of the RTS (formerly Resolve Through Sharing) perinatal bereavement programme, established in 1981 in a Wisconsin hospital. It is based on the premise that there is still too little understanding of, and support for, parents suffering such a bereavement, and this can make it more difficult for them to cope with their intense grief. Ujda and Bendiksen base their article on the answers to questionnaires sent to a small number of parents who had suffered perinatal loss, with the aim of determining whether health care provider support has a positive effect on the parents' grief resolution. The article reports on the data from interviews and makes recommendations for improving patient care.

The guidance offered by these two articles is clearly written, practical, and sensitive. As Gensch and Midland conclude, 'When a baby dies, parents' hopes and dreams for that child die. Instead of planning a nursery, they must think about burial or cremation.' **BC**

Sheila Hodges and John Bush

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