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BOOK REVIEW

LOSS AND BEREAVEMENT

Sheila Payne, Sandra Horn, Marilyn Relf
Buckingham, UK: Open University Press, 1999, 144pp.
£17.99 pb. ISBN 0 335 20105 9

The varied backgrounds of the authors, who work in both research and service provision, have clearly benefited this book which manages to bridge the gap between a heavy academic tome, and a practice manual, providing a good introduction to the fields.


Bereavement and Loss opens with a fascinating account of the 'why' of bereavement, the fact that, historically, human societies have always had death and grief rituals and that, though these may have changed over the millennia, the need for them remains to the present day.

There follows an interesting exploration of the various theoretical models that have informed our thinking over the past 50 years, particularly the work of Bowlby and Parkes, whose thinking remains so influential even now. However, the authors are also rightly critical of these models and the more recent thinking from within the stress and coping literature, but the work of Stroebe and her colleagues, in particular, gets good coverage. The reader is left in no doubt that the state of the 'art' within the 'science' is far from clear.

I was particularly pleased to see a chapter on 'Theoretical perspectives: life span development'. This is often a neglected area in the bereavement literature, but one that is essential. If the adage 'to live and learn' is to be truly tested, then developmental models of adaptation, particularly to life events such as bereavement, have to be incorporated into our thinking. It is not enough to assume that early attachment is a necessary and sufficient explanation for success or failure in adaptation over the life course. These complex issues are clearly laid out for the reader.

The final chapter is on integration of theory and practice, and here again, while not offering a

'how to do it' approach, the reader is given the opportunity to think about the difficulties of putting theory into practice. This is timely, because, in a world in which we are increasingly expected to use evidence-based practice, we need to attend to the messages contained within the chapter.

In summary, this is an excellent book, and I would encourage practitioners whose work brings them into regular contact with bereaved people, particularly health professionals, to read and digest the entirely palatable contents. They will not be disappointed. 

Christine Kalus
Consultant Clinical Psychologist

FORTHCOMING EVENTS

7th international conference on grief and bereavement in contemporary society. 25-28 August 2003. Belfast, UK. Contact Patrick Shannon: ☎ 02890 792419; patrick@crusebereavementcare.org.uk

Children's grief. Manchester Bereavement Forum 9th annual international conference. 5 September, 2002. Manchester, UK. ☎ 0161 371 8860; grief@mabf.org.uk

The changing face of funerals. Cruse Bereavement Care Cymru conference. Speaker, Douglas Davies. 25 October 2002. Cardiff, UK. ☎ 029 2088 6913; cruse.cymru@care4free.net

The culture of grief. London Bereavement Network annual lecture. Speaker, Tony Walter. 11 November 2002. London. ☎ 020 7700 8134; info@bereavement.org.uk

Understanding bereavement by suicide. Child Bereavement Trust workshop. 29 October 2002. High Wycombe, UK. ☎ 01494 446648; enquiries@childbereavement.org.uk

Working with disastrous events. Workshop with Bob Wright, Marjorie Ashdown. 17 October 2002. Cambridge, UK. ☎ 0113 3926498

Supporting suicide survivors

BEREAVED BY SUICIDE*

Patrick Shannon

London: Cruse Bereavement Care, 2000, 13pp. £2.00 pb. ISBN 0 900 32115 6

In compiling this review, I asked two other survivors of suicide to help me. Their comments are included with my own but, as they wished to remain anonymous, I can only credit them by thanking them here for their extremely valuable contributions.

This is an excellent booklet that would help reassure the bereaved that the frightening and bewildering cocktail of feelings, pain and reactions that they are experiencing can be expected in the circumstances. I like the clarity of style and would expect those who are newly bereaved by suicide to find it very helpful. Even better would be to have it read by those around them, including medical staff.

There are a few points that gave rise to discomfort. One is the opening paragraph, which ends with '...it was as if we had done it ourselves'. This is too direct and negative; a gentler lead-in would be less frightening. Then, in the long (too long, perhaps?) section on guilt, I wondered why the author felt it necessary to say 'it would be unrealistic to suggest that there are no factors over which you may have had some influence...' as a general observation. This felt judgmental and made me think 'how do you know?' Lastly, the lack of information about how to contact suicide organisations other than Cruse is remarkable, especially since the booklet specifically recommends talking to others that have been bereaved by suicide in its 'What can help?' section. As much information as possible should be included to make it easy to access this sort of help. The needs of long-term survivors are not addressed in this booklet, but contact with fellow survivors remains one of their most effective support mechanisms.

Those who read up on this subject may question the author's statement that there is no genetically inherited predisposition to suicide. It has been found that serotonin and noradrenaline levels are abnormal in many suicidal people¹. Research continues to look into links between biology and suicide and we should not prejudice the outcome.

However, I enjoyed reading the booklet. There are some wonderful quotes, some deep insights, some trivialising and no magic solutions. Overall, a very good book for emotional

first-aid aimed at the newly bereaved and those round them.

Patricia Thomas

National Liaison Officer of Survivors of Bereavement of Suicide (SOBS) 1997-2000

[†] O'Connor RO, Sheehy N. Understanding Suicidal Behaviour. Leicester, UK: BPS Blackwell, 2000.

* Available from Cruse, 126 Sheen Road, Richmond TW9 1UR, UK; ☎ 020 8939 9530.

BEYOND THE ROUGH ROCK

Supporting a child who has been bereaved through suicide

Diana Crossley, Julie Stokes
Gloucester, UK: Winston's Wish, 32pp.
£4.50 pb. ISBN 0 953 91233 7



Talking to a young person about the death of someone they love is perhaps the hardest task which can fall to a parent. When the death is by suicide the task can seem insuperable. This superbly written and produced booklet should be placed in the hands of any parent in this situation.

The authors are clinical psychologists working with Winston's Wish, the bereavement service for children in Gloucestershire. They not only explain, step by step, how to talk to a child about suicide, in words even young children can understand, they also offer advice and comfort to the parent who, themselves bereft, may be angry, confused and guilty.

The 'rough rock' of the title refers to an attractive way of making feelings more concrete for both child and parents. The authors suggest that the parents make a collection for the child of three stones: a pebble which can remind them of the ordinary everyday events connected with the dead person, a rough rock representing the troubles of his/her life, and a gemstone to remind them of the special, sweet memories to treasure.

For future editions, I suggest that there is a little more written to help children to understand the mental pain of a depressive illness, probably the worst pain a person can experience. Edna Furman, the American psychoanalyst, used to talk to children about a parent

having a 'mind-sickness', which I find the most helpful way of explaining to a child the phenomenon of serious mental illness leading to the distorted thinking of suicidal people. Children can understand the pain of physical sickness or disability – how a thorn in the foot can make the body distort, cause a limp perhaps. They can learn too that even mind-sicknesses can be alleviated with suitable treatment, and of the regret that perhaps their loved one did not seek such help. This is an important lesson to learn if, as may be possible, they find themselves with distorted thinking from a similar mental illness one day.

The photographs throughout the text are just right: they are of parents and children, and each punctuates the text poignantly and perfectly. The authors are to be congratulated on adding in an original way to the literature on helping children bereaved by suicide.

Dora Black

Consultant Child and Adolescent Psychiatrist

LIVING WITH GRIEF At work, at school, at worship

Joyce Davidson, Kenneth Doka (eds)
Philadelphia, USA: Brunner/Mazel, 1999,
244pp, £13.00 pb. ISBN 1 583 91006 9

This book, though aimed mainly at those who work in hospices, is a timely reminder to anyone working with bereaved people that grief is not confined to the home. Each chapter by a different author aims to help hospices become 'central resources in the community'.

Most of the information and examples of the effects of bereavement on workers and students would be well known to anyone trained in bereavement counselling, but the discussion on how schools can be a resource for HIV-affected children, giving models for helpful interventions, could be very useful. The book emphasises the need for plans to be made before a death occurs in the workplace or school and encourages teachers not to underestimate the impact they can have in giving support to a bereaved student. Case studies illustrate the interventions suggested by the authors. These, and the general tone of the writing, can be very moving at times.

The sections on worship discuss the importance of ritual and mention three stages: separation, transition, and incorporation. A comparison of these stages with Worden's tasks of mourning

is interesting. The last chapter deals with taking care of ourselves, urging us to accept feelings of helplessness, find ways to be 'light', and understand that we cannot do the work without let-up.

Although written for Americans, the book gives examples of programmes for schools and businesses which could be helpful in this country. However too much of the book is taken up with material for the American military and police, or with information that can already be found in such books as *Counselling in Terminal Care and Bereavement*¹ and *Grief in Children*².

Dwaine Steffes

Bereavement Counsellor and Trainer

1. Parkes CM, Relf M, Coudrick A. *Counselling in Terminal Care and Bereavement*. Leicester, UK: BPS Books, 1996
2. Dyregrov A. *Grief in Children*. London: Jessica Kingsley, 1991.

BEYOND THE BODY Death and social identity

Elizabeth Hallam, Jenny Hockey,
Glennys Howarth
London, UK: Routledge, 1999, pp256.
£17.99 pb, ISBN 0 415 18292 1

This is an exploration by sociologists of the ways in which we view our bodies and ourselves. It covers a wide range of phenomena from our identification with and, conversely, alienation from our bodies at various stages of the life cycle, to the ways in which we are seen as disembodied before and after death. 'Once we move beyond the body we are freed up to take a more far-reaching and encompassing view of human sociality', say the authors.

This ambitious claim is hardly fulfilled, perhaps because the authors are reluctant to commit themselves to any particular theory or explanation for the fascinating phenomena which they describe. Indeed they are harshly critical of the theories of others, particularly of the 'dominant discourse' of bereavement which, they say, assumes that 'a healthy outcome can only be achieved once the survivor has emotionally detached themselves from the dead'. This view is labelled as 'the medical model'. Readers of *Bereavement Care* will be familiar with this simplistic argument which is not, and probably never was, the 'dominant discourse' in bereavement.

All in all, this book raises more problems than it solves. Its subject matter is tantalising and challenges some basic assumptions but the reader will search in vain for any satisfactory explanations.

Colin Murray Parkes

Consultant Psychiatrist

BOOK

BIBLIOTHERAPY FOR BEREAVED CHILDREN


Eileen H Jones

London: Jessica Kingsley, 2001, 144pp.
£14.95 pb. ISBN 1 873 10004 5

Eileen Jones has experience in both teaching and psychology, so she is well placed to make a study of fiction that might prove useful in helping bereaved children. Her book offers an extremely careful assessment of a number of novels which are chosen on grounds of literary merit, age of potential readers, nature of the bereavement portrayed, relationship of the protagonist to the dead person, and the level of emotive content. As a summary she offers very helpful charts on the titles considered.

I was interested in how few of the books on her list were the same as the titles on my own compiled a few years ago. I checked her titles and found 46 out of the 84 books recommended are now out of print (May 2002), though possibly available in libraries. I have long been impressed by the ephemeral nature of children's fiction and the need to have people who will continually look out for relevant newcomers.

However, this is much more than a list of recommended books. The author looks at children's reading habits, insisting on good story lines, and her meticulous examination of one book, *Squib* by Nina Bawden, will fascinate anyone who takes children's literature seriously. Equally interesting are the recorded reactions to *Squid* from a group of young readers, some bereaved. Unfortunately this is one of the out-of-print titles, but my excellent schools librarian was able to produce it and it is available as an audio book*.

Eileen Jones is persuaded that fiction can help children in both directive and non-directive situations, alongside other support. Her book will be of interest to teachers, counsellors and parents and will help them greatly in making judgements on books that come their way; for my own belief is that we should never offer a book to a child for therapeutic purposes without having read it ourselves. 

Mary Bending

Teacher and Cruse Counsellor

* Bawden N, Krapf E (narrator). *Squib*. Bath, UK: Chivers Children's Audio Books, 1987. 0 745 18455 3

St Christopher's Hospice library can provide personal copies of the articles summarised in the abstracts for a small charge: ☎ 020 8768 4660
d.brady@stchristophers.org.uk

ABSTRACTS

Shared grief: a family affair

Kissane DW. *Grief Matters* 2002; 5(1): 7-10

As Professor Kissane writes, 'The family contributes the most fundamental of social groupings in which grief is likely to be shared and eased'. He begins by defining the family in all its manifold forms and the changes that have occurred over the course of time. Other aspects of family life which affect those who give care in bereavement are the age and cultural background of the bereaved, the collapse of family values, and family functioning. From this introduction Professor Kissane proceeds to a discussion of family-focused grief therapy which begins during palliative care and continues into bereavement for those families considered to be at risk of morbid complications. He suggests that this method of grief therapy has much potential to give new meaning and understanding to the process of bereavement and its outcome.

Bereavement support for couples following death of a baby: program development and 14-year exit analysis

Reilly-Smorawski B, Armstrong AV, Catlin EA. *Death Studies* 2002; 26(1): 21-37

The authors of this article, both neonatal nurses with experience in social work and psychology, carried out a 14-year programme between 1982 and 1996 with the aim of helping parents whose babies had died in the neonatal intensive care unit of Massachusetts General Hospital for Children, Boston. Their research was conducted by means of regular group meetings of bereaved couples over a period of 12 weeks. The participants discussed the baby's death and related events; personal grief experiences; couple-issues including gender-related grieving and communication; and the future. The parents who participated consistently reported that attending the group was very valuable, and had helped them to bear the pain of losing a baby. The writers contend that such support groups are one part of what they believe should be a comprehensive bereavement programme, organised to care for families before, during and after a baby's death. A sensitive, spiritually aware, supportive environment should be maintained throughout, with relationship building as a cornerstone of the programme.

Gender specific coping patterns in widowed parents with dependent children

Boerner K, Silverman PR. *Omega* 2001; 43(3): 201-216

This article, which is based on research involving five father- and five mother-bereaved families, with a total of 24 children, discusses how the gender of the surviving parent affected the way the family was able to cope. As one may expect, the difficulties each family experienced were predictable and were often gender specific: where the father was the survivor, he assumed a more administrative role and the children sometimes felt a lack of the nurturing that was present when the mother was the survivor. Mothers who had been widowed tended to adjust their own priorities to their children's needs, and there was more continuity between their past and their present roles. Family life was more disrupted when it was the fathers who were left in charge, since they found it difficult to achieve new family routines. The article makes some interesting points, but is limited because so few participants were involved, and because the study only extended to two years after the bereavement.

Coping with bereavement among elderly widowers

Richardson VE, Balaswamy S. *Omega* 2001; 43(2): 129-144

A dual process model of bereavement, which considers the impact of loss- and restoration-oriented variables on widowers' levels of well-being, was tested on 200 widowed men during the second year of bereavement. Those who were widowed less than 500 days showed significantly lower well-being than those widowed more than 500 days. Both loss and restoration variables proved to be important throughout bereavement. Loss variables influenced negative effect and were especially critical during the early stages, while restoration variables influenced positive effect and had greater impact on the later bereaved. The results support a dual process model of bereavement, but also suggest that certain events, such as the circumstances of the death, are more important during early bereavement, while reinvestment activities, such as dating, become relevant later. Some circumstances, such as a wife's suffering, have prolonged effects. The article makes some useful points but is quite hard going, and several of the conclusions reached would be self-evident to most laymen.

Fathers' grief when a disabled child dies

Wood JD, Milo E. *Death Studies* 2001; 25(8): 635-661


In this study, eight fathers who had suffered the loss of a child with a serious disability were asked about their reactions. Many of them felt they had experienced a double loss: first, when they knew that their child was disabled, and a second time when the child died. All the fathers believed that their loss was different from that of fathers whose children did not need special care. Each of them had their particular methods of coping with the problems of living with a disabled child and of coming to terms with the child's death. Consistent with the literature on gender differences in bereavement, fathers reported greater emotional stoicism and the value of keeping active, rather than talk or social support, as a primary coping strategy. Clinical applications for professionals working with grieving men or with the parents of children with special needs are discussed.

John & Sheila Bush

Weathering the storm of perinatal bereavement via hardiness

Lang A, Goulet C, Aita M, Giguère V, Lamarre H, Perreault E. *Death Studies* 2001; 25(6): 497-512

This paper claims that 'hardiness' can diminish the negative effects of life stress and lead to an increased sense of control over events. Hardiness is here defined as a combination of a sense of personal control, an active orientation to cope or seek help, and a propensity to find meaning in existence. The authors illustrate their thesis by examining the reactions of three sets of parents to the death of a child.

While, on the face of it, this claim is interesting, closer examination leads one to suspect that it is in the nature of a self-fulfilling prophecy. Thus, we should not be surprised if a sense of personal control leads people to experience a sense of control over events following stress; nor does it come as a surprise to find that people with an active orientation to cope or seek help are more likely to cope or seek help after a stress. And, since a sense of control over events and an ability to cope are both likely to add meaning to life, it comes as no surprise that parents with 'hardiness', as defined, may transcend the experience of loss and gain a sense of personal growth. 

Dr Colin Murray Parkes