

## 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

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## 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