IMPLICATIONS FOR BEREAVEMENT CARE

If our interpretation of the pattern found for widowers is correct, our research suggests that extreme avoidance of grief work is detrimental to adjustment for them, thus partially confirming the grief work hypothesis. However, the absence of a relationship between grief work and outcome on depression for widows suggests that the view "Everyone needs to do grief work" is an oversimplification. Some people may not feel a need to grieve, or may have already done their grieving in the course of a protracted period of illness preceding the death of the loved one. And for those who do grieve, oscillation between loss- and restoration-oriented coping is necessary for optimal adjustment over time.

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BOOK REVIEW

Exploring family grief

AN INTIMATE LONELINESS
Supporting Bereaved Parents and Siblings

Gordon Riches, Pam Dawson

Maidenhead, UK: Open University Press. 2000, 220pp. £18.99 pb. ISBN 0 335 19972 0

Many of the current books on bereavement focus on a clinical or developmental interventionist approach to working with children, which has limitations. It was therefore a joy to read a book that takes a holistic approach to working with families. *An Intimate Loneliness* looks beneath the surface and explores the concepts and theories of the bereavement process within the social context of the family, and modern society.

Anyone working in this area will know how complex the issues can be as each family struggles to interpret and make sense of its grief in its own way. It is this uniqueness of response, and its effect on how each member reacts, that challenges all bereavement workers. The title illustrates the paradox that grief after the death of a child can drive apart those who normally would be expected to give support to one other, isolating individuals from their most intimate relationships. Understanding these relationships and their effect on the family and the diverse roles members perform, we become better equipped to recognise how families pick up the pieces and carry on with the rest of their life.

The background for the book is Riches and Dawson's own ongoing qualitative research into how members of a family grieve. This means that theoretical models can be explored alongside the voices of the bereaved people themselves and those who work to support them. There is a richness of material, as current research and accepted concepts are illustrated, or sometimes challenged, by the experiences of the families. The authors build on many of the themes set out in Tony Walters' book*.

The early chapters look at the problems of adjustment for parents and siblings, the importance of social relationships, and gender and diversity issues. Although death ends a life it does not end a relationship. The authors consider how the personal, social and cultural resources of parents and children can affect their ability to make sense of loss. Issues such as identity struggles, difficult deaths and complicated grief are also discussed in detail.

The final chapters cover bereavement support and help available. In our post-modern world, bereavement supporters are seen as explorers, guides or companions. The quality and intimacy of the relationship between a supporter and a bereaved family is linked to the willingness of each to learn from the other, and the relationship can be threatened by an over-dependency on simplified models of grief. The authors petition for a flexible and open-minded approach, eclectic use of grief models and sensitivity to the diversity of beliefs. I particularly liked their concept of 'little ladders and big levers' – things that can help shift perspectives for parents and siblings.

An appendix provides a substantial, well-documented reference list and each chapter has a concise summary, helpfully consolidating the main points. Reading the book I found myself, again and again, relating the material to many of the children and families with whom I have worked. I have recommended it to colleagues, students and those wishing to understand and appreciate grief in families. It should be compulsory reading for bereavement courses.

Mary Jones

Bereavement Counsellor and Trainer

* On Bereavement: The Culture of Grief. Buckingham, UK: OUP, 1999.

FAMILY FOCUSED GRIEF THERAPY

David Kissane, Sidney Bloch

Buckingham, UK: Open University Press, 2002, 272pp. £22.50 pb. ISBN 0 335 20349 3

The distinguished authors, highly experienced in the fields of palliative care and bereavement, describe a comprehensive model of family care for relatives involved in the palliative care of one member of that family. The model of family focused grief therapy is described in detail, from the initial assessment session, through active therapeutic sessions, to consolidation and termination. The use of a screening model to identify vulnerable families is discussed. Clinical examples are used to illustrate and clarify themes and practice. There is a helpful discussion of ethical issues. Some findings from the Melbourne Family Grief Studies are detailed in an appendix, and there is a comprehensive bibliography. Challenges for the therapist, such as how to engage reluctant family members and coping with uncertainty, are considered. The book is packed full of information and demands concentration but all those working to help families at times of death and bereavement will learn much from it, and it is recommended.

Martin Newman

Consultant Child and Adolescent Psychiatrist

An exciting and growing field of knowledge

HANDBOOK OF BEREAVEMENT RESEARCH

Consequences, Coping and Care

Margaret Stroebe, Robert Hansson, Wolfgang Stroebe, Henk Schut

London, UK/Washington DC, USA: American Psychological Association, 2001, 814pp. £37.62 hb. ISBN 1 55798 736 X

The Utrecht team that produced the *Handbook of Bereavement* have collaborated again to provide us with an even more authoritative and comprehensive review of research findings as they relate to the subject of bereavement. The editors and contributors are to be congratulated on their achievement. This is a book that all those involved or interested in bereavement research will need to have.

The content is divided into seven parts with the first section covering theoretical, ethical and methodological issues in research. There is a thorough, interesting and accessible historical review by Parkes, including discussion of cultural and gender issues. Subsequent chapters discuss the importance and influence of attachments and affiliations in bereavement research, and their evolutionary function. Both qualitative and quantitative studies have a role in research and the contributions that different types of study can make, and the use of different measuring instruments, are discussed.

In an interesting chapter on ethical decision-making, Cook looks at the potential benefits of research participation and reports on a study by Lehman *et al**. Here bereaved individuals, asked what they found most helpful, reported that it was the provision of opportunities to discuss their feelings. The least helpful responses were felt to be receiving advice and being encouraged to recover, perceived by many as ignoring their feelings and curtailing opportunities to share concerns.

In the next section, the contributors consider the bereaved individual across the lifespan. We are reminded that bereavement may provide opportunities for personal transformation. Other chapters discuss children, adolescents, parental bereavement and bereavement in the elderly.

The third section, on the social context of bereavement, starts with an interesting discussion on the evolutionary perspective of grief, looking at animal behaviour, the influence of reproductive values, and the impact of kinship on the intensity of grief. One interesting finding reported is that identical twins show more intense grief for the loss of their twin than for a spouse, whereas the reverse is true for non-identical twins. Rosenblat provides a very interesting perspective on cultural differences in grief, reminding us that terms used are socially constructed, and that even the term 'bereavement' itself is 'inextricably entangled in culture-based social construction processes.' Other contributors discuss an interpersonal perspective and a family systems approach. Stroebe and Schut point out that the majority of bereaved people manage to adjust to their loss without professional help. They go on to consider risk factors in bereavement which may indicate a need for help for some, such as mode of death, personal risk factors (personality traits, religious beliefs, gender, age) and inter-personal risk factors (level of social support, kinship).

The next two sections deal with coping, firstly looking at the basic concepts and how they may be measured. The work of Janoff-Bulman and colleagues is discussed. They argued that fundamental assumptions people hold about themselves and the world are shattered by traumatic events such as the death of a loved one. Theories of grief and models of grieving are considered. A powerful argument is made by Wortman and Silver for scientific research to challenge myths and assumptions about the grieving process that may be implicit in Western cultures. They point out that studies suggest that it is not uncommon to experience some positive emotions following a major loss, raising serious questions about the efficacy of bereavement interventions. Klass and Walter write about the maintenance of bonds between the living and the dead, and include a discussion of historical and cultural aspects.

The mechanisms of coping are covered in the following section, including physiological aspects from a social-functional perspective, and the psychological, social and health consequences of disclosing and sharing emotions. There is an interesting chapter by Nolen-Hoeksema on those who ruminate after bereavement. Folkman reports on her studies of coping in the context of AIDS-related caregiving and bereavement, which indicated that, with the exception of the weeks immediately surrounding the death of the partner, caregivers reported levels of positive psychological states throughout caregiving and bereavement.

The penultimate section of the book looks at the area of care and intervention. Raphael, Minkov and Dobson ask whether 'intervention' after bereavement is needed at all, since research has made it clear that the majority of people find grief, although psychologically distressing, a normal process and have the capacity to adjust to loss and adversity. They say 'there is no justification for routine intervention for bereaved persons in terms of therapeutic modalities – either psychotherapeutic or pharmacological – because grief is not a disease'. However, they do consider preventive interventions for people at higher risk of harm to health and well-being. Such people may have been in ambivalent or highly-dependent relationships with the deceased, or have a tendency to anxiety or depression, or past adverse life experiences that have not been fully resolved (such as the death of a parent in childhood), or been bereaved by a traumatic event, or be subject to multiple stressors.

Also in this section, interventions for high-risk bereaved parents, bereaved children, and the elderly are considered. Crisis intervention for high-risk bereaved widows has been shown to be effective Depression and post-traumatic stress disorder, and their relationship to bereavement are discussed, as is the subject of traumatic grief, the role of cognitive-behaviour therapy to 'make meaning' in grief, the physiological effects of bereavement and efficacy of bereavement support group interventions.

All the contribution are concise and well-edited, and the style is consistent throughout the book. There is little overlap and, when there is, this usefully emphasises important points. Each chapter ends with a short conclusion summarising the main findings, and a bibliography.

My minor quibble is the picture on the dust jacket – a rather gloomy black-and-white photograph of what appears to be tombs. Nonetheless, the editors can rightfully claim to have provided 'a comprehensive overview of the state of knowledge on bereavement at the beginning of the twenty-first century.' In the final section, an editorial overview, they point out that future social and cultural changes, such as the growing tolerance of euthanasia and assisted suicide in some societies, and the rapidly advancing spread of the internet, will provide further aspects for research in the future.

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* Lehman DR, Ellard JH, Wortman CB. Social support for the bereaved: recipients' and providers' perspectives on what is helpful. *Journal of Consulting and Clinical Psychology* 1986; **54**: 438-446.

Making sense of life after a death

MEANING RECONSTRUCTION AND THE EXPERIENCE OF LOSS

***Robert Neimeyer** (ed)*
Washington DC, USA:American Psychological Association Press, 2001, 368pp. £25.07 hb. ISBN 1 557 98742 4

The search for the meaning of meaning is a will-o'-the-wisp which has eluded philosophers over the centuries; yet the loss of a sense of purpose and direction in life is a frequent consequence of major losses of all kinds and, as such, it deserves our attention. In this book Robert Neimeyer has drawn together a distinguished group of 24 contributors to focus on the problem and, in doing so, has helped us to take a significant step forward in our understanding of bereavement.

Neimeyer has himself written extensively about the 'narratives' by which people explain and 'construct' themselves and their world. He sees it as the role of the therapist to help people to review these narratives in much the same way as a psychiatrist takes a case history. The main difference between them is that the psychiatrist is seeking for information which he can then interpret in the light of his own theories and expertise, whereas the constructive therapist is solely concerned with identifying and clarifying the client's own constructions. I would argue that both approaches have their place.

Neimeyer sees the 'standard model' of care for bereaved people as rooted in Freudian psychoanalysis and is rightly critical of its limitations, but this model does not correspond to the model of care that is 'standard' outside the USA. Cruse Bereavement Care in the UK, and, I believe, in many other organisations, recognise the importance of helping people to review and revise their assumptions about the world and their place in it and this book, which extends our understanding of this task, will be well received.

As a psychiatrist I was fascinated to read a verbatim record of constructive therapy where I was surprised to find that Neimeyer's questions and comments to his client were very similar to what I imagine I would have said to this person. Am I a constructive therapist? Perhaps the truth is that most psychiatrists and psychotherapists are well aware of the therapeutic value of eliciting and respecting their client's view of the world.

Several contributors to this book have usefully reinterpreted their own theoretical stance in the light of constructivist thinking. Thus Stroebe and Schut discuss their dual process model in the light of meaning-making. Klass reinstates a phase model in his exploration of the ways in which bereaved parents move through the grieving process and discover new meaning in their lives. Janice Nadeau focuses on family systems of meaning and left me wondering about the relative roles which 'reality testing' and 'myth making' play in the construction of new meanings.

Although a number of chapters emphasise the positive growth and spiritual gains which can result from the construction of new meanings, Chris Davis warns us that we cannot take these for granted. He reviews research which indicates that 'most people do not find meaning, even years after the event'. He goes on to point out that 'Some studies also indicate that a persistent desire to find meaning is a sign of protracted distress'. He makes a distinction between making sense of the loss and finding benefit in the experience. 'Focusing on what good has come of the experience ...may take some of the pain away from not understanding why'.

A constructivist approach to post-traumatic stress is well described by Sewell and Williams. Constructivism is rooted in Kelly's theory of interconnected constructs which, as I see it, correspond more or less to the assumptive world of Parkes[1] and Janoff-Bulman[2]. Major traumatic events may lead to either 'constructive bankruptcy', when the sufferer can find no meaning, 'dissociated construction', when the sufferer reverts to primitive and extreme constructs which are not related to their existing conceptual structures, or to 'elaborative growth', when the trauma is rapidly accommodated within the existing conceptual structure. It is the first two that give rise to high anxiety, PTSD and depressive reactions to bereavement. These authors go on to describe effective interventions which build on and extend existing approaches rather than attempting to consign them to the scrap bin of history (a temptation to which young lions, including some of the contributors to this book, are inclined to succumb).

This fascinating book ends abruptly with a chapter on 'videography', the use of the video camera to help patients with life-threatening illness and their families to find meaning in the ending of a life and to leave behind lasting images and messages for the family. Videography sounds like a powerful tool and this reviewer would have liked to know more about the dangers as well as the value of this technology. Neimeyer's decision not to attempt any type of closure to the book is laudable. He and his colleagues have shed new light on an area of constructive thinking which will continue to illuminate our attempts to help people to rebuild lives that have been shattered by bereavement.

Colin Murray Parkes
Consultant Psychiatrist

1. Parkes CM. Psychosocial transitions: A field for study. *Social Science and Medicine* 1971; **5**: 101-115.
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Childhood adversity and resilience

ON PLAYING A POOR HAND WELL

Mark Katz
New York: WW Norton, 1997, 210 pp. $18.20 hb. ISBN 0 393 70232 4

Adverse life experiences, rather than inevitably leading to disaster, can sometimes unleash creative forces. Mark Katz here gives us an account of the lives of some of those children who have proved to be resilient in the face of childhood adversity. This is not a new theme: rather, it is a modern replay of a range of insights and concepts emerging from autobiographies or single case studies, such as those of Charles Dickens and Tom Courtney.

Nonetheless, single case studies need underpinning by a scientific evidence base of the overall consequences of early-life disadvantages, such as that well-documented by Werner and Smith[1]. However, it was Kolvin *et al*[2] and Sadowski *et al*[3] who identified important protective factors in the face of multiple adversities and demonstrated how good-quality mothering reduced their influence.

Katz's book is more widely scholarly than most other literature accounts and has (at least in part) an evidence base. Perhaps its greatest strength is that it is clearly and well written and contains much information on resilience. He describes how some children are exposed to a single specific risk, while for others the risks are multiple; some of the risks are environmental, others have a neurological basis. These factors are overcome by some children, who go on to enjoy productive adult lives. Katz highlights the following broad-based protective mechanisms:

- minimising the impact, that is, helping the children to see their disabilities and/or adversities in a new light
- providing psychological buffers or shields that 'allow the recovery process to begin and restore a sense of psychological integrity'[4]
- 'safety nets', which give children a chance to retain feelings of control and stability when circumstances are chaotic and help them to develop a sense of mastery and self-sufficiency. These include a focus on their multiple talents rather than on any specific area of vulnerability, so that they can present a 'shop-window' of abilities and have them valued by others. An important aspect here is that this process helps each child to find personal skills and talents that will lead to achievements
- protective mechanisms and turning points: the former guard the young people from traumatic events; the latter involve a new experience (such as obtaining a job, getting married, having a new and helpful relationship) that allows them to move in a different direction.

Katz's personalised review of intervention consists of compassionate vignettes (some of which have a supporting basis in the literature), which describe not only how early adversities, privation and disadvantages may have lifelong consequences but also how these can be mitigated. He offers a variety of pragmatic suggestions on how each individual child can be helped to cope with and overcome adversity. These 'treatment vignettes' may be attractive to the clinician; however those working in the field need to view them with a degree of caution as the approaches suggested do not always have a sufficient evidence base. They should, therefore, be regarded as clues to what can be achieved and what could be attempted, or even subjected to research.

The above caveats are only minor: the book is eminently enjoyable and readable. Its educational qualities will be appreciated by social and mental health workers and by paediatricians in training or in practice.

Issy Kolvin*
Child and Adolescent Psychiatrist

*Issy Kolvin died in March 2002

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3. Sadowski H. Uguarte B, Kolvin I, Kaplan C, Barnes J. Early life family disadvantages and major depression in adulthood. *British Journal of Psychiatry* 1999; **174**: 112-120.
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LETTER TO THE EDITOR

Dear Editors

I have among my papers a model of grief entitled 'The Whirlpool of Grief', likening the process of grief to someone travelling in a small boat that suddenly hits a cataract and plunges into a whirlpool.

It is by far the most realistic model I have come across to describe the process for most people, but I have not been able to find anybody who knows its source. As I am engaged in writing on the subject for some research I would be grateful to anybody who can supply information as to where this model originated, so that I can give proper attribution.

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WEBWATCH

Learning disabilities and bereavement

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As community mental health care grows, both in the UK and abroad, those supporting the bereaved will have a greater opportunity to work with clients who have learning disabilities. However, I was unable to find any internet resources for this group dealing exclusively with bereavement, so the two sites I have chosen provide information on a wide range of issues in relation to learning disabilities, including bereavement.

The Arc of the United States was set up 50 years ago to support parents of children with learning disabilities. Today the Arc's extensive web site, at **www.thearc.org** provides a resource for anyone wishing to know more about learning disability, or 'mental retardation', the current USA official term. Although rather awkward to navigate, **articles** of good quality are provided which can be read direct from your browser or downloaded as PDF files. To access these, choose 'resources' from the menu bar and then 'publications and videos'. Of particular interest is Charlene Luchterhand's booklet *Mental Retardation and Grief Following a Death Loss*, 'based on research and first hand experiences'.

To find the many other articles on the site, click on 'search' at the bottom of the home page, then 'site map', and then 'table'. One of the most useful sections here is the **FAQs** containing, amongst a number of quite lengthy documents, one by Sheila Hollins, Professor of the Psychiatry of Disability at St George's Hospital Medical School, London, 'Managing grief better: people with developmental disabilities'. She warns that exclusion from family grief may lead to denial, prolonged searching and possible delayed anger, and provides some recommendations for those assisting in this area of grief work. In another interesting article, 'Mental illness in persons with mental retardation', Steven Reiss provides information on methods of diagnosis and types of treatments available, including counselling and psychotherapy. Other articles explore health issues, family relationships, group counselling, support services, and there are several documents concerned with USA disabilities acts.

Another extensive site, **Intellectual Disability** at **www.intellectualdisability.info** was launched in 2002, with UK government support, at as a web-based **learning resource** for students and professionals. People with learning disabilities are also encouraged to contribute. Sheila Hollins is site editor and the authors are a team of academics and healthcare workers.

The **information** on the site is displayed in headed sections. Under 'Diagnosis, Causes and Prevention' you can research antenatal screening, the environmental causes of intellectual disability, the genetics of Down's syndrome and some of the myths relating to this. In 'Complex Disability', various authors consider the health problems associated with certain disabilities and there are interesting contributions on the development of communication and on visual impairment and cognition. In 'Life Stages', Tim Booth writes about parents with intellectual disabilities and Stephen Trumble's article here on Down's syndrome not only provides a history of the syndrome but also links to another informative article about depression.

The 'Mental and Physical Health' section includes a paper by Sandra Dowling, 'Exiled grief: the social context of bereavement in the lives of people with intellectual disabilities'. Exploring the concept of disenfranchised grief and drawing on previous research, she considers the loss of a parent and the possibility that the grief reactions of people with leaning disabilities can be misinterpreted as signs of mental illness.

The 'How To' section of the site includes an article on clinical communication, mainly aimed at the medical profession but with some useful points for counsellors. There are details of Sheila Hollins' **picture book series**, 'Books Beyond Words'. The 24 titles in the series are useful aids for exploring difficult issues with clients, as they illustrate emotions as well as visual information and cover a range of subjects, including depression and bereavement. Ordering details are provided together with suggestions on how to use these books with clients.

Finally, site visitors are given **updated information** on new articles and changes in the 'What's New' section and the site provides plentiful **references** and useful **links** throughout.

'little life = little loss'

OUR STORIES OF MISCARRIAGE*

***Rachel Faldet, Karen Fitton** (eds)*
Minneapolis, USA: Fairview Press, 1997, 200pp. £8.75 pb. ISBN 1 577 49033 9

Many pregnancies end in miscarriage, one in four in the UK according to The Miscarriage Association, and many more people will know of someone who has been bereaved in this way. Nonetheless, miscarriage remains in many ways a silent grief, invalidated by society by a 'little life = little loss' approach. This is best summed up by those fixing phrases so often heard by bereaved parents, such as 'you can have another one' or 'it's nature's way' or 'it wasn't a real person', that invariably cause so much distress.

And yet virtually all bereaved by miscarriage have formed a real bond of love and identity. There always remains a space in the family chronology for a baby that never came home and many parents face a grieving period isolated, lonely, invalidated and unheard.

Our Stories of Miscarriage provides a very important voice for this group. It is made up of contributions all written by bereaved people, poems, stories and diary entries. They are varied in tone, at times beautiful and profoundly moving, at others, simply factual. There are no medical chapters or professional bereavement explanations – just the voices of those who have experienced a miscarriage. This book is important because of the possibility of a shared experience. It is full of love, honesty and reality, offering a chance of lessening the isolation of this loss and, ultimately, of finding a potential source of hope and understanding.

Patrick Wilcockson
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THE MIDWIFE AND THE BEREAVED FAMILY

Jane Warland
Victoria, Australia: Ausmed Publications, 2000, 149 pp. £13.95 pb. ISBN 0 957 79880 6

Jane Warland is a midwife and also a bereaved parent who has lost two of her five children as a result of a miscarriage and a stillbirth, and these experiences add much interest and authority to her book. She asserts that 'Midwives have a uniquely important role in supporting recently bereaved families and in setting them on a "good grief" path'.

There are similarities here with Ingela Radestad's *When a Meeting is Also Farewell*[1]: both authors have the same blend of experiences, are particularly sensitive to the isolation that this loss can bring and offer realistic guidance and support for breaking this barrier. Warland's strong practical approach will appeal to professionals in the field. The advice and information are presented clearly and accessibly, enhanced by her personal comments and observations. Of particular value are the separate chapters on men, children and grandparents, often the forgotten mourners. The role of other professionals who care for families is emphasised, with an important reminder running throughout the book that referral is a strength and not a weakness. An appendix, giving a comprehensive cultural overview, will be useful too, with much practical information to aid sensitive, individualised and informed care. Finally, there are extensive references and recommendations for further reading.

Midwives will find this book invaluable in their unique but difficult job, though a wide range of professionals would profit from reading it. It is one of the better contributions to the literature in this difficult field.

WHEN A BABY DIES*
2nd edn

Nancy Kohner, Alix Henley
London, UK: Routledge, 2001, 244pp. £9.99 pb. ISBN 0 415 25276 8

The latest edition of this classic work maintains the high standards we have come to expect from Nancy Kohner and her colleagues. *When a Baby Dies* presents in a compassionate way a great deal of useful information and perceptive advice to help parents and others understand the loss of a baby and the tragic, bewildering and often isolating consequences.

Here Kohner covers much of the same ground as in some of the previous publications that she has co-authored. As in *Grieving After the Death of Your Baby*[2], the personal experiences of bereaved parents are used to break gently into the isolation: extracts from letters, stories, and interviews provide poignant illustrations of the points being made, often highlighting the negative experiences. There is also much practical help and guidance for bereaved parents and, at the same time, valuable insights for the professionals with responsibility for their care. Right from the start it is emphasised that: 'The death of a baby…is no less a death than any other.'

Of particular interest is an appendix of medical explanations where some of the most recent medical knowledge relating to pregnancy loss and neonatal death is explained clearly but sensitively. Some technical terms used by doctors and other professionals, too often barriers to communication and personal interaction, are discussed and explained in detail. With a comprehensive list of further reading and 11 pages of useful addresses, including some interesting website links, this new edition is a valuable resource that will appeal to a range of readers for use in a variety of settings, including as a training aid. Kohner's vast experience in the field, along with her skills as an author, give her an authority and reputation that make her contributions in this area compulsory reading for a wide range of professionals and others.

John W. Beaumont
Counsellor and Lecturer in Bereavement

1. Radestad, I. Hale, Cheshire: Books for Midwives, 1999.
2. Kohner N, Thomas J. Bourne End, Bucks, UK: Child Bereavement Trust, 1993.

* Available from Cruse Bereavement Care, 126 Sheen Road, Richmond TW9 1UR, UK: info@crusebereavementcare.org.uk

VIDEOS

GRIEF IN THE FAMILY

***Michael Rosen** (narrator)*
Leeds, UK: Leeds Animation Workshop, 2002, 14 mins. £40.00 (inc p&p)

Designed to help parents and carers of bereaved children, this video covers the major points very well. Using families from many backgrounds, brought to life by skilled animation and sensitive narration, the video will not only be useful for parents of bereaved children and the children themselves, but also for general education purposes for a wide range of people: young people and their teachers, social workers, counsellors, nurses etc. The section on answering children's questions is particularly good and I liked the fact that the bereaved parent was not forgotten.

There is a booklet that accompanies the video, expanding on some of the themes and giving pointers to further information and organisations that offer support and counselling to bereaved people. The Childhood Bereavement Network (01159 118070) has some copies funded by Lloyd's TSB to distribute free to interested UK organisations. I would recommend this video highly to any bereavement counselling organisation, to enhance its work with bereaved families.

Dora Black
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BEYOND BEREAVEMENT

Bill MacFarlane, Jim Murray
(presenters)
Glasgow, UK: Anderson Maguire, 2001, 45 mins. £19.99.
www.beyondbereavement.co.uk

This very clear and sympathetic video consists of four bereaved people talking about their own grieving process. It is divided into three stages to mirror three stages of grief – denial, guilt/anger and acceptance – and in between the stages there are comments and interpretations by an 'expert'. Violent and sudden death are covered as well as the deaths of a partner and a child.

The participants are extremely fluent and talk about their feelings with understanding and depth and, although the common theme is self-evident, the way it is expressed and the intensity of emotion varies from time to time and person to person. The video seeks to reassure that all emotions experienced during the grieving process are normal, though they can be overwhelming and unexpected. I would envisage using this resource alongside a course introducing bereavement counselling. It would, for instance, complement Cruse Bereavement Care's 60-hour introductory course very well. I can also see it being used as a stand-alone video for bereaved people who need to know something of other people's journey through grief and loss.

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Bereavement Counselling Supervisor and Trainer

BOOKS

IN THE PRESENCE OF GRIEF

Dorothy Becvar
New York: The Guildford Press, 2001, 284pp. £27.50 hb. ISBN: 1 572 306977 1

Death is 'the horse on the dining table …the elephant in the living room'. Dorothy Becvar sets the scene for her book with these metaphors taken from Kalish[1], highlighting our reluctance to acknowledge death's fearful presence and the need to work towards a greater awareness and understanding of both death and dying so that we can grasp the challenges that grief brings.

BOOKS

Becvar goes on to demonstrate effective ways of helping the bereaved cope with a range of commonly experienced issues, using many quotes and case studies. Particularly valuable for bereavement workers are the personal reflections that end each chapter, illustrating and supporting the main text. In these, she interlinks her clinical experiences as a family therapist with contemporary research, complementing the work of Kubler-Ross[2,3], Parkes[4], Worden[5] and others.

In the Presence of Grief is in two parts with good reference points, making it easy to read. Part 1 provides a overview of death issues and the different ways in which grief can be experienced. Sudden and anticipated death, including euthanasia, are covered, as well as the death of a child, sibling, parent, spouse and extended family member or friend. Part 2 discusses grief in the context of therapy. Healing rituals, the therapeutic role of funerals, searching for meaning, and reclaiming joy are considered sensitively and compassionately, and practical strategies and ideas are suggested. A final quote by Anna Quindlen reminds us of the book's main focus: '...it comes as a great surprise to find that love is forever, that two decades after the event there are those occasions when something in you cries out at the continual presence of an absence'.

This would make a useful addition to any bereavement library. The clear information and richness of material presented offer insight and understanding for those working with grief and for the bereaved themselves.

Mary Jones

Bereavement Counsellor and Trainer

1. Kalish RA. 'The horse on the dining room table'. In: Death, Grief and Caring Relationships (2nd edn). Pacific Grove, CA, USA: Brooks/Cole, 1985.
2. Kubler-Ross E. On Death and Dying. New York: Macmillan, 1969.
3. Kubler-Ross E. Death is of Vital Importance. New York: Station Hill Press, 1995.
4. Parkes CM, Weiss R. Recovery from. Bereavement. New York: Basic Books, 1983.
5. Worden JW. Children and Grief. New York: Guilford Press, 1996.

ABSTRACTS

Editorial

Grief Matters 2002: **5**(1): 2

Families making sense of loss

Nadeau JW. *Grief Matters* 2002: **5**(1): 3-6

Shared grief: a family affair

Kissane DW. *Grief Matters* 2002: **5**(1): 7-11

This issue of *Grief Matters* was entirely devoted to the topic of families sharing grief. The editor comments that families, as a group, offer the most powerful avenue for sharing grief and for making sense of death and other forms of loss in ways that therapists and counsellors can use fruitfully to help those who are experiencing difficulties. However, sharing grief within families (as opposed to a focus group of strangers whose only commonality is the loss of a family member) is a challenging task.

Janice Nadeau describes how families make sense of their loss through such strategies as shared storytelling about the death and the past life of the loved one. She reminds us, however, that 'family-speak' can also bring to the surface old tensions and resentments, reactivating power struggles between members. Therapists need great skill to create a safe environment in which divergent individual experiences of life and loss can be guided towards a common sense of what the death in the family means.

David Kissane points to the vast changes in family structure that may make it more difficult for families to grieve together – divorce and separation, remarriage, single-parenthood, mobility, the collapse of commitment. He believes, none the less, that family grief therapy may be a better way than individual counselling.

(A third article, by Irene Gerrard, *Disinfranchised grief in stepfamilies*, was abstracted in the last issue on p48)

Assistance from local authorities versus survivors' needs for support after suicide

Dyregrov K. *Death Studies* 2002: **26**(8): 647-668

Although the population of Norway is only 4.7 million, every year thousands of people are bereaved by suicide. Many of those who die are children or young adults – in 1998 over 26% of the dead were under 30. For the parents of these young suicides, their deaths are indescribably traumatic events from which they may never recover. The purpose of this study is to decide what help the parents receive, and how this compares with their own perceptions. It emerged that the support from the local authorities (which have a legal obligation in this respect) is inadequate – partly because of bad organisation, and also because the authorities tend not to be proactive in offering help. However, local communities are themselves dissatisfied with the service they provide and many improvements are in progress.

Supporting the bereaved child: teacher's perceptions and experiences in Greece

Papadatou D, Metallinou O, Hatzichristou C, Pavlidi L. *Mortality* 2002: **7**(3): 324-339

Until recently, organised school psychological services were nonexistent in the Greek public educational system. This article reports on the results of a survey into the response of 1792 teachers to questions about their general perception of children who were grieving the loss of a relative or of a fellow-student. The findings suggest that most educators were perceptive of children's grief responses and changes in academic performance and behaviour, and considered their role significant in supporting bereaved students. However, they felt inadequately prepared for such a task and expressed a need for specialised training. Less than half the educators who experienced the death of one of their students took the initiative to address openly the child's death with the child's classmates, approaching the subject only after students voiced questions. Since the survey, a pamphlet on how to support such children has been distributed to all school districts of Greece, and other training programmes are planned for the future.

The parent's response to a child's murder

Dannemiller HC. *Omega* 2002: **45**(1): 1-21

During the 20th century the predominant cause of childhood death has shifted from illness to violence. This article discusses the reactions of eleven people who, altogether, were the parents of nine murdered children. Ultimately, the response to the deaths – of the public, the judiciary, criminal and care systems, the media, and so on – was the most difficult, yet the most productive, issue which they had to face. What they most desperately needed was a complete picture of the events surrounding the death, and the information they received from different sources tended to be contradictory. They met this problem by synthesising their own response to the death with that of the public. The writer believes that, since professionals will have increasingly to deal with parents whose children have been murdered, they need to understand that the care they offer is a vital element in how the parents respond to their loss.

The current status of bereavement follow-up in hospice and palliative care in Japan

Matsushima T, Akabayashi A, Nishitateno K. *Palliative Medicine* 2002: **16**(2): 151-158

The aim of this study was to assess the extent of bereavement services provided by hospice/palliative care units in Japan. Some bereavement care is already provided, and most institutions not providing these services are planning to do so. However, it is mainly the nurses who are responsible for such programmes as exist, in addition to their own duties, which places a heavy burden on them. The situation is further complicated by socio-cultural factors, one of which is the fact that support for the bereaved is usually the responsibility of the family. Another is the influence of Buddhism, in which 70% of Japanese believe. Buddhist ceremonies appear to support the bereaved for a relatively long period after a patient's death. The authors conclude that it is necessary to develop bereavement care programmes based on common, basic hospice care tenets while making full use of existing local resources and taking into account regional values.

Sheila Hodges and John Bush