


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-Ross¹, Parkes², Worden³ and others.

In the Presence of Grief is in two parts with good reference points, making it easy to read. Part 1 provides an 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.

Understanding Death and Dying

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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

VOLUNTEER CO-ORDINATOR FOR BEREAVEMENT COUNSELLING TRAINING IN INDIA

The Sangath Centre is setting up a bereavement service in Goa, southern India. Goa is predominantly Hindu with a large Catholic and small Muslim population. The Centre is seeking a volunteer co-ordinator for this exciting project for minimum of three months from 1 October 2003 to help develop the service.

The remit of the volunteer co-ordinator would be to provide hands-on bereavement counselling training to staff members, to develop systems for supervision and additional bereavement advice within the service. You will need to know about traumatic loss and how to treat it. If you are interested please contact

Philippa Weitz on 07880 501 116 or + 44 (0)1273 242 854 or at pweitz@mole-conference.com
To find out more about Sangath visit www.sangath.com