

many signs of appropriate grieving beginning to take place with the experiencing of grief-related affect. For the first time the subject was discussed openly at home. Reports from school on both behaviour and academic performance were also positive and both clients passed their exams.

The clients' parent also worked hard in treatment, leading to a successful outcome that allowed the family to have a common understanding and recover together. As in any such case, the successes achieved in treatment would not have occurred

without the courage of both of these clients in facing acutely painful issues, and their investment in the therapeutic process. **BC**

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A B E R E A V E M E N T F E D E R A T I O N

Vivre Son Deuil (*Live Your Grief*)

Paris, France

Michael Hanus MD

Président de la Fédération Européenne Vivre Son Deuil

Vivre Son Deuil (VSD) is a European federation now represented in Belgium, Switzerland and in several areas in France. The association was founded in Paris in 1995 by various palliative care and other support organisations. Our charter is based on two fundamental concepts – the value of networking and of voluntary support – and on the importance of competence, respect and confidentiality. All volunteers, no matter what their professional origin, are very carefully chosen, regularly trained and supervised.

The main activities of the various groups within VSD are aimed at helping bereaved people, and providing training on different aspects of grief. Whilst quite a number of the groups have been founded by VSD itself, many other groups, and conferences, have been set up at the request of outside institutions and associations from French-speaking Europe

Initial help for bereaved people is provided by a telephone listening service operated by specially trained teams of volunteers. The possibility of self-help and other support is then discussed with the caller.

This can lead to the caller joining a group. Some of these are self-help groups open to all bereaved people, while others are closed support groups where the members remain the same from beginning to end. The closed groups are particularly for children, teenagers, and those bereaved by suicide and miscarriage.

VSD publishes a newsletter addressed not only to every member but also to all the bereavement associations. This is how the association ensures the publicity of particularly successful initiatives. For example, three videos – of which two are about children – have been produced and widely distributed. We have also

published two booklets. One is for all bereaved people, *Vous êtes en Deuil (You Are Grieving)* and the other is for bereaved children, *Quelqu'un que Tu Aimes Vient de Mourir (Someone You Love Has Just Died)*.

VSD's main sponsors are: La Fondation de France (*The French Foundation*), La Ligue Nationale contre Le Cancer (*The National*

League Against Cancer), many pension funds and Les Pompes Funèbres Générales (*The Funeral Directors' Association*).

The association organises innovative projects and specialist training, for example, in running groups for children and those bereaved by suicide. Soon we intend to begin to make contact and, if possible, form networks with other non-French-speaking European associations with similar goals.

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B O O K R E V I E W

WHAT FOREVER MEANS AFTER THE DEATH OF A CHILD Transcending the Trauma, Living with the Loss.

Kay Talbot

London: Brunner-Routledge, 2002, 261 pp. £17.50 pb. ISBN 1 58391 080 8

Talbot's American-based study examines experiences of parents, primarily mothers, after a child dies. She differs in her approach from writers like Klass¹ and Rubin² by making her own experience part of the research, and adds an important dimension to existing literature by exploring loss of the parenting function, or role loss, that inevitably follows the death of an only child.

She distinguishes between two groups of bereaved parents: 'chronic griever' and 'survivors'. Although both are equally devastated by their loss, the latter, she argues, are characterised by their motivation and will to find meaning in life again. This 'meaning-making', she believes, presents a particular challenge to bereaved parents because for them the natural order, of children surviving their parents, has been reversed and the world has become meaningless.

The book includes a review of familiar grief process models and a lesser-known one which refers to the importance of motivation in the healing process. A major part of the book is concerned with the unique and multifarious ways in which bereaved parents deal with their grief and Talbot makes an impassioned plea for greater understanding of their needs and for individualised responses from professionals and lay people alike. She emphasises that for bereaved parents grief resolution is not about grief ending, but about learning to live – or having to live – with it.

Although Talbot's pervasive belief in the transformational potential of suffering to change the bereaved into better beings will not be shared by everyone, hers is a life-affirming view. **BC**

Els Footman

Bereavement Trainer and Therapist

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