attended by one of the social work team. They talked together, first as a group and then in pairs. Each adult spoke to the person sitting closest about how their children were coping and compared notes. They also commented favourably on the value of the individual invitations that had been sent to each child. At the following sessions the parents were less inclined to linger though all stayed, as they were invited to do, for the final one. These interactions gave the parents an understanding of the group process and an opportunity to ask questions.

As a closing ritual during the final session, each child and parent was presented with a candle with their name and the name of their loved one printed on it. Accompanying this was a sheet inviting them to light the candle on important dates when they wanted to remember the person who had died. On follow-up visits, parents said that they had found this exercise helped the children to communicate more openly with them.

EVALUATION

We compiled a report after each session and set up a meeting with the children and parents one month after the programme had ended. At the meeting, a number of the teenagers suggested that we should run separate groups for younger and older children. As a result we now run two groups, one for those aged 5–10 years and one for those aged 11–16 years.

In conclusion, we feel that the main benefits of group work are those expressed by the children themselves.

> Mark: 'Knowing that there were other people feeling the same way.'
>
> Tom: 'I could say things with confidence and I am not afraid to talk about my mum. It was fun and I'm glad I went.'
>
> Mary: 'I liked remembering Mam and everything about her. It was lovely that you weren't pressured into doing things. I am very proud of all the work I did and it is all dedicated to Mam.'

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Winston's Wish materials can be obtained from The Clara Burgess Centre, Bayshill Road, Cheltenham GL50 3AW, UK.

BOOK REVIEWS

GRIEF SUPPORT GROUP CURRICULUM FACILITATOR'S HANDBOOK

Linda Lehmann, Shane Jimerson, Ann Gaasch

Philadelphia, USA/ Hove, Sussex, UK: Brunner-Routledge, 2001, 41pp. £12.50 pb, ISBN 1 58391 096 4

Although this handbook was designed to accompany a Californian programme, the principles it describes apply to all young people's grief support groups. It would, therefore, be a useful, practically-based introduction for anyone wishing to set up and facilitate such groups elsewhere.

The title is misleading in that the book describes an overall approach rather than specific 'curriculum' components. The content is based on the authors' experience of children's groups, incorporating other facilitators' evaluations and the children's viewpoint. The authors make some sound general observations on developing a curriculum, such as 'Structure is important, but flexibility and openness that allows the children to direct each session to some extent are key'. I also liked their reference to cognitive and psychological development as ' head and heart connections'.

Specific guidance is offered in the first section for sessions of around 90 minutes over a ten-week period. Age appropriateness is unclear. Topics areas used are fairly traditional, although my own experience of running children's groups leads me to question the timing of some of these. I have found a session on 'Memories/Remembering' more effective when done earlier, around the second week, as part of happy memories. 'Identifying and Expressing Feelings' needs to be introduced around week four to give children time to develop their vocabulary and ability to understand and express their feelings in subsequent sessions through various activities. There are a number of ideas on the format of the sessions with advice on routines such as opening, centring, sharing and closing activities, which play an important part in engaging children.

A second section covers developmental considerations and age-related issues. The focus of the group is seen as support, not therapy, and bereavement as a ongoing family process. A final chapter gives some basic practical tips, and support and reassurance for would-be facilitators, looking at venues, training, breaks, discipline and snacks.

It would have been helpful if some information about the original curriculum had been included for reference. However, used in conjunction with the comprehensive resource section provided, this handbook offers a valuable, easy-to-read, basic introduction to children's grief groups, addressing many of the facilitating issues for those who work, or plan to work, with bereaved young people.

Mary Jones

Bereavement Counsellor and Trainer

HOW TO DESIGN AND FACILITATE GRIEF SUPPORT GROUPS

Kim Logan

Kansas, USA: Kansas City Hospice, 1993, 82pp. $15.95*

Written for the novice, this handbook provides an amenable and practical approach whose simplicity will be attractive to a busy practitioner. The author communicates clearly and shares experiences on the the practical aspects of setting up and running a grief support group.

The strength of the guide is also potentially its weakness. Offering much practical advice and pitched at an accessible level, it unfortunately conveys the message that 'anyone can do it'. The author encourages the well-intentioned, who may not have the necessary experience or theoretical foundations, to launch into a support group. For example, 'much of group facilitating is common sense' is a statement that fails to acknowledge the complexities involved. To the intuitive practitioner, group facilitating may seem like common sense but this is a job that needs knowledge and skills.

Though Kim Logan refers to some pre-reading, the uninitiated would benefit from the introduction of appropriate theoretical models. She offers a sound summary of basic information about group dynamics, but does not consider how members should be assessed for suitability for involvement in a group intervention or, specifically, the criteria for inclusion or exclusion. The author appears to work on the premise that participants can join a support group without assessment, except perhaps where someone is already receiving mental health care. In the case of child bereavement services, this raises a notable difference between the self-select, peer support model pioneered in the USA, and the UK provision where a range of services may be offered, often after an assessment by a professional familiar with the intricacies of family systems. There are other cultural and languages differences specific to the USA that would need to be taken into account by readers from other parts of the world.

This is a useful companion to group development, but perhaps not a stand-alone resource. We remain impressed, however, by any practitioner who finds the time to capture the realities and challenges of the nitty-gritty world of service delivery.

Julie Stokes, Katrina Alilovic

Clinical Child Psychologists

* Jeannette Ford, #100, 9211 Ward Parkway, Kansas 64114

UMBRELLA ORGANISATION

The National Child Traumatic Stress Network

(Los Angeles, California/Durham, North Carolina, USA)

The National Child Traumatic Stress Network's mission is to raise the standard of care and improve access to services for traumatised children, their families and communities throughout the USA. NCTSN's goals are to define the problem of child traumatic stress; develop evidence-based, developmentally sound assessments, interventions and treatments; and work to create and co-ordinate a national network of organisations and institutions that provide services to traumatised children, their families and communities throughout the USA

NCTSN celebrated its first anniversary in November 2002 at the International Society for Traumatic Stress Studies 18th annual meeting in Baltimore. At this meeting, the NCTSN sponsored two pre-meeting institutes, and Network members made multiple presentations. The ISTSS annual meeting provides a unique opportunity for interacting with an international community of professionals dedicated to improving the lives of traumatised people, and NCTSN members are pleased to be a part of this.

The vision of the NCTSN is to:

- raise public awareness of the scope and serious impact of child traumatic stress on the safety and healthy development of the USA's children and families
- improve the standard of care by integrating developmental and cultural knowledge to advance a broad range of effective services and interventions that will preserve and restore the future of traumatised children in the USA
- work with established systems of care, including physical health, mental health, education, law enforcement, child welfare and juvenile justice systems, to ensure that there is a comprehensive continuum of care available and accessible to all traumatised children and their families
- be a community dedicated to collaboration within and beyond the Network to ensure that widely shared knowledge and skills create a national resource to address the problem of child traumatic stress

The NCTSN is sponsored by the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration within the Department of Health and Human Services, an arm of the United States Public Health Service. The NCTSN unites the efforts of 36 organisations serving traumatised children and provides a national framework to highlight their experience, expertise and success. These links strengthen the efforts of all Network members and improve the quality and availability of services for traumatised children.

- **Intervention Development and Evaluation programmes** (10) are primarily responsible for development, delivery and evaluation of improved treatment approaches and service delivery models within the NCTSN.
- **Community Treatment and Service** programs (26) primarily engage in implementing, in the community or in specialty child service settings, model treatment interventions and community services for children and their families who have experienced trauma.
- **A National Center**, part of the NCTSN, provides the vision, national leadership and overall organising and coordinating expertise to move the NCTSN toward its goals.

The National Center is co-administered by the David Geffen School of Medicine at UCLA, Los Angeles, California, and Duke University School of Medicine, Durham, North Carolina. Co-directors, Robert Pynoos and John Fairbank, are ISTSS past presidents.

The National Center also provides organisational support to the new Terrorism and Disaster Branch (TDB) co-located at the University of Oklahoma Health Sciences Center and Mt. Sinai Medical Center. Designed to strengthen the USA's preparedness and response to terrorism and disaster, the TDB will strive to build a national resource to enhance the capacity to provide mental health care for traumatised and bereaved children and families after mass casualty events. The National Center also contains the National Resource Center and www.nctsnet.org, a central source of information for the Network and the public on issues related to improving and expanding services for childhood trauma.

In year two, the NCTSN will strive to increase collaborative activities and establish a set of core principles for training in the screening, assessment and treatment of child traumatic stress. The NCTSN also will continue the process of getting collaborative evidence-based projects under way, take steps to increase quality of care in service settings, and develop an agenda for improving children's access to treatment.

For more information about the NCTSN, contact Christine Siegfried at UCLA, [001] 310 235 2633 X223, or Judy Holland at Duke, [001] 919 687 4686 X302.

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BOOK REVIEW

WHEN SOMEBODY DIES

Sheila Hollins, Sandra Dowling, Noelle Blackman

London: Gaskell, 2003, 99 pp. £10.00 pb. ISBN 1 901 24290 0

Although no longer a taboo subject, there is still considerable anxiety for families, carers, teachers and others in their circle of support about discussing death and grieving with people who have learning difficulties. This book reassures and advises, giving useful contacts and references.

As with the other wide-ranging titles in the 'Books Beyond Words' series, pictures tell the story. Better perhaps to think of the pictures guiding the story. The simplistic illustrations allow for discussion of a gamut of emotions, but do not frighten or unduly distress, and it is good to find religious beliefs are not given undue importance. Rigid adherence to the ready-made story should be avoided and the book opened at any page at any time.

The bland, stark drawings with paucity of detail do not entice reading on one's own, but that is not the book's purpose. I would find it particularly useful in group work especially with youngsters who often find sharing emotions easier with a peer group.

The book gives permission for all aspects of grief and mourning to be discussed, though it is also important to be aware that there may be very little grief, occasionally none, depending on circumstances. People with learning difficulties can understand, absorb and respond appropriately to events, even death, but the very great deal of time and numerous repetitions required from carers and counsellors are not stressed here.

However, this is a fitting and welcome addition to the Sheila Hollins' extensive publications in this field. For carers, the text, guidelines and valuable advice take away the mystique and fear surrounding the subject, allowing the 'therapist' to safely develop his or her own, often rich skills.

Heti Davies

Consultant Psychiatrist

New thinking and new editions

GRIEF COUNSELLING AND GRIEF THERAPY (3rd edn)

William Worden

Hove, East Sussex, UK: Brunner-Routledge, 2003, 232pp. £40.00 hb. ISBN 1 583 91940 6. £15.99 pb. ISBN 1 58391 941 4

It is very unlikely that anyone involved in bereavement work will not already be familiar with, or at least know of Worden's book, first published in 1982 and now well established as one of the seminal works for those who care for the bereaved. This latest edition is still sub-titled 'a handbook' and, as such, continues to be an invaluable easy reference. It is comprehensive, compact, clearly written and practical – an essential resource for the bereavement worker.

One of the many values of this classic text lies in its practical application; in less academic circles it might even be classified as a 'how to' book, though it is far more than that. Beginning from attachment theory, it offers current thinking on typical experiences following a bereavement and means of helping people through their grief. It identifies the differences between normal and complicated grief reactions and how to deal with the latter, as well as special loss situations.

Worden's original thesis, that mourning is more that a passive process of waiting for the grief to fade away, remains central. His suggestion that, whilst the bereaved may pass through various stages or phases of grief, recovery is facilitated by actively addressing four tasks of mourning, is so identified with him that they are frequently referred to as 'Worden's tasks'. In this updated edition, he further suggests that it is not sufficient for helpers to know about the tasks, they must also understand a second aspect of the mourning process, the seven 'mediators of mourning'. This is a handy, if rather eccentric title, for what are more usually known as the factors influencing the grieving process which shape the personal and individual differences of each bereavement.

This new edition has other refined or new sections on particular types of losses including death of a child, grief in the elderly and the value of dreams in bereavement. In the chapter on training, Worden offers a series of vignettes or grief sketches drawing on some from the earlier editions as well as several which are new. Each presents a different challenge to those in training, by drawing different bereavement scenarios from his case work notes.

This is an invaluable and fine book that I would recommend almost without reservation but, if there are any surprises in it, they centre on this training issue. Worden is careful to make clear that his target audience is the mental health practitioner already in a position to extend care to the bereaved but, clearly, we cannot know anything about the previous training of such practitioners. His suggestion of a two-day preparation, which involves participants examining their own grief and role-playing by using the vignettes referred to above, seems remarkably brief. Perhaps the practitioners he has in mind have already undertaken a general counselling training, or it is possible that Worden's use of the term 'counselling' differs from that generally accepted in the UK. Few organisations offering any form of counselling would consider such training alone to be sufficient and, of course, as Worden says, adequate training is essential for any worker within the medical or the voluntary sectors who offers either bereavement support or counselling.

This should not detract in any way from the hugely significant contribution this book has made both to understanding grief and to practice in supporting the bereaved. Indeed, it is nothing short of a required reference for anyone involved in bereavement care, whether they are in professions or in voluntary organisations dedicated to such work. And, whilst Worden restates that 'we do not need to establish a new profession of grief counsellors', many of the latter would argue that there is a proven case for the well-trained volunteer who offers bereavement support or counselling.

John Harbinson

Therapist

LOSS OF THE ASSUMPTIVE WORLD

Jeffrey Kauffman (ed)

New York: Brunner-Routledge, 2002, 246pp. £22.95 hb. ISBN 1 58391 313 0

In order to function in the world we make various assumptions and behave as if these assumptions are fact: that the ground will hold our weight, that most people will behave benevolently towards us much of the time, that there is some sort of meaning to events – and that we are, on the whole, worthwhile individuals. These, amongst others, form an 'assumptive world' which is, to a greater or lesser extent, successful in helping us to carry on with our lives. After a bereavement these assumptions are shaken, sometimes totally demolished, and part of the grieving process is to reconstruct this inner world without the person who has died.

In this edited book the assumptive world, and specifically its loss in relation to trauma, is considered by a number of authors from a variety of theoretical perspectives. Rather in the way that Monet used to paint the same subject throughout the year or at varying times of day, the authors here bring their own assumptions and thus each gives us a slightly different picture of the same subject. The richness of this book for the reader is in seeing the same concept from a number of points of view. Despite the different views, an internal coherence is achieved by the book's focus.

In a book of this size (246 pages, fairly small print and no pictures or figures) on such a discrete topic there is inevitably some repetition, particularly in defining the concept. This is unnecessary as the book's first chapter by Irene Smith Landsman provides an excellent overview. This is probably not a book to read from start to finish (unless you are having to write a book review!). Part I offers a comprehensive introduction and grounding in the topic and other chapters may be dipped into as the need or desire arises.

As a trauma specialist, often working with people whose assumptive worlds have been bruised or broken, this book has elaborated my knowledge of the concept and thereby enhanced my understanding of those I seek to help.

David Trickey

Chartered Clinical Psychologist

HELPING BEREAVED CHILDREN (2nd edn)

Nancy Boyd Webb

New York: Guilford Press, 2002, 408pp. £30.50 hb. ISBN 1 57230 632 7

This is the second edition of a book originally published in 1993, sub-titled *A Handbook for Practitioners*. The editor, Nancy Boyd Webb, who also writes nearly half of the chapters, is a clinical social worker and play therapist who has written extensively on work with children and their families. The other contributors are academics mainly in the field of social work, psychology and education at universities in the USA.

The book is divided into five parts. The first gives a theoretical framework but I found the theory here rather out-dated and with too much reliance on 'expert' views rather than recent research. As with most of the book, the authors have a blind spot to most literature in the field that is not American. In discussing anticipated deaths, Boyd Webb fails to point out that children may often not be told that an illness in a parent or grandparent is terminal and

BOOKS

therefore will not be able to share in the anticipatory mourning of the family.

The second part deals with deaths within the family, including suicide, with illustrative case histories. The examples of the therapy sessions, which include the therapist's thinking which leads to the intervention, are likely to be of interest to practitioners in family and individual therapy. The approaches appear to be eclectic although heavily based on psychoanalytic theory, language and technique.

Deaths in the community are the subject of the third part, either in a schools' situation or by random violent action. Kathleen Nader, a clinical psychologist with extensive experience of working with children in traumatic situations, writes a most helpful chapter on ways to help children who experience the kinds of events which seem to be becoming more common in US schools – where children or adults with guns wreak havoc on a school community.

The fourth section describes specific therapeutic techniques (although the previous two sections also do this). This should be the most useful part of the book to those working with bereaved children and families, but it is rather unbalanced. It is sad that barely one page is devoted to the use of family therapy and with no reference to the research which has demonstrated its efficacy. An interesting chapter by O'Toole on 'Story telling with bereaved children' has some useful references. However, I am not sure if I can forgive the author's distorted version of 'Humpty Dumpty'. She considers that, as it stands, this nursery rhyme does nothing to help a child to deal with loss, and quotes a cartoon that has a child say of all the King's horses and all the King's men; 'perhaps they didn't try hard enough'. She suggests that the rhyme should be modified in several ways, ending with, 'All the King's horses and all the King's men would always remember him as their special neighbor and friend'!

Finally, there is a short section on September 11 2001, the effects of terrorism and the tragedy of so many thousand children being simultaneously deprived of parents. Strangely, this chapter does not mention the nationwide Child Trauma Network headed by Robert Pynoos which has been created as a result of this disaster (see page 29).

Experienced practitioners are bound to find something of use in this book – the verbatim examples of counselling sessions perhaps, or Nader's chapter on traumatic bereavement. The fact that it has run to a second edition testifies to the fact that it has found a place on courses in the USA on counselling bereaved children. In my opinion, it is of less use outside that country.

Dora Black
Consultant Child and Adolescent Psychiatrist

KADDISH

Leon Wieseltier
London, UK: Picador, 1999, 588pp. £7.99 pb. ISBN 0 33037 228 0

When his father died, Leon Wieseltier took on the traditional Jewish mourning rituals, among which is the duty to say the mourner's kaddish (a thanksgiving or prayer) three times a day throughout the year of mourning. He saw this as his duty to his father and his religion, and felt that by carrying it out his thoughts about his father would be 'unimpeded by regret and undistorted by guilt'.

However, saying the kaddish was not enough. For Wieseltier it marked a return to Jewish practice after a gap of over 20 years during which he had 'stopped living according to Jewish law'. As an academic philosopher tending towards a sceptical and basically humanistic view of the world, he felt compelled to try to understand what kaddish meant, logically, theologically and spiritually. He turned to historical and some modern Jewish texts, looking for some insight into his own and his family's grief and relating both of these to an interpretation of the significance of the kaddish which fitted in with both his understanding of Judaism and his way of looking at life.

Weiseltier found that kaddish was a relatively recent feature of Judaism that arose out of the Crusades. These had provoked the first major attempt to exterminate Jewish people in Europe and left many mourners in its wake. For Wiesltier his research testified to the vitality of Judaism and its survival of the holocaust and earlier attempts to eradicate it, and affirmed the importance of any community and its shared history: 'The preservation of custom is not an anthropological imperative. It is a moral imperative. My parents taught me this. With these particulars, we prove that we are alive and that we are free.' It also demonstrated that history need not be deterministic: 'It is not precisely the case that history repeats itself. We repeat history – or we do not repeat it, if we choose to stand in the way of its repetition. For this reason, it is one of the purposes of the study of history that we learn to oppose it.'

Kaddish is a fascinating journal of Wieseltier's journey through the first year of his grieving. It maps his critical readings of often obscure texts and his thoughts about them, and his changing relationship with his religion. He had once felt fettered by it and then almost cut himself off from it. Finally, through the process of exploring the roots and meaning of the kaddish, he developed a critical appreciation of Judaism's history and varied traditions, and its contemporary relevance.

Apart from dissecting the history of the kaddish, Wieseltier offers interesting insights into grief and the rationale behind Jewish mourning practice. For example: 'The Jewish ideas about sorrow include the idea that sorrow has limits. The end of mourning is an essential part of the tradition of mourning…There must be no wallowing…The world has not died; only someone you love has died. The world awaits your return. There is work to be done in the world'.

Reading this book one feels for Wieseltier as he moves from 'A morning without civilisation' through 'the only year of my life, about which I can say with certainty that there was never a day without an untrivial moment'. Finally his family sets the headstone on his father's grave, his struggles seem to have reached some completion and he can write: 'With my own eyes, I saw magnificence.' He has a comic touch too: 'Your father dies and you are free. And what do you do with your freedom? You think, and write, and pray, about your father. Congratulations!'

Kaddish is a challenging, intriguing read, wise and humane. It deals with the opportunity bereavement offers us to reassess our lives and our purposes: 'In sorrow is the seed of change'. It could certainly give an extra dimension of understanding to anyone dealing with the complexities of their grief, the demands of religious observance – whether traditional Judaism or something else – and what it means to be human.

Christabel Hilliard
Bereavement Welfare Adviser

THE HELPER'S JOURNEY

Dale Larson
Illinois, USA: Research Press, 1993, 279pp. $21.95. ISBN 0 87822 344 2

The Helper's Journey is a handbook for anyone working in a caring role, whether volunteer, paid helper or professional carer. Dale Larson has extensive caring experience in all of these areas as a clinician, volunteer, researcher and consultant and this book is his response to issues raised for him a result of his own 'helping journey'.

While Larson's illustrations are primarily drawn from his experiences in hospice care, oncology and psychotherapy, the themes he addresses can be easily applied to a much wider range of caring situations and settings. The sensitive use of personal testimonies by carers helps the reader to connect with the emotional impact of care giving, while also graphically supporting Larson's convictions about the complex and paradoxical relationship between the benefits and challenges of caring.

The book is divided into three parts. The first considers the 'inner world' of helping. It explores personal motivations for caring as well as commonly faced challenges, including burnout, stress and dealing with painful inner conflicts often associated with this role. The second part looks at the interpersonal aspects of caring, with particular emphasis on the qualities and the range of skills necessary for helpers to communicate effectively. The third section places the individual helper in the context of teams, support groups and society, and suggests strategies to encourage the development of caring teams and communities.

There are a number of references, particularly in the final chapter, which are specifically relevant to the USA, where Larson's work is largely based. In general, however, the points made are equally valid for the UK and other countries. If I were to make any criticism, it would be that perhaps the scope of the material here is too broad for the intended reader. The final section is interesting and helps set Larson's idea in context, but it appears to be directed towards leaders and organisations, rather that individual carers who have been the focus up until this point. The author touches on a lot of significant material that could justifiably be given greater attention in a separate text.

Overall, *The Helper's Journey* is informative, practical and reassuring and Larson's approach to the subject is original and refreshing. The text successfully combines realistic guidance for carers with accessible psychological insights and helpful illustrations. This is a comprehensive and valuable resource for those involved in any aspect of care giving and has the advantage of being a book that can be opened at any point and used as a reference as required.

Michelle McMasters
Lecturer in Social Work/Bereavement Volunteer

VIDEO

FRIDAY 21.03

Ipswich, UK: Alpha Films, 2003, 12 mins. £24.99

The power and impact of this video is not only in the content but also in the documentary, fly-in-the-mind production style which, in a completely unsentimental way, allows the viewer to share in the last day of teenage Sarah's life. I felt sympathy myself, an invisible observer, witnessing her perception of her world, the helplessness and despair that this engendered, finally culminating in her death by suicide.

The video is underpinned by comprehensive support notes that include a suggested presentation approach, analysis of the issues leading to the suicide, recognition of outward warning signs, and consideration of what might have helped and how those who are left behind might be reacting. The major issue underlying Sarah's depression seems to have been loss of her father, though whether this was by death or divorce is not clear.

A transcript of the video is included which would be very effective in group training situations. I consider this pack a valuable training resource and would confidently deliver it, feeling comfortable with the quality and integrity of its production.

Alan Casselden

Counsellor, Supervisor and Trainer

ABSTRACTS

Does grief counseling work?

Jordan JR, Neimeyer RA. *Death Studies* 2003; **27**(9): 765-786

Most bereavement caregivers accept as a truism that their interventions are helpful. However, an examination of the bereavement intervention literature suggests that the scientific basis for accepting the efficacy of grief counselling may be quite weak. This article summarises the findings of four recent qualitative and quantitative reviews of the bereavement intervention literature. In general, it appears that the scientifically demonstrated efficacy of formal interventions for the bereaved is extremely low – a conclusion that deserves careful consideration by practitioners in the field. The authors then discuss three possible explanations for these surprising findings: the importance of taking into account the duration, timing, precision and group composition of services. They stress the need to concentrate on high-risk mourners. The article concludes with recommendations for both researchers and clinicians in thanatology that could help to focus efforts to answer the questions of when and for whom grief counselling is helpful.

'Down the track'... recently bereaved parents' experiences of support

O'Neill C, Giljphann A, Ford D

Third Thursday nights: an exploration of the experience of a parents' bereavement support group

O'Toole M, Sullivan J

A successful structure for bereavement support – a homogeneous group with 'balanced' participation by professionals and bereaved parents

Den Hartog PN

Grief Matters 2003; **6**(3): 48-60

This issue of *Grief Matters* focuses on support groups for bereaved parents, raising important questions about the support needed for grieving families, how effective support is, and who can best deliver this service.

'Down the track"...' describes the work of the Sudden Infant Death Research Foundation (now called SIDS and Kids Victoria) which was established in 1977 by a bereaved parent to help the families of all children living in Victoria, Australia, who had died unexpectedly and suddenly from a wide range of causes. The service is provided by professional counsellors in partnership with trained parent supporters who are themselves bereaved. 'Down the track' is a phrase which was used by all the participants in this evaluation to describe their own journey through grief and their need to look ahead, with the help of other parents who were 'further down the track' of continuing to live without their child.

The third article describes the support group set up by SIDS and Kids Victoria in 2000 specifically to support parents whose children had drowned. These parents face specific issues, including intense trauma, blame, anger, guilt, and in some cases inquests and the decision whether or not to take legal action. A key component of the support group structure is the 'balanced' participation of professionals and trained bereaved parents, who become role models and a symbol of hope for the future.

'Third Thursday nights' outlines the experiences of bereaved parents who attended a support group at a paediatric hospital, where the deaths of the children fell into four clusters: sudden, disability, acute and chronic illness. The parents help to make the group work through their compassion towards others, their search for meaning and their desire to make a positive contribution. Their words offer insight into the nature and consequences of parental bereavement.

Taken together, the articles illustrate the tremendous importance of peer support, in conjunction with skilled professional help: nothing is of greater value to bereaved parents than the sympathy and understanding of parents who are themselves bereaved.

Parents of fatally injured children discuss taking part in prevention campaigns: an exploratory study

Girasek DC. *Death Studies* 2003; **26**(10): 929-937

This article discusses how a small group of parents who had lost children in accidental injuries felt about taking part in prevention campaigns. All the participants felt it was appropriate to approach bereaved parents about such opportunities after the most disabling phase of grief had subsided. Although they raised cognitive, emotional, and practical barriers to engaging in such work, they were attracted by the idea of becoming a safety advocate, thus helping to prevent emotional and physical injuries to others, as well as advancing their own recovery. Although this brief report is only an exploratory study, it suggests that there is a positive approach here to helping bereaved parents, not least because there is evidence to suggest that engaging in advocacy work is therapeutic for survivors.

Managing bereavement in the classroom: a conspiracy of silence?

Lowton K, Higginson IJ. *Death Studies* 2003; **27**(8): 717-741

According to one study, every day 40 children in the UK are bereaved through the death of a parent. The focus of the research carried out by the authors of this article was to explore the practical problems that children bereaved in this way presented to their teachers, and how the teachers responded. The article discusses the role the school can play in helping these children to cope with bereavement, and the difficulties teachers may face as a result. Often they lack experience in dealing with such a situation, and are uncertain about how they should react, not only to the children but also to the parents. The sample of schools, all from a deprived inner-city area in south-east London, was small, but this interesting article makes clear how important the support of the school and of the teachers is to bereaved children, whose grief is often compounded because they are not able to express it, and how excellent a job many teachers are doing in this respect, despite a lack of support from the education system.

The effects of negative legacies on the adjustment of parentally bereaved children and adolescents

Silverman PR, Baker J, Cait C-A, Boerner K. *Omega* 2002-2003; **46**(4): 335-352

Based on a sample of families in which one parent died, this study discusses how the children reacted to the death – that is to say, what 'living legacy' the parent left them, and which of them were more likely to develop emotional and behavioural problems associated with the death. The authors discovered that many of the high-risk children had a continuing bond with the deceased that was primarily negative and troubling. In some cases the child was apprehensive that he or she might die from the same disease as their parent. In others the children felt they had to assume the deceased's role in the family, or identified with personal qualities they saw in the deceased parent. Or they had a sense pf guilt that not enough had been done for their parent. The study showed that how the surviving parent coped with the death was an essential factor in determining whether these legacies had a negative influence on the children's lives. This was less likely to happen if the parent had a positive attitude and tried to understand and legitimise the child's feelings.

Sheila Hodges and John Bush

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