

## BOOKS

serious behavioral or psychological sequelae' (p54). This said, there is general agreement that, for those who suffer bereavement as a result of a public tragedy, there is often a need for help from outside their immediate family.

While it is easy to sympathise with the attention given to an event that, thanks to the news media, reached the living rooms of a large proportion of the human race; the book would have done better to attempt to get this in proportion. 3,000 deaths sounds large but, in a country as populous as the USA, amounts to no more than the number of road traffic deaths in a week. It was soon outnumbered by the deaths that resulted around the world, including the USA, as a consequence of military action and people travelling by car instead of air.

Several authors write about the therapeutic value of rituals but there is little consideration of the dangers. That in the Yankee Stadium, in which Oprah Winfrey acted as Master of Ceremonies and Lee Greenwood sang 'Proud to be an American', is extolled, by contrast with the ceremonies of the Anglican 'state church' and the theocracy of Moslem states (p197). Elsewhere a more traditional religious service is described in which the mood of the crowd changed abruptly from solemnity to cheers when 'a formation of National Guard helicopters approached and flew over the crowd' (p167). Such uplifting additions to orthodox rituals are undoubtedly popular but one must suspect that they feed into nationalistic and militaristic sentiments, which may do more harm than good. No doubt the rituals of the lynch mob were similarly enjoyed.

**Colin Murray Parkes**  
Consultant Psychiatrist

### **SURVIVING WIDOWHOOD**

*Esther Goshen-Gottstein*  
Jerusalem, Israel: Gefen, 2002, 191 pp.  
\$16.95. ISBN 9 65229 287 7

This is a well-structured, beautifully written book about an experience of widowhood. I say 'an' experience rather than 'the' experience, because the account is markedly class- and culturally-specific. Esther Goshen-Gottstein is the widow of an eminent and prolific Jewish academic: herself a clinical psychologist, they had travelled widely and most of

their married life revolved around highly intellectual circles. The first-hand description of Judaic mourning ritual is fascinating, and offered as an exemplar for coping strategies in the initial period of bereavement. Nevertheless, the narrative portrays piercing and sometimes harrowing insights into emotional and practical aspects of life after the death of a long-term partner. The author relates, with great sensitivity, the reaction of her children and grandchildren, friends and colleagues and their role in her 'reinventing' her life as a widow – a designation to which, at first, she objects strongly. Goshen-Gottstein's delicate balance between personal and professional reflections leads the reader through the process by which the meaning of the term *widow* comes to represent 'resilience' rather than 'loss', a journey which she makes, and shares, in this immensely intelligent and readable book.

**Kate Davidson**  
Lecturer on Ageing and Gender

### **WHEN ALL THE FRIENDS HAVE GONE A Guide for Aftercare Providers**

*Duane Weeks, Catherine Johnson (eds)*  
Amityville, New York: Baywood, 2000,  
264 pp. \$504.00 hb. ISBN 0 89503 215 5

The first half of this book describes the development of bereavement support and education services in the North American funeral industry over the past 20 years, while the second half consists of an assortment of contributions about hospital- and community-based bereavement services and 'general aftercare issues'. Funeral directors who wish to develop bereavement support and community education programmes will find it of interest. For others involved in 'aftercare', there are serious omissions, namely bereavement follow-up services offered internationally through the hospice and palliative care movement, and the substantial efforts of bereaved people themselves in the form of self-help groups and mutual aid organisations.

Although the editors appear to use aftercare synonymously with bereavement care, and include funeral services, hospices, hospitals, support groups, schools and churches in their definition, the scope of the book is actually quite limited. To add to the reader's confusion, the term 'aftercare' is interpreted by the contributors in widely differing ways.

One of the most useful chapters is Bob Bendixsen's discussion of ethical guidelines and dilemmas facing funeral

homes when profit motives are in conflict with altruistic and community service motives. Another valuable contribution by Ben Wolfe from St Mary's Medical Centre in Duluth, Minnesota, provides a step-by-step guide to the development of bereavement services in an acute hospital setting.

The book highlights the role that funeral directors can play in caring for the bereaved after the funeral, 'when all the friends have gone'. In the USA 50% of funeral directors provide some form of aftercare, certainly not standard practice throughout the world. Rather than assuming that aftercare is desirable, the editors might have included a stronger argument for offering such services, as well as examples of how funeral directors can work more closely with other service providers in the field of bereavement care BC

**Irene Renzenbrink**  
Consultant in bereavement support services

## ABSTRACTS

### **Recovery following bereavement: an examination of the concept**

Balk DE. *Death Studies* 2004; 28(4): 361-374

The issue of *Death Studies* from which this article is taken was devoted to an examination of the work of Herman Feifel, who believed that appropriate attention to mourning and grieving allows the dead to die and the bereaved 'to redefine and reintegrate oneself into life'. The author takes this central focus on bereavement outcomes as the springboard for a discussion of the concept of recovery after loss. He examines the terms 'recover' and 'bereavement', and considers the centrality of concepts from life-span human developments, the life crisis literature, and existential phenomenology for defining the possibilities of recovery. This, he believes, can be achieved through the greater maturity which loss can give, and the opportunity for reaching out to others, the world and ourselves. 'Recovery from bereavement means we recover ourselves.'

### **Grieving, mourning, and healing following youth suicide: a focus on health and well being in families**

Kalischuk RG, Hayes VE. *Omega* 2003-2004; 48(1): 45-67

The increase in the incidence of youth suicide in recent years is a complex and

disturbing fact of contemporary society; it has been identified as a global mental health problem of epidemic proportions. As one would expect, its greatest impact is on family members. The major theme developed in this study, which the authors describe as a 'journey towards wholeness', is viewed as a process involving the interrelationships between three sub-themes: grieving, mourning and healing in response to youth suicide. The reactions of 11 families (a total of 41 individuals) to the suicide of a young male family member are described, and the journey of the survivors towards wholeness is followed. The role that professionals can play in this process is also discussed. Although the number of people involved was small, the article is thought-provoking, and gives real insight into the grief of the survivors of youth suicide, and into their stratagems to find meaning in life despite the blow the experience has dealt them.

### **Where do we come from? Where do we go from here? Thirty years of death education in schools**

Stevenson RG. *Illness, Crisis & Loss* 2004; 12(3): 231-238

This article examines the evolution of death education through the eyes of a New Jersey school teacher who is considered by some to be a pioneer in the field of death education. It looks at the start of one school's death education course more than 30 years ago and follows the themes that influenced its curriculum: consumerism, control, parenting, loss, and communication. The conclusion examines possible directions in the future, but also puts forward the possibility that, if the topics of death, dying, grief and loss move into the spotlight of enough people, perhaps there will no longer be any need for such courses. Although the article discusses other subjects than bereavement, it should be of interest to any teachers involved with children and students who have experienced loss or are likely to do so.

### **Micro-sociological analysis of social support following traumatic bereavement: unhelpful and avoidant responses from the community**

Dyregrov K. *Omega* 2003-2004; 48(1): 23-44

This article explores the reasons why the social support given to survivors of

## ABSTRACTS

traumatic deaths sometimes fails. The survivors in this case were parents who had lost their offspring through suicide, SIDS or accident. Despite support from their social networks, most of the parents experienced some unhelpful encounters or lack of anticipated support. Network members, for their part, because of inexperience in dealing with an unfamiliar situation often found it difficult to offer support in a way that was useful. The

parents found that openness, being able to talk about what had happened, how they felt and how they wanted to be helped, meant that they received more appropriate help, while the social networks learned how best to deal with grief and to support the bereaved. Although this study is concerned only with parents who were bereaved in a particularly traumatic context, it has relevance for anyone who is faced with the task of trying to help a bereaved friend or relative, and who is perplexed as to the best method of doing so.

## Gender, AIDS, and bereavement: a comparison of women and men living with HIV

Summers J, Zisook S, Sciolla AD, Patterson T, Atkinson JH, HNRC Group. *Death Studies* 2004; 28(3); 225-242

The purpose of this study was to examine the bereavement experience, psychiatric morbidity and tendency to suicide in bereaved men and women living with HIV who had experienced a lifetime history of major depression. The women who took part reported

greater bereavement responses, and a higher prevalence both of generalised anxiety disorder and of thoughts and gestures of suicide when compared to HIV men. HIV may force many women into a conflictual role; their forces of life-giving and nurturing may become juxtaposed with the disjunctive forces of loss, illness and death. The authors feel that if health care providers are aware of gender difference in mourning, this may enhance the quality of care given to all bereaved individuals living with HIV. **BC**

Sheila Hodges and John Bush

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