REVIEWS

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.

Healing your Grieving Heart for Teens (R); No 3: 45

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 sucide 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. Sheila Hodges and John Bush

Unseen support for bereaved families (A); No 2: 25
Vivre Son Deuil (Live Your Grief) (A): No 1:13
Webb N B (R); No 2: 30/31
Weeks D (R); No 3: 47
What Forever Means After The Death Of A Child (R); No 1: 13
What on Earth Do You Do When Someone Dies? (R); No 3: 45
When All the Friends Have Gone (R); No 3: 47 When a Friend Dies (R); No 3: 45
When Somebody Dies (R); No 2: 29 Where Do People Go When They Die (R); No 3: 46
Where do we come from? Where do we go from here? (Ab); No 3: 4
Where's Jess (R); No 3: 46
Wienrich S (R); No 3: 44 Wieseltier L (R); No 2: 31
Wilson P (A); No 1: 8
Wolfelt A (R); No 3: 45
Woden W (R); No 2: 30
Yuksel S, Olgun-Ozpolat T (A); No 1: 5

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INDEX TO BEREAVEMENT CARE

Volume 23 Spring 2004 - Winter 2004 Key: A = article No 1 = Spring issue Ab = abstract No 2 = Summer issue O = obituary No 3 = Winter issue R = review Aitken A (R); No 1: 10 Aitken A (R); No 2: 21 Aitken A (R); No 3: 37 Alexander H (R); No 1: 14 Alpha Films (R); No 2: 32 And the Passenger Was Death (R); No 3: 42 Astley N (R); No 1: 14 $\,$ Beal S (R); No 3: 46 Bendiksen R (R); No 1: 15 Bereaved Adult Siblings (R); No 1: 10 Bereavement (R); No 1: 14 Black A (A); No 1: 11 Blackman N (R): No 2: 29 Breaking The Silence (R); No 1: 15 Childhood Bereavement Network, The (A); No 3: 43 Chin-Yee F (R); No 3: 46 Complicated grief (A); No 3: 38-40 Coping with Public Tragedy (R); No 3: 46-47 Corden A (A): No 2: 19 Counselling the bereaved in prison (A); No 2:27 Cox G (R); No 1: 15 Culhane H (A); No 2: 22 Daher D (R); No 3: 42 Dead Good Funerals Book, The (R); No 3: 44 Death, Dying And Bereavement (R); No 1: 15-16 Death sucks: an internet-based peer support service for young people (A); No 1:3 Deeken A. (A); No 3: 35-38 Dickenson G (R); No 1: 15-16 Do Not Go Gentle (R); No 1: 14 Does grief counseling work? (Ab); No 2: 32 Doka K (R); No 3: 46-47 Dowling S (R); No 2: 29 Down the track .. recently bereaved parents' experiences of support (Ab); No 2:32 Duncan F (A); No 1: 8 Effects of negative legacies on the adjustment of parentally bereaved children and adolescents (Ab); No 2: 32 Elison J (R); No 1: 14 Evaluation of a hospice memorial service, An (A); No 1:8 Findlayson R (A); No 1: 8 Fox J (R); No 3: 44 Friday...21.30 (R); No 2: 32 Funerals Handbook, The (R); No 3: 44 Gaasch A (R); No 2: 24 Gender, AIDS, and bereavement: a compa rison of women and men living with HIV Gill S (R): No 3: 44 Goldman L (R); No 1: 15 Gootman M (R); No 3: 45 Goshen-Gottshein E (R); No 3: 47 Grief Counselling And Grief Therapy (R); No 2: 30 Grief Support Groups Curriculum Facilitator's Handbook (R); No 2: 24 Grieving, mourning, and healing following youth suicide: a focus on health and well being in families (Ab); No 3: 4 Groupwork with bereaved children (A); No Hanus M (A); No 1: 13

Helping Bereaved Children (R); No 2: 30 Helper's Journey, The (R); No 2: 31 Hollins S (R): No 2: 29 How To Design And Faciltate Grief Support Groups (R); No 2: 24 How To Love Again (R); No 1: 14 How To Survive Bereavement (R); No 1: 15 Jimerson S (R); No 2: 24 Johnson C (R); No 3: 47 Johnson M (R); No 3: 46 Johnson J (R); No 3: 46 Kaddish (R): No 2: 31 Kauffman J (R); No 2: 30 Kon A (R); No 1: 15 Kübler-Ross, Elizabeth (O); No 3: 43 Larson D (R); No 2: 31 Lattanzi-Licht (R); No 3: 46-47 Legood G (R); No 3: 44 Lehmann L (R); No 2: 24 Leming M (R); No 1: 15/16 Levy J (A); No 2: 25 Liberating Losses (R); No 1: 14 Listen's Story : the healing (Ab); No 1: 16 Little Boat with the Blue Eyes (R); No 3: 46 Logan K (R); No 2: 24 Loss Of The Assumptive World (R); No 2: 30 McDermott M (A); No 3: 41-42 McGonigle C (R); No 1: 14 Making Sense Of Death (R); No 1: 15 Managing bereavement in the classroom: a conspiracy of silence? (Ab); No 2: 32 Markham I (R); No 3: 44 Meaning making in the aftermath of homicide (Ab); No 1: 16 Micro-sociological analysis of social support following traumatic bereavement: unhelpful and avoidant responses from the community (Ab); No 3: 4 Monbourquette J (R); No 1: 14 Money matters and bereavement support (A); No 2: 19 (A), RO 2, 19 Moore O (A); No 3: 41-42 Morpurgo M (R); No 3: 46 Multiple birth loss (R); No 2: 21 Nation in transition, A - bereavement in Japan (A); No 3: 35-37 National Child Traumatic Stress Network, The (A); No 2: 29 Natural Death Handbook, The (R); No 3: 44 New style of mourning, A (R); No 3: 37 Parents of fatally injured children discuss taking part in prevention campaigns; an exploratory study (Ab); No 2: 32 Parental death in the lives of people with serious mental illness (Ab); No 1:16 Parkes CM (O); No 3: 43 Peacock H (R); No 3: 46 Penny A (A); No 3: 43 Portnoy M (R); No 3: 46 Post-traumatic stress disorder and bereavement (A); No 3: 41-42 Prigerson H (A); No 3: 38-40 Psychological problems associated with traumatic loss in Turkey (A); No 1:5 Recovery following bereavement: an examination of the concept (Ab); No 3: 4 Reed N (R); No 3: 46 Reflections On Death, Dying And Bereavement (R); No 1:15 Relationships between grief and family system characteristics (Ab); No 1: 16 Rodger R (A); No 2: 27 Romain T (R); No 3: 45

Healing a Teen's Grieving Heart (R); No 3: 45