When you looked into his eyes you could see how much pain he was in.

The intensity of the feelings can be difficult to hold: one volunteer described being with a mother whose children had been killed.

I looked into the hollows of her eyes and felt her loss.

However, the survivors have made clear the value of the support they have received. They know that they are not alone and that ongoing support is available, even if the Cruse literature offered is initially put away in a drawer or kept for them by a relative or FLO. One volunteer said that she had donated money to the Disasters Emergency Committee but this felt a much more direct way of being able to help those affected.

Ongoing and future support

As well as the airport support, Cruse volunteers have been assisting on the tsunami support line managed by the Red Cross. Requests for help by those affected have already started to reach local Cruse services and the national helpline (0870 167 1677).

Many thousands will be affected by this disaster, not only those bereaved and injured and those whose loved ones were lost on holiday in the area, but also the many ethnic minorities living in the UK and other countries who have lost family members resident in the tsunami zone. For many, there will now be an interminable wait for a body and for some the wait will never end, making it even more difficult to come to terms with the loss.

This event will challenge all those involved in bereavement to re-examine their responses to extraordinary events and to the bereavement we encounter every day. The team at Heathrow has been asked to be present for a period of at least eight weeks, but this is only the beginning. The support for those affected by this disaster will be needed over the next weeks, months and years ahead. •

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BOOK REVIEWS

Bereavement Counselling Pastoral Care for Complicated Grieving

Junietta Baker McCall



Binghamton,NY, USA, Haworth Pastoral Press 2004, 325pp \$39.95 hb ISBN 0 78901 783 0 \$19.95 pb ISBN 0 78901 784 9

Bereavement Counselling is part of the Howarth Press Pastoral Care series combining the approaches of clinical and spiritual care for bereaved people. Particularly in the light of recent events in South East Asia, this practical guide to the assessment and treatment of complicated grief offers an invaluable resource to those likely to be helping families who have experienced trauma.

Dr McCall, Director of Pastoral Services at New Hampshire Hospital and psychotherapist, writes in an accessible style, combining narrative illustrations and theoretical summaries. The volume is set out in a format which makes for ease of reading from cover to cover, as well as for use as a reference book. She describes universal grief processes and more complex grieving, and suggests helpful interventions to deal with the latter. Coming from a religious background she sets out the potential resources or obstacles which religious spirituality presents for the resolution of grieving, and its relevance for those seeking answers to the meaning of life in the face of trauma and disaster, as so many have recently.

For the bereavement supporter and counsellor alike, this volume will be a welcome source of ideas for intervention suited to those facing complex grief. Though written from a Christian perspective, the religious elements in this book are related to spirituality as a function of personality, rather than a specific religious tradition. Dr McCall's ideas would be relevant and helpful to a person of any faith sympathetic to the idea that spirituality is potentially a useful aspect of a person's resources for coping with life.

Pastoral Care for Post-Traumatic Stress Disorder Healing the Shattered Soul

Daléne Fuller Rogers



Binghampton, NY, USA Haworth Pastoral Press 2002, 122 pp \$29.95 hb ISBN 0 78901 541 2 \$19.95 pb ISBN 0 78901 542 0

Many events in life seem to be increasingly recognised as stressful to a traumatic degree. In addition to a bereavement, the pastoral caregiver may well find that clients have experienced a variety of traumatic factors that impact upon the their ability to work through their loss. Though written from a mainly Christian standpoint, clergy of all faiths will value the insights offered by this volume into the nature of trauma, and the practical suggestions for the support of victims.

Daléne Rogers writes concisely yet in detail about the nature of PTSD, defining in accessible terms its nature and causes. She categorises its antecedents under natural, accidental and intentional disasters, and examines the nature of sexual, physical, psychological and spiritual trauma. The descriptions of the manifestations of loss will be familiar but, as well as discussing psychological issues, Rogers provides practical suggestions, illustrated with case histories, for supporting victims of trauma through a healing process.

Other important topics covered include self-care for the carer, the special needs of veterans, and practical considerations about referring on to therapists, psychiatrists or doctors. Intended as a resource for mental health professionals and pastoral care providers, the book deals thoughtfully with a very sensitive area of experience. As with other volumes in the Pastoral Press series, it incorporates interdisciplinary insights into this increasingly common experience.

Peter Hammersley

Prison Chaplain

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BOOK REVIEW

Dying, Death and Bereavement 2nd edn

Inge Corless, Barbara Germino, Mary Pittman



New York: Springer Publishing Company 2003 400pp \$49.95 (USA) \$54.80 (overseas) hb ISBN 0 82612 655 3

The first edition (1995) of this book will be well known to many working in palliative care. For the second edition, the editors have gathered a very impressive list of authors, mainly from the USA, distinguished contributors in their fields.

The book is an anthology, a collection of chapters collated into five sections, on death, dying, bereavement, related issues, and the future of palliative care. Individual chapters deal with a wide variety of topics, such as death education, legal and ethical issues, and the role of healthcare workers. Each section begins with a personal account that helps to ground the following academic chapters within a reality frame and remind us why people come to work in this field in the first place.

There is much that will be of interest to palliative care workers but, for those working with people after a death, the section on grief and bereavement will be more relevant. Here, the chapter on the bereavement process by Mullan, Skaff and Pearlin looks at this highly complex issue and the requirement of the bereaved person to restructure major life domains. Silverman's chapter considers social support and mutual help, drawing from her experiences of working with widows and widowers. Lamers gives an account of the needs of children, including a list of resources, and Davies provides what I found the most useful contribution to this section, a thorough overview of the field of sibling bereavement. The section ends with a short chapter from Wessel on the loss of a pet.

The one issue I have with this book is the paucity of references to experience outside the North American setting. For example, in the chapter on helping bereaved children - my own field - there are no references that I could find to work by non-USA authors apart from Bowlby. At risk of sounding petty, I feel that for a book to have real relevance to a practitioner audience outside of the USA some recognition has to be paid to the work of writers from other continents, especially as most of them write in English. That said, however, this is a book rich in expertise, a good source of information and a valuable contribution to the field, and I would recommend it to readers of Bereavement Care.

Frances Kraus

Hospice Social Worker and Project Leader

BOOK REVIEWS

A creative, community-based child bereavement service

Then, Now and Always



Julie Stokes

Cheltenham, Gloucestershire, UK Winston's Wish, 2004 288pp £15.00 pb ISBN 0 953391 235 3 TODAY IT IS POSSIBLE TO STATE with relative confidence that the needs of bereaved children and young people, and their families, are widely acknowledged in the UK. Bereavement as an issue for children is slowly but inexorably moving up the government agenda.

A substantial review of literature and data, *Young People, Loss and Bereavement*, by the Open University for the Joseph Rowntree Foundation will be completed shortly. The Childhood Bereavement Network, the umbrella body set up in 1998 to link together people and agencies working with bereaved children, now has over 260 members, the majority of which (about 70%) are organisations, all of which offer some type of dedicated bereavement support to children, young people and families.

n this context, it is easy to forget the immense interest and excitement that was generated in the field of bereavement care by the launch of Winston's Wish in the early 1990s. At that time, Winston's presented a new model of supporting bereaved children - the group residential camp - and, alongside, a range of distinctively colourful, fun resources and innovative training. Developing a support model of a therapeutic nature rather than a therapy partnership, Winston's Wish operated as one of the first dedicated, open-access children's bereavement services in the UK, focusing on involving groups of children through activities with supporters and one another.

Then, Now and Always synthesises the accumulated learning of Winston's Wish. It is a handbook or manual, providing a wealth of evidence-based, practical information and guidance to practitioners in all settings. Significantly, the voices of children and families speak out from virtually every page, in case studies, quotes and illustrations.

In the last ten years, Winston's Wish

has been hugely influential, presenting a different, intrinsically optimistic picture of bereavement work with children and families. In the Foreword, Barbara Monroe describes it as 'a model of community based, preventive, non-stigmatised supportive care' offering a 'map of possibilities'.

Whilst sustaining innovation and quality in their direct services, the team there has also led ground-breaking work with the launch of their Family Helpline and interactive website. They continue to think laterally and imaginatively in terms of extending their services to new client groups, for example children bereaved by suicide.

Winston's has also excelled in terms of building awareness and mutually beneficial links within their community (the county of Gloucestershire) and across the rest of the UK, and with the media and commercial sponsors at national and local level. All this means that, over the years, Winston's Wish has connected with thousands of bereaved children and families, and currently takes 200-250 new referrals each year from within Gloucestershire alone.

Then, Now and Always gives an account of much of this activity. However, it also provides a history and an exemplar, celebrating the progress that has been made generally in the field of bereavement care for children and families in the last ten years. It cogently describes the evolution of this new type of community bereavement support service – one that has now been replicated in similar form in many locations around England.

Winston's Wish consistently produces vibrant, accessible written material and this attractively produced title is no exception. Julie Stokes has here written an erudite yet highly readable and immensely useful book. The CBN recommends Then, Now and Always as a key text and resource for anyone now running, or considering setting up, a bereavement support service for children. However, this book should be required reading for anyone who comes into contact with bereaved children.

Sarah Willis

Director, Childhood Bereavement Network

BOOKS

Death and Bereavement in the Americas

John Morgan, Pittu Laungani (eds)



Amityville, New York: Baywood, 2003 206pp \$46.95 hb ISBN 0 89503 232 5 \$35.95 pb ISBN 0 89503 233 3

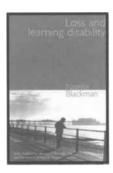
This second in a five-volume presentation of the ways people experience death and bereavement around the world is a welcome addition to the existing literature. As a collection of articles, it does not have a common focus beyond the unifying theme of bereavement. Each author chooses a particular aspect of death and bereavement in a specific country of the Americas, and develops it accordingly. Therefore we have a book that reflects the enormous diversity that is characteristic of the continent. This diversity ranges from the traditional division between the affluent north (United States and Canada) and the south (the mostly Spanishspeaking South America), to the distinct cultural and social elements which are relevant only to a specific society. The violence that afflicts, for example, Jamaica and Colombia, will not necessarily be found in Panama, and therefore death, grief and bereavement will be experienced differently.

But the book does highlight a common theme in most of the countries under scrutiny, and that is the theme of inequality of access to medical care and the possibility of a good death. A doctor working in Brazil tells us that in his country, 'hope is the last emotion to die'. It is that hope for better times, conditions and care for the dying and bereaved, that keeps them from total despair. In most of these countries 'care for the dying is not even an issue when care for the living is absent'. We are asked to reflect on such important questions as how do we want to be cared for and how do we want to be mourned when our time comes. For the poor in North and South America, the answer seems to be 'we don't have a choice because we have to do with what is available'. This is an interesting book that, although aimed at an academic audience, makes us particularly aware that governments need to exercise a greater political will to provide the citizens of the Americas with something closer to a 'good death'.

Maria-Alicia Ferrera-Peña

Sociologist and Counsellor.

Loss and Learning Disability* Noëlle Blackman



London: Worth, 2003 180pp £16.99 pb ISBN 1 90326 602 4

The emotional and spiritual lives of people with learning disabilities are often overlooked, disregarded or ignored in favour of attention to practical tasks and daily routines. The repercussions for individuals of this lack of attention to emotional matters can be considerable. Loss and Learning Disability unravels the intricate web of bereavement, loss and grief in the lives of people with learning disabilities.

Noëlle Blackman locates people's experiences in what she describes as a 'disabling society', where individuals regularly encounter discrimination and are often devalued as members of society. Within this context we can better understand how the experience of loss through death can be intensified for people with learning disabilities and how the consequences can be manifold and longstanding.

This valuable and in-depth exposition of the experiences of loss and bereavement is the background for later chapters where the author, drawing on her extensive clinical experience, discusses therapeutic interventions designed to help those with learning difficulties cope with their feelings after a death. Illustrated with the (anonymised) experiences of people with whom Noëlle has worked, these chapters are both moving and highly instructive, and include advice on practical strategies that can help.

This timely publication is a heartfelt, user-friendly and highly instructive addition to the existing literature. It will be useful to counsellors, support workers and the families of people with learning disabilities, as well as for those committed to challenging discrimination and making our society a more compassionate place for all.

Sandra Dowling

Researcher in Bereavement and Learning Disability

*Order direct from Cruse +44 [0] 8939 9530 info@crusebereavementcare.org.uk

Also WHEN MUM DIED, WHEN DAD DIED and WHEN SOMEBODY DIES

Stories told through pictures for people with learning disabilities **£10** each

Re-membering Lives

Conversations with the Dying and the Bereaved

Lorraine Hedtke, John Winslade



Amityville, New York: Baywood, 2004 150pp \$32.95 hb ISBN 0 89503 285 6

This book takes narrative therapy, as developed in Australia by Michael White and others, and applies it to the 'continuing bonds' model of bereavement. In narrative therapy the aim is to replace negative with positive stories, so the book focuses not on what the mourner has lost, nor on the associated pain, but on what has been gained from the deceased and how to nurture this through constructing stories that include the dead in the membership of our lives. The authors refocus counselling from notions of attachment as a psychological property of the individual, to the network of relationships in which we all find ourselves, networks in which the dead as well as the living have roles to play.

This clearly written book will be invaluable for any bereavement counsellor who would like to promote positive ways in which the dead can live on in a client's life. The focus is on counselling practice, and the book's 'constructionist' theoretical basis is simply presented – though challenging to any counsellor still wedded to the 'working through the pain of loss' paradigm.

I have only two criticisms. First, in lamenting the way modernist theories (Freud, Worden, Bowlby etc) have led to popular notions of 'letting go' and 'closure', the authors fail to see that within popular culture there is an alternative, romantic, view of grief that could form a starting point for their own approach. This is found in pop songs, in 'In Memoriam' columns, on gravestones, and in letters of condolence – the authors liberally quote such letters, seemingly unaware how these show that popular culture does not uniformly demand that relations with the dead be sundered. Secondly, like so many others, the authors provide only anecdotal evidence that their approach to bereavement care is effective. To compare and evaluate the proliferating approaches to bereavement care, we need much more rigorous empirical research.

Tony Walter

University of Reading

Death of a companion animal

Pet Death



Sandra Straub

Amityville, New York: Baywood 2004, 174pp. \$34.95 hb ISBN 0 89503 282 1

When Your Pet Dies



Alan Wolfelt

Colorado, USA: Companion Press 2004, 96pp. \$9.95 pb 4SBN 1 87965 136 X MOST CLIENTS WHO PHONE the UK Pet

Bereavement Support Service are grieving deeply for an animal. One of their most frequent concerns is finding themselves unprepared for the intensity and longevity of their grief. These two books, concerning pet-related grief and mourning, share a common message: that it is normal and natural to experience profound grief following the death of an animal, and that people can be helped to complete the 'work' of mourning and come through their grief. Both books (and the sources of support they cite) are orientated towards an American audience and both are punctuated throughout with relevant personal narratives and poetry.

andra Straub's book is a wideranging introduction to the subject of companion-animal death. Written with the insights of a mental health practitioner, it guides the reader through the grief process, coping with loss, and a variety of healing activities. The content is similar to earlier British publications1,2, but with additional chapters on theoretical models of grief and animal abuse, making it suitable for lay and professional audiences. (For more comprehensive guides, particularly for those in veterinary practice, see Lagoni, Butler and Hetts3, Stewart4).

Some of the chapters, such as 'Getting another pet' and 'Do pets grieve?' are disappointingly brief, whilst others, such as the chapters concerning child grief and euthanasia, are more comprehensive. Whereas the process of pet-related grief may be similar in severity and structure to human loss, the decision to elect for an active euthanasia is usually unique. Dr Straub provides some guidelines that may aid the owner (in consultation with their veterinarian) in making a euthanasia decision (see also Lee and Lee¹, and Halls⁵). She then breaks some long-standing taboos by pragmatically, and yet compassionately, discussing the

clinical and somatic processes that may be observed during euthanasia. Unfortunately other equally difficult issues, where an owner perceives a euthanasia as being premature, traumatic, painful or disrespectful, are not discussed.

When Your Pet Dies is a little gem: an accessible and empathetic guide to assist in understanding, healing and reconciliation following the loss of a companion-animal. Initially I found its markedly American style distracting, but persevere because there is no doubt that the wisdom it contains is both comforting and cross-cultural. It is a unique publication, being a clear, concise, practical self-help book, which can also become a memorial of your pet as it provides space for recording and remembering. It is primarily a book for the bereaved, but its interactive style would also make it a useful teaching aid.

The key messages are clearly to be open and accepting of your feelings, their breadth and depth, and know these are normal and natural. And also to mourne, actively and intentionally: ie to express your grief by talking and sharing with like-minded individuals and to embrace an 'intention to heal'. The first part of the book is a guide to the common thoughts, feelings and

behaviours experienced in grief; the second provides space to actively remember your pet, and to celebrate and commemorate its life. A final section focuses on the active process of adjustment that leads to reconciliation and healing.

Tania Woods

Psychologist and researcher for the Pet Bereavement Support Service

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- 5. Halls V. Cat confidential: the book your cat would want you to read. London: Bantam Press, 2004.

Contacts for The Pet Bereavement Support Service Helpline tel: 0800 096 6606 email pbss@bluecross.org.uk or visit www.bluecross.org.uk

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Beyond the Broken Heart



Gillian McConnell (compiler) Montreal. Canada: Cheneliere/ McGraw-Hill 2003, 96p CAN \$20.95 pb ISBN 2 89461 938 3

Case vignettes are used extensively in Beyond the Broken Heart to provide a real, and at times moving, illustration of the many facets of grief and the challenge to volunteers working with impending death and bereavement. In its seven chapters the book covers issues of beginning and ending work with grieving clients, fostering normal grief and preventing pathology, and the difficult issue of suicide.

The content is a condensation of the experience of the volunteers of the Bereavement Support Program, first opened in 1975 as part of the palliative care service at McGill University's Royal Victoria Hospital in Montreal, Canada. It might have been helpful to have the description of the programme at the beginning of the book, rather than as the penultimate chapter, to give the reader a context for understanding the process of care giving and the support structures provided for volunteers, who are central to this Canadian service.

This book does not focus on an analysis of therapeutic skills but is an account of how volunteers engage with their client's losses using classic notions of grief. As seen from the largely dated references, contemporary grief theories, eg the dual process model*, are not addressed in this text.

However, for many practitioners this book will feel refreshingly readable and jargon free, and a complement to more theoretical literature. I am sure it will be especially helpful to those new to the field of grief and bereavement. The case studies, particularly those dealing with difficult issues like suicide and disenfranchised grief, might usefully be used as material within training and supervision groups as lively sources for discussion on practical and ethical topics.

Linda Machin

Honorary Research Fellow, Keele University

* Stroebe M, Schut H. (1999) The dual process model of coping with bereavement: rationale and description. Death Studies; 1999; 23: 197-224.

Assessment of guidelines for good practice in psycho-social care of mothers after stillbirth Hughes P, Turton P, Hopper E, Slyter H, Evans

CDH. Lancet 2002; 360 (9327): 114-118

It is well-recognised that mothers of stillborn infants are at greater risk than other mothers of subsequent depression and post-traumatic stress disorder. This important paper calls in question the widespread assumption that this risk can be reduced if mothers whose babies are stillborn are urged to see and hold them. Rather it suggests that '...there is no justification for telling parents that not seeing their dead baby could make mourning more difficult, and those who are reluctant to see or hold their dead baby should not be encouraged to do so'.

Seventeen mothers who had not seen or held their stillborn child were compared with 14 who had seen but not held and 34 who had both seen and held their dead baby. During the course of their next pregnancy the mothers who had not seen or held their former baby were significantly less depressed, less anxious and had fewer symptoms of post-traumatic stress disorder than the other mothers, with a tendency for the mothers who had both seen and held their dead baby to do least well. A year after the birth of the baby most of these differences had dropped below statistical significance, but the infants of those mothers who had seen/held their dead first baby showed evidence of a pattern of disorganised attachment which Main has attributed to unresolved mourning in the mother.

To see or not to see, that is the question. Challenging goodpractice bereavement care after a baby is stillborn: the case in Australia

Brabin P. Grief Matters 2004: 7(2); 28-33

This issue of Grief Matters is devoted to three articles that examine the reactions of parents who experience the death of a child, particularly if it is stillborn or if the death is perinatal, and the care and help that are given at this time.

In the first article, referring to the Lancet paper reviewed above, Peggy Brabin reports the results of a similar study that she carried out in Australia. In keeping with Hughes et al, she found that when their first baby was born dead, mothers who opted to see the dead baby, go to the funeral, keep mementoes and talk about the baby, obtained elevated scores on the GHQ, a measure of psychological dysfunction, at four years after bereavement. Mothers who decided not to view the baby and those for whom the stillbirth was preceded by a live birth (regardless of their decision to view or not to view) had less psychological dysfunction.

When all four groups were followed up for six and eight years the differences had disappeared. Indeed the group who had avoided looking at their dead first baby were now more disturbed than they had been and the other three groups rather less disturbed.

Brabin concludes that the increased GHQ scores at four years after bereavement result from 'facilitated grief' which, in accordance with traditional grief theory, subsequently resolves. The mothers who opted not to view their dead baby she sees as adopting a 'grief avoidance that can result in delayed mourning'. This tenuous argument is then used to support current 'good practice' guidelines. which encourage mothers to view dead babies.

Attachment theory suggests an alternative explanatioon for these findings, which is not considered by Brabin. Commenting on the Lancet paper, Reynolds (Reynolds JJ. Omega 2000; 48: 85-88) points out that the explanation for these unexpected findings may lie in Bowlby's observation that seeing and touching ones baby are part of the process of attachment, which cements the relationship between mother and child. Mothers who do not see or touch a dead baby, go to the funeral or talk about it, may be less attached to the baby and, therefore, have less need to grieve and cope better with subsequent babies. On the other hand the emotional disturbance caused by losing a baby to whom the mother is firmly attached will last for five or more years and, particularly if the mother 'keeps alive' the memory of the baby by treasuring mementoes, her grief may then become chronic. Other studies indicate that witnessing horrific events increases the risk of post-traumatic stress in all its forms.

While it would be wrong to ignore a woman's right to express her grief for a baby to whom she has become attached, we may need to think again about the wisdom of fostering a doomed attachment which will only result in great distress, and may give rise to psychological dysfunction in the mother and in future children.

Colin Murray Parkes

Treasure Babies Programme supporting 'best practice' in perinatal crisis bereavement care in hospitals

Giljohann BA, Mulvey N. 34-38

The past and the present: listening to parental experiences of autopsy practice Robb B. Sullivan J. 39-43

Grief Matters 2004: 7(2)