

# Adoption after bereavement



**Eve Hopkirk** MPhil AIMS W

Family placement social worker  
West Sussex Country Council, UK

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**THE SELECTION AND ASSESSMENT** of adoptive parents is an area of social work practice noted for its unproven certainties<sup>1</sup>. Bereaved parents who would like to adopt can come up against some strongly held, but untested, beliefs. Eve Hopkirk here describes her qualitative study exploring the thinking of a range of key professionals in the adoption process and some families who had successfully adopted. The research challenges received wisdom about bereaved parents as prospective adopters and about children who could be suitably placed with them.

Parents bereaved of a child and wishing to adopt have, since the 1960s and 70s, attracted professional concern that they are seeking to 'replace' their deceased child<sup>2,3</sup>. It has been an unquestioned assumption that this will prevent the adopted children from developing their identity and potential, that they will be expected to assume some aspect of the previous child's life. Similarly, since the 1970s, childless applicants bereaved because they could not conceive or give birth to a live child have been expected to consider children from a wide range of backgrounds so it is clear that they are not seeking a replacement for a 'natural' child they might have had<sup>4</sup>.

The literature which focuses on this specific subject is sparse. There appears to have been no research. However, it is relevant to consider two related broad areas: theoretical understandings of grief, and views and ideas on the effects on children conceived to take the place of dead siblings.

## Understandings of grief

The 'grief work' model of bereavement considers that to achieve resolution, grief must be confronted and worked through. Bowlby<sup>5</sup> thought that bereaved parents should 'complete' their grieving before conceiving again to avoid a disturbed relationship with a subsequent child. The psychiatric literature views a period of 'normal' grieving by such parents as essential to the psychological and emotional well-being of a child born after the death of

a previous one. It associates unresolved grieving by bereaved parents with emotional and psychological problems in subsequent children<sup>6,7,8,9,10,11</sup>. This literature strongly advocates at least three months' delay between the death of a child, a stillbirth or miscarriage and a subsequent pregnancy in order to prevent a disturbed relationship between parents and the next child<sup>12,13,9</sup>. Others recommend waiting six months to a year<sup>10</sup>. It is considered that pregnancy inhibits mourning<sup>12</sup> because the two mental processes, grieving and preparing for the new baby, are incompatible<sup>12,9</sup>.

These views are reflected in the adoption literature: unresolved losses are thought to lead to later difficulties in adoptive families<sup>14,15</sup>; involuntarily childless couples are traditionally expected to have resolved their losses before being ready to adopt<sup>16</sup>; replacement of a deceased child by adoption is associated with incomplete or unresolved grief<sup>17</sup>; enquiries about adopting by adoptive or foster parents within a year of an adopted or fostered child's death can be regarded with unease and formal applications not accepted<sup>18</sup>.

Like the 'working through' approach to bereavement, stage models of grief have been interpreted as viewing bereavement as a finite process<sup>19,20,21</sup>. A more recent view, however, is that for any significant loss, grief may never cease<sup>22</sup>. This particularly applies to parental grief, as the literature records this as quite unlike any other loss, more complex, severe, long lasting, and most dreaded<sup>23</sup>. Equating it to other

forms of loss has been noted to lead to unrealistic expectations of bereaved parents and to inappropriate diagnoses of pathology<sup>23</sup>.

It is increasingly accepted that there are many and various ways of grieving<sup>24,25</sup>. Walter<sup>26</sup> argues that the expectation that 'working through' grief will enable the bereaved to leave behind the deceased, continue with their lives and form new attachments, has been unfairly promoted in the literature. Other thinking suggests that the resolution of grief involves a continuing bond between the survivor and the deceased<sup>27</sup>.

## EDITOR'S NOTE

*In this article, Hopkirk discusses beliefs that influence decisions about placing children for adoption with parents who have previously lost a child. She draws attention to pervasive beliefs that are frequently held by professionals, and contrasts these with views of families, bereaved of a child, who had later successfully adopted another child.*

*This article is of importance to all professionals who work with children and families. It highlights the need for us to be aware that our clinical judgements and practice may be influenced by widely-accepted but unproven beliefs ('unproven certainties'). We need to be aware of limitations in knowledge, and be prepared to question assumptions. Research studies may need to include not only families referred to clinical services but also those in the general population, if meaningful results are to be obtained. MN*

## Children conceived to replace siblings

Replacement of a deceased child by deliberately conceiving another has been widely identified as an unhealthy and ineffective way of assuaging grief, contributing to severe emotional difficulties in those subsequent children<sup>6, 12, 13, 23, 9, 10, 11</sup>. However, this particular literature has evolved in a very biased way, as it is dominated by the work of mental health professionals who deal only with families experiencing problems<sup>12, 9</sup>. Little appears to be known about families with similar histories whose children develop normally.

Moreover, Cain and Cain's seminal article<sup>6</sup> has been consistently misinterpreted and the authors' careful qualifications of their conclusions disregarded (eg the biased nature of the six children studied, disturbed children attending a child guidance clinic). In addition, there are some who think that the processes of pregnancy and grieving are not necessarily incompatible (eg<sup>28, 29, 10</sup>). Others consider there is little scientific evidence in support of a year's delay<sup>30</sup>.

This body of literature thus unfairly suggests that parents are behaving abnormally if they plan or seek another child after the death of a previous one, particularly if they do so soon afterwards. It also places undue emphasis on the child so born, or joining a family, being at high risk of developing emotional or psychological problems. The empirical evidence suggests that having another child even soon after the death of a child can be an effective coping strategy eg<sup>31, 32, 33, 34, 35</sup>.

## THE STUDY

The aim of my study was to throw light on how and when adoption by bereaved parents could be successful, and replacement a positive experience for parents and children. This article is confined, however, to discussion of the main differences in the thinking about this subject of the two groups studied: the professional adoption workers and the families.

Initially, a brief survey by semi-structured questionnaire was carried out in one statutory agency of the views of the key adoption workers (ie family placement social workers, adoption panel members, and one of

the three decision-makers, the adoption adviser) and also 14 of the children's social workers.

The first part of the main research further explored the professionals' views using guided interviews and group discussion with a purposive sample<sup>36</sup>. This included the same groups of adoption workers previously consulted, as well as others further afield. These included a group of social workers from another agency who had particular experience of bereaved parents as adopters; two of the most senior social workers in each of two local authorities and two voluntary agencies; and a representative of the British Association for Adoption and Fostering who gave a national perspective.

The second part investigated the experiences and views of five families bereaved of a child who had later successfully adopted (ie the child had been in placement for at least two years). As with the professionals, participants were asked in guided interviews to reflect on their ideas and to talk about them. The participants were five mothers, four fathers, three adopted children and four birth 'children'. Two of the adopted children were aged 13 and one was 11 years old at the time of the study. The birth 'children' were aged 22, 21, 16 and 15 years.

## The professionals' views

### The child who died

The death of a child in early infancy was commonly perceived as a less significant loss than that of an older child, since the parent-child relationship was brief and memories few. Less risk of 'replacement' was thereby commonly assumed because with a short life, painful memories and unfavourable comparisons with a subsequent child would be minimised. Similar assumptions about the death of a child with special needs were sometimes implicit too. It was the view of a substantial majority of the professionals that there was more risk of an adopted child being regarded, or perceiving him/herself, as a poor substitute for the previous child if the child who died had been older. A tiny minority thought that a child who had died in early infancy might remain forever the perfect daughter or son with whom no other could compete.

## Grief

All professionals agreed that grieving was a necessary precursor to successful adoption and to prevent 'replacement'. Applicants were expected to have 'completed', 'resolved' or 'worked through' their grief, implicitly assumed to be a finite process. Otherwise grief might re-emerge later and adversely affect the adopters' relationship with the new child.

*"The mother took me upstairs to see the bedroom which she had left just as it was; then I knew that it was an absolute non-starter"*

A very large majority thought that bereaved parents should not apply or even enquire about adoption within a year of their child's death. Early enquiries prompted concern about the way the parents had grieved. An underlying assumption was that grief and intensity of feelings diminish steadily with time; subsequent anniversaries were expected to become less painful with the years.

I think with most significant experiences in our lives, like say a divorce, a marriage or loss of a child, there seems to be an unwritten rule of a year – a year to let the dust settle. It's the birthdays and Christmas. It's the first one of those that's always the most painful. Not that it goes away on the second but the memories are less vivid than the first. (Senior social worker)

It seemed that bereaved parents are expected to have ended their relationship with their deceased child. For example, parents were expected to display some photographs of their child, but not a great many, and it was a frequent and strongly-held view that bereaved parents should have altered their dead child's bedroom. A family placement social worker, talking about visiting a family who had enquired about adoption and whose daughter had died three years previously:

The mother took me upstairs to see the bedroom which she had left just as it was; then I knew that it was an absolute non-starter. You know, three years and the bedroom was the same. It was almost like a shrine.

Describing what she thought the effect on any child placed with this family would be, she commented, 'It would be like living in someone's shadow I should think.'

### **Motivation and family stage**

It seemed to be taken for granted that parents who had a perinatal bereavement would have another baby, either naturally or by adoption, whereas those whose children had been older when they died were not so readily expected to have another. Their reasons for seeking adoption would be questioned more closely.

### **The child to be placed**

It was a general and strongly-held view that the greater the similarity between the dead child and the child to be placed, the greater the risk of the adoption failing. It was thought that similarities would prompt painful memories in the parents, and lead to negative perceptions and comparisons between the children that could be unfavourable to the adopted child. Bereaved parents applying were expected to seek a child different by age, characteristics, and/or gender to the child who had died.

Certainly, the ones that would be worrying are the ones who are clearly into replacement. You know, 'Our daughter aged ten years was run over by a bus. We want another girl aged ten years instead. We've got a nice room with all her toys.' I'd run a mile from that sort of category. (Senior social worker)

Imposing difference on bereaved adopters in this way was also expected to regulate the family's attitudes and feelings towards the adopted child. Otherwise, she or he might be 'over-identified' with the deceased child or the characteristics of the previous child would be projected on to him/her.

Likewise it was seen as 'wrong' to want a child with a similar disability. One experienced social worker talked of a family known to her whose adopted son with Down's syndrome had died and who wanted to adopt a boy with the same special needs, which with her help they did. Commenting on this, she remarked: 'But a lot of people would tell you 'You can't put another boy Down's syndrome where they've lost a boy with Down's syndrome.'

Asked why this was, she said, 'It's replacement isn't it? It's the danger area. You just don't touch that.'

### **The families' views**

The views of the five families showed some contrasts with those of the professionals.

#### **The child who died**

The view that the perinatal death of a child is a lesser loss than the death of an older child was not borne out by the experiences of the families studied. Two had had children with special needs, one of whom had died in very early infancy. These parents described the loss of their children as no less significant to them either because of their disability or extreme youth:

People talk about the loss of an older child being worse because you've got so much to look back on and I can appreciate what they mean, but I actually wonder if having something to look back on isn't better than not having anything at all. (Family 3)

#### **Grief**

The families commonly referred to their grief as a permanent part of their lives, to which they adapted. They did not anticipate ever 'getting over' or 'recovering' from it and it was not their experience that grief steadily diminishes with time. Their feelings could be cyclical. One couple said they each experienced annual depression for about six weeks, which lifted once the anniversary of their child's death had passed. Successive anniversaries do not necessarily become easier. Indeed, one mother said they could become harder to bear as her few memories of her infant daughter faded. Grief could re-emerge because it is always there, not because of a failure to grieve initially.

Taking charge of their grief by making conscious decisions about how to manage it, rather than being at the mercy of emotions, was another theme. Some used avoidance or repression at times. One couple put photographs away to prevent the unplanned sight of the image of the dead child. One mother 'tucked her grief away in the pocket of her mind'.

However, memories also played an important part in helping the parents to live with their loss, by maintaining a place for their child in their lives. The

families found means to keep memories vivid through photographs, conversations, celebrations on significant anniversaries and by retaining some of their son or daughter's artefacts. These were treasured, enjoyed, and were comforting.

None of the five families described maintaining their deceased child's bedroom unchanged, for various practical reasons. However, the views of a sixth family are included here because they provide a vivid contrast to the professional view above. Four years after the son in this family had died his bedroom remained unchanged, to the concern of relatives and friends who thought this abnormal. For the mother, keeping personal items was a means of recalling her child's image, a comforting experience but also both happy and sad. This is how the mother had reacted soon after her son's death to a friend's offer to help turn out his room:

I was appalled...flabbergasted. I said 'Fancy, she thinks I'm going to turn his room out and throw some of his things away.' I couldn't believe it. I didn't want to touch anything and I quite enjoyed going in there and having it all the same.

This family (not included as a sixth case study because only an exploratory meeting with the parents took place) fostered a child who, by a series of chances, they came to adopt successfully.

According to the parents interviewed, the experience of losing a child could enhance suitability to be adoptive parents. Strengthened marriage was a theme. Altered priorities, attitudes, values and personal qualities which lend themselves to the task were a common story. Greater maturity, tolerance and increased empathy were identified. Some felt more capable of dealing with separation from other children as a result of surviving a grievous loss. For example:

I think before you lose a child, you think that would be such a terrible thing, 'I could never survive it', but when you do survive it and life goes on and you can look back on your memories and still be enjoying the present, then I thought I could do the same with other children. I can let go of them. (Family 5)

Those who had enquired about adoption within a year of their child's death

did so after a period of reflection, self-assessment and decision-making. Wishes to proceed without delay were prompted by particular and practical reasons unrelated to their grief. However, two birth children from different families described how at the time their parents were ready to adopt, they felt very unsure about these plans. As one stated:

To me, it was very soon after. Too soon. If they'd left it a year it might have been different. Mum kept saying 'We're not trying to replace Matthew', but I think it stuck in my mind that they were. (Family 1)

### Motivation

As described above, positive reasons for wishing to adopt characterised the parents' stories. Adoption was a considered, sometimes painful, process undertaken responsibly and it could involve further losses – deciding against having another birth child or acknowledging that this was not going to happen. Common themes were finding, in adoption, a purpose and meaning in life, a chance to resume a role or to become a family again, a means of rebuilding their lives. The role sought might be a particular one, to be parents to a child of a particular gender or with specific special needs. Re-using skills and resources for the benefit of another child helped alleviate the sense of waste which the child's death represented. The parents of a severely disabled daughter who had died at the age of eight described wanting to adopt a girl with a similar disability: 'It was a way of using our experiences with Sheila positively. Actually using her life.'

### The children placed

When similarities between the children concerned did provoke memories in the parents studied, these were not always wholly painful but a bitter-sweet mixture of joy and sadness. Happy times with the previous child could be relived as well as the present enjoyed with the 'new' child. When the children were compared, this was a way of enjoying and appreciating each one. Comparing their deceased daughter's disability with that of their adopted daughter's similar one helped one couple realise how severe her condition had been and, to their relief, that they had done all they could to help her.

Parents studied took for granted that a child placed for adoption with them would be different from the daughter or son who had died because they were clearly seeking *another* child. The three adopted children who took part in the study saw themselves as wanted for their personal qualities and regarded their adoptions positively. The child most similar by gender, appearance and disability to the daughter who had died viewed this resemblance positively: she felt she had an older sister with whom she would have enjoyed a pleasant relationship.

From the experiences of the families studied, it seems that the dead child is regarded by them and the subsequently adopted children as part of the parents' past. One adopted child described how she thought of her predecessor:

She was there and part of the family. We don't forget that she was there but it was a long time ago. Then was then and now is now. (Family 2)

### Discussion and conclusions

- The impact of the death of a child in early infancy or before seems underestimated by adoption workers. The view that such losses are easier to grieve since the relationship was brief has been described as a social myth<sup>23</sup>.
- There was a professional expectation that bereaved parents should cease their relationship with their deceased child, reflecting a similar expectation unfairly emphasised in the literature<sup>26</sup>. In practice, maintaining in their lives a place for their deceased child was important to the parents studied, and their memories helped them to do this. Other accounts and research confirm the importance of memories (eg <sup>22, 37, 38</sup>). Talking about their child seemed particularly important – more difficult where memories were few. Walter<sup>26</sup> suggests that talking about the deceased enables their identity to be fixed in the minds of survivors.
- Professional concerns about 'replacement' recurred in both groups. The study identified two professional beliefs and practices thought to safeguard children from being regarded or perceiving themselves as 'replacements' for deceased children:
  - a) to delay any application to adopt until a year after bereavement. This broadly accords with the advice of

some of the psychiatric literature. However, it is disputed by other authors who found that changes in attitudes and values, or having a philosophical perspective into which their experience of loss might fit, could enable bereaved people to function fairly adequately quite quickly<sup>39</sup>. This, in fact, was the experience of two of the families studied. There seems no need for a ban on applications within a year of a child's death.

b) to avoid 'replacing' a dead child with another similar in some major respect. This seems unnecessary. If the parents are not expecting a new person, then simply placing a child who is different in some obvious way is unlikely to alter their attitudes, and the family is probably not suitable to adopt at all. There may even be merit in matching some characteristics. Raynor<sup>40</sup> found that family bonds were strengthened by perceptions of similarity between child and adoptive family. One adopted child studied reported that her sisterly feelings towards the child who had died were strengthened by her perceptions of the similarities between them.

- How adoptive parents explain their children's past to them is important to the children's understanding of their background and sense of identity<sup>41</sup>. However, the way in which the parents explain their *own* past to their adopted children seems similarly important. Parents able to talk about their lost child easily and naturally from time to time enabled the adopted children to know about the adoptive parents' past, and this ease was reflected in the children's attitude to the subject. It is possible that this is more important to an adopted child's sense of security, identity and of being valued than differences of age and gender.

Although no firm conclusions can be drawn from this small-scale study, the findings suggest that it is important to reflect on ideas about bereaved parents as adopters and to be cautious in making judgements about them and their grief. This could prevent a possible disservice to them and to any children who could be placed with them. It is also vital to provide sufficient support to adoption workers engaged in this difficult and delicate task. ●

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## BOOK REVIEW

### Loss, Change and Bereavement in Palliative Care

Pam Firth, Gill Luff, David Oliviere (eds)



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This edited collection is based on the premise that loss and change are fundamental to the experience of end of life. During the transitions of advanced illness, patients and families face numerous losses which culminate for families in the irrevocable loss of bereavement. Many books have addressed this theme from a number of perspectives within David Clark's 'Facing Death' series, for example from a sociological viewpoint by Walter<sup>1</sup>, focusing on family therapy by Kissane and Bloch<sup>2</sup> and parental loss by Riches and Dawson<sup>3</sup>. This text is a welcome addition to the series because it is comes from the perspective of social work.

The editors are well-known social workers who have a wealth of experience in palliative care. They have drawn

together an impressive group of authors who cover topics from an overview of theories of loss, to social exclusion, user involvement and ethnicity. As in most edited collections some chapters stand out as fresh and challenging; and I would like to commend those on cultural aspects of loss by Shirley Firth, on family carers by Richard Harding and on models of user involvement by Peter Beresford and his colleagues. The whole book is underpinned by egalitarian ideals and a strong attention to the social implications, which makes it a good alternative to the more usual psychological accounts of loss and bereavement.

While some of the chapters are less polished, overall this book is appropriate for postgraduate students and practitioners in all aspects of palliative care and bereavement work. ●

**Sheila Payne**  
*Professor of Palliative Care*

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