readers a guided meditation to help them identify their responses to previous losses. The potential for unsupported and vulnerable individuals to find they have opened a Pandora's box of feelings is immense.

Heegaard refers often to the strengthening and enriching consequences of grief. If this book is intended for newly bereaved individuals – Heegaard does not say who it is targeted at – they may object to this optimism that seems so far removed from how they are feeling. The incorporated motivational sayings and extracts are reassuringly free of reader participation, but you could access these in several published anthologies, eg Whitaker's *All in the End is Harvest*#.

Targeted specifically at those concerned about a friend or relation bereaved of a partner, ***'If There's Anything I Can Do...'*** offers sensible and realistic advice and suggestions. Perhaps the main one is don't just say 'If there's anything I can do... ?' – do something! Despite the message throughout being yes, you *can* help, there is considerable emphasis on things you should perhaps not do or say, and I wonder if some may feel even more anxious about interacting with the bereaved person after reading this book.

The first five chapters concentrate on different issues facing newly bereaved individuals, such as eating, single parenting, paperwork, holidays, and DIY and other necessary daily tasks. These chapters are packed with anecdotal accounts using the author's own experience of early widowhood alongside other contributions from members of the WAY Foundation, a UK-based organisation for widowed young people*. Whilst these are honest, moving accounts, I cannot imagine anyone close to a bereaved friend, parent, partner or child actually reading the whole book, something they may need to do to find the exact information they need. The final chapter, concerning more immediate responses to a death and helpful advice on writing letters of condolence, might have been better placed at the beginning.

Appendix 2 on 'Depression' offers a list of symptoms of depression to be aware of following bereavement, advising anyone noticing their relative or friend experiencing five or more symptoms (out of 17) to encourage them to 'seek help'. Most of the bereaved clients I have worked with have experienced many of these symptoms at some point since the death. It is all a normal part of their grief. The importance of the intrusion of these symptoms on an individual's ability to function daily is perhaps more relevant and as such has not been fully addressed.

The section also contains advice on the importance of empathic and non-judgemental listening and encouraging bereaved individuals to join support groups/exercise/eat healthily. This would surely have been an ideal place to signpost general practitioners and specific bereavement groups as further sources of support and assessment – links to organisations are available on the publisher's website but not everyone has access to, or knowledge of, the internet.

In its direct approach to the family and friends of a bereaved person, this sounds like an unusual book which might fill a gap in the literature, but it promises more than it delivers. It will be of most use to those widowed at a young age who feel inclined to read in the wake of their loss.

I liked Alex James's book, ***Living with Bereavement***, for its raw honesty and simplicity. The chapters explore different types of bereavement, eg loss of child, spouse, parent, and sudden death, and James takes care to address not only the bereaved but also others who might be in contact with them. Using case scenarios and dialogue, she presents a plethora of accounts to illustrate the multiplicity of bereaved people's grief responses, though it is not clear if these were based on her personal experience, that of clients, or imagination. Others interacting with bereaved individuals are urged to avoid the temptation to rescue or protect by using the 'doing well' blanket. The importance, and the potential complications, of letting the bereaved be where they need to be is sensitively illustrated.

As an online grief and bereavement counsellor, mentor and 'agony aunt', James's final chapter focuses entirely on emails she has received and some of her replies. Arranged under the headings 'Waiting to die', 'Hope', 'Dreams and nightmares' and 'Worries about burial and cremation', these personal stories strikingly reflect the diversity of anxieties, behaviours, thoughts and fears of the bereaved. I applaud her inclusion of references to the bereaved 'wanting to die', their concerns about decomposition and burial, their fantasies about retrieving the body of the deceased, and several other difficult and often macabre issues not usually explored.

I found the book informative and supportive, but an index would be helpful and some readers may feel there is too much factual information about death. It is the only book reviewed here that lists contact details (though some are already out of date) for appropriate organisations in the UK such as Cruse Bereavement Care and The Compassionate Friends. ●

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*see *Bereavement Care* Summer 2007; **26**(2): 36 for a review of their website.

available from Cruse, see box on p17.

HEEGAARD ME (1988). *When Someone Very Special Dies.* Minneapolis, MN, USA: Woodland Press.
LEWIS CS (1961). *A Grief Observed.* London: Faber and Faber.
WHITAKER A (ed) (1984). *All In The End Is Harvest.* London: Darton, Longman and Todd.

ARTICLES

Most journal articles are not available free of charge on the internet. However, on this occasion two have been located and their web addresses are provided at the end of this section.

Some issues in the provision of adult bereavement support by UK hospices

Field D, Payne S, Relf M, Reid D. *Social Science and Medicine* 2007; 64: 428-438.

This paper describes research on issues of adult bereavement support in UK hospices. Other aspects of this research have already been highlighted in this journal (*Bereavement Care* 2007; **26**[2]: 44; *ibid* 2006 **25**[3]: 60; *ibid* 2005; **24**[2]: 40).

The first arm of the research involved a questionnaire to palliative care units in the UK and had an 83% response rate. The second arm involved a 1-2 week visit to five hospices, chosen to maximise the range of services researched. Data collection involved group and individual meetings with paid staff of the bereavement service, other staff in the hospice, volunteers where applicable, and bereaved people.

ARTICLES

I would consider this a must-read for any co-ordinator of hospice bereavement services in the UK, but it will also be useful for others involved in bereavement services elsewhere as it details the various types of service available: 13 distinct interventions in all, from initial telephone contact, to spiritual support, to referral to other agencies. Some interesting discussion centres around, for example, the work of the volunteers, and the extent to which the bereavement services were integrated with the overall work of the hospice. The authors found that services had been developed on an *ad hoc* basis and that that the expertise gained in the process has not been disseminated to bereavement services beyond hospices. Nor have hospice bereavement workers benefited as much as they might from expertise of other services.

This research provides both a general and an in-depth examination of the main characteristics of bereavement care in hospices in the UK. The multi-method approach makes it especially valuable.

Health outcomes of bereavement

Stroebe M, Schut H, Stroebe W. *Lancet* 2007; 370(Dec 8):1960-1973

This extensive review provides information and synthesis relating to research on the various mental and physical outcomes of bereavement, including the influence of different types of bereavement. Three tables and two 'panels' provide good summaries of mortality in bereavement, reactions to bereavement, criteria for complicated grief, potential or protective factors in bereavement and effectiveness of bereavement intervention programmes.

The authors look at 187 papers, mainly published since 1997, and give us a bird's eye view of the breadth of research on this topic, also referring back to their own research. They acknowledge the complexity of the issues and gaps in knowledge. Research on some areas has been in greater depth than in others. The summary of research on mortality in bereavement is clear, with each study individually mentioned, whereas, for instance, that of the effectiveness of bereavement interventions is provided in summary form without the details of individual studies.

The authors' conclusions on a very wide range of bereavement situations are of great interest, eg gender differences in bereavement of spousal partners, the particular needs of bereaved parents, the long-term effects of childhood bereavement, access to health services in different countries, and different trajectories of adaptation. In particular they suggest that more work should address the influence of gender differences on the effectiveness of interventions. One of their final comments, that an infrastructure of grief counselling organisations is a strategy to be recommended to assist bereaved people, will be of particular interest to readers of *Bereavement Care*.

Cognitive behaviour therapy to prevent complicated grief among relatives and spouses bereaved by suicide: cluster randomised controlled trial[1]

De Groot M, De Keijser J, Neeleman J, Kerkhof A, Nolen W, Burger H. *British Medical Journal* May 12 2007; 334: 994-996

This Dutch research assessed the effectiveness of four sessions of cognitive behaviour therapy (CBT) in a family setting for first degree relatives (aged over 15) and spouses of people who had committed suicide. The sessions were given by two experienced psychiatric nurses who offered two mandatory and two optional topics for the sessions. The participants also received a manual with information on bereavement after suicide.

I found a number of unanswered questions here, although the authors do indicate that further details are available in other articles on this research. Firstly, though the paper specifies the population of the area of the Netherlands studied, there is nothing about the incidence of suicides there. Secondly, 68 participants from 39 families were allocated to the intervention and 54 participants from 31 families to the control group, but there is no information about the relationship of the participants to the person who died, and it seems that in many cases only one person was interviewed which seems rather minimal to assess a 'family' intervention. Lastly, the article states that the control group had 'normal care' but there is no explanation of what that was.

This research seems to suffer from similar problems to many other bereavement studies, nevertheless, despite the limitations, the conclusion that the intervention did not reduce complicated grief but may help to prevent the perceptions of blame amongst relatives and spouse, can be considered an important finding. Guilt is an issue of particular concern to those bereaved by suicide.

What has become of grief counseling? An evaluation of the empirical foundations of the new pessimism[2]

Larson DG, Hoyt WT. *Professional Psychology: Rresearch and Practice* 2007; 38(4): 347-355

In all health-related literature today, and certainly in medical journals such as the *BMJ* and *Lancet*, there is a general belief that the most robust research is quantitative, eg meta-analysis or randomised controlled trials. This article does not denigrate this type of research, but considers that authors, editors and readers of scientific reports need to be cautiously sceptical, wary of always accepting quanitative results at face value.

The authors critique the statistical analysis of a paper, originally written for a Masters dissertation by Fortner, which was quoted by Robert Neimeyer (2000) and suggests that grief therapy may not be worthwhile and may even be harmful. They consider that Neimeyer's article may have influenced cautionary messages regarding bereavement interventions, and suggest that journals that have highlighted these findings should retract them in print.

Finally, the authors suggest that findings in general indicate that optimism is more appropriate than pessimism in assessing empirical findings on the outcomes of grief counselling. They consider there is no strong evidence that, 'as currently practiced', it is less effective than other forms of counselling. However, I would add a cautionary note - 'current practice' is a very vague term!

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1. An abstract, this *BMJ* article and the full original text available at http://www.bmj.com/cgi/search?fulltext=complicated+grief+and+2007&x=11&y=62. Available at http://www.apa.org/journals/releases/pro384347.pdf

2. Neimeyer RA (2000). Searching for the meaning of meaning: grief therapy and the process of reconstruction. *Death Studies* 2000; **24**(6): 541-558