

Elderly women who speak whilst in hospital of babies they did not feel able to mourn, are encountering other bereavements – loss of health, of independence, sometimes of home or family – and often looking towards their own demise. All of this highlights for them other significant previous losses, and particularly those for which there appears to have been no closure.

Recently the Faculty of Health and Social Care at Aberdeen University (Wimpenny *et al* 2006: 8) carried out a literature review on bereavement and bereavement care and concluded:

A compassionate approach by all professional and non-professional staff [in hospitals] is consistently reported by the bereaved as having a positive impact on their bereavement. Conversely, approaches which do not relay such compassion can impact negatively.

Those who are perinatally bereaved need to have good care provided by all with whom they have contact. This necessitates closer interaction between the caring agencies: hospitals, primary care trusts and other external organisations. There is an urgent need for some joined-up thinking, a plan that is understood by all those involved, since 'Bereavement is a universal phenomenon that needs multiagency/professional involvement to ensure coverage across health and social care, education and work place settings' (Wimpenny *et al* 2006: 10). ●

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BOOK REVIEW

Loss and Grief

Bob Wright



Keswick, Cumbria, UK
M and K Publishing
2007, 72pp
ISBN: 1 90553 943 7
£16.00 pb

Working in health care means that we will inevitably meet patients who are experiencing loss in one way or another. This book sets out to guide and help professionals involved with those who are undergoing loss in its various forms, not only from bereavement but from other major changes in their lives.

The opening section gives a good grounding for understanding separation and loss. It is followed by chapters on grief and different types of death. Although there are several theories of loss and grief mentioned here, it would have been helpful to have included more of the current thinking, such as the dual process model (Stroebe, Schut 1999), continuing bonds (Klass *et al* 1996) and families making sense of death (Nadeau 1998).

A chapter on dying covers physical pain well, but does not include the

spiritual or social aspects of grieving, both of which can give rise to mental anxiety and discomfort and can, in their turn, influence physical pain. The last section on bereavement and loss takes in a wide range of issues, including altered body image after surgery, cancer, dementia and miscarriage, ending with a short piece on funerals and rituals. Both the references and suggestions for further reading given at the end of the book are somewhat dated.

The text is well laid out, easy to read and follow. There are good experiential exercises throughout, designed to give the reader a better understanding of the psychological impact on their patients when a loss occurs. For professionals new to the field of dying and bereavement, and for those involved with initial training, this workbook could be a useful tool. ●

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BOOK REVIEWS

Antipsychotics and major tranquillisers

These include haloperidol, risperidone and olanzepine, and are used to treat children with psychotic symptoms, schizophrenia and bipolar (manic-depressive) disorder and Tourette's syndrome. They are powerful drugs with significant side effects, and must be monitored carefully. Low doses of risperidone, one of the antipsychotics, can be used to treat severe aggressive behaviour in conduct disorder, though their use is disputed.

Mood stabilisers

These are used to help children with very severe mood swings, eg lithium, valproate and carbamazepine are used to prevent mood swings in bipolar illness. Lithium may be toxic and requires careful monitoring of blood levels.

Diet

Diets are used successfully in the treatment of many physical conditions like eczema and migraine. Their usefulness is less clear with childhood behaviour problems, however.

The Feingold diet was introduced for children with hyperactivity, autism and learning difficulties and involves avoiding food additives and caffeine. There are many variations and there is some evidence that dairy products, wheat, chocolate, oranges and tomatoes can affect some hyperactive children. In an individual child, it needs careful investigation, and the skills of a paediatric dietician to identify the exact culprit and ensure that the child continues to receive a balanced and healthy diet.

Omega 3 and fish oil supplements have recently become popular for children with learning difficulties, but the scientific evidence for their effectiveness is not strong at present. ●

Further reading

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Group work with adolescents after violent death

Alison Salloum



Hove, Sussex, UK
Brunner Routledge
2004, 184pp
13.99 pb
ISBN 0 415 94861 6

This excellent book provides a rich and solid introduction to working with groups of adolescents bereaved by a traumatic death. It achieves a good balance of theory and practice, giving clear indications of exactly what to do, and also an overview of the models of bereavement and group processes on which the instruction is based. As with so many other such books, this one recommends involving the parents but, unlike others, it actually goes about telling the reader how to do so. Furthermore it suggests how to involve teachers and other important adults as well.

Evaluation is often overlooked, particularly in child bereavement work, but this manual stands out because of its approach to this. Not only does the author describe some of the existing outcome studies that lead us to believe that such an intervention is likely to be effective, she also emphasises the importance of evaluating the intervention and using measures which have been standardised. Although Salloum stops short of making specific recommendations, she does direct the reader to websites

where various measures can be considered.

I do have some criticisms, but these are things that I would suggest the reader take into account rather than reasons not to buy. Only minimal guidance is provided on avoiding being traumatised by other people's accounts. One reference is incorrect and an internet reference, quoted as support for the effectiveness of play therapy and medication, in fact says the opposite, that there is no research showing the effectiveness of medication (of course 'no evidence of effectiveness' could just mean that we cannot prove it yet). European readers should find that tolerance, rather than translation, is sufficient to cope with the US English. For example, while it is a challenge to have to keep describing the sometimes quite extreme waxing and waning of grief reactions, to expect the reader to recognise them as STUGs (Subsequent Temporary Upsurges of Grief) is a bit annoying.

Chapters are long enough to impart sufficient information, but short enough to be manageable. The style is quite prescriptive but this is, after all, a manual and sometimes when running such groups with young people who feel that the world is distressingly out of control, it can be a blessed relief to them (and us) to have at least something that appears to be well controlled. In the end, practitioners can choose for themselves whether to use this as a prescription or a guide. ●

David Trickey

Consultant Clinical Child Psychologist

EMDR (eye movement desensitisation and reprocessing) is a cognitive behavioural therapy for treating post-traumatic stress disorder that has proved effective with both young people and adults. A comment by David Trickey on this technique was published in a previous issue (*Bereavement Care*, 22[2]: 23) and EMDR will be the subject of the next *Broader Horizons* article.

EVENTS IN 2008

Grief research and bereavement care. Anglo-Dutch conference with Margaret Stroebe, Henk Schut, Colin Murray Parkes, Marilyn Relf, Liz Rolls, Paul Boelen. 17 October. **Bereavement care for people with learning disabilities and autistic spectrum disorders.** 15-19 Sept. Course with Noelle Blackman, Linda McEnhill. London. Tel 020 8768 4694; email: education@stchristophers.org.uk

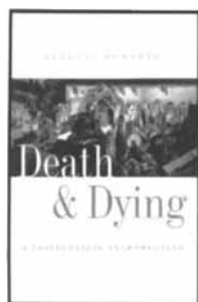
BOOK REVIEWS

Sociological views of grief

Death and Dying

A Sociological Introduction

Glennys Howarth



Cambridge, UK/
Malden, MA USA:
Polity Press, 2006,
295pp
£55.00/\$69.95 hb
ISBN 0 74562 533 9
£16.99/\$26.95 pb
ISBN 0 74562 534 7

Glennys Howarth's new book is a refreshing read for people involved in bereavement care. It is a thoughtful, comprehensive, up-to-date, well-evidenced, general guide to sociological work on death and dying. It may, however, come as a shock to bereavement workers generally to find their work categorised as 'post-death rituals of remembrance and survival beliefs'.

Howarth does not reject the kind of psychological insights into grief and mourning that are the basis of much bereavement support and counselling. However, the chapter on grief and loss provides a succinct critique of these, even of psychological theories with a social element, such as Doka's idea of disenfranchised grief. The argument is that psychological theories of grief were created by psychiatrists and therapists to meet their professional needs. Consequently, these professions misleadingly focus on individual psychological adjustment rather than the social processes that go on around death. By implication, we should understand and work better with the the impact of a death on surrounding communities.

The sociological view of grief and loss presented here points out that ideas about bereavement through history have reflected dominant social beliefs at particular times, and shifted with social changes. Instead of psychological loss, we may see grief as partly concerned with maintaining continuing relationships or bonds between living

and dead people. Among the implications drawn out here for bereavement work is the idea of helping people reconstruct their biographies, to include how the dead person contributed to their biography when they were alive, and to incorporate them in a new way now that they have died.

Other chapters in the book provide similarly creative insights that can help people in bereavement care take a new look at their work and assumptions.

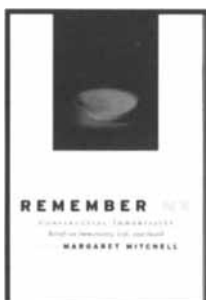
Malcolm Payne

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Remember Me

Constructing Immortality

Margaret Mitchell (ed)



London/New York:
Routledge, 2007
250pp
£21.95 pb
ISBN: 0 41595 485

Since the groundbreaking publication of *Continuing Bonds* (Klass, Silverman et al 1996), the desirability of grieving people 'letting go' and 'moving on' has been challenged. There is a renewed recognition of the significance of the ongoing connection between the bereaved and the deceased. This concern with the interface between the living and the dead is the focus of this collection of writing edited by Margaret Mitchell.

Remember Me reflects on the nature of mortality from a sociological perspective and embraces within the 17 chapters a wide spectrum of issues including how the bereaved themselves act as connecting agents with the dead, through negotiations around inheritance and complaints about health care. The cultural bridge between the individual and society is explored

through practices and beliefs, eg 'Ritualisation and the disposal of human ashes in the United Kingdom', 'Spiritualism and the reconstruction of the body after death', 'Components for a study of obituaries' and 'The roles of sites of death in tourism'.

The public space created by media focus on human tragedy, such as intrafamilial homicide, traumatic brain injury, suicide and road traffic deaths, is given particular attention. The wider spheres of art are considered as arenas in which writing, photography, self-representation by artists and troubling images provide further ways for the living to represent their understanding of death and what it means to be human.

This fascinating collection of perspectives brings together a group of international academics and researchers, and provides the reader with a wide-ranging approach to contemporary social issues in the study of mortality. It will be an especially valuable text for students of death, dying and bereavement and will serve to remind practitioners of the complex social factors which influence emotional reactions to death. ●

Linda Machin

Visiting Research Fellow, Keele University

KLASS, D, SILVERMAN PR, NICKMAN SL (1996).
Continuing Bonds. Washington, USA: Taylor and Francis.

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