

We Were Gonna Have a Baby, but We Had an Angel Instead

Pat Schwiebert

Portland, OR, USA: Grief Watch, 2003, 20pp
\$8.95/£5.95 pb; ISBN 0 91242 411 3



Written in the first person as if by a toddler trying to make sense of a stillbirth or neonatal death and the adults' reactions, I thought at first this was going to be a bit twee, with a baby angel on every page. In fact it is delightful and would speak directly to a child in this situation. It ends,

People send us flowers and cards, but we still miss our baby. If this just happened to you, I'm sorry you got an angel instead of a baby. I think having a baby would have been more fun.

A two-page article at the end on how to help your children in this situation is full of common sense and good advice. The illustrations by Taylor Bills are simple but poignant. I prefer this book to *A Star for Bobby* (Keenor 2005) on a similar theme, reviewed in *Bereavement Care* 2006 (25[3]: 56).

Get Sad When Somebody Dies

Timony Shinada-Izotov



Milton Keynes, UK:
Author House, 2006
25pp
£5.00 pb
ISBN 1 42591 850 7

Timony is a six-year-old boy whose sister died, aged six months, and he decided to write this story which his mother illustrated. It is about sad feelings when someone you love goes to heaven. The illustrations are cruder than the others in this batch of books and there is a lot about angels. There are instructions for making an origami cat to put next to the picture of the sister, fun to make but a bit irrelevant. The book does not really address causation or the nature of death. It might inspire other children who have lost a sibling to put their feelings down on paper. ●

Dora Black

Child and Adolescent Psychiatrist

KEENOR H (2005). *A Star for Bobby*. London: Bason Publications.

PEACOCK H, REED N (2001). *The Strong Little Tree*. London: Little Tiger Press.

ARTICLES

Bereaved parents' perspectives on their needs

D'Agostino NM, Berlin-Romalis D, Jovcevska V, Barrera M (2008). *Palliative and Supportive Care*; 6(1): 33-41

This Canadian study examined parents' perspectives on bereavement services after the death of their child in a cancer treatment centre. A questionnaire to 20 parents had 10 returns and seven of these joined a two-hour focus group. Their discussion was recorded.

Parents shared information about themselves, aspects of their bereavement, and services in the hospital and community they would like to receive. All participants liked the idea of a hospital bereavement service. The first reason given for this seemed the most important: the treating hospital had become their community and a bereavement service offering a transition back to the mainstream community felt important. They considered they needed a variety of services depending on individual needs, eg one-to-one or group support. They also liked the idea of networking with others in a similar position as well as having information packages both to prepare for death and in its immediate aftermath.

Parents were also asked what helped in dealing with their loss. Preparing for the death, contact with people who understood the experience of losing a child to cancer, physical activity and humour were considered particularly helpful. After the death, they wanted to continue contact with some of the staff who had cared for their child. Despite some shortcomings, the research does point to improved quality of life for bereaved parents who can access pre- and post-death support within the institution where their child died.

Working with lesbian widows

Whipple V (2007). *Grief Matters*; 10(1): 4-7

This article highlights a group of women who may often experience disenfranchised grief because of their sexual orientation, and explains some of the particular complexities of this. It describes lesbian culture and in particular the various levels at which women 'come out' in their dominant culture. Four levels are identified and each has an impact on the way lesbian women may experience bereavement. Another area of potential difficulty is family support, not only from the family of the person who died but also from that of the surviving partner.

The nature of lesbian relationships, issues of spirituality and legal problems (often exacerbated by disenfranchised grief) are also explored in the light of bereavement. Finally the author points to a

dearth of literature pertaining directly to lesbians.

Although addressed primarily to health professionals, this article will also help lesbian widows as it acknowledges their particular potential difficulties and provides references for further reading.

The poverty of death: social class, urban deprivation, and the criminological consequences of sequestration of death

Allen C (2007). *Mortality*; 12(1):79-93

This article discusses the contention that many individuals have little direct experience of death, dying and bereavement in UK society today and find it difficult to cope with the emotions aroused. The author goes on to say that bereavement counselling and support groups which address this are more frequently used by the middle classes. Working class people tend not to access this type of service and there have been few studies on their experience of bereavement. The studies that have been done suggest that they adopt a stoical 'getting on with things' approach and avoid grieving, but how they deal with unresolved grief has not been examined.

Allen addressed this question by analysing interview data about the criminal careers of 26 heroin addicts living in traditional working class areas. The primary aim of his research had been to find out why these people turn to heroin. An unexpected finding was that 10 of the interviewees had begun to use heroin to help them cope with bereavement. Verbatim interview data powerfully illustrate this.

The literature search reported here found no suggestion that bereavement might be a route into heroin though there is, in fact, evidence of a more general link between risk-taking and bereavement which could be considered relevant. Allen points out that his finding on the repercussions of bereavement was an incidental result of his study: it is not an answer to the way working class people view bereavement, but the beginning of an answer. He suggests that death studies need to have a research focus not only in the sociology of death *per se*, but also in urban sociology and criminology.

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ARTICLES

Psychotherapy for complicated bereavement

Neimeyer RA, Wogrin C (2008). *Illness Crisis and Loss*, 16(1): 1-20(1994).

This article is a facilitated conversation between two experienced death counsellors in the USA. Interestingly, they both outline their motivation for this work: Wogrin because she felt drawn to this area of work, and Neimeyer because of a very personal experience. The counsellors talk about issues related to complicated bereavement and the use of case studies. The discussion of psychotherapy touches on basic tenets judged essential to bereavement counselling, but not specific to it. Both authors examine the differences between trauma and grief.

Neimeyer considers bereavement counselling essential for many people, though there is no discussion of whether it should be in the *DSM*. However, he cautions against 'rushing in where angels fear to tread'. A natural reticence is surely appropriate, but Wogrin makes a slightly different point which deserves greater consideration in bereavement literature. She points out that many

people may join a bereavement group and obtain support and comfort from this and after two years they may have come to terms with a great loss but, essentially, whether or not they were in the group they would be at the same place. However, along the way, their suffering may have been far less than if they had not had this support. This begs the question of what outcomes are being measured in bereavement research, and leads one to consider more rigorously the difference between a bereavement service offering support and one that offers more in-depth counselling, and if there are difficulties in delineating the different types of service provision.

The dialogue approach would be one worth repeating for specific aspects of bereavement as it allows a reflective approach as well as a reworking of common themes

Assessing grief and bereavement: observations from the field

Michalski MJ, Vanderwerker LC, Prigerson HG (2006-7). *Omega*, 54(2): 91-106

As the authors state, there is a growing literature on the potential therapeutic benefit for bereaved

people involved in research. They describe the Yale bereavement study, administered by researchers sensitive to bereavement, in which 317 bereaved persons completed a veritable gamut of psychological tests (about 20) as well as answering some qualitative data. The interviews occurred roughly three months after bereavement, and four months and nine months after the initial interview.

The focus was on finding out which respondents were experiencing complicated grief. However, after several months it became apparent that the researchers seemed to be helping the respondents in two ways. Firstly, the subjects viewed the researchers as clinicians and felt they could put questions to these bereavement 'experts'. Secondly, as the interviewers also asked about the participants' loss and their psychosocial and physical histories, they enabled the respondents to think beyond their present grief and to consider all facets of their lives.

Indeed, over the three interviews, the grief of the respondents (measured by the Inventory of Complicated Grief) was reduced from 12% to 4%. Though the aim was research rather than therapy, the researchers considered their intervention was likely to be therapeutic and in fact many (though no percentage is provided) of the participants did sent notes later to this effect.

It is interesting that the completing of rating scales, admittedly combined with some qualitative data, can be viewed as therapeutic. Perhaps this more objective type of approach may be of greater benefit to some than the more usual emotion-focused bereavement counselling. The advantages and disadvantages of research as therapy deserve examination in other studies. ●

Denise Brady

Librarian, St Christopher's Hospice, London

AMERICAN PSYCHIATRIC ASSOCIATION. *Diagnostic and Statistical Manual of Mental Disorders (DSM)-IV* (1994). Washington DC, USA: APA.

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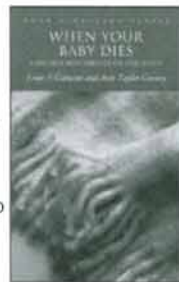


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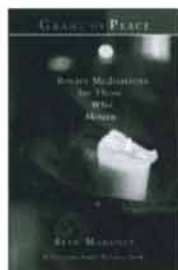


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