REVIEWS



BEREAVEMENT: Reactions, Consequences & Care.

Osterweis, M. Solomon, F. & Green, M. (Eds.) National Academy Press, Washington DC. 1984 (Distributed by John Wiley In U.K. £22.50).

This important volume is the report of the Committee on Health Consequences of the Stress of Bereavement of the Institude of Medicine, a group of American academics, most of them medically qualified. It contains the most comprehensive review of the scientific literature on bereavement yet published and must be placed high on the list of essential reading for all who work to help the bereaved.

The book has the advantages and disadvantages of authorship by committee. The advantages are those which come from combining forces to review a very large body of research data and the authority which this committee can bring to bear in support of its recommendations. The disadvantages are the loss of punch and conviction which results when every statement has to be acceptable to the whole group. Conclusions tend to be overcautious, group prejudices take on the sanctity of holy writ and self-evident platitudes are rather too frequent.

For those who are already familiar with bereavement research the book will contain few surprises. Even so, it is good to know that the evidence of recent studies of the detrimental effects of bereavement have confirmed the findings of earlier studies. A minority of bereaved people do suffer damage to their physical and mental health and there is every reason for members of the caring profession to work together to prevent and to mitigate these consequences.

There is overall agreement that social and emotional support to the bereaved is a worthwhile endeavour, although there is still much disagreement how this should be given, and the whole field is a priority area in need of further research.

To me the strongest chapters of the book were those which concerned themselves with epidemiology and with the reactions of children, adolescents and other young primates. Weakest were those concerned with physical and anthropological aspects.

The chapter on "Monkeys' Responses to Separation and Loss" is of great interest, showing, among other things, that . . . "the more familiar a subject is with the setting confronted following a loss and the more supportive the individuals within it are, the less severe the sustained emotional response will be and the more rapid the recovery". These conclusions apply as well to human infants as to monkeys separated from their mothers.

As research continues, the pieces of the jig-saw which link animal behaviour, child psychology and adult psychology, are fitting neatly together. Attachment theory emerged as the most seminal model for the understanding of grief and its consequences. By contrast, the so-called "biological" explanations of the organic psychiatrists begin to look very, very unsatisfactory. Not that these two ways of viewing a person are necessarily in conflict. There must be a physical basis for all mental activity and there are many clues beginning to emerge. But the more we learn about the physical effects of bereavement, the more confused we become. Speculative attempts in Chapter 6 of this book to link *in vitro* studies of lymphocyte response to mitogens with measurements of hydroxycorticosteroid levels and susceptibility to tumour formations, leave one blinking. The only sure conclusion to be drawn from these data is that the "psycho-neuro-immuno-endocrine" system is very much more complex than we had imagined.

Bereavement counsellors may be surprised at the amount of attention which is paid in this book to "depressive illness" following bereavement, as if this was the only grounds for psychiatric interest in the subject. As doctors, we feel uncomfortable treating problems of living as illnesses, and we reduce this discomfort by trying to find find evidence of illness produced by these problems. Most psychiatrists recognise "depressive illness" as having a physical basis which is distinct from the "normal depression" of bereavement. Clayton's studies (reviewed on p. 20) have shown that a third of widows report the symptoms of "depressive illness" during the early months of bereavement. But this depression does usually improve by the end of the first year and, unlike other "depressive illnesses" does not affect the dexamethazone suppression test (p. 169). The argument is not purely academic because "depressive illnesses" tend to respond well to antidepressant drugs. Nor have any systematic trials of antidepressant treatment for "depressive illness" afte bereavement been published.

Anthropological studies have much to teach us about cultural influences on mourning, but the chapter on socio-cultural influences (Ch. 8) is sketchy. Rosenblatt's important comparison of 80 anthropological studies is virtually ignored (although it is included in the list of references) and the only systemic compa ison between different cultures known to me (Yamamoto's comparison of widows in Tokyo and London) is not mentioned.

Chapters 9 and 10 which are concerned with the care of the bereaved provide much evidence for improving the training of healthcare professionals and for the introduction of bereavement intervention programmes, but it is in this very area that the professional bias of the committee members begins to show. Thus the committee clearly approve of the bereavement counselling provided by volunteer counsellors in association with hospices, but they speak out strongly against the development or certification of a new profession of "grief counselling" (p. 233). Their approval for "self-help" or "mutual support" groups for the bereaved is cautious, but they make no clea recommendations regarding the need for professionals to work with these groups to raise their standards of service. One gets the imp ession that the committee approve of bereavement counselling as long as it is performed by unpaid volunteers, but that they would be threatened by any counsellor whose expertise began to equal or exceed that of the paid professionals (or who demanded appropriate pay.

When paid professionals provide counselling it is called "psychotherapy" and assumed to be different from the activities of counsellors. Yet everybody knows that there is a considerable overlap between "befriending" and "counselling" and between "counselling" and "psychotherapy". Most members of the caregiving professions get little experience in helping the be eaved; by contrast, carefully selected and trained volunteer counsellors soon develop a high level of expertise in this field. I see it as inevitable that a profession of bereavement counsellor will eventually arise, whether we like it or not. It is in everybody's interest that members of the healthcare p ofessions associate with these new colleagues, to learn from them as well as to teach them and to integrate our work for the bereaved with theirs.

It is a sad reflection on the American scene that the only area in which members of the healthcare p ofessions regularly associate with bereavement counsellors and where bereavement is not seen as the essential qualification for bereavement counsellors, is in the hospices. In this book, bereavement intervention programmes are subdivided into "mutual support app oaches", "hospices" and "psychotherapeutic approaches". No place

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Thank goodness we do not any longer believe that masturbation is harmful, unless it becomes obsessive. As many women masturbate as men, although I know that this may come as a surprise to some. I fully realise that the subject is not often discussed, but many women do worry about their need to masturbate, and it is preferable to taking someone to your bed whom you may not really care much about. One's normal feelings of morality can change somewhat when one becomes bereaved, and months or years of loneliness can make somebody think very differently to the "black's black and white's white" of your previous existence, when you shared in a possibly very full and satisfying sex life. Masturbation is sometimes called "self-abuse" by those who do not understand. I prefer to call it "self-help".

Obviously, this subject would only be raised after a good relationship has been formed, and then only very gently, such as "How do you feel about masturbation?", and then only when other sexual thoughts are being expressed. Also we must remember that people may use words to describe their sexual activities or needs which we find odd or surprising. Please do not let this become obvious to the bereaved person. Any sign of surprise may well cut short the conversation, and possibly render it wellnigh impossible to begin again. We may very well be the first person to whom the bereaved person has spoken about the whole area of sexual deprivation.

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exists for the kind of programme which has proved most successful in Britain, a closely integrated organisation in which professionals and volunteers, bereaved and non-bereaved, wo·k closely together to provide counselling and social support to bereaved people, regardless of whether their spouse died in a hospice or not. The programme is called "Cruse".

COLIN MURRAY PARKES

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AFTER I'M GONE

Gerald Sanctuary, Souvenir Press 1984. £8.95 & £5.95.

Parents of mentally handicapped children often feel very frightened and depressed when they think about what might happen to their sons and daughters when they themselves die; they worry about who will help and befriend them and who will look after their affairs. One of their biggest worries is about where their handicapped children will live when there are no parents or family home to support them. They wonder whether there will be a friendly foster home or hostel or a council house available, and whether that future home will provide opportunities for friendships and happiness and some recovery from the immense trauma of losing their parents. They dread that their handicapped children may have to go and live in an impersonal institution where their individual needs might be swamped by the problems of understaffing.

Nothing will completely ease the worries of parents in realising that the years of their own lives are getting fewer and that when they die they will leave behind a dependent and vulnerable son or daughter. However, by making plans, learning their way around the complications of the legal system and leaving their affairs in order, they may feel some reassurance and peace of mind. Having made plans they will at least feel that their handicapped children's lives are not going to be made worse because of legal muddles which might have been avoided if only somebody had explained "the legal side" to them.

Gerald Sanctuary is the legal adviser to the Royal Society for Mentally Handicapped Children and Adults and in his book he explains in simple terms the legal intricacies of such issues as making wills, organising trusts and guardianship schemes, the Court of Protection, life insurance, DHSS benefits and taxation.

This book will, without doubt, be extremely helpful to parents and point them in the right direction for further information in trying to plan a more secure future for their handicapped children. The appendices are very helpful, too, as they give information about specimen clauses for wills and trusts, notes on statutes and family inheritance, and addresses of appropriate organisations.

MAUREEN OSWIN

BRIGIE—A Life, 1965-1981

Janet Taylor. Hodder & Stoughton, 1984. £8.95.

Brigie died of cancer at the age of sixteen—not a gradual wasting form of the disease but Rhabdomysarcoma, a rare and aggressive cancer which began with a lump on her hand in July, allowed Brigie a carefree summer holiday and killed her by 1st December, before the next school term had ended.

Her mother, Janet Taylor, writes "Her calm acceptance of it and our own new closeness around her turned it into an experience which was beautiful and profound. There was a compelling need to share this experience with all who fear death, especially for the young. It soon became clear that if the end had meaning so had the whole life from its beginning."

This book is her mother's account of Brigie's life and death at home surrounded by her family and friends. We learn of the family's early years in suburbia, of Brigie's sister and two brothers, of rivalries and joys within the family, of a second marriage and of the move from suburbia to the small Post Office in the Yorkshire Dales which became home for the adolescent Brigie and her family.

If Brigie's sarcoma had been diagnosed earlier she would probably have had her arm amputated followed by massive doses of chemotherapy. It would not have saved her. By the time the doctors realised what was wrong such treatment was irrelevant. Brigie's family are thankful, not bitter about this delay. It gave Brigie those few precious summer weeks, the last active time of her life.

The book is peopled with a sometimes confusing medley of relations and friends. Their continual presence emphasises the warmth, informality, tolerance and fundamental strength underlying Brigie's family life.

Janet Taylor has a deep Christian belief from which she gained much support but the rest of the family, including Brigie, had, one understands, been much more sceptical. So the book is in no way relevant only to believers. It depicts the seemingly inevitable progress, both physical and spiritual, of a young girl and her young friends towards the acceptance of her death.

But the practical aspects of her illness are not ignored. We also hear about the travelling, the waiting and the misunderstandings which went alongside the caring for the short periods Brigie spent in hospital. For most of her illness, however, Brigie was nursed at home where conditions at first caused concern to the local district nurses but which they, too, soon came to accept and admire. All Brigie's friends and family were involved in her illness. Others might have felt so many visitors to be inappropriate but Janet Taylor shows us how warm and sensitive young people can be. She never questioned that they too should be allowed and encouraged to share the grief and express their love.

This is a moving book which avoids any trace of sentimentality. Brigie was an ordinary girl; only her early death singled her out from her peers. Her life was short but complete. Janet Taylor has shown that such a death, although generally considered untimely, can bring families to find new depths and resources within themselves so that they feel enhanced rather than diminished by their loss.

It is easy to read and would be an excellent introduction for newcomers to counselling. It could, in some cases, help those who have lost a child. Most of all it should be read by those of us whose children are robustly healthy. The message is that death can come early and that if it does it need not always be feared.

CAROLINE BERNASCONI
Cruse Area Organiser

ALL IN THE END IS HARVEST

Agnes Whitaker, Darton, Longman & Todd/ Cruse, 1984. £3.95.

The prose and poetry of world literature abounds in passages in which the author seeks words to express the unexpressible or strives to find meaning in the turmoil of his loss. From this rich source Agnes Whitaker, aided by many friends in Cruse, has drawn a selection of quotations, some well-known and well-loved, many new and and unexpected. All the different and conflicting facets of grief find a place, surely ringing bells in hearts greatly in need of knowing that others have been there before. As Metropolitan Anthony Bloom reminds us "people are capable of greatness of courage, but not in isolation". It is this knowledge, that others share our experience and understand it, that eases what otherwise might be unsupportable.

ALL IN THE END IS HARVEST is described as an "anthology for those who grieve", and so it is. But it is also an anthology for those who by good fortune have never experienced a profound grief and who are finding it difficult to understand what is happening to someone newly bereaved. Why is he behaving as he is? How long will his afflictions last? What thoughts and feelings possess him? How best to express sympathy?

For some this will be a book to read slowly from cover to cover, tracing first one aspect of grief and then another, guided by Agnes Whitaker's skilful introductions. For others it will be a book to open at random, perhaps to discover an unknown jewel, perhaps to renew acquaintance with an old friend. Each one of the authors speaks from deep personal experience. "Only the foot knows where the shoe pinches", say the Spanish.

This is a book Cruse can be proud of—yet another contribution to its well established and now royally recognised work for the bereaved.

JOHN AND URSULA BOWLBY

WHEN BAD THINGS HAPPEN TO GOOD PEOPLE

by Harold Kushner, Pan, 1982

FEAR NO EVIL

by David Watson, Hodder & Stoughton, 1984, £1.50

Rabbi Kushner's book *When Bad Things Happen to Good People* seems, at first glance, to be a very personal book about the death of his son Aaron from a rare disease, progeria. Perhaps because its relevance to a wide readership initially seems marginal, the book is not known as widely in Britain as it should be. The arguments in it, the wrestling with the relentless fate in store for his son, can be valued by readers in many other circumstances of suffering, and the book could be recommended to many bereaved people who are anguishing "Why me?".

Some authors have a compulsion to choose clever and enigmatic titles for their chapters, but this book is clearly summarised by its chapter headings: "Why do the Righteous suffer?" "The Story of a Man named Job", "Sometimes there is no Reason", "No Exceptions for Nice People", "God leaves us Room to be Human", "God helps Those . . .", "God can't do Everything", and "What Good is Religion?" One could add that there are many ideas in the book that agnostic or atheist people can grasp hold of. At the core of the book, Rabbi Kushner says: "Let me suggest that the bad things that happen to us in our lives do not have a meaning when they happen to us. They do not happen for any good reason which would cause us to accept them willingly. But we can give them a meaning."

Some of Harold Kushner's essential points have been taken up by that much-loved, much-missed Anglican clergyman David Watson in his powerful account of his own struggle against cancer. Watson questioned Kushner's theology: "If God is

not in ultimate control, he cannot truly be God". Yet the conclusion is similar—not "Why?", but "What response shall I give?" For health care workers and bereaved families trying to understand in some depth how a cancer patient with great personal resources faces the prognosis, the uncertainty or false hopes, the likelihood or inevitability of death, and so on, David Watson's book is of great interest. He bravely tackles, head-on, all sorts of tough issues. How do you counteract the anxieties and negative fears that keep looming up? What does the nature of death seem to be, as viewed by someone getting close to it? What is it like fighting for your life? Like Kushner's book, the insights here could be of great interest to a readership much wider than those of his own faith. It is a worthy postscript to a momentous life, lived unsparingly.

AGNES WHITAKER

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loved it: had it been a deformed foetus I should like to think that I would still have loved it. Even if the initial shock of seeing deformity in a foetus might have prevented the spontaneous love which my husband and I felt on seeing our baby, we would still have had some form of visual contact with it which might have served to help us later to remember our child as it had been, not as something dark inside my womb that we had never seen. At the very least, visual contact with the child would have provided it with a kind of existence, preserved in its parents' memory. The concept of entering the world and leaving it totally unseen and unknown is one I find horrifying.

When the doctor encouraged us to think of our dead foetus as we would have thought of a full-term child he was confirming and supporting our own instinctive feelings and wishes. He enabled us to give full vent to our grief where the limits of our own understanding and the constrictions imposed by traditional attitudes would have held us back. The few minutes we spent with our dead child are amongst the most precious in my life. How could we not love it? The motionless calm of death, the perfect, untouched peace of that tiny baby still encased in its sac, preserved and protected from further harm. Does my baby have a soul? Is it with God? These are the questions which became superfluous at that moment. My baby returned whence it had come, back into the earth, the life force which had begun it. Who are we to judge its validity in God's eyes? Death is a part of life; we cannot push it aside. In the same way our dead baby is still part of us, and of our life's expression on this earth.

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SOCIAL ISOLATION

There is another reason for recommending social activity. This is that widows and widowers are vulnerable to a second kind of loneliness, in addition to the loneliness of emotional isolation. Loneliness of this second kind—sometimes called "the loneliness of social isolation"—is apt to be experienced as a sense of being marginal or distant from people who are doing things that matter. Going along with this may be a feeling that others are intentionally evasive or distant; that the social isolation being experienced results from a kind of ostracism.

Insofar as the widow or widower had, when married, participated in a social world of couples, bereavement may have brought about the loss, not so much of individual friends, although this too can happen, as of the friendship network. There are fewer invitations to dinners and parties. To the widow or widower it may seem that they have somehow begun following an isolated pathway whose direction diverges from that of their former friends.

This form of loneliness, happily, responds well to effort The widow or widower must find one or more accessible, reasonably attractive social groups, and then show up at their meetings and be friendly. Friendliness tends to elicit friendliness. With a bit of time, a feeling of being part of things can in this way be re-established.

CRUSE ACADEMIC PAPERS

SUICIDE

Academic Paper No. 1 comprises a reprint of the article on *The Risk of Suicide following Bereavement* by Dr. C. Murray Parkes (originally published in **Bereavement Care,** Vol. 1, No. 1), together with A Review of the Literature on Bereavement following Suicide by Dr. S. Henley.

SUPERVISION

Academic Paper No. 2 is a reprint of the article on *Supervision and Consultant Care —Counselling the Counsellors* by Gill Parker, Family Therapist, from **Bereavement Care,** Vol. 1, No. 2.

BEREAVEMENT IN ISRAEL

Academic Paper No. 3 is an expanded version of the paper on *Bereavement in Israel from War, Holocaust & Terror,* given by Prof. Shamai Davidson to the 1983 Cruse Conference on Bereavement following Violence. *NEWLY PUBLISHED.*

Cruse Academic Papers Nos. 1 & 2 are available at 70p each (plus 30p p & p) from Cruse House. Paper No. 3 costs £1.70 (plus 30p p & p).

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Important New Post

Cruse wishes to appoint a Training Officer, a full-time post based at Cruse House in Richmond. In addition to all the training aspects, both within Cruse and for healthcare workers and others, the post will include involvement in Cruse's research programme.

Full details and application form from Derek Nuttall, Cruse House, 126 Sheen Road, Richmond, Surrey TW9 1UR.

Notice: The 1986 Cruse course in counselling before and after bereavement, for professional workers, will be held in Manchester in the autumn.

BEREAVEMENT CARE is published for all Cruse workers and others who wish to deepen their understanding of bereavement. It is sold subject to the condition that it shall not be lent, re-sold, reproduced in part or in entirety, hired out or otherwise circulated without the publisher's consent.

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