REVIEWS



BEREAVEMENT: STUDIES OF GRIEF IN ADULT LIFE

Colin Murray Parkes, Penguin Books, 1986. £3.95. (2nd Edition)

The fact that this book, first published in 1972, and so frequently reprinted, is now available as a 2nd edition serves to underline its immense importance and value. It has become firmly established as the major reference book on the subject, its author evermore internationally recognised, respected and in demand as a lecturer.

The reasons for such acceptance and acclaim become clear on reading the book. It covers every aspect of bereavement, its clinical features, prediction, abnormal types, and the importance and roles of professional and 'lay' counsellors. It is based on well-conducted studies, many of which have been published since the first edition, but serving most convincingly to re-affirm the author's original ideas and suggestions. To the professional reader this is important because, until very recently, grief and bereavement were considered by many doctors and nurses as either 'physiological' (and therefore not meriting attention) or so vague and ill-defined as to be subjects only for the interested psychiatrist or psychologist. Many whose work brings them into contact with the bereaved, including many clergy, have assumed that they will only learn about bereavement by years of contact and observation, as though it was a subject which could neither be taught nor researched. The well-documented basis for this book and its advice will, we must hope, firmly establish bereavement as a subject worthy of being taught, and the skills of support and counselling as those which few of us would dare to leave to chance. Its bibliography is quite excellent and more than adequate, even for the specialist reader.

It must be said that the book is, on first reading, somewhat daunting so detailed are its contents and so complex the picture of bereavement. Chapters are not subdivided into sections nor are contents often summarised or put into table form. To do so might have given a false impression of over-simplification of a subject which is not ever simple. This must not deter the serious reader who will be richly rewarded by careful, repeated reading of each chapter and its contents related to patients with whom they have worked.

That the book is essential reading for all professionals in contact with grieving people goes without saying.

It is, however, much more than a reference book for the professionals. It is my recommended text for all lay counsellors, all who work with CRUSE and all those studying for, and in, the ministry. On occasions it might even be suggested reading for some of the bereaved themselves.

Those of us privileged to use this book and even to know the author owe him an immense debt but one which we can repay by putting into practice what he has so eloquently taught us and by taking up his challenge to research, record and report as he has done to such effect.

DEREK DOYLE

Medical Director, St. Columba's Hospice

STRESS, LOSS AND GRIEF

John Schneider, University Park Press, Baltimore, 1984. £17.80.

Can be ordered through H. K. Lewis & Co. Ltd., Medical Publishers, 136 Gower Street, London, W.C.1.

According to Shakespeare *(Winter's Tale III, ii)*, "What's gone and what's past help, should be past grief." However, this is not the way most people react to bereavement. To **bereave** means to deprive of, e.g. life or hope, or to leave desolate, especially by death. The resulting stress and grief reactions, normal as well as pathological, are discussed in great detail in this excellent new monograph by John Schneider, PhD, of the Department of Psychiatry at Michigan State University.

The author reviews the literature on loss and stress, discussing implications and dimensions of loss, in addition to developmentally-related loss. He compares a number of theories of mourning, presents his own model of grief and analyses the process of grieving through its various phases: initial awareness of loss; attempts to limit awareness by holding on and letting go; gaining perspective on the loss and resolving the loss; reformulating loss in a context of growth, and, finally, transforming loss into new levels of attachment.

All these phases are discussed systematically from a holistic perspective, including behavioural, spiritual, emotional, cognitive, and physical aspects. Every phase and every aspect is exemplified in a vivid and highly readable manner. The book's major strengths are its comprehensive, holistic, and pragmatic approaches, as well as its emphasis on losses not only of life but also of health, body functions, personal relationships, home, country, belongings, etc. It is further encouraging to read the growth-producing potential of many losses, often forgotten or disregarded in current stress literature.

Inevitably, the author's comprehensive approach leads to some degree of unevenness in the analysis of the various aspects. Social, cognitive and physical aspects are described more superficially than behavioural and emotional ones, and are less well documented. More attention is devoted to a thorough description and analysis of the grief process than to therapeutic and preventive application of this knowledge.

However, all this being said, this is an important, comprehensive and highly readable, pragmatic guide to dealing with stress, loss and grieving in a **holistic** perspective. It is strongly recommended for those who aid others in grief, professionally or otherwise.

LENNART LEVI

Professor of Psychosocial Medicine
Laboratory for Clinical Stress Research,
Stockholm

SUICIDE AND ATTEMPTED SUICIDE AMONG CHILDREN AND ADOLESCENTS

K. Hawton, Sage Publications, London, 1986. £10 (Paperback)

Although death by suicide in childhood is very rare, the numbers increase throughout adolescence. The unexpected and sudden death by suicide of a young person is perhaps one of the most tragic of all bereavements, because of the waste of young life, the unnaturalness of children predeceasing their parents, and because it is in most cases preventable. It can have serious consequences for the family and friends and may lead to parental depression, marital problems and difficulties with other children. In this excellent monograph Dr. Hawton, a psychiatrist in Oxford comprehensively reviews the state of knowledge in this subject. Among teenagers, suicide is one of the main causes of death—vying only with road traffic accidents (also a manifestation of the risk taking behaviour characteristic of this age group) and childhood cancer. In contrast with attempted suicide in which females vastly outnumber males, completed suicide is a masculine phenomenon in this age group. The authors emphasise that counselling for the families of young suicides is imperative and should ideally be begun within 24 hours. They point out that negative attitudes of friends and other relatives following the suicide may impose a special burden on parents and previous family pathology may add to the guilt and anger.

They discuss what might be done to prevent some of these tragedies and their suggestions for education of young people in developing coping strategies will be of interest to health educators, youth leaders and teachers. All those involved in bereavement care will find important and helpful advice in this book. I hope that the publishers will be able to reduce the price to bring it within reach of all who would find it helpful.

DORA BLACK

Consultant Child & Adolescent Psychiatrist

RESEARCH REPORT

Informing children about a parent's terminal illness by E. Rosenheim & R. Reicher

In Journal of Child Psychology & Psychiatry (1985), 26.6, 995-998.

This paper examines the anxiety levels of 18 children aged 6-16 who were informed about the terminal illness of a parent, compared with 26 who were not informed. In all cases it was the parents who told them. Anxiety levels were lower in those who were told. Among those not told, the 10-12 year olds were more vulnerable to anxiety than their older or younger siblings. **Whether** parents choose to tell their children or not, **and how** they do it must depend on many factors, and this study does not claim there is a **casual** relationship between telling and lowered anxiety. The association may be due to good relationships and open communication generally. However in some families the older children only were told. The anxiety differences were similar in the two groups, indicating that sharing the information **in itself** was helpful in reducing anxiety.

DORA BLACK

Consultant Child & Adolescent Psychiatrist

VIDEO REVIEW

British Medical Television put out a monthly video-tape magazine for general practitioners. Issue 31 contains among other programmes (on preconception care, barium meals, etc.) an interview with Dr. Colin Murray Parkes on Bereavement. This is only suitable for medical viewing and has some excellent up-to-date information on the effect of bereavement on the immune system as well as good advice about diagnosing suicidal feelings after bereavement. This is a 'commercial' tape with much drug advertising in it. BMTV, 3-4 Woking Business Park, Woking, Surrey GU21 5JY.

DORA BLACK

"THE LAST TABOO (Video)

Dr. Lester Sireling & Dr. Sheila Hollins.

Mental handicap and bereavement.

From Mrs. F. Macey, Psychiatry of Mental Handicap, St. George's Hospital Medical School, Cranmer Terrace, London SW17 0RE.

£25. (incl. postage).

Length: 25 mins.

"The Last Taboo" is a video programme about death and mental handicap made by two psychiatrists specialising in the psychiatry of mental handicap at St. George's Hospital, London.

This is a sensitive and very valuable short film which opens with a young man, Anthony, mentally and physically handicapped, buying a present for his friend who is dying on the ward where both of them live. Some time after Patrick's death Anthony is shown refusing to get out of bed, injuring himself, refusing food in a "disruptive" way. We see the nurses discussing what they should do. Should they "ask the doctor to prescribe something"? One of them relates Anthony's behaviour to his recent bereavement, but they are not sure how grief is experienced by mentally handicapped people or how they may be helped.

Later we are shown some simple and practical ways in which Anthony could have been helped to understand his friend's death and to grieve in a healthy way. We see the nurses talking to him about Patrick, helping him to take part in the funeral and to say goodbye to his friend.

In the final sequence a group of mentally handicapped people are seen returning to a crematorium six months after the death of a friend to "celebrate" him by dedicating a rose-tree to his memory.

I have seen this video twice—once with a group of professional people concerned with the care of the mentally handicapped, and again at the Cruse Annual Conference, and I found that my own considerably different reactions mirrored those of the groups I was with. On the first occasion a good discussion soon got going on the lines of "people still don't realise that mentally handicapped people have feelings the same as anyone else". The Cruse group found the film intensely moving, and most of us were in tears by the end. Reflecting on this difference in response I found myself speculating that Cruse members would be more open to their own grief feelings, and were identifying with the bereaved people in the film. Then I realised that the film had as much to say about the normal process of mourning as it had about mental handicap. I think this is one of its great strengths, particularly valuable if it is being shown to people who are not used to thinking about bereavement at all. The suggestions for helping Anthony would be useful in helping any bereaved person so that it has a wider usefulness in basic training. The specific difficulties of mentally handicapped people in sharing their feelings and communicating their bewilderment, distress and anger are demonstrated well, and can stimulate a very productive discussion on how to help them and their families.

The video is not made by actors but by the "real people" involved, and is not as smooth and polished as a "professional" film would be, but it is the more telling for that.

MARY PARRILLA
Social Worker
Counselling Coordinator for
Cruse Twickenham & Richmond Branch

LOSS & GRIEF Part II (Video)

Interview with Dr. Colin Murray Parkes by Professor Malcolm Brown, Queen's University, Belfast.

£97.75p (inc. VAT). Tavistock Publications, 1986.

Length: 48 mins.

This is the third video-tape in a series on terminal illness and death, the first two having been reviewed in the last issue of Bereavement Care. It is good to have the distillation of Dr. Parkes' extensive clinical and research experience captured on tape for those who take in facts better by ear than by reading. There is no doubt, however, that the second edition of Dr. Parkes' classic text (see review this issue) represents better value for money and has the advantage of being able to be scanned, skimmed and read on the train! Video-taped interviews tend to be somewhat tedious—there is little visual variety, and apart from enabling a group to have a shared experience which can then be discussed, there seems little advantage to be gained in viewing this tape, rather than reading the book.

DORA BLACK
Consultant Child & Adolescent Psychiatrist

"I'M SORRY YOUR BABY IS DEAD" (video)

Foundation for the Study of Infant Death, 15 Belgrave Square, London SW1Y 8PS. VHS & Beta.

£25 (incl. postage).

Length: 20 mins.

This is a tape outlining the needs of families bereaved by a 'cot death' and showing how everyone who comes into contact with them can provide support.

It does this by listening to some parents who have lost babies telling their own stories and thus indicating what they found helpful, and—more particularly—what they remembered as just adding to their misery, anger and guilt. There is also a brief, but necessary, reminder that the father is hurt equally by the death of his baby as the mother but that society can make it very difficult for him to reveal and deal with his grief. The need of other children in the family for more support than their bereaved parents alone are able to give, is mentioned. On a happier note, several mothers talk about their methods of coming to terms with their own loss and how this enables them to help others, similarly bereaved, either by group support or on a one-to-one basis. These items are linked by a commentary by Lady Limerick of the Foundation for the Study of Infant Death.

The tape does not deal with theories regarding the possible causation or prevention of cot death, mentioning only that these deaths are the commonest cause of death in babies between one week and one year of age. This makes it a very significant problem especially in an age when babies are no longer expected to die.

A cot death involves the emergency services, the carers, the immediate and more distant relatives, friends and neighbours. The wide range, from the professional to the general public, makes it difficult to know to whom this very helpful tape is aimed, although everyone will learn something from it. It encourages us all not to be frightened and ashamed of our own feelings of distress, inadequacy and even guilt, to be able to share in the anguish of the bereaved parents, and to say "I'm sorry your baby is dead."

AUDREY KING-DAVIES
General Practitioner



From:

BETTY McCRUM

Care Co-ordinator, The Ulster Cancer Foundation

I read with interest in the Summer 1986 issue, your comments on the video "Loss and Grief" Part 1 (Experiences Shared). This video consists of interviews by Professor Malcolm Brown with people who have suffered various forms of loss.

Amongst those interviewed was a lady with breast cancer and breast surgery, who is a volunteer with the Mastectomy Advisory Service in Northern Ireland, and two laryngectomy patients who are in fact the Chairman and one of the officers of the N.I. Laryngectomee Club, as well as being volunteers.

I should like to just explain that the reason for having two laryngectomees was not only to give an understanding of the experiences of the laryngectomy patient, but also to allow the viewer to see, hear and understand two different types of speech produced by laryngectomees—oesophageal, and artificial speech aid.

May I take the liberty of congratulating you on producing a very interesting magazine, and all good wishes for its continuing success.

THE THIRD DAY

On 14th November, 1985 a volcano erupted in Columbia obliterating a village and burying 33,000 in a sea of mud. 10,000 were saved.

Out of the mud
they drew me
gently
With loving hands
outstretched
time held
at bay
From living death
they washed me
till the soul shone again
in my brown flesh

Under the warm mud
I have seen
strange things
broken into knowledge
beyond the tainted life
of men in cities
battling for freedom
from the suffocation
of self
I have felt my soul
returning
to the beginning
of God's first breath
in me

It will take time
to live again
in this body
and know
its cleansing

MARGARET TORRIE
November, 1985

Cover picture: 'Autumn Midnight' by Eric Gill, courtesy Victoria & Albert Museum

This picture was chosen for the cover of the new edition of 'Bereavement: studies of grief in adult life' by C. M. Parkes, reviewed in this issue.