lived nearby and of whom she was very fond.

Susie enjoyed looking through books and colouring. Some relevant children's books were given to the parents to read with Susie. It was thought this would help the family share the grief. Her parents were still grieving themselves and reading through the books and discussing them helped them to talk about their own sadness. The mother and daughter made up an album together about Grandad which included photographs and drawings of shared activities such as the play park. When the parents accepted their own loss it was easier for them to deal with the child's feelings of loss. They recognised Susie's other losses during that period such as the absence of her regular respite carer and also the increasing absence of her parents as they cared for the grandfather during his terminal illness. They regained confidence in their own ability to manage Susie's behaviour, which became less of a problem.

Research by Black[12] indicates that the ability of the child to cope with bereavement depends upon the surviving adults' mental health and the family's acceptance of tears and other overt expressions of grief.

Preparation for bereavement

I have suggested that people should have access to resources after bereavement, but there should be opportunities to discuss loss before bereavement as well Social education in schools should include discussion of loss. The development and maintenance of relationships is a focus for discussion, so why should dealing with the inevitable loss of relationships not be also?[13] The Social Relations programmes in Adult Training Centres which stop at adulthood are incomplete. Death is an integral part of the biological cycle of life. The video 'The Last Taboo'[14] can be used to stimulate a group discussion with some clients. It is helpful if parents can also discuss this, perhaps with the support and advice of local organisations such as Mencap or the Scottish Society for the Mentally Handicapped. They may wish to make provision in their will for the future care of their handicapped child. Recent literature offers guidance through the complex legal situation.[15, 16]

Hidden strengths

The future may offer more than had been hoped. When a bereaved person reflects on the experience, they frequently remark: 'I would never have thought I had the strength to cope with something like this.' Also, they develop abilities of which they had not thought themselves capable. A widow may learn to drive rather than sell the family car. A widower may learn to cook and make new friends through a local cookery class. Pincus[17] describes individuals who coped better or worse than expected following the death of a marriage partner. The person who was seen as weak may be unexpectedly strong, whereas the one who was considered the strong partner of a relatonship may seem lost. Similarly, people with mental handicaps may have potential which was unrecognised or given no opportunity to be developed. When their loss is resolved, they too can be stronger and more capable people.

Agnes was 40 years old and had poor eyesight. She was an only child and lived at home with her parents who had been told that she had a weak heart and any excitement or exertion could be fatal for her. She had no education and had been protected from all social activity. The family declined involvement with the statutory services. She was admitted to an institution on the death of her eldery deaf mother, father having died some years before.

She was frightened of being bathed and it took several months of gentle persuasion before she enjoyed it. She had major visual problems which had been untreated. The visual handicap increased her difficulties in other areas such as mobility. She could not name the days of the week nor count to ten. Her speech was very limited.

Subsequently, Agnes was found accommodation in the community with a carer who had another younger woman living with her who needed sheltered accommodation but who was more capable than Agnes. A follow-up assessment 15 months later found that Agnes had become part of the extended family of her carer, and a close friend of the other resident who enjoys sharing activities. Her vision remains limited but the correctable defects have been treated. Agnes has developed many self-care skills such as the ability to bath herself, make tea and help with household chores. Her numeracy and concept of time has improved, as has her confidence in social situations. She attends an Adult Training Centre daily, where she is learning to use transport. She enjoys choosing her own clothes and listening to music.

Agnes will probably always require sheltered accommodation but her ability to participate in life and express herself has been transformed.

She has not forgotten her mother and refers to her sometimes, particularly when watching TV which seems to have been an activity they shared most of the time. The memory does not distress her now.

Conclusions

- The recommendations of Strachan and Oswin[2, 3, 8] are a basis for developing guidelines for good practice.
- Non-verbal communication may be of particular relevance, and the resources of creative therapies such as art and drama may be helpful.
- Preparation for loss should be part of the teaching received at school and in further education. Teaching aids include a range of literature[9, 10, 11] and also a video[14].
- In addition to factual information, carers (both staff and parents) need an opportunity to discuss their own attitudes and ways of dealing with loss.
- It can be difficult for a family to discuss the future welfare of a handicapped member after the death of the main carer. Professional and voluntary organisations could provide a supportive forum in which to raise the issue. A solicitor with relevant experience can advise on the implications of the actions or omissions of the family.

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BOOK REVIEWS

WHEN DAD DIED
WHEN MUM DIED

Sheila Hollins and Lester Sireling. St George's Medical School, London, in association with Silent Books, Swavesey, Cambridge CB4 5RA. £6.95 each.

These are two short books which could help some people with a mental handicap or learning difficulties understand better the processes of dying and bereavement. The central theme of both stories is the same. The main character, Steve, is a young man who lives at home with his parents and sister. A parent becomes ill suddenly and is taken to hospital by ambulance. The parent is visited by the family during the illness but dies one night. The surviving parent tells the children and the following day they view the body in a coffin. There is a memorial service and later the family sort through the personal possessions of the dead person together and keep mementos. They remain a warm and caring family who after a period of

distress can enjoy their lives again and share their memories.

The illustrations and text are basically the same, but vary in that Mum is buried and Dad is cremated. The sentences are short and in large print. The vocabulary is simple, apart from words which would be used in this context and might need explanation anyway, such as cemetery, funeral, memorial. A person whose reading ability is poor may comprehend the same word spoken. The pictures are simple without distracting details. Emotional tension is expressed graphically by bright stars or dull fuzzes. This type of picture will be familiar to somebody who uses cartoon books or comics.

The content deals with the emotions likely to be experienced by somebody in Steve's situation: anxiety and concern during the final illness, followed by shock and disbelief on hearing the news of the death. Steve feels confused, isolated and withdrawn. The reactions of other are depicted: the surviving parent's sadness and the discomfort of friends. It is helpful to include the community response because the person may be exposed to many unfamiliar people at this time.

The death is described in a simple, formal way as a gradual weakness followed by a loss of all functions. Steve ponders on whether his parent is with God. The text does not answer this but the reader is left to decide. This would be an opportunity to discuss the range of beliefs which people hold.

I have found the books useful in clinical work, but they would also be helpful as an educational resource at Adult Training Centres or in schools. They help fill a gap in the limited provision for teaching about death and bereavement to people with learning difficulties.

FIONA CATHCART
Principal Clinical Psychologist

BEYOND GRIEF

Carol Staudacher. London: Souvenir Press, 1988; USA: New Harbinger. Price: £7.95 paperback.

I am continually searching for suitable books for those who have been bereaved and for those helping the bereaved. Sometimes the danger in a book aimed at both is that it helps neither. Happily that is not the case with 'Beyond Grief'. Carol Staudacher initially guides us through the grief experience in a simple-to-understand way, calling on the experiences of herself and other bereaved persons as well as the writing of 'experts'. She follows this with a series of chapters on specific types of bereavement: Surviving the Loss of a Spouse, Surviving the Loss of a Parent, Surviving the Loss of a Child, Surviving Loss During Childhood, Surviving an Accidental Death, Surviving a Suicide, Surviving a Murder. Each subject is dealt with in clear concise terms and the text is interspersed with the shared experience of people who have 'been there'.

I am not entirely happy about the author's use of the words survivor and surviving. To me these words imply less than full recovery. For example, someone may be pulled out of the sea and is therefore a survivor; he/she then has to start recovering. The text of this book is peppered with references to surviving and the survivor and while it is clear that it is not the author's intention to imply less than a full recovery, I have reservations about Carol Staudacher's use of these words.

The final section deals with getting and giving help. A useful part of this section examines ways in which bereaved people can measure their grieving against nine questions. One criticism is in relation to setting up one's own support group for people having had a bereavement similar to one's own. I would worry about whether someone recently bereaved would feel competent to set up such a group after reading six pages of a book.

This apart, I found this book a very useful reference both for bereaved people and those supporting the bereaved.

PATRICK SHANNON
Northern Ireland Organiser, Cruse.

GRIEF: THE MOURNING AFTER

Catherine M. Sanders. New York and Chichester, UK: Wiley, 1989. £21.90 hardback.

The author, Catherine Sanders, who is a practising clinical psychologist, presents an Integrative Theory of Bereavement which combines elements from and builds on existing theories with current models of stress and 15 years of empirical research. Like Worden (1983), Dr. Sanders views the process of bereavement as an adaptive one necessitating active engagement in grief tasks in the struggle towards resolution and personal growth. It is, therefore, optimistic. But it is also realistic in assessing what is potentially and actually possible, given that each individual operates within finite resources. Biological adaptation to significant loss often does not follow a path or timescale which is congruent with social expectation. This discrepancy often leads to the bereaved or their caregivers mistakenly attributing symptoms as regressive rather than adaptive.

The author retains a phase model (Parkes 1970, Bowlby 1980), but recognises five 'free-flowing' phases each of which are further delineated into emotional, biological and social components of functioning, and having distinct characteristics. By examining the biological mechanisms which underlie each phase, we gain a better understanding of how and why symptoms (or grouping of symptoms) may arise. By alerting the caregiver to the possibilities operating at any given time, intervention can be more appropriately tuned to the individual's physical well-being.

As a cognitively-oriented psychologist I was disappointed not to find a 'thought' component of functioning in the model, without which no truly integrative theory would be complete. However, the theory should stimulate researchers into paying more attention to thought processes after major loss.

The author also discusses 'moderator variables', e.g. sex, personality, type of death, etc., and provides case material and research findings to illustrate how their additive and interacting effects can set or alter the course of bereavement in highly individual ways, making prediction of outcome difficult. These mediating factors will differentially affect an individual's abi'ity to undertake and complete the tasks of grief which are necessary for forward movement. They will also exert a significant influence on the individual's decision (conscious or unconscious) to accept change and continue the struggle towards growth, to remain in an 'as if' mode of static existence, or become subject to the complications that can arise leading to adverse change in health or functioning.

Finally, the author discusses practical application for caregivers in helping the bereaved and themselves. Intervention studies and therapeutic approaches are reviewed, and the author concludes that a knowledge of different types of therapy will enable the caregiver to offer an eclectic 'blend' of intervention which can be tailored to the changing needs of the individual over time.

This is recommended reading for all those who work in adult bereavement.

MARGARET SUMNER, BA, MSc

CRUSE BOOK SERVICE

The following books reviewed here are available from Cruse Book Service:

'When Dad Died'—£6.95 plus 50p p&p

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