# REVIEWS

## COT DEATHS: COPING WITH SUDDEN INFANT DEATH SYNDROME

***Jacqueline Luben.*** London: Bedford Square Press, revised edition1989. £6.95 pb.

## COPING WITH COT DEATH

***Sarah Murphy.*** London: Sheldon Press, 1990. £4.95 pb.

These two books will help parents and professionals cope after a cot death. Both draw on the experiences of others, giving illustrations of reactions to events and circumstances, and both are worth reading. If I could afford only one, I would buy Sarah Murphy's book, which I feel offers a broader range for professionals to draw on. Of particular value was her advice on what to do when newspaper headlines announce yet another new cause of cot deaths to reawaken parents' guilty feelings.

## WHEN A BABY DIES

***Nancy Kohner, Alix Henley.*** London: Pandora 1991. £6.99 pb.

This book will assist the reader in understanding what it means to lose a baby through miscarriage, stillbirth and neonatal death. The authors start with accounts from different parents, then describe the reactions and needs of parents after the loss, and finally discuss a further pregnancy and the next baby. The book ends with appendices of detailed medical explanations and principles of good practice. As in the other books reviewed above, extracts from parents' accounts graphically convey the feelings that many parents experience not only at the time of tragedy but also in the years that follow. The authors also pay attention to reactions after the birth of the next child and beyond.

## PSYCHOLOGICAL ASPECTS OF STILLBIRTH AND NEONATAL DEATH; AN ANNOTATED BIBLIOGRAPHY

***Stanford Bourne, Emanuel Lewis, Ian Vallender.*** London: Tavistock Clinic, 1992. £10.00 pb.

This annotated bibliography is likely to appeal to professionals more than parents. The authors' painstaking research has resulted in a book that will enable professionals to find easily what was written between 1960 and 1990 on stillbirth and neonatal death. Even more valuable is their introduction, which gives a broad outline of the history of attitudes towards and the long-term problems that can result from these deaths. This is the only book reviewed here that looks at the long-term problems that can follow baby death.

*Hazelanne Lewis*
*Social Worker/Family Therapist*

# VIDEO

## NOT TOO SMALL TO MOURN: CREATING MEMORIES FOR PARENTS

***Liz Hopper.*** London: St George's Hospital Medical School, 1991. £47.00 VHS. Running time: 20 minutes.

This sensitively produced training video starts with a mother fearing that something is wrong, and continues through inducing, delivery, handling of the dead baby to the burial decisions. Throughout, it emphasises the importance of giving parents time, choice and clear, consistent information. What I felt was missing, especially in a training video, was the importance of offering support to staff during and after the stressful time of helping the bereaved parents.

*Hazelanne Lewis*
*Social Worker/Family Therapist*

# ABSTRACTS

## THREE YEARS LATER: GRIEF, VIEW OF LIFE AND PERSONAL CRISIS AFTER DEATH OF A FAMILY MEMBER

Kallenberg K, Soderfeldt B. *Journal of Palliative Care* 1992; **8**(4): 13–19.

This is a Swedish study of grief felt during the first year after a sudden death of a family member and again some three years later. The participants were divided into four groups: those experiencing boundless grief, whose lives basically were seriously impaired by the bereavement; those feeling suppressed grief, which was low or moderate at first, but who after three years showed no traces of grief; those experiencing spontaneous grief, which was at first intense; and finally those experiencing emerging grief, which, after a low or moderate grieving, increased for a period. In the last two groups, grief gradually lost intensity and was replaced by reflection, adjustment and reorientation. The study found that people in these two groups had high ego strength and a view of life characterised by trust. Their personality therefore played a large part in their ability to adjust to bereavement.

The only doubt about the validity of this study is that the group was a very small one – only 17 people were involved in the follow-up study in the third year.

## A COMPARISON OF DEPRESSION IN WOMEN BEREAVED OF A SPOUSE, CHILD OR A PARENT

Leahy JM. *Omega* 1992/3; **26**(3): 207–17.

To investigate depression following bereavement, 255 middle-aged women (117 widows, 58 mothers and 80 daughters) completed the Beck Depression Inventory (BDI) short form. The intensity of the level of depression was analysed across the three types of bereavement. Bereaved mothers had significantly higher levels of depression than both widows and bereaved adult daughters. More than 60 per cent of the mothers had depression scores in the moderate or severe depression range. Widows had significantly higher levels of depression than adult daughters. Early intervention in the form of counselling may help the bereaved mother to grieve the loss of her child and promote a more effective resolution of the loss, but the results of this study, carried out in New York, neither support nor negate this conclusion.

## PARENTAL GRIEF REACTIONS AND MARITAL INTIMACY FOLLOWING INFANT DEATH

Lang A, Gottlieb L. *Death Studies*1993; **17**(3): 233–55.

This study involved 57 couples (wives and husbands) who had lost an infant greater than 20 weeks' gestation and less than one year of age. The grief reactions of these mothers and fathers were examined especially in relation to the marital intimacy. The authors conclude that these mothers and fathers experienced their loss differently. Mothers who experienced a sudden loss rated their grief higher than that of their spouse, while fathers with lower ratings on the various components of marital intimacy (emotional, social, sexual and recreational) reported more intense grief reactions compared to those with a more intimate marital relationship.

## SOCIAL CONTEXT OF POSTSUICIDE BEREAVEMENT

Van Dongen CJ. *Death Studies*1993; **17**(2): 125–41.

In this study, carried out in an American mid-western state, 35 adult survivors of the suicide of a family member were each questioned, in a 90 minute interview, about their social relationships since the death and about the support they had received. The interviewees reported that the immediate support from friends and relatives had been great, but that as time passed they had felt increasingly uncertain about how to behave in social situations, which had led a number of them to withdraw socially. For some interviewees, talking individually to other survivors was helpful while, for others, suicide support groups were often useful. In general, there was much less stigmatisation than has often been assumed to be the case.


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