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EMBRACING THE CHAOS: Theological Responses to AIDS

James Woodward (ed). London: SPCK, 1990. £6.99 pb.

To meet a Christian, especially a Catholic, living with HIV/AIDS is too often to encounter someone deeply wounded by the sense of being condemned, rejected or merely ignored by the Church. That many of these people will have experienced bitter prejudice from fellow-Christians, against either their life-style or their racial origin, is hardly unbelievable. But there are other problems. The approach to compassionate involvement can be beset by fear: 'Will I be so clumsily insensitive as to cause further pain?' And there are bristling defences against expected rejection. The man who initiated me as hospital chaplain unfolded his life story for an hour in ever-increasing detail without looking me in the face. After we had become friends, he admitted that he wanted to shock me into walking away; his inability to look at me arose from his hatred of me for being a priest.

This book is an attempt by various authors to tackle these problems and to underpin pastoral care and counselling with a theology penetrating the fullness of our humanity – one not content to remain with abstract ideas. Without this underpinning, our care will be stunted and unable to help the whole person.

To suggest that, under the stress of living with the virus, moral standards are relaxed or irrelevant is both patronising and untrue. But God, as revealed in Jesus Christ, deals with men and women as they are in order to strengthen and support them, through our ministry, and lead them to greater fulfilment as loving, and loved, persons. This involves, of course, a manifold exploration of the God we believe in. How far are we prey to fearing a God eager to punish sin, especially sexual sin, with disaster and disease? How can we enrich our sense of Christian community from the experience of support groups not necessarily Christian? How can AIDS challenge us to shedding our prejudices and loving people unconditionally in Christ? Are we justified in avoiding the terms 'suffering' and 'victim'? Here the real problem is the unfashionableness of preaching Christ's redeeming death with the force and conviction of St Paul, wherein alone these terms become acceptable.

Interspersed with the theological essays are biographical sketches of persons who have lived and died with AIDS. These moving interludes help us to reflect on the essays themselves.

The book makes a significant contribution to a Christian understanding of sexuality, guilt, disability, disease and death. For me, the heart of the book reveals the importance of friendship. 'In our friendships we come to know the friendship of God in Jesus the befriender'(p53).

Rev Michael Durand
RC Chaplain

LIVING WITH LOSS: Understanding Death and Bereavement

Church Pastoral Aid Society. Warwick: CPAS, 1989. £65 + £2.95 p&p.

This pastoral training package is a course for those who wish to know about bereavement for themselves or to help others but without being counsellors. It is full of moments of insight and supportive good sense.

The finely designed, though brief, course book is accompanied by notes for the Minister and by two videos: one specifically designed to accompany some parts of the course; and the other – a Channel 4 production – shows a group of people speaking of their own experiences of bereavement. The course book is divided into six parts, some associated with sections from the videos:

- loss, death and bereavement as part of life – a very profound statement made with great clarity;
- experiences of grieving and the path to recovery – usefully divided into sections on, for example, the relief of talking, handling other people's advice, and dealing with regrets; the video for this part is of a group of people recounting their experiences;
- ceremonies and rituals, their importance as support and guidance in grieving;
- untimely deaths and tragedies – includes much valuable guidance on bereavements associated with children;
- our own reactions to death; and
- the Christian viewpoint, meeting fear with faith.

The package is designed for those with a religious faith – each part ending with a meditation. The fifth part, for example, is about the spiritual dimension in grieving. But within the whole book, the psychological process of grieving and the non-religious ways in which this process may be aided are clearly set out so that those who have no faith can still learn a great deal, and those with faith can see that there exists an important lay, psychological structure to grieving, which must be considered.

The role of the 'loving neighbour' is emphasised. He or she needs to understand the depth of the hurt, the possible turbulence of the emotional reactions to the death, the time scale, and the need for long-term support when helping others in their loss.

The whole package makes an excellent introduction to the nature of grieving and the difficulties imposed upon the bereaved by a community that has forgotten their needs. It does not, however, set out to train counsellors, although it could well be used to complement a bereavement counselling course; it is not suitable as a replacement.

LOOKING AT LOSS: A Bereavement Counselling Pack

Linda Machin. Harlow: Longman, 1990. £27.68.

In its early sections, this book has a structure similar to that of *Living with Loss*, but the text is fuller and there is less emphasis upon religion and more on those details that lead towards the last five sections, which are on counselling skills. Nor are there any videos – only one audio cassette.

The text offers clear, direct information. The sections on bereavement counselling are wonderfully concise and complete, but it is difficult to see how they could be used. To read about counselling is interesting, but to learn a skill requires practice. The text, and the separate Leader's Session Notes, try to generate the necessary activity, but do not do so. The tone is didactic, there are too few exercises and there is little encouragement towards inward questioning; references to cases are few and the cassette is inadequate.

BEREAVEMENT AND LOSS: A Skills Companion

Maggie Fisher, Jane Warman. Cambridge: National Extension College, 1989. £49.95

This National Extension College text manages to promote an extraordinarily strong awareness of the counselling approach, despite its lack of aids such as video or cassette. It is described as a 'skills companion', and case studies and the many activities encourage a self-help attitude and much inward searching as to how the readers would manage their counselling.

Although the text may be used alongside more specifically and analytically skills-orientated texts, the question remains, 'Can bereavement counselling skills be learnt without specific, observed and discussed interaction between the learner and a client (whether simulated or real)?' I doubt that they can, but this is wonderfully near to a skills-learning text – provided only that you have the sort of mind and inner discipline that can benefit from self-help texts.

The essence of training is in the relationships between trainer and trainee. In their different ways, these packages provide much that could be used, much insight, many ideas and indications of supportive attitudes and responses that could inform and might inspire a training team. It would

be hard to think that any of them are complete enough to be used without that team.

Peter Bowie
Cruse Training Consultant

BEREAVEMENT – A GUIDE FOR NURSES

Jenny Penson. London: International Thomson Publications, 1990. £13.95 pb.

This practical and easy-to-read book addresses the most vital questions surrounding bereavement. It provides an invaluable and compact guide for nurses and will also be very useful to other caring professionals. I particularly like the format, which will encourage the reader not only to read the book in its entirety but also to dip into when particular issues arise.

Several books on bereavement are available, but until now none has been written specifically for nurses, even though *Aspects of Grief: Bereavement in Adult Life* by Jane Littlewood (London: Routledge, 1992) does cover that aspect of bereavement. Penson's book compares favourably and fills a gap.

Virginia Gumley
Director of Hospice Nursing Education

AM I ALLOWED TO CRY? A Study of Bereavement Amongst People Who Have Learning Difficulties

Maureen Oswin. London: Souvenir Press, 1991. £12.99 hb, £7.99 pb. Available from Cruse – see p20.

People with learning difficulties (mental handicap) may be excluded from areas of daily life, and this may be extended to death. They will experience bereavement, but their difficulty in understanding has been used as a reason for giving less, rather than more, support. The majority of people with learning difficulties who live at home are cared for by an elderly person. Bereavement is an important issue for both of them. Oswin has pioneered work in this field over the last decade, and this book is a summary of her findings.

Most of the book describes families who have experienced a death and the impact this has had on the person with the learning disability. Oswin indicates that, for many of them, there is a strong probability that other major losses will be imposed by society. It is unusual for the person to remain at home. Emergency accommodation is arranged immediately, which may be many miles away, so that he or she can lose their home, its contents and their neighbourhood, as well as staff and friends from the previous local occupation or social centres. These losses can happen within the space of hours or days. In contrast, it is usual to advise caution if a person without a learning difficulty who is newly bereaved decides to make immediate major life changes.

Oswin writes with compassion for the affected individuals and their families.

'Joan, 23 years, was unable to feed herself or walk and could say only "Mummy" and "Hello Daddy". After his death she used to watch the front door . . . and would sometimes crawl into his bedroom and stare all around. The ability to express grief may vary but the capacity to feel it cannot be doubted. Bereavement counselling needs to develop more non-verbal ways of working with people with communication difficulties.'

The author is critical of the way in which the services are organised and argues forcefully that they do not alleviate distress but do more harm. The end of the book makes 73 recommendations that would enable more sensitive care to be given.

In her foreword, the author apologises for not acknowledging the multiracial nature of our society. It would have been helpful if there had been reference to where further information could be found such as in Neuberger's *Caring for Dying People of Different Faiths*. Also the book would be improved by an index. Books seem to be given their latest publication date rather than the first with the result that a seminal work such as Gorer's *Death, Grief and Mourning in Contemporary Britain* appears to have been published in 1985 rather than 1965, 20 years earlier. Inevitably, with the rapid changes that have taken place in the last few years, Oswin's text is not always totally up to date. She states, for example, that 'Admittance to a long-stay institution in childhood was common in England until the 1980s (and still continues in Scotland).' This is now uncommon in parts of Scotland also.

This book will be particularly useful for counsellors who have little experience of people with learning difficulties, preparing them for a wide variety of situations as well as the variation in the abilities of those who require support.

Am I Allowed to Cry? should be read by all bereavement counsellors and all those who work with people with learning difficulties. It is likely to become obligatory reading on many courses. I recommend it.

Fiona Cathcart
Chartered Clinical Psychologist

ABSTRACTS

A Group Approach to Overcome Loss: A Model for a Bereavement Service in General Practice

Fenner P, Manchershaw A. *Professional Nurse* 1993; **8**(10): 680–684.

The authors – a nurse practitioner and a clinical psychologist – describe how they set up small, short-term groups to bring together bereaved people who, because their grief was unresolved, seemed at risk of becoming increasingly depressed and isolated. Each group took part in six meetings, at which they talked about their experience and emotions. These meetings were judged sufficiently helpful to suggest that group bereavement counselling should be made available within the general health setting.

Bereavement Support: Evaluation of a Palliative Care Memorial Service

Foulstone S, Harvey B, Wright J, Jay M, Owen F, Cole R. *Palliative Medicine* 1993; **7**(4): 307–311.

Bulli District Hospital, in Australia, has a 12-bed in-patient unit that provides palliative care. As part of their bereavement follow-up, they organise a memorial service every six months for families of patients who have died in the previous six months. The palliative care team drew up a brief questionnaire so that they could have an objective assessment of whether the form and content of the service were satisfactory – as, on the whole, the answers showed them to be.

This article might be of help to hospices and other palliative care units that do not offer such a service but are considering doing so.

A Private Disaster

Ellison G. *Nursing Times* 1992; **88**(52): 59–60.

Relative Comfort

Ewins D, Bryant J. *Nursing Times* 1992; **88**(52): 61–63.

These two articles discuss different aspects of caring for people who have been suddenly and unexpectedly bereaved. They also address the help and counselling that need to be given to nursing staff involved in such deaths. Both articles are sensitively written, and are likely to be very helpful to hospital nursing staff. The authors are both nurses who work in the accident and emergency departments of busy city hospitals.

A Bereavement Counselling Course: Training for a Multidisciplinary Group of Mental Health Professionals

Rands G, McKiernan F. *Psychiatric Bulletin* 1993; **17**: 25–26.

In view of the lack of opportunities within the NHS for training staff in bereavement counselling, the authors – respectively, a psychiatrist also trained as a bereavement counsellor and a chartered clinical psychologist – initiated a course to remedy this gap. The course, held at the Maudsley Hospital, consisted of eight two-hour sessions, and was attended by experienced professionals with a wide variety of psychiatric, psychological and counselling skills. The encouraging feedback makes the authors believe that such courses should be part of the training of all health-care professionals.

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