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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