such as the well-recommended recent book by Robert Karen, '*Becoming Attached*'[3] more suited to our needs.

Colin Murray Parkes
Consultant Paychiatrist

1. Bowlby J. Attachment and Loss. London, UK: Hogarth, 1980
2. Sellar, Yeatman. 1066 and All That. London, UK: Methuen, 1930.
3. Karen R. Becoming Attached. New York: Warner, 1944.

GRAN-GRAN'S BEST TRICK

L Dwight Holden. New York: Magination Press, 1989. $8.95*.

The aim of this book is to encourage communication in primary school children where a loved adult is dying of cancer; the author would also like it to be useful in other cases of loss. However the language is specific to illness and it is doubtful whether it could be multipurpose.

The child in the story tells of his/her lack of comprehension at the changes in Gran-Gran since his illness, recalls the fun times they had and finally after Gran-Gran dies the child vows to tell his sibling all about him. One of the difficulties for me was not knowing whether the child was male or female; another that the text containes numerous americanisms incomprehensible to readers from other countries.

Whilst this book could be of use for those families which are unable or unwilling to help a child frame questions when a person is very ill, the story feels very much an adult's attempt to put a child's world into words.

Brenda Bridgeman
Bereavement Psychologist

*UK, £6.95: available from 'Being Yourself' 73 Liverpool Rd, Deal, Kent, CT14 7NN.

LISTEN. MY CHILD HAS A LOT OF LIVING TO DO

JD Baum, Sr Frances Dominica, NR Woodward (eds). Oxford, UK: Oxford University Press, 1990. £8.99 pb.

This book is subtitled 'The Partnership between Parents and Professionals in Caring for Children with Life-threatening Conditions' and, in spite of disclaimers to the contrary, provides a powerful criticism of the existing medical and social services' efforts to provide for such children. It consists mainly of descriptions of individual attempts to fill the enormous gulfs of need in terminally-ill children and their families, together with some research findings from an individual hospice and the recommendations of a working party on the care of dying children.

The response of the voluntary sector to the deficiencies in support from hospitals, primary care and social services has been quite remarkable in some areas. Several chapters describe aspects of the work of the Cancer and Leukaemia In Children Trust (CLIC) in developing domiciliary and support services in south-west England. Early projects were aimed at meeting basic needs, such as hostel accommodation for parents accompanying their children while in hospital. Later developments have included supporting a team of domiciliary care nurses, who have a major role in briefing the local primary care team as well as the direct support of child and family. Other chapters cover the role of parent self-help groups related to several specific life-threatening conditions, aspects of education for dying children, and the scope of bereavement work.

While this book gives a fairly extensive account of the range of services provided, it appears firmly aimed at professionals rather than parents. It can, however, be warmly commended for the emphasis it places on the exceptionally close relationship between sick children and their families, and the importance of support services taking this into account.

Annie Flower
Social Worker

LETTING GO OF LONELINESS: a positive approach

Gina Levete. Shaftesbury, Dorset: Element Books, 1993. £6.99 pb

A lively, readable book that many lonely people may find helpful to keep on their bedside table. Each chapter offers a fresh approach to a problem that besets many people at different stages of life. The book offers wise insights into the difference between being alone and being lonely and it emphasises that the way forward is within ourselves.

There is a wealth of practical advice, with suggestions for further reading in the text, as well as the bibliography at the back. The book ends with lists of organisations, centres and directories to give leads to anyone seeking to move out of the pain and loneliness.

Margaret Foster
Bereavement Counsellor

PERINATAL DEATH AS A PASTORAL PROBLEM

AA Wretmark. Sweden: Bibliotheca Theologiae Practicae, 1993. SK198*

Aastrid Wertmark's very interesting book comes out of her work as a hospital chaplain at the Karolinska sjukhuset in Stockholm. Seeking to offer a meaningful ministry to large numbers of parents whose children had died perinatally, stimulated her to focus on these issues for a doctoral thesis, for which she interviewed 79 such families. Her work led to a recognition of the need to confront the reality of death in order to have a healthy resolution of the experience.

Astrid then expanded her research by visiting various hospital chaplaincies and organisations in England, and those of us who met her can well remember the intense grilling she gave us (in a very charming way) as she gathered information about how British chaplains and health care professionals respond to perinatal death. The result of all this work is a valuable book for all concerned with pastoral care and the provision of appropriate responses following a baby's death. Much of the text focuses on the liturgical provision for saying 'goodbye' in both Sweden and in the UK, and the research findings arising out of the interviews with the 79 families. Astrid also reviews the presence (or absence) of references to pastoral care in the medical and nursing literature and the significance of baptism (as membership) for live-born children and of naming as a means of bestowing parenthood.

After looking at the various myths and stereotyping associated with funerals and other rituals, she reviews the variety of liturgies available in the various churches and countries she has surveyed. In particular she focuses on the thorny (for some people) issue of baptism for stillborn children and asks 'what are people seeking reassurance about when they ask for a dead child to be baptised?', and whether there are other pastoral responses which may be more appropriate, ie naming and blessing.

Astrid believes hospital chaplains and bereaved parents to be far ahead of the institutional churches in devising appropriate rituals for perinatal death. This book could, therefore, challenge the churches to rethink their approach to an important pastoral need.

Peter Speck
Hospital Chaplain

* Obtainable from Almquist & Wisksell Int., Alsnogatan 7, S 116, Stockholm.

VIDEO

WHEN OUR BABY DIED with companion booklet GRIEVING AFTER THE DEATH OF YOUR BABY

Jenni Thomas, Nancy Kohner, Bradbury Williams. London, UK: Child Bereavement Trust*, 1993. £22.50 (video £17.50, booklet £7.50) all inc p&p. Running time: 30 minutes.

The producers are to be congratulated on putting together this remarkably sensitive and interesting video which will be of great help to parents who have lost a baby. They have wisely allowed bereaved parents who have 'come through' to speak for themselves, and the producers' own sensible explanations and suggestions are confined to the accompanying booklet. White, black and Asian parents each speak in an articulate way about their experiences, and surviving siblings of the babies who have died are also included. We learn about the problems they have experienced and the things that have helped them.

Without using any technical language or psychological theory, the video makes clear why, just when they need each other most, many parents find it most difficult to help each other. It shows how important it is for people to talk about their feelings and it reassures them that, no matter how painful the memories of their loss may be, the pain will gradually diminish and happier memories prevail. None of the parents whom we meet have forgotten their baby, nor do they want to do so. Rather, by choosing to remember and treasure the child who has died, they can move forward in life without bitterness.

Showing the video would be an excellent start to a group discussion with bereaved parents.

Colin Murray Parkes
Consultant Child Psychiatrist

*Available from Child Bereavement Trust, 1 Millside, Riversdale, Bourne End, Bucks SL8 5EB.

ABSTRACTS

The assessment of need for bereavement folllow-up in palliative and hospice care.

S.A. Payne. *Palliative Medicine*, 1994; **8**: 291-297.

In order to assess the services provided for bereaved people by hospices and other palliative care services in the United Kingdom, the author of this excellent paper sent a questionnaire to each and received responses from nearly a half. With the exception of hospital support teams, most of these do provide some kind of follow-up of bereaved people and there is general agreement that self-referral is not a satisfactory way of selection (only 9% rely on self-referral to their service).

Although a third follow up every bereaved family, the rest use some form of assessment of bereavement risk. This is usually undertaken by nurses who make an informal judgement based on their knowledge of the bereaved family. A quarter use more formal methods of risk assessment (questionnaires or check lists).

The service provided is very variable with some offering group sessions or social groups, some personal counselling, some referral to Cruse Bereavement Care or other local bereavement services and a few (12%) offering only counselling by telephone. The author concludes that 'Bereavement follow-up is recognised as part of palliative care, but pressure of work, lack of time and resources are limiting factors'.

Colin Murray Parkes

Reactions of Older Women to the Death of Their Close Friends

Roberto KA, Stanis PI. Omega 1994; 29(1): 17-27.

In contrast to men, whose friendships are generally structured

around activities of mutual interest, friendships between women are likely to be on a much more intimate, face-to-face level, and to be of great importance to their welfare. This interesting study examines the reactions of 38 older women to the loss of their close friends. Differences in their responses are reported according to their age, marital status and health. Their advice to others in a similar situation is to remember the dead friend, seek out new friendships and be active. In general, the women turned for support to their friends rather than family members.

Parallel Processes for Workers and their Clients in Chronic Bereavement Resulting from HIV

Cho C, Cassidy DE. *Death Studies* 1994; **18** (3): 273-292.

The authors of this well-informed and sympathetic article have considerable experience of their subject, since David Cassidy created the first AIDS support group in Montreal in 1983, and Cheh Cho was in charge of it some years later. In 1993 there were 659,990 officially reported cases of AIDS worldwide, involving probably over three million people experiencing chronic bereavement. Of these, two groups in particular are given little help or understanding: persons living with AIDS (PLAs), and professionals working with these people.

Mourning and Mental Retardation

Jeffrey K. *Death Studies*, 1994; **18**(3): 257-71.

Both within families and the caring agencies, the grieving needs of the mentally handicapped are ignored and misunderstood. In spite of intellectual limitations, most retarded people experience death and loss as charged with emotional significance, and so provide a challenge to those who want to support them in their grieving. This article outlines a programme which will help both the families and the professional carers of the mentally handicapped to respond to the special needs to such people, whose reactions are usually more complex than those of people who are not mentally handicapped.

Nurses' Grief

Saunders JM, Valente SM. *Cancer Nursing*, 1994; **17** (4): 318-25 .

Bereavement is one of the universal emotions that nurses experience, and it is felt especially by oncology nurses, since among their patients death is such a frequent event. Few of them are given practical help to enable them to cope with their feelings, which may include anger, guilt, grief and self-doubt. The authors of this thoughtful article suggest a bereavement task model in such cases: making sense of the death, managing affect, restoring and maintaining integrity, and realigning relationships with colleagues and others. By understanding and managing their own grief, nurses are better able to empathise with and help the bereaved.

Meaning Reconstruction in the Experience of Parental Bereavement.

Braun MJ, Berg DH. *Death Studies* 1994; **18**(2):105-129.

Defining the Family after the Death of a Child.

Brabant S, Forsyth CJ, McFarlain G. *Death Studies*, 1994; **18**(2):197-206.

These two articles consider from different angles what is involved in the death of a child, which has been identified as the most grievous of losses, threatening the parents' view of the meaning of life and of their own role within it, and their sense of having lost, with the child, part of themselves and their hope for the future. In both studies the parents were members of Compassionate Friends, a self-help group for bereaved parents. In the first case 10 mothers were involved, in the second nine families, with both mother and father participating in five of the interviews and only one parent in the other four.

In the first study, with one exception, the preconceptions ('meaning structures') of these mothers had been shattered by their child's death. They were left with a sense of disorientation, with a loss of purpose in living and with a changed sense of the relative importance of things. The study seems to show that by understanding the complexity of the parents' grief, and giving them an opportunity to share their experience with other people who listen and do not try to offer explanations or advice, they can best be helped to achieve an adjusted orientation ('meaning reconstruction').

The second study, which is directed primarily at grief counsellors, discusses a dilemma common among bereaved parents – the definition of a family after the death of a child. When the parents are asked how many children they have, what do they reply? Do they include the child who has died? For all the parents interviewed, the dead child was always present psychologically, even though there was no longer a physical presence, meaning in effect that there were two families – the one which the world saw, and the one in the minds of the parents. If the grief counsellor can understand the stress associated with this dual conception, this will make it easier to help the parents.

Sheila Hodges and John Bush

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