over 500 basic terms likely to be encountered in hospital and palliative care settings. It was originally put together by the counselling department of an Australian hospice for their non-medical staff and volunteers, and is now in its second edition. Anyone wondering what 'pruritus' is, where to find the 'sigmoid' and why 'diathermy' is being used will find the answers here. A number of treatment abbreviations are also explained.

A separate listing of drugs, giving both generic and brand names under symptom headings, could also be helpful though what drugs are prescribed, and indeed permitted, can vary considerably from one country to another. Finally, for those interested in decoding for themselves other cryptic utterances of the medical profession, there are four pages of Greek and Latin prefixes and suffixes which would provide valuable clues.

Some of the definitions seemed overly technical, 'depression', for instance, using unexplained vocabulary like 'psychomotor agitation', and I was surprised by the very conservative (or outdated?) figure for achievable remission rate in Hodgkin's disease of only 50%. But, overall, many people coming into contact with life-threatening illness will find this little book invaluable.

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AUDIO CASSETTE

COPING WITH BEREAVEMENT

Anthony Clare (presenter). *Wirral, UK: Talking Life, 1998. £13.99*

This set comprises two cassettes with an introduction and linking comments by Dr Anthony Clare of the Royal College of Psychiatrists. It claims to be for anyone who has suffered a bereavement, either recently or long ago.

A great deal of emphasis is placed on reassuring the listener of the normality of grief and what it encompasses, and we found it refreshing indeed to hear this endorsement by the Royal College of Psychiatrists. While the personal experiences of different kinds of bereavement are the most affecting, the tapes also contain explanations of the grieving process along with some useful elements of support and advice.

However, we have two main reservations about these tapes. Firstly, the content are too wide ranging, yet not specific enough. In order to find what is appropriate to a particular situation, the listener has to wade through material that is at best irrelevant and at worst alarming. For instance, death by suicide or sudden death is not of relevance for someone whose relative has died after a long, terminal illness. Secondly, the tapes are monocultural. There are no references to cultures other than Western ones. This is a serious omission in general terms and particularly given the aims of the tapes. This restricted view of grief should be made clear on the cover.

Given our reservations it is difficult to know how the tapes could best be used. With discretion on the part of trainers, they could be used for teaching purposes as they do contain some useful material, for instance, a very poignant example of a child's perception of death – evoked by a toy – which beautifully illustrates his understanding of death and loss. The main difficulty, however, would be in making use of the tapes with a bereaved individual, particularly as there are no explanatory notes with the set. The lingering question is: who are the tapes for? Their current format does not render them entirely suitable for 'anyone who has suffered a bereavement'.

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ABSTRACTS

A journey through grief: an analysis of an adult child's grief in the loss of a mother

Bozeman JC. *Illness, Crisis & Loss* 1999; **7**(1): 91-99

When Jeanine Bozeman was 58, her 87-year-old mother was killed in a car accident. Six years later she describes her intense grief, self-reproach and bitter hatred of her sister-in-law (the driver of the car), and the attempts she has since made to come to terms with her sorrow and sense of guilt. Her anguish, she believes, was heightened by her ambivalent relationship with her mother, by the remembered shock of her first encounter with death as a small child, and by her bitterness towards her sister-in-law, whom she has still not forgiven, though in other areas she has accomplished some of the tasks of a grieving adult child in seeking to come to terms with her loss. She hopes the article will enable professional workers to develop therapeutic strategies to help other bereaved adults.

Treasure weekend: supporting bereaved siblings.

Potts S, Farrell M, O'Toole J. *Palliative Medicine* 1999; **13**(1): 51-56

The importance of allowing a bereaved child to be involved in, and mourn, the loss of a sibling has gained increasing recognition. However, there are often few services to support bereaved children, and frequently they are excluded from participation by parents who are trying to protect them from the pain of bereavement. In this moving article the authors describe how a group of children were invited for a weekend to the hospice which had cared for their dead siblings, and they discuss the rationale, aims and programme of these weekends. The children involved seem to have been greatly helped by the experience. What especially emerges from the article is the honesty of the children, and their need to be involved in the painful process of their sibling's death.

Enhancing the concept of disenfranchised grief

Corr CA. *Omega* 1998-99; **38**(1): 1-20

Disenfranchised grief can be defined as grief which is experienced after a loss that is not publicly acknowledged or mourned, or socially supported. For instance, the bereaved person may appear to mourn too long, in an inappropriate way, or for the loss of a relationship which is not totally sanctioned by society. The author of this article contends that enfranchisement in bereavement may have a potentially broader aspect than this, and he explores further the implications of the concept in terms of the ways in which it can affect both the bereaved and those associated with them. He concludes that 'a caring society ought to respect the complexities and the individuality of each bereavement experience.'

Perhaps one could question whether society as a whole is as judgmental of disenfranchised mourning as he implies, or so lacking in empathy for those who have lost a precious person. The article is also somewhat wordy. However, it is thoughtful and thought-provoking, and a valuable addition to the literature on bereavement.

Communicating with bereaved children: a drama therapy approach

Curtis AM. *Illness, Crisis & Loss* 1999; **7**(2): 183-90

The author of this article is responsible for a six-week programme which uses drama to help bereaved children to come to terms with their loss. Activities are described which help them to see death as a natural part of the life cycle, to recognise and handle the phases of grieving, and to learn to integrate the loss into their lives. The children are encouraged to work creatively with their emotions through music, movement, dance, puppets, reading and art. In addition to the sessions with children, the author gives workshops to teachers, counsellors and students of expressive arts therapies, in the hope that drama therapy will be more widely recognised as an effective strategy in grief work with children.

Longitudinal changes in mental and physical health among elderly, recently widowed men

Bennett KM. *Mortality* 1998; **3**(3): 265-273

Mental and physical health, morale and social functioning were assessed in a sample of elderly widowers. Measures were taken before they were widowed and again four years after their bereavement, and the results were compared with a sample of age-matched, still-married controls. The men who had been recently widowed showed a decline in mental health, morale and social functioning, though the decline in physical health was observed in both groups. The evidence suggests that the impact of widowhood is greater among men than among women: the author puts forward the reasons which she believes may contribute to the discrepancy.

Older people, crisis, and loss.

Thompson S, Thompson N. *Illness, Crisis and Loss* 1999; **7**(2): 122-33

Older people are no less prone to experiences of crisis and loss than any other age group. However, the tendency is to stereotype them, and fail to realise they are unique individuals with real feelings and life experiences. The form of discrimination known as ageism can be just as damaging as any other kind of 'ism', depriving older people of the help and understanding which is their due if they suffer bereavement – through loss not only of loved objects but also of their jobs, their independence, their physical and mental powers, their status, and so on. This article seeks to redress the balance by discussing their problems, and stressing the need to recognise and challenge the significant role which ageism plays in society's attitude towards them.

Sheila Hodges and John Bush