('kaddish'). Underlying this process is an expectation that healing is slow and that communal support is essential. In contrast, in other traditions the absence of ritual beyond the funeral may suggest to the bereaved and their community that they should quietly resume their lives and resolve loss. Secondly, post-death rituals give the bereaved further opportunities to express grief in public, receive support and act out therapeutically.

Most religious and spiritual traditions provide opportunities to structure or revive such rituals. For Christians, masses of remembrance, All Saints' days or memorial days can be used to provide the bereaved with special times to commemorate the deceased. As with burial rites, these are particularly effective if they are personal to the bereaved and involve them in the ceremony.

Clinicians may also use religious traditions and rituals to design therapeutic rituals, individually designed interventions that seek to assist the bereaved struggling with grief. For example, an eight-year-old boy had considerable guilt about the fact that he had never told a deceased uncle how much he loved him. The counsellor decided that the child needed some kind of formal, public way to express that emotion, so together they designed a ritual where the child saved money and dedicated flowers in church in memory of his uncle. After the service he laid the flowers on his uncle's grave, expressing his love.

Faith communities

Finally, faith communities – ie those who come together to share a spiritual tradition – can be a valued resource after a death. Such communities may not only offer solace and a place to explore and share spiritual beliefs, but also tangible help in the form of child sitting, meals and other forms of assistance. That ministry or ongoing presence can be a special gift.

CONCLUSION

It is clear that those who counsel the bereaved will need to be well aware of both the spiritual issues that arise in the bereavement process and the rituals and beliefs that may influence the process. In taking histories, counsellors should ask about a client's religious and spiritual autobiographies, beliefs and practices. In addition to providing useful information that may later be explored, such questions also communicate to the client the counsellor's openness to discuss such concerns. Naturally, in every action the counsellor needs to communicate respect for those values and traditions. The goal of counselling is first to empower clients to use all their own strengths and resources. In the spiritual crisis of bereavement neither the counselor nor the bereaved can ignore one of the strongest resources – the sense of spirit. BC

This paper uses material written by the author in 'The spiritual crisis of bereavement' in Death and Spirituality *(K Doka [ed], Amityville, NewYork: Baywood,1993, pp185-194) and in 'Spirituality in loss and grief' in* Living with Grief: Who we are, how we grieve *(K Doka, J Davidson [eds], Philadelphia, USA: Brunner Mazel, 1998, pp7-12).*

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BOOK REVIEWS

THE SPIRITUAL LIVES OF BEREAVED PARENTS

Dennis Klass

Philadelphia, USA: Brunner/Mazel, 1999, 208pp. £20.00 pb, £49.00 hb. ISBN 0 87630 990 2, ISBN 0 87630 991 0

The palliative care literature these days often speaks of spirituality, but there is surprisingly little written on the spirituality of bereaved people. This is odd, given that many chaplains and other ordained ministers organise and chair bereavement services.

This book is refreshingly unlike most on spirituality in health care. First, it is written by neither a chaplain nor a nurse, but by a professor of the psychology of comparative religions, who for 20 years has been consultant and researcher for a self-help group of bereaved parents. Second, Klass recognises that, though the search for meaning is personal and individual, it occurs in the context of millennia of world-views and belief systems – spirituality and religion cannot be easily separated.

The death of a child challenges faith and trust, so grief becomes 'a spiritual journey, not just a psychological process'. The core of the book examines the communities within which the relationship with the dead child can evolve (though this chapter seemed to me more about psychology than spirituality), the ways in which parents find solace, and how world-views are remoulded. Klass also examines provocatively the helper's own faith and assumptions; both optimistic and pessimistic world-views have their merits, and helpers need to have become immersed in both traditions if they are to assist all clients.

There is considerable recycling of Klass's previous work; and one wonders to what extent he is writing about the USA, a peculiarly devout society, or about all western societies. But the book reports state-of-the-art research, is well-written, personal, full of case studies, practical and certainly worth reading.

Tony Walter
Lecturer in Sociology

BEYOND DYING

The mystery of eternity

Ted Harrison

Oxford, UK: Lion Publishing 2000. £7.99 pb. ISBN 0745 95047 7

This book claims to be an 'investigation' of death and the mystery of eternity. Such issues have interested and challenged some of the greatest minds over the centuries; scientific, philosophical, and religious views have all contributed to the debate.

The author of this book states that the main thrust of this book is to 'examine the evidence as to what we will experience beyond the grave'. The underlying tone is religious and there are plenty of references to the Bible and other religious texts, for instance, the final sentence quotes the prayer of Jesus on the Cross: 'Father, into Thy hands I commend my spirit'. Plato and Descartes are mentioned, but their views are not fully explored. Fortunately, there is a reference list at the end.

Less helpfully, the author chooses to illustrate his themes by reference to more contemporary events such as Glenn Hoddle's comments, the Heaven's Gate cult, and Elvis Presley, as well as certain television programmes, and the inclusion of numerous anecdotes. A wide range of topics seem to be covered, somewhat superficially, at bewildering speed. There are generalisations of doubtful validity, for example, 'To all generations, and in all cultures, death brings with it the same mix of fear and hope' and 'Spring coincides with Easter and is when the world comes to life again'. Some interesting observations on blame and victims in chapter 2 are not developed. Comments such as 'Death is a journey without a life-line [or] route map', 'Our mental picture of death is full of dire warnings', and 'Sleep is like death. It is death with a return ticket' are, in my view, incorrect.

Overall, I would have preferred the author to have covered less ground in greater depth. Having read the book, I am no clearer in my mind about the mystery of eternity. BC

Martin Newman
Child and Adolescent Psychiatrist

Histories of death and mourning

DEATH IN ENGLAND
An illustrated history
Peter Jupp, Clare Gittings (eds)
Manchester, UK: Manchester University Press, 1999, 282pp. £19.99 pb. ISBN 0 71905 811 2



For anyone concerned with bereavement today, this collection is a reminder of how varied responses to loss can be. Chapters by historians, archaeologists and sociologists use a wealth of images to resurrect the deaths that were faced by English forbears – and so open up the lives of the people who once inhabited their ancient towns and villages, illuminating English history more broadly.

From this evidence there is clearly no universal response to loss, yet interesting continuities emerge: the ritualisation of life-course transitions, at death, birth and marriage; the tendency to personify death and use familiar earthly images to represent the afterlife; the possibility that some deaths can be identified as 'good'; the persistence of relationships between the living and the dead; and the marking of social differences – between royalty, commoners, children and criminals. An image of Rousseau's island tomb in a lake startlingly evokes the grave of Diana, Princess of Wales, 200 years later.

In scholarly, yet accessible, writing this collection explains the profound influence of invasions, wars and plagues upon England's demographic profile; and the effects of changing belief systems, both religious and scientific, on how death has been anticipated and understood. After a careful examination of the archaeological inheritance from the pre-Christian Bronze, Iron and Roman Ages, the 12th century formalisation of Christian belief in Purgatory is introduced. Images and artefacts from this period illuminate the nature of grief and how the body became a site of social identity, with the grave developing as a private space. Later we find out how the Enlightenment influenced 18th century death-bed behaviour and why neo-classical symbolism – the draped urn, the willow, the veiled and weeping mourner and the broken column – infused images of death, secularised responses which persist today. An overview of key features of the 20th century, including the establishment of the NHS, the abolition of capital punishment and high profile deaths in disasters, provides a stimulating conclusion, integrating areas often treated as 'sub-specialisms' within contemporary work on death.

Jenny Hockey
Senior Lecturer, University of Hull

BEREAVEMENT AND COMMEMORATION
An archaeology of mortality
Sarah Tarlow
Oxford, UK: Blackwell, 1999, 256pp. £16.99 pb. ISBN 0 63120 614 0

It is often thought that the 20th century denied death, breaking with a Victorian embracing of death and bereavement. Archaeologist Sarah Tarlow challenges this. For her, the radical break was at the end of the 18th century, when people increasingly saw themselves as individuals, making love matches between unique individuals, and deeply grieving the loss of these unique relationships. The Victorian era was not one of traditional mourning rites, but of continual re-invention of rites in order to satisfy this new need for personal expression.

When by the end of the 19th century these rites went over the top, bereaved people began to develop more private forms of expression. One may add that the late 20th century shift toward greater expression of grief, encouraged by organisations such as Cruse Bereavement Care, would, in this perspective, not be such a radical new venture but simply the next chapter in a 250-year history of individuals trying to find new forms of expression as they become dissatisfied with the previous generation's mourning conventions.

Tarlow is by no means the first scholar to have challenged the conventional history of bereavement, nor to have pointed to individualism as *the* continuing theme in British mourning over centuries. What is unusual about her approach is that she is an archaeologist, and that her data are largely gravestones from Orkney over the past four centuries. Whereas historians' data typically come from the literate élites, gravestones tell us the story of everyman and woman. (For example, Orkney gravestones have considerably more Christian symbolism in the 20th than in the 19th century, challenging any simple story of secularisation.)

Tarlow argues that archaeologists must recognise our ancestors' emotions; funerary monuments are not always, as so many archaeologists and historians assume, about status and competition, but about grief and love. Or at least they have been for the past two centuries. Her book is written for archaeologists and historians, so I would not see it as a priority for most readers of *Bereavement Care*, though chapters five and six are particularly interesting. Those wanting a first introduction to the history of death would be better to buy Jupp and Gittings' beautifully illustrated *Death in England*.

But Tarlow's book is heartening evidence that bereavement research need not stay in a narrow ghetto. It shows that Cruse's work with 'the broken heart', as Parkes puts it, is in a long tradition of coping with the inevitable consequences of romantic love. British people have spent 250 years seeking to find new ways to express their grief that are personally authentic, rather than socially prescribed, and will continue to find new ways.

Tony Walter
Lecturer in Sociology

HEAVEN AND HELL
Alison Sheridan (ed)
Edinburgh, UK: NMS Publishing, 2000, 168pp. £14.99 pb. 1 90166 3418



This is an attractive, beautifully illustrated book from the National Museums of Scotland, compiled and edited by the assistant keeper of archeology there. Alternate pages of wonderful colour photographs show items from the museums' collections, ranging from ancient Chinese mirrors and Japanese tomb figures to a contemporary scalloped Scottish shroud and tomb sculptures from Madagascar. Many different regions and beliefs are represented, and each photograph is accompanied by an informative text written by specialists in the fields of archaeology, anthropology, social history, religion and the arts. The book is fascinating and educative – one small example is that I now know where the word 'taboo' comes from! It is a reminder that death and dying have, over the millennia, often been a stimulus to the creation of beautiful objects and inspiring beliefs. Read and enjoy! BC

Martin Newman
Consultant Child and Adolescent Psychiatrist

Supporting those with learning disabilities

HELPING ADULTS WITH MENTAL RETARDATION GRIEVE A DEATH LOSS

Charlene Luchterhand, Nancy Murphy

London: Taylor and Francis, 1998. £10.95 pb. ISBN 1 560 32 768 5

Through the efforts of advocates and skilled professionals during the past 20 years, the needs of bereaved people who have a learning disability have gained increasing recognition. However, those offering support often feel at a loss as to how best to approach the various complex emotions with which they are faced. This book was conceived as a response to the many requests for advice and help made to the authors from concerned families and carers.

Luchterhand and Murphy introduce a notion of 'typical' grief, then identify aspects of bereavement 'unique' to people with learning disabilities, before providing a usefully referenced and extensive list of strategies that could be mobilised in support.

Although the discussion of typical grief is not intended as a definitive description of a universal response to loss, and the authors repeatedly draw attention to the diverse reactions people display, they rely heavily on Worden's 1982 edition of 'Tasks of Mourning', treating this, rather than the revised 1992 version[1], as an empirical truth which they use as the intellectual foundation of the entire text. This neglects much of the more recent theorising, eg Stroebe and Schut[2], and Walter[3], where alternative approaches to managing loss through death are examined. Indeed research in progress at St. George's Hospital Medical School in London is piloting two different models of support for bereaved adults with learning disabilities. One of these is adapted from Stroebe and Schut's Dual Process model[2], the other drawn from a traditional counselling approach (working in collaboration with Cruse Bereavement Care and other bereavement counselling organisations).

For some people with learning disabilities the circumstances surrounding their bereavement can lead to additional complications and concomitant losses: this is well highlighted by the authors. However, it is unhelpful for these circumstances to be described as 'characteristics and experiences that are distinct from the general population'. The authors make it clear that many problematic circumstances identified are socially contingent; but it is not true to say that these are unique to people with learning disabilities, nor to suggest that having learning disabilities provokes some sort of experiential homogeneity.

Nevertheless this book, which includes some delightful and poignant drawings, provides an impressively comprehensive list of practical ideas and approaches to supporting grieving people. This menu of strategies could be referred to repeatedly and employed in response to a variety of needs, from emotional support to aiding understanding, and from recognising personal worth to saying goodbye. Here lies the real value of this book; the decision to include an unreconstructed intellectual foundation was superfluous to its wider impact and usefulness.

Other resources in this area include Maureen Oswin's *Am I Allowed to Cry*[4]. Recently republished, it makes excellent reading, talking very eloquently about the kinds of exclusion and misunderstanding that have led to bereaved people with learning disabilities experiencing additional pain. Two titles from the 'Books Beyond Words' series, *When Mum Died*, and *When Dad Died*[5], are directed primarily at people who have disabilities. However, many carers say that they have learned a great deal by using them, finding that they opened their minds to the range of emotions that people experience and helped them to think about ways of supporting them. Hollins and Sireling have also produced an excellent resource for those who are working with and supporting bereaved people with learning disabilities. *Understanding Grief*[6] is a work pack divided into 20 themed sessions that could be worked through individually or in groups, and includes a video and a copy of either *When Mum Died* or *When Dad Died*. Very comprehensive and detailed, this is really, to my knowledge, one of the best things available on this topic directed at supporters rather than the bereaved people themselves. BC

Sandra Dowling

Researcher in Bereavement and Learning Disability

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Groupwork with young people

LOSS AND GRIEF: It hurts A resource bank

Marilyn Harvey

London: Youth Clubs UK, 2000, 92pp. £19.75 pb. ISBN 0 90709 506 2

Marilyn Harvey's manual is directed at people involved in group-work in the mental health field. It is particularly relevant for volunteers as well as professionals involved in setting up and running youth groups. The programmes for the groups revolve around the need to explore personal attitudes and emotional responses to life events. It is very appropriate that this timetable explores grief and aims to develop a greater awareness of the impact that loss events, and bereavement in particular, has upon a young person's life.

Harvey assumes the facilitator has some experience of working with young people and therefore only briefly describes the process involved in setting up a group. However, she fails to give appropriate weight to the importance of the selection process for group members. Instead she assumes that groups meeting as part of a learning programme will be satisfactory candidates. Paradoxically, and in recognition of the sensitivity of the topic, she then advocates that specialist advice and support should be available to the facilitators. Careful selection for group work of this nature is a critical aspect and needs more attention than given here.

Harvey gives some useful guidance about the practical provisions for each session, taking some of the worry out of planning. She highlights the difficulties associated with working with stigmatising deaths and offers an interesting range of activities and exercises for each aspect of the programme. A helpful addition to the literature.

BEREAVEMENT SUPPORT PROGRAM FOR CHILDREN Participant workbook, 2nd edn

Beth Haasl, Jean Marnocha

London: Taylor and Francis, 2000, 38pp. £6.50. ISBN 1 56032 875 4

Before I start, I must confess that I have reservations about the use of workbooks within therapy, the reason being that they present a packaged process. The child is obliged to follow a pre-ordained route alongside other similarly coerced children in order to complete the course. It doesn't sound like therapy to me, more

like a programme. So, with these reservations clearly declared, the only comment I can make is that this publication offers more of the same.

The parameters of the group ethos are briefly set out at the start and session one launches straight in at the deep end, requiring the child to re-experience the death and discuss it with the other group members. The programme pursues a predictable course through an exploration of emotional responses, memories of the funeral and the effects of grief upon the individual and the family. The text instructs the child to complete each exercise and the layout of each page clearly expects this instruction to be followed.

The text assumes that the child is part of a nuclear family and makes reference to changes perceived in parents, siblings and extended family. This aspect could present a significant problem for any group member who had been bereaved of one of these people. The text also assumes that this family is Christian. Both these features restrict the workbook's use with children not living with their birth families and they compromise its applicability with multi-cultural groups.

In its favour: the layout is clean, the language clear and each section has a list of books relevant to that session. There are plenty of books of this type around and this is one more to be added to the pile. BC

Peta Hemmings
Senior Practitioner

THE HEART OF GRIEF

Thomas Attig

Oxford, UK: Oxford University Press, year??. Price ????. ISBN 0 19511 873 1

Thomas Attig is an American applied philosopher with a special interest in bereavement. In the *Heart of Grief* he argues that the purpose of grief is to develop an enduring, loving relationship with the deceased. He believes that many people think that 'proper' grief requires a complete severing of their connections with the deceased. Attig includes many personal stories to illustrate how death does not erase the past and how people keep love alive while accepting the reality of loss. He gives examples of helpful rituals and ways of remembering and acknowledging the legacies of

LETTER TO THE EDITOR

Antidepressants for bereaved people?

Dear Editors

I have been a subscriber to Bereavement Care for more than 10 years and find it an invaluable resource in my work with bereaved people. I was particularly intrigued to read in Colin Murray Parkes' article 'After a terrorist attack' in the Winter 2001 issue (**20**(3): 35-36) that 'contrary to popular belief, [antidepressants] seldom interfere with grieving and may facilitate it'. I have certainly been operating under the popular belief syndrome, as all I seem to read comes out in favour of the placebos being as effective as the medication. I would therefore be most interested to read any research that supports the use of antidepressant medication with bereaved people.

I would have to say that in my own bereavement counselling practice, although 90% of clients are some time or another prescribed antidepressants by their GP, less than 1% find any beneficial effects from them, and indeed the side-effects seem to exacerbate the symptons of grief. However, over the last five or six years I have observed a dramatic increase in the prescribing of antidepressants to bereaved people. So I would be most interested to explore this subject in much greater detail and would be obliged if you could point me in the direction of any reading material.

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Dr Parkes replies

As far as I know nobody has yet proposed using or even testing antidepressants for helping people with uncomplicated grief, although that time may come. There are, however, a minority whose lives may be saved by the appropriate use of these drugs if, for instance, they are depressed people at risk of suicide.

The most recent review of the research evidence on the use of antidepressants in bereavement known to me is Raphael, Minkov and Dobson's chapter 26 on 'Psychotherapeutic and pharmacological intervention for bereaved persons' in *Handbook of Bereavement Research: Consequences, Coping and Care.* (Stroebe MS, Hansson OR, Stroebe W, Schut H [eds]. Washington, DC, USA: American Psychology Association, 2001). An earlier review which reached similar conclusions is by Jacobs in a chapter on 'Pharmacological treatment of the complications of bereavement' in his book *Pathologic Grief* (Washington DC, USA: American Psychiatric Press, 1993). At that time Jacobs expressed the opinion that more problems result from under-use of antidepressants than from their misuse. Both of these chapters conclude that there are many bereaved people who will benefit from the proper use of the right medication. Among the drugs available, antidepressants are the most likely to be of help.

Two of the problems with antidepressants are first that they take two to three weeks to work and, second, that they often give rise to side-effects (which vary from one drug to another and from one person to another but are seldom serious). These are at their worst during the first week or so of taking the medication. As a result many patients give up the drug before it has had a chance to succeed in relieving their symptoms. This accounts for some of the bad reports which one hears from patients. Because of the side-effects GPs are often reluctant to prescribe high enough doses for the drug to succeed and this too may lead to disillusionment when, a month after starting the medication, the patient feels no better. The sensible action would be to go back to the GP who may then increase the dose, but many people give up at this point.

Another problem lies in the very nature of depression. Bereaved people who are suffering major depression (a condition which itself needs proper medical diagnosis) are most in need of antidepressants. Yet one of the features of major depression is a deep feeling of despair and hopelessness. People in this state of mind cannot believe that anything could possibly help them so they are the least likely to persist with any treatment. Problems of this kind may well explain the poor results which you report from your counselling practice.

In prescribing any drug the doctor has to decide: What is the diagnosis for which the drug is being prescribed? Do the benefits expected from the drug outweigh the dangers and side-effects likely to occur? This is not always easy and requires fine judgement. But doctors are trained to take such decisions and remain the best judges of the need for medication. If a drug is needed, it is the the doctor's responsibility to explain to the patient why and to prepare them for any likely side-effects. Some doctors are not good at doing this and, to be fair, people vary so much in their response to medication that it is difficult to know exactly how they will react and hence what they should be prepared for.

Counsellors can help a great deal by encouraging patients to ask questions, to express to the doctor any doubts or fears which they may have and, most important, to take the medication as prescribed. If problems then arise, the patient should be encouraged to return to the doctor or, if they have lost faith, to seek a second opinion. If necessary the counsellor may offer to accompany the client on their next visit to the doctor in order to act as their advocate and make sure that both sides understand the problem. Much damage can be done by counsellors who pretend to expertise which they lack or who assume that a client is in the right without learning the doctor's point of view.

COLIN MURRAY PARKES

Responses from other readers on this important and controversial topic would be greatly welcomed. Eds.

BOOKS

the deceased. He emphasises the importance of speaking of the dead and the isolation felt by bereaved people if those around them apparently do not want to remember.

Although Attig does not give references, this book is clearly influenced by the substantial body of work on continuing bonds by Klass, Silverman and Nickman*. His thinking is also firmly rooted in the classic models of grief and the necessity of working through the hurt and pain of loss. Although written for both bereaved people and those who support them, essentially this is a self-help book. It may bring much comfort to those who have had mainly positive relationships with the deceased but, as Attig acknowledges, it is not for those who have few good memories to cherish. Furthermore, some readers may find the book repetitive and the language rather sentimental. I would urge practitioners and educationalists to dip into the book before recommending it.

Marilyn Relf
Manager, Sobell House Bereavement Service

*Klass D, Silverman PR, Nickman SL. Continuing Bonds. Washington, USA: Taylor and Francis, 1996.

DYING AND GRIEVING: Life span and family perspectives (2nd edn)

Alicia Skinner Cook, Kevin Ann Oltjenbruns
Cincinnati, Ohio, USA: International Thomson Press, 1998, 512pp. £23.95 hb. ISBN 0 15501 506 0

This book covers a wide range of circumstances – from the death of an elderly relative to that of a pet, from a sibling dying from long illness to the loss of a spouse, from suicide to AIDS. This very comprehensiveness makes it difficult to read from cover to cover, so it is more a book to dip into for relevant information about a particular circumstance.

Areas sometimes neglected in books about death are covered here, eg the intimacy and sexual needs of the terminally ill, the needs of the dying elderly, the loss of an adult child, and there is welcome consideration of cross-cultural issues. The text is enlivened by tables and personal accounts. Each chapter concludes with a glossary of terms (very necessary when words such as 'bonadaptation', 'suicidologists', and 'postvention' are used), suggested reading, references (mostly American), and details of resources (all of which are American). There is a comprehensive subject index and a useful index of the authors referred to in the text, as well as information about some relevant internet sites.

I found the typography and rather loquacious style of writing a hindrance and am unsure whether all the references are of sufficient academic rigour. In such a comprehensive review, I would have valued more detail on the risks of multiple adversity and on protective factors.

Martin Newman
Consultant Child and Adolescent Psychiatrist

VICKY ANGEL

Jacqueline Wilson
London: Yearling books, 2000, 155pp. £4.99 pb. ISBN 0 44086 415 1

Vicky Angel is an admirable book, one of a number written by Jacqueline Wilson for young people with a particular need. Two friends, Vicky and Jade, have known each other since nursery school. Vicky triumphs over and mocks at Jade, who tends always to give in to the wishes and rules established by her more powerful friend. Then, at the end of the first chapter, Vicky has a quarrel with Jade, steps into the road and is fatally injured by a car.

There is a brilliant, gradually developed account of the effects of grief – emotional, physical, and in terms of relationships – ratified for Jade when, later in the book, she meets a school counsellor (of whom initially she is quite contemptuous). The counsellor vividly describes the physical effects of grief in words suitable for Jade (as good an account as I have read anywhere). A picture builds of Jade's rather constricted home life with parents alienated from each other and we learn that Jade is imaginative and creative; the subtlety is that this may be inferred, by the reader, from Jade's own language and from the gaps in what she describes.

Vicky reappears as an angel and continues to take over and control chunks of Jade's life. There is no need for the reader to decide whether or not this is Jade's imagination: Vicky is real, separate and influential, restricting Jade's grieving, her social life and her ability to communicate truthfully and affectionately with the living. In the end, Vicky releases Jade, or Jade releases Vicky, just after the inquest when Jade is at her most distressed and Vicky, back at the site of the accident, is able to assure her that the death was in no way her fault. Vicky then moves upwards, laughing: 'Vicky Angel! I've made it.'

I can recommend this book, and others by Jacqueline Wilson, to children with specific needs at crisis points in their lives. The author's reputation is deservedly high. BC

Jean Harris-Hendriks
Consultant Child and Adolescent Psychiatrist

VIDEO

TALKING ABOUT SUICIDE

Realta Productions
London: Mental Health Media, 2000, runs 58 mins. £39.95; (small organisations, £24.95).



Islam is pro-life, nurturing a positive attitude and encouraging believers to overcome hardships and adverse experiences. Suicide in Islam, including euthanasia or assisted death, is absolutely prohibited. It is a major sin, permissible under no circumstance, and unethical as our lives are a gift from God and belong to Him.

However, socio-economic and cultural pressures can push people towards suicide. Through a drama telling one family's story, this video shows clearly how real-life problems can lead to extremely difficult situations and interactions, and does an excellent job of identifying the stress factors and indicating sources of help, both spiritual and practical. In Islam, the pressures are minimised by both faith and social code, but the statutory and voluntary support also available is described in the video without taking away from the important role of the family.

A rather sterotyped impression is given in the family story that girls are more heavily controlled than boys, though from a quantitative view of equality, the reverse is often the case. For concerned parents, providing protection is the common goal for both boys and girls and this whole issue needs to be seen in the context of family, culture and differing values.

This interesting production is available in Punjabi, Gujerati and Bengali with English subtitles. It comes with a facilitator's booklet in English, supporting notes and a useful listing of contact organisations and further reading. The Bengali version would be immensely helpful for both the community, the service providers working within it and those training them. The language suffers slightly from occasional improper use of informal (Sylheti) dialects, which may sound odd to some viewers but, overall, thanks are due to the producers for such an outstanding work. BC

Shafiqur Rahman
Imam (Muslim Chaplain)

BOOK

THE GOOD DEATH GUIDE

Michael Dunn
Oxford, UK: How To Books, 2000, 230pp. £12.95 pb. ISBN 1 85703 559 3

In the *Good Death Guide*, author and former social worker Michael Dunn argues that we can only live life fully if we take the fact of our death into account. He advocates learning about different aspects of death and thinking ahead about our own death, and that of others. The benefits will be seen not only in the quality of our life, but in the reduction of the anxiety, muddle, and hurt that can occur as death approaches.

The guide ranges unusually wide – from information on the 'whys, wheres, whens, and hows of death' to graphic descriptions of post mortems and cremation, guidance on laying out a body and on arranging a funeral. Psychological aspects, such as the consequences for others of different sorts of death and how preparation earlier in relationships can reduce the sharpness of bereavement, are also covered.

This is a wise, informative and readable book, enriched and often lightened by a number of appropriate quotations. It is also provocative, asking us to examine our values. Some topics, eg the descriptions of dying and embalming, are generally either not found in books for the lay person, or not covered in such depth.

It is to be hoped that readers will share the author's experience. Michael Dunn started his research apprehensively, knowing he would have to face up to his own death, but found that the more he learned, the more mentally settled he became and, moreover, the clearer he became about how to add fullness to his remaining years. BC

Rose Heatley
Project Director, National Funerals College