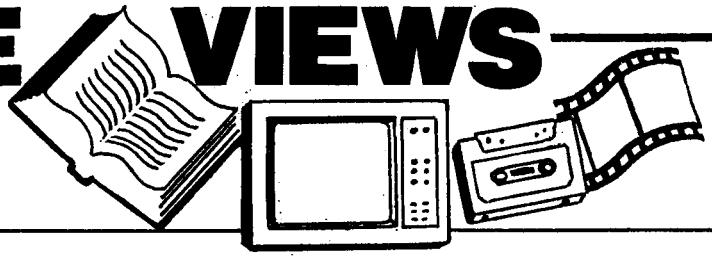
REVIEWS



'GRIEF COUNSELLING AND GRIEF THERAPY'

by J. W. Worden, Tavistock Publications, £2.95.

In his introduction Dr. Worden states his aim as addressing 'those of you in traditional professions who are already in a position to extend care to the bereaved and who have the knowledge and skills required to do effective intervention and, in some cases, preventive mental health-work'.

This practical, easy to read, and well-concentrated book certainly should be read by all healthcare professionals but in addition is highly recommended for volunteer bereavement counsellors. Among its many assets are the compact explanation of attachment and loss and the tasks of mourning; the comparison between 'uncomplicated' and 'complicated' grief and the respective roles of the counsellor and the therapist; the very useful guidelines for the counsellor; and the bibliography of over 200 references.

There is a useful chapter on helping those grieving special kinds of loss—suicide; sudden death, of adult and child; miscarriage; still births; and abortion. Another looks at 'Grief and Family Systems'.

The closing chapters focus on the counsellors' own feelings, grief and training needs. The more attention we give to these the better our counselling becomes. Those who care for the bereaved are human too and need permission to have their own feelings allied to good support and supervision.

The emphasis on being a book of practical value is carried through to the end where Dr. Worden produces a dozen 'Grief Sketches' which can be used as scripts for roleplaying.

DEREK NUTTALL

THE HOSPICE MOVEMENT IN BRITAIN

by Hedley Taylor, Bailey Bros. & Swinfen, £3.95 inc. p & p.

The foreword points out that "this study has been commissioned by Voluntary and Christian Services to review the nature of the hospice movement, its contribution to terminal care practice and its needs for funding".

When a large number of people clearly have a need that their society does not meet, sooner or later pioneers will try to rectify the omission. This humane response is common to Cruse and to the Hospice movement. The two organisations share the sense of caring and encounter similar problems.

The study by Hedley Taylor is a timely review of current Hospice principles and practice with an eye to the future and the calls on charitable funding. Hospices have a fine record for the relief of pain and discomfort in the dying linked with their concern for people's emotional, social and spiritual needs. The National Health Service has similar ideas regarding patients' physical and psychological comfort, of course, although in practice it can fall short. Hospice treatment has by no means stood still and their in-patient service has extended to link with Home Care and Symptom Control teams whose expertise may allow more of the patient's remaining life to be spent with his family.

This report, basically, a sound and useful one, makes several mentions of the family but perhaps does not reflect the degree of attention which many hospice teams do devote to the relatives who will soon be bereaved. The family needs during terminal illness are well recognised in the hospice, in keeping with their holistic approach. Many arrange more extensive help for particularly vulnerable relatives both before and after the death takes place.

Particular attention is paid in this report to one situation common to many voluntary organisations. What relationship should there be with an official organisation which is meant to serve a similar purpose? The NHS has its bureaucratic tendencies and within any independent movements are those with reasons or prejudices which lead them to have no truck with authority. In the care of the dying professional staff are bound to play some essential role and professionals, however rebellious they are in spirit, cannot isolate themselves entirely from authorities. Moreover Hospices need a large amount of money to function properly and after the heady days of raising the capital sum to start a local unit almost as much money has to be raised each year to run the place. So the NHS is needed as a source of funds, of professional staff and of certain special facilities which a few Hospice patients may require. In return the Hospices contribute a desired service and expert knowledge, so some co-operation between Hospice and NHS is inevitable and benefits both.

A voluntary organisation to help the bereaved has a slightly different problem in that the place of the professional is less immediately clear. The hope is that the lay community, from within and outside the family can largely give sufficient help and comfort to sustain those who mourn. But some bereaved people do need expert medical, social or nursing treatment. In these circumstances the professional skills administered with sympathetic understanding should be readily available whatever their source. Partnership between voluntary or independent workers and more official organisations has the best hope of bringing appropriate comfort to those in need.

JOHN HINTON

THE OXFORD BOOK OF DEATH

ed. D. J. Enright, OUP, £9.50.

Who is this anthology written for? You wouldn't exactly give it to a friend for Christmas. It is huge and exhaustive, covering most aspects of the subject in almost every mood. The editor believes that, in William Empson's words "Because we have neither hereditary nor direct knowledge of death, it is the trigger of the literary man's biggest gun".

After bereavement many unlikely people acquire an appreciation of and sensitivity to profound abstract and philosophical thoughts, especially as expressed in poetry, that they never knew they possessed. Therefore this book will be a wonderful rich source for counsellors and others wanting to dig out positive ideas, happily phrased, to support sad people with. Some bereaved folk like to keep a quotation or two by their bedside to reflect on last thing at night.

But the book includes black jokes and cynicism, too, so as a whole it is not exactly an anthology for bereaved people: we are compiling one of those ourselves in Cruse at the moment.

Age Concern's Volunteer Bereavement Counselling Schemes

Age Concern have recently published a report on their pilot schemes in volunteer bereavement counselling. It is available from Age Concern England, 60 Pitcairn Road, Mitcham, Surrey, price £2.50 inc. p. & p.

David Hobman & Sally Greengross of Age Concern and Derek Nuttall of Cruse met recently to discuss Age Concern's thinking on setting up loss counselling services for elderly people in areas where local Age Concern groups are able to run such schemes. Cruse was given the assurance that any service of this kind will not be set up in competition with other agencies and that Age Concern groups concerned about bereavement in the elderly are encouraged to discuss this with the local Cruse branch before making a move.

COURSES

CLINICAL WORKSHOPS IN FAMILY THERAPY WITH FAMILIES CONTAINING A TERMINALLY ILL MEMBER

Dr. Dora Black, MB, FRCPsych, DPM, will be leading a number of workshops commencing Thursday, October 13, 1983, 3 - 5.30 p.m. Two terms (ten sessions per term). To be held at the Institue of Family Therapy premises at 43 New Cavendish Street, London, W.1.

If you would like further details of these Clinical Workshops please write to the Course Secretary at Institute of Family Therapy (London) Ltd., 43 New Cavendish Street, London, W.1, enclosing a s.a.e. Telephone: 01-935 1651.

DEATH AND BEREAVEMENT

Cruse, in association with the University of Glasgow Department of Adult and Continuing Education, is running a course on Death & Bereavement in the Cruse Office, 212 Bath Street, Glasgow, on Wednesdays from October 12, between 7.30 & 9.30 p.m. (ten sessions). Enrolment will be limited to 25 people. The course fee is £16. Apply to Cruse Glasgow.

Since our last issue.

Cruse branches have opened at:

N. Herts. & Stevenage: (Mrs. J. Sunderland, 29 Dents Close, Letchworth, Herts.)

Paisley: (Mrs. J. Hammell, 5 Muirpark Avenue, Renfrew, Scotland.)

Steering Committees have been formed at: Bath, Colchester, Doncaster & S. Bedfordshire.