

BEREAVEMENT CARE RECENT CONTENT 2005–2009

2009

Spring 2009

Grief in the workplace: developing a bereavement policy

Breffi McGuinness MA

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What do workplaces do when an employee is bereaved? What, if any, support and special provision do they make? The Irish Hospice Foundation surveyed 34 Irish organisations to explore their policies and procedures for supporting bereaved employees. While all the organisations had experienced employee related bereavement in the previous 12 months, only four had any kind of formal, written policy. The majority made some kind of provision for compassionate leave, but this varied widely, and decisions about further leave and support was sometimes left to line managers' discretion. This article outlines the key findings from the survey and suggests a template that could be adapted by workplaces to provide a clear and consistent bereavement policy that would benefit the organisation, line managers and the individual employee alike.

Resilience and bereaved children: helping a child to develop a resilient mind-set following the death of a parent

Julie Stokes OBE MSc

Founder and clinical director, Winston's Wish This article considers the range of interrelating cognitive, relational and social factors that can have an impact on a bereaved child and assist or present barriers to their developing a resilient mind-set. It identifies some of the risk factors that can complicate a child's response to a parental death. Particular attention is given to the relevance of gender issues in relation to resilience. Guidelines for practice are outlined. Finally, the importance of understanding memory processes in developing a healthy connection between the child and the parent who has died is discussed.

The genocide in Rwanda: meaning-making through film

Colin Murray Parkes OBE MD DPM PRCPsych

Emeritus consultant psychiatrist Colin Murray Parkes reviews recently released DVDs of four films about the Rwandan massacres of 1994 and gives a summary of the history leading up to the violence. The author considers the inevitable bias of those who are in a position to write history, film as a tool for meaning-making, and the possible role of bereavement interventions in breaking vengeful cycles of violence.

A residential intervention for mothers of terror victims: using a multi-modal therapeutic approach for traumatic loss

Ruth Anne Sadeh MSW

Clinical Director, Group Psychotherapy Programs, Koby Mandel Foundation, Israel
Chaya Possick PhD

Senior lecturer, Ariel University Center, Israel The authors describe a residential programme developed in Israel for mothers bereaved as a result of terrorist attacks. The women are offered a two-day retreat with a varied programme of healing interventions. The approach is holistic in design, integrating a number of therapeutic approaches in a group environment, based on Lazarus's multi-modal approach to brief psychotherapy. The authors show how their programme puts into practice theoretical principles about the integrative treatment of traumatic loss.

John Bowlby revisited – a retrospective review

Tirril Harris MA DHonCaus

Honorary senior research fellow, Institute of Psychiatry, Kings College, London This is a retrospective review of the three volumes of Bowlby's trilogy, *Attachment and Loss*, where he set out his revolutionary view of attachment as the dominant drive behind human behaviour. Harris discusses the impact this has had on psychological thinking, in particular on ideas about mourning, and the connection with Darwinian evolution. Bowlby's concept of the secure base and ideas on the development of childhood attachment styles that can have a lifelong influence have crucial implications for all who work in the bereavement field.

Plus:

Broader Horizons

Post-traumatic stress disorder

Webwatch

Online life after death

Letters to the editor

Universal or targeted: the assessment debate continues

2008

Winter 2008

Parental suicide: the long-term impact on children and young people

Caroline Simone BA

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This paper reports on a work-in-progress research project exploring adults' experiences of childhood or adult losses after parental suicide. Suicide is the violent and immediate severing of the parent-child relationship, and findings from the research indicate that family communication in its aftermath may be severely disrupted. The censoring of grief, ambiguity of stories told to the bereaved, avoidance of details and suppressing of grief are common threads. Consequently, the grief process may be delayed. The search for the why and how of the suicide, the memorialising, and the finding of a connection with the dead parent may take place many years later.

Mourners and mediums

Tony Walter BA PhD

Director so Studies, MSc Death and Society, University of Bath, UK

Drawing on participant observation in spiritualist churches, along with interviews with bereavement counsellors, the article establishes that a minority of mourners in England occasionally visit spiritualist churches or consult mediums. The messages received are typically benign and innocuous, assuring the mourner that the deceased is all right, and sends love; occasionally the messages help the mourner; reports of negative consequences are rare. These messages fit a culture that sees love as eternal, but encourages mourners to get on with their lives.

The silent grief: grandparents of children who died of cancer

Miri Nehari PhD

Senior Clinical and Educational Psychologist

Dorit Grebler RN MA

Head Nurse, Palliative Unit

Amos Toren MD PhD

Head of Department, Hemato-Oncology department, Safra Children's Hospital, Sheba Medical Centre, Israel

Emotional support for families bereaved of a child is generally directed at parents and siblings, rather than grandparents. A literature review revealed that grandparents' grief has barely been studied or reported. To examine the special characteristics, needs and bereavement coping strategies of this group, a qualitative case study was conducted of grandparents of children who had died of cancer. The grandparents met as a group for nine months and during this time data was collected by observation and recording. Themes raised in discussion that were unique to them dealt with such issues as the legitimacy of their grief, the pained relationship with their children and the specific meaning of this loss in old age.

Conference report – Eighth international conference on grief and bereavement in contemporary society

Dawn Chaplin MSc RGN DipC

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Debbie Kerslake BA CQSW PC Dip Man

Chief Executive, Cruse Bereavement Care, UK

Geoffrey Glassock MA Med DMin MPFS

Psychologist, National Association of Loss and Grief, New South Wales, Australia

This well-constructed and thought-provoking conference was hosted by the Australian Centre for Grief and Bereavement in Melbourne and attracted 680 delegates from 15 countries. The overarching theme was resilience, and complications in the grief experience.

Summer 2008

Perinatal loss – a life-changing experience

Anne Aldridge MA BEd DipHE

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This article looks at the influence of the bereavement culture of the 20th century, compares this with more recent research and grief theory, and relates these to current practice with families after miscarriage, stillbirth or perinatal death. It considers the importance of memory-making and maintaining continuing bonds, alongside the need to adjust one's life around such a loss. The author is a hospital chaplain and mother of four who has both a personal and professional interest in the changing nature of perinatal bereavement care.

Cognitive behaviour therapy for complicated grief

Paul Boelen PhD

Assistant Professor of Clinical Psychology and Cognitive-Behavioural Psychotherapist, Department of Clinical and Health Psychology, Utrecht University Utrecht, The Netherlands

Complicated grief is a debilitating condition that can develop after the death of a loved one. Here a cognitive behavioural viewpoint is used to explore why some people develop this condition whereas others recover from their loss relatively quickly. Three processes are identified as crucial in the development and maintenance of complicated grief: insufficient integration of the loss with existing autobiographical knowledge, unhelpful thinking patterns, and anxious and depressive avoidance behaviours. CBT uses interventions such as exposure, cognitive restructuring and behavioural activation to target these processes and help people to move toward recovery.

Bereavement in Buddhist teaching and practice

Peter Goble BEd SRN RMN RNT

Mental Health Nurse and Chair of Trustees, Buddhist Hospice Trust, Essex, UK

The author, a Buddhist hospice charity-worker and nurse, offers a personal perspective on bereavement, illustrated by a well-known and well-loved Buddhist parable. The article draws out the contemporary relevance of an ancient teaching on the causes of suffering, especially that associated with loss, and suggests practical ways to transcend it, as described in Buddhist philosophy.

Spring 2008

Does social support help with marital bereavement?

Wolfgang Stroebe

Professor of Social Psychology, Department of Social and Organisational Psychology, Utrecht University, Utrecht, Netherlands

It is almost a truism that social support from family and friends buffers individuals against the painful grief that generally follows bereavement. Surprisingly, both in previous reviews of research and in the two studies reported here, there is little empirical support for this assumption. The author argues that this pattern is consistent with assumptions from attachment theory. However, practically all of the research has been conducted with western samples. The fact that two recent studies conducted in Asia found evidence

for buffering effects (probably restricted to support from children) raises the possibility of cultural differences in the role children can play as attachment figures.

Michael in the clouds

Patsy Way

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Many adults, including professionals, hold a view that very young children cannot fully cognitively comprehend the meaning of death and that it is thus unnecessary, and possibly even damaging, to talk to them about someone close who has died. This article suggests that this developmentalist view does not take account of the many other ways in which children can connect to loss. Using a case study based on a Candle Project intervention, this article illustrates how very young children can join in concrete play activities that help their understanding of what has happened. It is argued that excluding young children from explanations and remembering practices may potentially create distress, confusion and long-term problems.

Crisis intervention in Finland

Päivi Muma

Director, Vantaa Crisis Centre (Sosiaali- ja kriisipäivystys), Vantaa, Finland

Anne Jokinen

Psychologist, Vihti Family Counselling Unit, Nummela, Finland

A crisis intervention model has evolved in Finland consisting of teams of social workers and psychiatric nurses based in major urban developments, forming a national network. This article looks specifically at the 24-hour service provided by the Crisis Centre in the city of Vantaa, focusing on the work done there with those bereaved by disasters. The Centre's team offers a wide variety of immediate psychosocial and practical support for victims, including debriefing, assessment, referrals and liaison with the police and other local health, welfare and crisis organisations. It also supports survivors in viewing the bodies of those who have died and in planning funerals.

2007

Winter 2007

Chronic sorrow and bereavement care

Ted Bowman MDiv

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When asked to describe chronic sorrow, both public and professional audiences reveal negative associations: 'endless', 'stuck', 'failure to accept a loss', 'avoidance of real grieving' and even 'complicated bereavement' are common responses. Despite our greater awareness and appreciation of recent bereavement insights, such as continuing bonds and

episodic grieving over the lifespan, there lingers a strong suspicion that people whose mourning appears to be chronic need assistance from mental health providers. This article, however, presents an alternative perspective that, for some, chronic sorrow should be seen as appropriate, to be expected, even developmentally and empathically sound.

Supporting people bereaved through homicide: developing Victim Support's response

Lesley Malone PGDipInfo PGDipSocSci

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It was decided in 2004 that the service of Victim Support, the UK national charity for victims of crime, would benefit from being reviewed in the light of current research evidence. The findings would then form the basis of a new service framework and set of service standards to guide our work in this area. This article describes the main findings from the research we carried out, particularly in relation to the needs and wants expressed by bereaved people themselves, and some of the implications for support services and other agencies working with them.

Coping with the intensity of child bereavement work: a qualitative study exploring volunteers' support needs

Jemma Hogwood BSc

Family Worker, Winston's Wish, The Clara Burgess Centre, Cheltenham Gloucestershire, UK

The majority of child bereavement organisations rely heavily on volunteers to help to deliver their services. However, having to deal with the strong emotions of people who have experienced grief and trauma can be extremely demanding. In addition, it has been suggested that adults react more strongly to a child's bereavement than that of an adult, perhaps because a child's grief can touch their own vulnerabilities (Dyregov 1990). It is therefore essential to consider what support networks and self-care mechanisms should be available to volunteers working in this area.

Summer 2007

Dangerous words

Colin Murray Parkes

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Each one of us, when we use a word, knows just what we mean by it. Unfortunately, those who read it also think they know just what we mean by it. Often they are wrong. In this paper the author illustrates this point by reference to some words about bereavement that are commonly misinterpreted or misused. Words that need special caution include 'grief', 'mourning', 'meaning-making', 'dependent', 'empathy', and various words used to describe the problems to which grief can give rise. His intention is not to stop us from using these dangerous words, for most of them are very useful, but to attach some warning flags that will wave in our heads each time we meet or use the words in question, and warn us to watch out for misunderstandings.

Improving support for bereaved people within their communities:

updating the nine-cell bereavement tool

Jenny Hunt

Consultant palliative care social worker and bereavement therapist, Harare, Zimbabwe

Gracy Andrew

Qualitative researcher, Sangath Bereavement programme, Goa, India

Philippa Weitz

Bereavement counsellor and trainer, Hove, UK

People often seek bereavement counselling because their families and communities are unwilling to allow the natural course of grief to unfold over time and seem uncomfortable with the extreme emotions that grief brings. It seems reasonable, then, to work with families and communities so that they themselves can provide the support otherwise afforded by bereavement counselling and support groups. The nine-cell bereavement tool, was originally developed to provide appropriate training in a culturally diverse environment. Groups of trainees complete a table exploring their personal and professional bereavement experiences. Through looking at their feelings over time in relation to with what is socially acceptable, and comparing their real needs with the kinds of support offered in their communities, participants can themselves develop strategies to help bereaved people more effectively and raise bereavement awareness locally. Here we look at refinements of the tool during its use during 2002-2006 in India, Kenya, Zimbabwe and South Africa and summarise some recent evaluations of it.

Adult decisions affecting bereaved children: researching the children's Perspective

Brian Cranwell

Trainer and researcher, The Gone Forever Trust, Sheffield, UK

This child-centred study involved 30 young people aged 6-12 years who had lost one or both parents. Semi-structured interviews with the children were recorded and analysed qualitatively, exploring their views of the interventions and interactions of adults, peers and the school around the time of the death. Questions explored such issues as how the news was delivered, opportunities for anticipatory grieving, participation in rites of passage and sources of support. The results confirm that overprotection in bereavement, echoed in the reluctance of adult gatekeepers to allow children to participate in research, does not recognise children's needs and can hinder the grieving process and erode self-esteem.

Spring 2007

Reality and regret: viewing or not viewing the body after a sudden death

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Since one of the criteria for the diagnosis of PTSD is 'the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury' (DSM-IV, 1994), we might expect that viewing the

body of a loved person who has died a traumatic death would be harmful. The research reported here confirms clinical impressions that this is not necessarily the case and that most people are glad to have had a last chance to see and to hold the person they love. This said, it is important to prepare people in advance for the experience and to avoid unexpected and horrific surprises.

This paper reports on some early results from an ongoing study exploring the experience of close relatives of either seeing or not seeing a loved one's body after a sudden and unexpected death, and how this affected them 6-10 months later. The findings are discussed in the context of the author's clinical knowledge and experience gained facilitating choices about viewing for families after a sudden bereavement, in a large forensic mortuary in Sydney.

A literature review on bereavement and bereavement care: developing evidence-based practice in Scotland

Peter Wimpenny

Associate Director

Co-authors: Rachel Unwin, Paul Dempster, Maggie Grundy, Fiona Work, Alison Brown, Sylvia Wilcock

Joanne Briggs Collaborating Centre for Multi-purposed Practice, School of Nursing and Midwifery, Robert Gordon University, Aberdeen, Scotland

Although focused on the situation in Scotland, the lessons learned by Peter Wimpenny and his team have much wider relevance. This article gives a concise and accessible account of the conclusions that can be drawn from the current literature on family care in the face of death and bereavement. It deserves our close attention and should have a major influence on the planning of palliative care and bereavement services.

With the majority of deaths now occurring in healthcare settings rather than at home there is increasing pressure on health and social care practitioners to provide the best possible bereavement service. In some cases, such as in acute clinical care settings, and there is often only one opportunity to achieve this.

The impact of critical incidents on school counsellors: report of a qualitative study

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Louise Rowling

Associate Professor, Faculty of Education and Social Work, University of Sydney, Australia

Traumatic events connected with a school can seriously affect everyone involved – students, staff, parents and the local community. As key health workers, school counsellors are often the first ports of call for support for those grieving the loss of a member of the community, but they can come under considerable pressure and may need support themselves. This study looked at the experiences of Australian school counsellors who are employed in both the governmental and non-governmental sectors. The authors conclude that leadership is of paramount importance, coupled with a good management plan and clear communications between all parties involved. They believe that their findings could be of help to others working in the caring professions and in palliative care.

2006

Winter 2006

Coping with uncertainty: the grieving experience of families of missing People

Geoffrey Glassock

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This paper described the background to a research project on the grieving experience of families and friends of missing people. The introduction provides a brief historical overview of the experience of the early settlers in Australia through to the present day, showing it is a timeless problem here. The literature associated with the emotional impact experienced by families when a member goes missing is limited. However, attitudes to the emotional loss of such families are changing and the research seeks to 'listen to the stories' of these families so that appropriate care and support can be provided.

Now that 'continuing bonds' are recognised as a frequent concomitant of grieving, the continuing bond to missing persons (who may or may not be dead) places the psychological reaction to such losses firmly within the ambit of *Bereavement Care*. People who suffer such losses occupy a liminal position between the bereaved and the non-bereaved. They may not qualify for, or want, the help of bereavement services, yet their distress, and the problems to which it gives rise, are no less great than they are after bereavement. The web sites and organisations available to help families of missing persons are more concerned with finding the missing and keeping hope alive, than they are with supporting those for whom hope is unrealistic. In this paper Geoffrey Glassock brings home the dilemmas faced by this group.

Play, stop and eject: creating film strip stories with bereaved young people

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Family Services Manager

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The therapists from Winston's Wish, a children's bereavement care organisation that runs camps for bereaved children, here describe a way of moving children on from the helpless feelings usually engendered by a sudden, unexpected and horrific death by helping them to take control of the traumatic material. When children experience bereavement it is important that they are able to tell a coherent story of what happened so that they can begin to integrate the experience, but very often simply sitting and talking about a death can feel uncomfortable and many children may not have the words to express what they really mean. Drawing, which forms part of children's everyday play from an early stage, enables a child to express an

experience. Particularly after a traumatic bereavement, using a film script technique can help children put their story within a narrative structure so that they can begin to understand and process the events surrounding a death.

Guilt and blame in the grieving process

Chris Paul

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Working with bereaved people, we frequently encounter individuals who feel strongly that either they or others are guilty in some way connected with the dead person. We know that usually these painful feelings bring nothing but suffering and assume that our clients would prefer to be free from them. We may encourage them to develop a more forgiving attitude towards themselves and others or, if appropriate, try to show that the blame is unjustified. However, guilt can be a very difficult emotion to shift. An explanation for this may be that, for some, clinging to guilt brings significant benefits and fulfils unexpected functions. In this paper Chris Paul explores the complex assumptions that may be found in those who become preoccupied with guilt after bereavement, and suggests some ways of helping.

Summer 2006

Telling the dead man's tale: bridging the gap between the living and the Dead

Tony Walter

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The Western gunslinger knows that 'Dead men tell no tales' but dead men, and women, do tell tales. They tell them in autopsies, in inquests, in spiritualist church meetings and séances; and we tell their tales, often in public, in the register office, in obituaries, in funeral eulogies. How does the mourner make sense of these public or official tales and incorporate them into their own account of the deceased's life and death? And how do those employed to produce these official narratives go about their, sometimes distinctly macabre, sometimes surprisingly life-enhancing, duty? It is the role of sociologists to throw light on the way society works. In this paper Tony Walter enables us to recognise that professionals as diverse as coroners, spiritualist mediums, pathologists and funeral directors are all mediators between the dead and the living. He makes a distinction between 'mediator deathwork' and 'counselling deathwork', which helps us to clarify the roles we take and their functions.

Volunteer befriending as an intervention for depression: implications for bereavement care

Tirril Harris

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Over the last 30 years there has been increasing acceptance that many episodes of major depressive disorder are preceded by severe loss experience. In researching

the influence of life events on mental health, we identified some factors which seemed to foster resilience to depression. On the basis of these findings, we set up and monitored an intervention involving volunteer befriending with two groups of women to see if this could prevent depression and aid recovery. Though only a few of the women in the project had been bereaved, the positive effects of the befriending have interesting implications for those planning bereavement care services. Tirril Harris is widely respected for the quality of her research into the causes and treatment of clinical depression. Here she summarises the results of important studies, and goes on to demonstrate how well-trained and supported volunteers can make a substantial, and statistically significant, difference. She advocates a more active involvement with the lives of her clients than is generally sanctioned in bereavement services.

Bereavement in primary education: a study of a group of schools
Nuala Devlin-Friend

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We are aware that it is not only necessary but also healthy to be open about death, but taboos about this subject persist, particularly in western society. With this paradox in mind, a project was set up to look at issues relating to bereavement in the primary schools of an area of SE England, and investigate some of the relevant resources available locally. The study was partly based on a similar one by John Holland in 1993 and this report compares the two sets of findings.

This article provides a snapshot of the views of some schools towards bereavement which would be of interest to anyone planning or already providing services to schools or children. It is sobering and disappointing to be made aware of the lack of bereavement training provided for teachers, and this becomes somewhat worrying given that recent guidelines on depression in children and young people rely on professionals such as teachers to provide the first line of assessment and intervention following a bereavement. Many areas have local bereavement services for children which could provide training to schools; alternatively there are various organisations that offer such training in the UK including Cruse Bereavement Care, Winston's Wish, or the Child Bereavement Trust.

Spring 2006

Young people and bereavement counselling: what influences the decision to access professional help?

Janet Brown

National Co-ordinator of Children and Young People's Support Services, Marie-Curie Cancer Care, UK

It has been estimated that only 1% of young people access counselling after the death of someone close and suggesting that young people did not seek or need professional help. However, as a counsellor at a bereavement service the author was aware that many young people struggling with their grief on their own. This study looks at the provision in one area and asks young people what sort of service they would feel able to use and find helpful.

It seems that whilst young people would prefer to share feelings with family members, they often avoid talking to them for fear of upsetting them. However, we should also remember that, for some, not talking about worries and problems might be their way of coping. This report recommends that, where possible, supportive professional relationships with young people are formed before bereavement, as this many enhance subsequent use of services. Even where bereavement services are wanted and available, many young people do not know about them so it is important to ensure that services are well publicised and easy to access.

The landscape of loss

Linda Machin

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As we listen to bereaved people tell their story of loss, how are we to understand what are the common elements of grief and what relates to the individual mourner? This paper looks at the relationship between the general and the particular. It describes a model of grief, the 'range of response to loss', which identifies patterns and themes emerging from accounts of bereavement heard in practice and research. It also looks at how a new scale, the Adult Attitude to Grief scale, first used to test the validity of the general categories described in the range of response to loss model, then became a tool for exploring the landscape of individual loss.

All theories, like all perceptions, are attempts to simplify complex information in ways that enable us to comprehend and communicate with each other. Here Linda Machin skilfully integrates the results of her open-ended studies of the experience of grief with various current theories. It is reassuring to discover that the theories fit quite well with the data. It seems that the theoretical models in common use are useful tools which contribute to our understanding of a complex field.

'Forgotten victims'? – adults look back on their childhood bereavement by homicide

Alison Oldham

Clinical Psychologist

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Over the past 20 years increasing consideration has been given to the effects of homicide on surviving family members. This research has been crucial in highlighting the severe and chronic grief of families in this situation. However, much of this work has focused on the parents or spouse of a victim, with perhaps less attention being paid to the young people involved. This paper reports themes from a workshop of adults who, as children, were bereaved by homicide of a parent or sibling and their experiences – almost entirely negative it seems – of the judicial system, police, therapists and journalists, amongst others. The authors then make recommendations for action.

Winter 2005

Dreams and bereavement

Brenda Mallon

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Everyone has dreams and, pleasant or frightening, they can be used in bereavement care as a starting point to address emotional aspects of loss. Dreams can help the bereaved to accept the absence of the person who has died, or face feelings repressed or avoided in waking life. For some, they also offer spiritual comfort. Working with dreams is a deeply satisfying process which can empower both client and counsellor.

Adoption after bereavement

Eve Hopkirk

Family Placement Social Worker, West Surrey County Council, UK

The selection and assessment adoptive parents is an area of social work practice noted for its unproven certainties. Bereaved parents who would like to adopt can come up against some strongly held, but untested, beliefs. Eve Hopkirk here describes her qualitative study exploring the thinking of a range of key professionals in the adoption process and some families who had successfully adopted. The research challenges received wisdom about bereaved parents as prospective adopters and about children who could be suitably placed with them.

The Child Death Helpline

Annie Kolbé

Helpline Training and Practice Coordinator and Volunteer

The Child Death Helpline was set up at Great Ormond Street Hospital (GOSH), London in 1992 to offer support after the death of a child. It was based on an existing hospital telephone support service for bereaved parents at the Alder Centre, Liverpool, UK and three years later the two merged to form a nationally available freephone service. Other paediatric hospital trusts have since shown interest in becoming affiliated partners, training and supporting volunteer bereaved parents to staff an increasingly busy and extending rota.