

CRUSE BEREAVEMENT CARE RECENT CONTENT

2007

Summer 2007

Dangerous words

Colin Murray Parkes

Consultant Psychiatrist, St Christopher's and St Joseph's hospices, London

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 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

Jane Mowl

Forensic counsellor and social worker, Department of Forensic medicine, South-West Sydney Area Health Authority Service, NSW. Australia

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

Margaret Donnelly

Senior Education Officer, Diocese of Broken Bay, Sydney, Australia

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

Psychologist, National Association of Loss and Grief NSW Inc, The University of New England, Armidale, New South Wales, Australia

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

Brendan McIntyre

Family Services Manager

Jemma Hogwood

Family Worker

Winston's Wish, The Clara Burgess Centre, Cheltenham, Glos, UK

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

Counselling Trainer and Director, Trauerinstitut Deutschland EV (Institute of Bereavement), Bonn, Germany

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

Reader in Sociology, University of Reading

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

Research Fellow, King's College, London

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

Student researcher, University of Kent at Maidstone, Kent, UK

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

Honorary Research Fellow, Keele University, Staffordshire, UK

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

Carol Nourse

Consultant Clinical Psychologist

South of Tyne and Wareside Mental Health NHS Trust, South Shields, UK

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.

2005

Winter 2005

Dreams and bereavement

Brenda Mallon

Counsellor and Psychotherapist, Manchester, UK

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.

Summer 2005

Traumatic bereavement and the Asian tsunami

Post-tsunami perspectives from Tamil Nadu, India

Prathap Tharyan

Professor of Psychiatry, Christian Medical College, Vellore, Tamil Nadu, India

When over 8,000 people were killed along the south eastern coast of India by the tsunami of 26 December 2004, the psychiatry department of the Christian Medical College in Tamil Nadu was asked by the state government to provide counselling and psychosocial support to the worst hit areas. Over the months our teams have learned much first-hand about traumatic bereavement, acute stress reactions and the resilience of people in the face of multiple losses. However, we have been left with

many questions about what are appropriate interventions to deal with traumatic grief in the Indian culture.

Grief, loss and the quest for meaning Narrative contributions to bereavement care

Robert Neimeyer
Professor of Psychology, University of Memphis, USA

In our work with bereaved people the complexities of their losses can push us beyond the constraints of traditional grief theories, with their limiting assumptions about mourning as a private and predictable sequence of emotional transitions. A new generation of theorists has begun to question these generalisations, opening fresh possibilities for both research and practice. In response to these trends, I have been developing a new paradigm in grief theory by arguing that *meaning reconstruction* is a central process in mourning.

Children exposed to war in Afghanistan Leila Gupta *International Consultant, UNICEF, Kabul, Afghanistan*

More than 40 armed conflicts are currently taking place around the world and estimated civilian casualties have increased from 50% in WWII to around 80% for all subsequent wars. In 1994 alone 500,000 adults and 300,000 children were brutally massacred in a three-month period during the Rwandan genocide. The physical, psychological, and socioeconomic consequences of ongoing warfare are devastating and the greatest impact is felt among children. Even more concerning is that generations of children from Afghanistan, the Middle East, and the Horn of Africa who are growing up in violent situations may reach adulthood with the perception that violence is an acceptable means of resolving ethnic, class, or religious differences.

Spring 2005

Coming home after the tsunami Bereavement support at Heathrow airport Debbie Kerlake

Head of Service Planning and Development, Cruse Bereavement Care, London

Imagine the very worst that you can and magnify it a hundred times' – a comment from a survivor of the SE Asian tsunami of 26 December 2004. The distressing scenes on television could only begin to bring home the scale, the suddenness, the death and devastation. In London five days later, as visitors to the stricken areas began to arrive home, Cruse Bereavement Care, the leading UK bereavement charity, was asked to help and subsequently joined the police team meeting planes and providing support at Heathrow airport. This report covers the first three weeks of that involvement.

Do professionals disempower bereaved people Grief and psychosocial intervention Kari Dyregrov *Postdoctoral fellow and researcher in sociology Center for Crisis Psychology, Bergen, Norway*

This paper addresses and challenges those who are against the medicalisation of grief. I was prompted to revisit this old controversy by the findings of my recent research on experiences of parents bereaved of a child through SIDS, suicide or accident, looking at how the parents' lives were affected and what support they received from their own networks and from professionals. Although these parents struggled with serious problems, they received limited professional help and, most importantly, far less than they would have liked. This has important implications for those developing strategies for professional assistance to bereaved populations.

Young people bereaved by suicide

What hinders and what helps

David Trickey

Chartered Clinical Psychologist, Traumatic Stress Clinic, London

If you were to list the risk factors that might be unhelpful to a bereaved young person, being bereaved by suicide often has them all. Research indicates that, compared to children bereaved by non-suicide deaths, children bereaved by suicide have greater anxiety, anger and shame in the year following the death, and more symptoms of depression 18 months after the death. This article considers what is so bad about suicide for young people and how they can be helped.