

# The Norwegian Bereavement Care Project

## An evaluation of the first twelve years



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**The Norwegian Bereavement Care Project offers organised support to the bereaved by setting up, through local committees, self-help groups led by professionally trained and supervised volunteers. The project is now administered and evaluated from Bergen University, so that practical activities and research have been able to develop as a joint venture.**

A number of studies have indicated that social support may moderate the negative effects of bereavement (for reviews see Stroebe and Stroebe<sup>1</sup>). It was on the basis of these that the Norwegian Bereavement Care Project was launched in 1986. Another main point of departure was a national survey which uncovered a great need for support among the bereaved<sup>2</sup>. The project was then initiated by one of the large, non-governmental humanitarian organisations, the Norwegian National Health Association, in collaboration with a few other non-governmental organisations (NGOs) and the national health authorities. Subsequently the Norwegian Church joined the collaboration.

The objective of the project was to develop a model of how to organise and implement locally-based support measures for the bereaved and then to set up this model in local communities. Initially the project was piloted in a few towns in two different regions, but the idea soon diffused to other communities. At present the project is running in about 80 municipalities in 12 different parts of the country.

### THE MODEL

#### Local organisation

At the town or city level, the project is organised by a local committee usually comprised of various local NGOs, health professionals and members of the clergy. Committee members do not necessarily represent any organisations, rather they may join the committee as concerned citizens or as individuals who have themselves experienced the loss of someone close to them. Thus committees may obtain an official status within the municipality, or be considered as a group of individual

### EDITOR'S NOTE

*This project overcomes two of the main weaknesses of many self-help (or mutual help) groups, lack of structure and expert backing. By providing an opportunity for trained staff to work with groups of bereaved people, good results are to be expected and it is reassuring to find that the evaluations by clients are very positive. Those who run such groups will be interested to discover which aspects of them are seen as most helpful.*

members. The committees have two main objectives: recruiting and training volunteers to become leaders of bereavement groups, and organising the bereavement groups. As well as arranging the training courses for the leaders, the committees are responsible for organising their supervision. They also publicise the project in the community through the use of pamphlets, newspapers, radio, TV and open meetings.

The bereavement groups are led by two volunteers. Most leaders have themselves experienced a loss, although this is not a requirement and, in fact, if they are bereaved themselves they must be able to cope with their own loss in a healthy way. The typical leader is a middle-aged woman (more than 80% of the group leaders are female), trained as a nurse, and a member of a voluntary organisation. Most of them receive regular supervision from a trained professional. The supervision is generally provided in groups where leaders from different bereavement groups are given the opportunity to meet and share experiences.

The overwhelming majority of group participants are also female. Members' ages vary widely and range from about 20 to 80 years. About half of them are bereaved parents, while the rest are widowed, with a few members who have experienced the loss of a parent or sibling. Some groups are exclusively for bereaved parents, others are comprised of widowed people only, but most groups are made up of both bereaved parents and spouses. In general members have experienced different types of deaths, although there are some groups for those who have experienced the same type of loss, eg suicide. The groups may be organised as open meetings where anyone can drop in at any stage, or as a closed group. Most are closed, consisting of four to six bereaved people and two leaders who take part in the group from start to finish. The groups are intended to last between six months and one year.

#### The national setup

At the national level the project was originally run by a steering committee made up of members of various NGOs, the church, and the national health authorities. In 1995 the health authorities left the steering committee, although they continued to participate in the funding of the activities. At the same time, the secretariat,

(one full-time employee), which had been located in the national office of one of the participating NGOs, was moved to the department of psychosocial science at the University of Bergen. For the two previous years this department had been responsible for the evaluation of the project and for providing bereavement research in general. By including the secretariat in the university department, both practical activities and research could develop as a joint venture.

The coexistence of research and practice has several advantages. Firstly, it provides the project, at all levels, with knowledge and information of relevance to its activities. Secondly, the research profits from being closely connected to the practical field rather than being disengaged from it. More specifically, the close connection between the researchers and the nationwide network of organisers, volunteers and bereaved who take part in support groups enables the researchers to get in touch with participants of the project, both the bereaved and the volunteers. Thirdly, by including practitioners at the university department, the training of students can be more efficient in providing bereavement and support measures for the bereaved. Together, these aspects reduce the gap between research and practice.

#### 'Strengthened' self-help groups

The core element of the Norwegian Bereavement Care Project is the bereavement groups. All other structures and activities related to the project mainly have support functions directed towards these groups. The groups are termed 'strengthened self-help groups' implying that they are, on the one hand, based on mutual support and help among individuals sharing the experiences of bereavement and, on the other hand, supported by two group leaders who in turn are trained and supervised by professionals. We believe that this way of organising the groups combines the best of mutual aid and professional support.

### EVALUATION OF THE PROJECT

The ongoing evaluation now includes the voluntary leaders of bereavement groups and the participants of these groups.

#### Group leaders

The evaluation has mainly focused on how the volunteers perceive their leadership roles. The findings reveal that they view themselves basically as catalysts for self-help processes, encouraging and supporting the members to share their feelings and experiences. They also act as chairpersons of the groups, ensuring that all participants are given the opportunity to take part. In fact,

one of the main difficulties they encounter as group leaders is to balance the influence of dominating or very self-absorbed members.

Being a group leader seems to give rise to mixed feelings. On the one hand, leaders feel they can provide valuable help and support to the members and that being able to provide this help reinforces their self-esteem. On the other hand, most leaders consider the role exhausting and demanding and a substantial proportion feel, at least occasionally, that they are unable to handle it. To cope with these strains many choose to retire from the groups for a while. The supervision groups are considered to be a valuable support for leaders.

#### Members of the groups

The evaluation indicates that the participants are highly satisfied with the groups and perceive them to be a help in the grieving process<sup>3</sup>. Bereaved parents view the groups somewhat more favourably than widowed people, and participants who have suffered an unexpected death are more satisfied than are those bereaved from an expected death. The role of the leaders seems to be crucial in influencing how the members feel about their groups. The most satisfied are those who feel that their leaders take good care of the individual members as well as the group as a whole. Another positive factor is the extent to which participants receive various kinds of support from the group – emotional, practical, and informational – the most important of these being emotional support.

As another part of the evaluation, not previously published, we asked the participants to rank 10 possible therapeutic factors typically operating in group therapy<sup>4,5</sup>. Universality – the experience of not being alone with one's problems – was ranked as the most helpful aspect of belonging to a group. Other important

therapeutic factors were the emotional release and the facing of one's feelings (catharsis), and the feeling of being supported and accepted by the group (cohesiveness). The least helpful aspects were the guidance and factual advice, the achievement of a greater understanding of oneself, and the revealing of one's personal self to others (self-disclosure). The rank order of all 10 factors is depicted in the Table below.

### THE FUTURE OF THE PROJECT

The evaluation clearly indicated that the bereavement groups are a valuable contribution to individuals who have experienced the loss of a loved one. This is a strong reason to continue the project, but its future is uncertain because the funding of the secretariat is as yet unsettled and without its support, the local network is at great risk of dissolution.

In spite of this uncertainty, the project is currently expanding its activities. Over the last few years, numerous divorced people have approached the local steering groups asking them to organise groups for the divorced and separated, and recently steps have been taken to develop appropriate local support measures for them. **BC**

#### References

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4. Llewelyn SP, Haslett AVJ. Factors perceived as helpful by the members of self-help groups: an exploratory study. *British Journal of Guidance and Counselling* 1986; 14: 252-262.
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### What are the most helpful factors in the bereavement groups?

The figures are mean ranked scores given to each of the 10 factors – low score ranks high (maximum possible score: 1; minimum possible score: 10).

<b>Universality</b> – realising that you are not alone in your problems .....	2.41
<b>Catharsis</b> – emotional release and facing feelings .....	2.95
<b>Cohesiveness</b> – feeling supported and accepted by the group .....	3.65
<b>Altruism</b> – being able to help and support .....	4.65
<b>Interpersonal learning (input)</b> – learning from other members .....	4.82
<b>Interpersonal learning (output)</b> – being able to respond to the group .....	5.23
<b>Instillation of hope</b> – recognising that there is hope for the future .....	5.90
<b>Guidance</b> – receiving guidance and factual advice .....	5.96
<b>Self-understanding</b> – achieving a greater understanding of yourself .....	6.63
<b>Self-disclosure</b> – revealing yourself to others .....	6.78