

## ABSTRACTS

### Adult bereavement in five English hospices: participants, organisations and pre-bereavement support

Reid D, Field D, Payne S, Relf M. *International Journal of Palliative Nursing* 2006; 12(7): 320-327

A multi-method study was conducted in two phases over 30 months (2003-2005) to examine adult bereavement support in UK hospices from the perspectives of both bereaved people, and professional and volunteer bereavement workers. This report describes the second phase which examined five hospice bereavement services in depth. Analysis involved qualitative interviews and focus groups as well as scrutiny of documentary material provided by the services.

Specific aspects of adult bereavement support in each hospice are outlined. A common pattern of service was apparent. All made contact with bereaved people after a death. All provided information on practical and emotional aspects of bereavement. None used formal risk assessment but had processes in place to identify people who might benefit from bereavement support (contrasts with NICE guidelines are described). Pre-bereavement support and continuity between this and bereavement support were important aspects.

Implications for research and practice are discussed. Among them is that a clear and explicit rationale is a pre-requisite for the development of a cohesive and integrated programme of bereavement support, which in turn is helpful for resolving difficult decisions about individual clients.

### How well trained are clergy in care of the dying patient and bereavement support?

Lloyd-Williams M, Cobb M, Shiels C, Taylor F. *Journal of Pain and Symptom Management* 2006; 32(1): 44-51

In this study, a sample of clergy working in the diocese of Sheffield was sent a questionnaire to assess what skills they had in supporting people in terminal illness or bereavement. They were also asked whether they would like further training in this area of work. Questionnaires were sent to 312 members of the clergy and 39.4% (125) responded. Two-thirds (66.3%) indicated they would like further training in the care of bereaved people.

The amount of training provided in this area of pastoral care was also assessed across 42 colleges. The results show great variation, eg the range of time allocated to bereavement care varied from 6-34 hours.

The study suggests that care for the dying and

bereaved is perceived by the majority of the clergy as requiring further training. It should be part of any core curriculum within training colleges and post-qualification courses. A limitation of the study is that it only refers to Christian denominations.

### Stilled but unquiet voices: the loss of a parent

Harvey JH, Chavis AZ. *Journal of Loss and Trauma* 2006; 11(2): 181-199

The authors collected stories from 250 adults who had been bereaved of one of their parents over a seven-year period. No specific ages are provided but many spoke as adults who had been frequently bereaved when they were adolescents. These narratives were analysed for main themes and the authors identify three principal ones: rich imagery about the lost loved one and in particular the events surrounding the death; long-lasting, sometimes unresolved emotions; and attempts to cope with the loss, memorialise it, and be able to support others as a result of their experiences. These stories were interpreted as examples of account-making about the important events of our lives.

The stories could be useful to people who grieve similar types of loss as there are many verbatim accounts related to the above themes, including the continuity of bonds between the generations.

### Authority from grief, presence and place in the making of roadside memorials

Clark J, Franzmann M. *Death Studies* 2006; 30(6): 579-599

There is a trend to have a roadside memorial after a loved one has been killed in a road accident. The authors examine this phenomenon in some detail. It seems that relatives allow themselves certain authority from their grief and are willing, if necessary, to implicitly and explicitly challenge the authority of church or state in transforming the roadside into their own sacred space. The memorials are ideally at the place of death and the authors suggest there is some belief in the spiritual presence of the deceased related to that place. They also consider that the roadside memorial is an expression of a search for meaning and a public acknowledgement of intense grief.

### Selfish altruism?

Stevenson RG, Maher C. *Illness, Crisis and Loss* 2006; 14(1): 79-86

This short article highlights the fact that there can be a downside to altruism. People can be upset if they believe they have performed an unselfish act and their contribution has not been recognised. The authors suggest how a counsellor can assist a client

to examine their motives if the client feels let down by lack of appreciation. Some examples of mixed motives in charity volunteer workers are outlined. Though of particular relevance to those who work with or supervise volunteers, the issue raised here also has implications for professionals involved in supporting bereaved people who need to be clear about their own motives.

### Fulfilment as Sanders' sixth phase of bereavement: the unfinished work of Catherine Sanders

Doka KJ. *Omega* 2005-6; 52 (2): 143-151

This article commences with a brief review of the life and work of Catherine Sanders. She created the Grief Experience Inventory (GEI), one of the most renowned methods of assessing the experience of grief which has been used in bereavement research as well as in broader issues of loss and grief. In addition, she proposed a phase theory of the process of grief, although she always recognised the individuality and multiplicity of grief reactions.

Saunders' phase theory encompassed shock, awareness of loss, conservation-withdrawal, healing, and renewal. In the time before her death, she discussed with Doka the possibility of adding a sixth phase – that of fulfilment. For her this represented a retrospective and reflective process that acknowledged that many individuals do not just cope with loss, but find that a significant bereavement can change the direction of their lives in remarkable ways (as it had done her own). In terms of supporting bereaved people in the early time after their loss this may not be a realistic phase, but in terms of a lifetime perspective it does have resonance.

The real value of this article is that it provides a fascinating insight into the intertwining of one person's professional and personal life journey. ●

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