

A B S T R A C T S

'Words that make a difference': communication in bereavement

Holmberg L. *Journal of Loss and Trauma* 2007; 12(1):11-31

The author is a professor of education in Sweden and this article is a personal reflection on a diary she kept for one year after her 38-year-old son's

death from cancer.

She identifies a number of themes in her diary – guilt, lack of knowledge, physical breakdown, lack of control, anxiety, obsession and stigma. She describes the manifestations of each and how she was supported by the provision of information, advice about control, empathy and shared experiences. In particular, she describes her physical breakdown and the ensuing support from her GP,

her relationship with her counsellor, participation in a self-help group and the support of a loyal friend. Such a personal yet reflective perspective could help bereaved people to realise that similar intense, sometimes seemingly irrelevant experiences, are normal responses to bereavement. Her comments on support are relevant to anyone helping bereaved people in a variety of settings, including the world of work.

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Therapeutic issues and the relationship to the deceased: working clinically with the two-track model of bereavement

Malkinson R, Rubin SS, Witztum E. *Death Studies* 2006; 30(9): 797-815

In brief, the two-track model of bereavement considers that bereaved people can be helped by attending to two distinct but interrelated factors. The first is practical and emotional functioning after a loss. The second seeks to clarify the unique emotional bond with the deceased and to re-work and re-integrate the bonds into the subsequent life of a bereaved person.

This article describes two case studies of middle-aged widows and demonstrates how they were helped by using, in one case, a psychodynamic approach and in the other, a cognitive behavioural approach. The therapists who worked with the women assessed their needs and then decided which 'track' would be most appropriate to initially pursue in therapy. It is useful to see how this model can provide a framework for action in a clinical setting.

Ex-clients' evaluation of bereavement counselling in a voluntary sector agency

Gallagher M, Tracey A, Millar R. *Psychology and Psychotherapy* 2005; 78: 59-76

The cornerstone of this study is the analysis of questionnaires completed by ex-clients of a Cruse Bereavement Care branch in Northern Ireland. It also includes a short literature review on research of client experiences of counselling.

The study involved 89 people (45% of those invited to take part) who had received support from paraprofessional volunteer counsellors. The questionnaire contained both closed and open questions. Clients were asked about their introduction to the service, their perceived outcomes following the intervention, perceived qualities of the volunteers, suggestions for improvement and any additional comments.

Most expressed satisfaction with the service, finding it offered a supportive experience. Respondents also suggested service developments

such as group therapy, better marketing of the service and specialist counselling for those bereaved by suicide. A small number (exact figure not provided) did not find the intervention useful but the most frequently cited problem was that of the waiting time from referral to the initial session. An interesting aspect of the evaluation was the perception of Cruse as a reputable community service within this locality.

Experiences of social networks supporting traumatically bereaved

Dyr.egrov K. *Omega* 2005-2006; 52(4): 339-358

The support of a loyal friend, mentioned by Holmberg above, resonates with the intense support provided by the research subjects in this article. Holmberg's friend offered similar support daily and in a sustained manner, over months and even years.

In this Norwegian study, parents bereaved through SIDS or suicide were asked to nominate people outside their nuclear family who had supported them in their bereavement. Of these nominations, 100 were sent questionnaires to elicit their experience of giving support and 69 were invited to focus groups to provide further qualitative evaluation of aspects of their role. They included close friends, work colleagues, neighbours and extended family. The research elicited the nature of the support, any strains involved, personal growth that followed from their experience and advice to other people who might find themselves in the same position.

It seems to me that the nominated people were exceptional in their support and would be not typical of a wider social network. I found the research difficult to understand in places, possibly due to translation difficulties. However, what it demonstrates most eloquently is that there are people who empathise with and value others to an exceptional degree in times of trauma. They could be called 'hidden carers'.

Do religious or spiritual beliefs influence bereavement? A systematic review

Becker G, Xander CJ, Blum HE, Lutterbach J, Momm F, Gysels M, Higginson U. *Palliative Medicine* 2007; 21(3): 207-217

This is a good example of a systematic review. The extensive literature search is reasonably well explained, the inclusion criteria are clear and the papers chosen are graded according to specific criteria.

Thirty two studies from 14 academic disciplines were identified as matching the inclusion criteria. The vast majority were conducted in the USA, 87% white, 83% Protestant. In total, within these studies,

there were 5,715 persons and 69% were women. Only one-fifth differentiated between religious and spiritual beliefs and many studies had weaknesses in design. Research was sparse on non-white and non-Protestant populations.

Ninety-four per cent showed some positive effects of religious/spiritual beliefs on bereavement. The excellent summary of the objectives of each study would make a relevant starting point for anyone interested in this subject.

Children and young people's experience of UK childhood bereavement services

Rolls L, Payne SA. *Mortality* 2007; 12(3): 281-303

This paper describes the experiences of bereaved children and their parents in their use of UK child bereavement services. It is part of larger study on these services.

In this arm of the study, interviews were undertaken with 24 bereaved children and 16 parents. Participant observation of six group interventions was also undertaken. The key findings are presented in two parts: firstly the child and adult experience of the actual bereavement, and secondly their experience of the service. The authors acknowledge the multiplicity of factors involved which makes the effectiveness of the service difficult to evaluate. These issues are discussed in some detail. Despite this, the evidence to date suggests that service users have had a positive experience.

Some parents would have liked to know what was discussed by their children while attending the service but also respected its confidentiality. Using the service helped all children to understand more and allayed anxieties about what had happened to them or the dead person. It helped them to talk about their feelings. One child even commented 'It was fun!' ●

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