REPORT

Eighth International Conference on Grief and Bereavement in Contemporary Society

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THIS WELL-CONSTRUCTED AND THOUGHT-PROVOKING CONFERENCE was hosted by the Australian Centre for Grief and Bereavement in Melbourne and it attracted 680 delegates from 15 countries. The overarching theme of the conference was resilience, and complications in the grief experience.

Australia's forefathers have shown incredible resilience in the face of adversity over the last 200 years, and the conference opened by offering thanks to them. Each morning and afternoon session began with a personal reflection from a bereaved relative which provided a powerful focus to the day and helped give meaning to the research, though it often proved difficult for members of the audience to compose themselves and focus on the keynote speech which immediately followed.

The opening account was by Walter Mikac who lost his wife and two children in the **Port Arthur gun massacre in Tasmania** in which 34 people died. He talked of the choices he faced and the resilient path he took that has resulted in changes in Tasmanian gun laws. We teach children about the birds and the bees, but we also need to be teaching them about when the birds and the bees stop flying.

Beverley Raphael then gave a powerful keynote speech to focus those present on the essence of the conference. Her **excellent overview** of death, loss and life highlighted current and past research themes. She discussed key aspects which have received attention since the publication, in 1985, of her book *The Anatomy of Bereavement*. These included the issue of whether grief is a psychiatric disorder, grief as psychological trauma, social construction and cultural aspects of grief.

Resilience

The recent swing in bereavement research away from vulnerability and towards resilience was explored in **Margaret Strobe**'s extremely interesting plenary. **Coping in bereavement is a balance** between the factors that guard against the medical and physical health consequences of grief and those that provide sources of strength and resilience.

Resilience and complicated grief reactions were considered by **Mario Milkulincer**, from **an attachment perspective**. Reviewing Bowlby's work, he pointed out that the loss of a child is not the loss of a 'safe haven'; it follows that attachment theory is less relevant for bereaved parents than for, say, those who had lost a romantic partner. Attachment is activated when a person is subject to a stress. Security depends on the availability of an attachment figure and the development and consolidation of secondary attachment strategies.

Milkulincer focuses on the many attachments we form throughout life, rather than those that arise with the mother during the first year. Adults can, he suggests, transfer their search for a secure base to new partners without removing the deceased from their hierarchy of attachment figures. **Grief resolution is about reorganisation rather than detachment**, incorporating the past into the present. He also warned that we should beware of assuming that lack of grief is necessarily a sign of pathology. Unless an attachment has been formed, a person may not be experiencing grief; if there is no attachment there is no grief, and no need for resilience.

EDITOR'S NOTE

In the report that follows we can get a taste of the rich fare that was served at this important and well-attended international conference. One of the problems with big international conferences is to choose between the large number of papers that cannot all be attended, let alone reviewed. Fortunately PDFs of the Powerpoint presentations of all of the plenary papers and most of those read at the conference are available on line at www.icgb08.com/ so we can all view them at our leisure. CMP

Perspectives on research and intervention

George Bonnano suggested that current research focuses too much on the impact of the event causing the bereavement and psychopathology (only approximately 10-15% of bereaved people suffer chronic grief and depression), rather than mapping the full range of individual perspectives of bereavement. 'Events themselves are not traumatic – it is how we respond to them.' **Grief is a public health issue** and we should accept that bereaved people

will be unable to function for a while. Attributions of psychopathology should be reserved for the minority of bereaved people whose function is impaired. For some people bereavement may not bring a major identity change. Resilience is neither exceptional nor pathological but simply common, and it has multiple and, sometimes unexpected, pathways.

Presenting some findings on the **significance of laughter and smiling** in bereavement, Bonnano suggested that positive emotional expressions help to undo negative states and bolster social support. Positive emotions have been ignored by bereavement theory but they can foster resilience, as can the ability to regulate feelings. He summarised by saying that preliminary evidence suggests that **recovery from bereavement is promoted by a complex identity** which encompasses both the traditional view of self as stable and static, and a multidimensional, psychological view of self which is constantly changing (ideal self, self at work, self as romantic partner etc).

He concluded with reference to new research he is currently undertaking into people's perceived identity, explored by asking questions such as 'What makes you, you?' and 'How would people describe you?' Once agreed, this self-perception may influence people's resilience in grief and loss.

The question of whether grief requires intervention arose again in **Robert Neimeyer**'s plenary. Although grief is not a disease and many mourners are resilient, time does not always heal all wounds. Neimeyer categorised current interventions in bereavement as: primary (universal), targeting anyone who suffers a loss irrespective of their level of adaptation; secondary (selective), targeting subsets of bereaved, eg children who have lost a parent or those bereaved by a violent death and indicated; and tertiary, targeting only those who manifest difficulty adapting to loss, eg complicated or prolonged grief. He then suggested future directions for research. In line with other research (Stroebe, Schut 2003) he stressed that the **efficacy of intervention was limited largely to** the tertiary group, ie **those most at risk**. A discussion focusing on Prigerson's work on complicated grief (2004 and below) brought out the lack of empirical evidence for the effectiveness of grief therapy and of narrative techniques but Larson and Hoyt's recent review (2007) gives grounds for cautious optimism. Neimeyer concluded that people need to make use of time to make sense of their bereavement - 'it is not what time does for the bereaved person but what bereaved people do with their time'.

The level of interest generated by **Holly Prigerson**'s data-based, thought provoking presentation was evident in the many questions from the floor. Prigerson considered the question: **how can normal and complicated grief be distinguished**? She reminded us that bereavement is not a rare event and most of us will survive multiple deaths in our lifetime; 80 – 90% will come to accept the loss over time, but 10-20% will get stuck.

After typical/normal bereavement (eg late-life widowhood following natural death), most accept the death, even initially. By six months, post-loss grief has peaked and, on average, distressing emotions are in decline. About 10%, however, remain stuck in a state of chronic grief and will meet the criteria for **prolonged grief disorder**. Prigerson reviewed evidence from her own and others' research to draw out distinctive symptoms and identify those bereaved people likely to be at heightened risk.

Prigerson argued that prolonged grief disorder satisfies DSM requirements for being a mental disorder. It has symptoms distinct from other DSM-IV disorders, distinctive risk factors (sociodemographics, biomarkers and psychosocial factors), is independently associated with distress and disability, and responds to different treatments (notably it is unresponsive to antidepressant treatments). Research (by Johnson *et al*) found that, rather than feeling stigmatised, **the vast majority of bereaved people** felt that family and friends would be more understanding if they were diagnosed with a disorder; they **were relieved to have a recognisable problem** and interested in treatment. Prigerson set out the criteria for prolonged grief disorder proposed for DSM–V and argued that diagnostic criteria would enable clinicians to identify those at risk, indicate issues so that treatment could be targeted specifically, and facilitate reimbursement of treatment costs.

Next steps include neuro-imaging studies to inform interventions, and a variety of randomised controlled trials to demonstrate the benefits of effective treatment.

Cultural aspects

One of the highlights of a 'stream' of individual papers presented under the heading of common themes was culture and class. **Alfons Deakin** explored the **role of ancestor worship** and compared the long tradition of talking to the deceased in Japan with the concept of **continuing bonds** in western society. Death as a cultural taboo, high suicide rates and disenfranchised grief were also covered in his fascinating talk which ended with the thought-provoking statement: **'What is common in the bereavement experiences of people around the world is much greater than what is different'**.

Reports of studies, projects and interventions

The practicalities of providing minimum standards of bereavement care to a culturally diverse population across the large geographical areas of Australia emerged through several studies.

Grace Christ, in a plenary, presented her in-depth research looking at the interactions, interventions and responses over a five year period of **widows and children of fire-fighters who died in the 9/11 attacks** in New York. The widows' trauma and grief responses had gradually reduced over time, but public reminders and events seriously interfered with their private mourning. **Identity reconstruction, for many, starts in the third year after the loss** but is experienced as a very stressful process. The bereaved children need to revisit their loss as they grow up and as their capacity for understanding increases.

John Birrell gave an excellent talk about the development of Cruse Bereavement Care Scotland's evidence-based approach to bereavement care. Organisations have to balance client need, volunteer training and effective intervention. In Scotland, they have developed a tool using measures based on the work of Prigerson which looks at the influence of the context of the person on their grief, and assesses the

level of grief through behaviours, cognitions and emotions.

Karen Sorenson addressed 'sowing the seeds' at a grass roots level. She described a project to help a small, rural and remote Australian community to support itself through loss, grief and bereavement. Strategies used to enhance access to free support included education, a bereavement 'buddying' scheme, tours of the local crematorium, reflection ceremonies and community art.

In a presentation entitled 'Grief goes to work' Bice Awan addressed the **impact of bereavement on employment.** We are people first, not employees, and it is impossible to leave grief 'at the door'. As an executive whose daughter was killed said, 'When your heart is broken your head doesn't work'. Referring to the 'working wounded' she highlighted the financial and human impact of grief in the workplace and the business case for compassion and effective workplace support.

'Young people will always let you know what works and what doesn't!' was one message during the informative symposium on young people. Claudia Lennon shared her group presentation which demonstrated how children's resilience can be facilitated at grief and loss camp. `Amanda' was one of the bereaved young people supported by this organisation whose recollections of her dead brother and the support of the camp moved the majority of the audience to tears.

Dawn Chaplin and Debbie Kerslake presented work so far undertaken as part of the UK government-funded Bereavement Pathways Project, 'bridging the gap' between bereavement care in acute hospital settings and community voluntary bereavement support agencies. There was standing room only and questions were asked including how and by whom bereavement care is provided in acute hospitals in the UK.

Finally

In the midst of the conference a delightful oasis of humour was provided by **Mark Gibney,** who looked at deconstructing **humour as a form of resilience.** The laughter generated from this talk reverberated through the hall. Gibney's side-splitting jokes highlighted the need and place for humour in all aspects of life, dying and death. As he stated, 'Humour is the mistress to tears' and a way of taking work seriously but yourself lightly.

The conference evoked strong feelings, enabled deep reflection and encouraged inner resilience, all of which will undoubtedly assist all those working towards the enhancement of bereavement care.

Further comment

by Geoffrey Glassock

As one who has been present at each of the conferences since their inception in the mid 1980s, it is refreshing to witness the way the issues of loss and grief have developed over that time. Those who have come to the fore in recent years in the areas of research and practice have built on the work of the pioneers, and that was what came through to me in the various presentations.

From a counselling perspective, **the wide recognition of the importance of continuing bonds** with the bereaved has breathed fresh air into the therapeutic relationship. Notions of acceptance, resolution and so on which were part of the pioneers' vocabulary and practice has given way to the comfort of the 'bonds that tie' which are in fact eternal.

Bertha Simos (1979) wrote many years ago about **loss as a universal human experience** and this conference demonstrated a much more global approach in the many papers which were presented. There were also timely reminders that grief is associated with life as well as death: **topics that might have been taboo** a generation ago found expression in a number of promising papers such as 'Factors that rebuild relationships after infidelity', 'Pet loss', 'How to conduct a lesbian affirmative grief counselling session' and 'The efficacy of a brief email-based grief intervention'. This last was of particular interest for people in rural and remote parts of Australia where the tyranny of distance means that help is not always readily available.

Special groups have special needs, such as people with a disability, families with a missing person, families which have experienced a suicide, and those who need a particular kind of support at different ages and stages of the life cycle. Papers were presented recognising these groups, and many more.

Perhaps the most significant thing about this triannual conference is the opportunity of networking with like-minded people from around the world. Coffee breaks, lunches and the like provided enriching encounters with people. Communication can be maintained through emails and the internet and a further opportunity will be provided for a face-to-face encounter in **2011** when **the next conference** will be **hosted by ADEC in North America,** somewhere on the eastern seaboard. Till we meet again keep up the good work! ●

Therapy Santa by Judy Horacek – one of the cartoons from Mark Gibney's presentation

References

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