

Abstracts

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Roadside memorials from a geographical perspective

Klaassens M, Groote P, Huigen PPP (2009). *Mortality* 14(2) 187–201.

Roadside memorials have become a ritualised way to mourn those killed in road traffic accidents. This article discusses the growing phenomenon, and the purpose they may serve for the bereaved, as well as practical issues raised for local authorities and the general public. It deals primarily with roadside memorials in the Netherlands but also makes reference to the phenomenon in other countries.

Roadside memorials are places of commemoration for people who have died in traffic accidents. They are erected on – or as close as possible to – the exact spot where a person died.

The authors collected a database of over 300 locations throughout the Netherlands, via websites, the media and personal connections. They visited many of them personally. They identify two types of roadside memorial – spontaneous and permanent. The former tend to be made by friends soon after the event, the latter by parents at a later stage. Their existence, it is suggested, may be linked to ideas around a 'bad death', and the creation of a sacred place where the presence of the bereaved can be felt. The authors also interviewed 24 bereaved people who had set up roadside memorials. Overwhelmingly they had derived comfort and consolation from them.

The authors go on to discuss the tensions between these sites as very personal and very public places. Mourners can feel it is a place that becomes uniquely theirs because of the death of their relative – yet the memorial is usually in a public space, because of the nature of the death, raising issues for the general public as they walk or drive by and for local government in managing the sites. Authorities can be reluctant to interfere in matters that are so fundamentally important to the bereaved, but there may be problems with road safety, for example, although these are usually dealt with swiftly, and in one instance neighbours complained about the size of the memorial. ■

Incarceration and the tasks of grief: a narrative review

Hendry C (2009). *Journal of Advanced Nursing* 65 (2) 270–278.

This article provides an overview of the relatively sparse literature on bereavement support in prison. Although written by a nurse, it is relevant to anyone involved in the care and support of bereaved prisoners and ex-prisoners.

The author searched most major health databases from 1998 to 2007, although the search did not include PsychInfo, where she might have found additional material, or *Bereavement Care* journal.

The author starts by outlining the importance of the subject for all involved in prison work. She then relates it briefly to bereavement theory before going on to discuss the particular difficulties for men in prison when confronted with emotional issues – a situation that, she argues, could be conceptualised as disenfranchised grief.

The article goes on to discuss the particular difficulties for bereaved prisoners, using Worden's four tasks of grief as a framework. As prisoners usually cannot attend funerals, it is hard to accept the reality of the loss (first task), and even if they do go, it can be a painful experience as they will probably be handcuffed and may not be able to talk freely to other mourners. Working through the pain is hardly possible in the tough, male-dominated environment of a prison (second task). The third task, adjusting to life without the deceased, is made more difficult because the prisoner is living in a completely artificial environment, making the reality of the death hard to comprehend. As for the fourth task, reinvesting emotions in new relationships is almost impossible within the restrictions of a prison environment.

The author then goes on to discuss in detail the prison system in New Zealand. She highlights the lack of staff training in how to break bad news, and the way in which prisoners who appear to be very upset are likely to be put on suicide watch, involving isolation from others and video monitoring. She does, however,

identify some positive discrimination for Maoris, who make up a disproportionately large part of the prison population.

The article ends with a discussion of the need for a policy on loss and grief within prisons, and support on leaving prison. Hendry suggests it might be feasible to train prisoners to do bereavement work, and cites an example from the US where this is happening. However she also underlines the vital need for staff training. As she points out, failure to address loss issues within the prison population may be a factor in criminal behaviour, hostility, acting out and re-offending. ■

Surviving after suicide loss: the healing potential of suicide survivor support groups

Feigelman B, Feigelman W (2009). *Illness, Crisis and Loss* 16 (4) 285–304.

This article is a participant observation report of a peer-facilitated suicide survivor support group over a four-year period. It uses a ten-point framework to examine the way in which the group was able to help its members through providing mutual social support.

The authors provide examples from their observations to show how each of the ten key features helped at least one member of the group, often including verbatim reports from participants to illustrate the point. Some negative aspects of the group process are also outlined, and the authors strongly recommend that group leaders should receive initial ongoing training in supporting members.

Both authors have personal experience of this kind of bereavement, both having lost a child to suicide, and other people bereaved in this way may find it particularly helpful if they are feeling isolated in their loss. The first author is a social worker and her dual status as both a survivor and a professionally trained clinician helped some other members of the group. One of them said: 'It may not be nice for me to say this but meeting you and hearing about your experience has made me feel more forgiving of

myself'. The writer does not provide her reaction to this comment but it indicates the level of communication within the group – deep, meaningful and relevant to this particularly difficult kind of bereavement. ■

Effecting positive change with bereaved service users in a hospice setting

Agnew A, Duffy J (2009) *International Journal of Palliative Nursing* 15 (3) 110–118.

This article provides a very useful model of successful user involvement in a bereavement setting that could readily be replicated elsewhere.

The authors begin within a discussion of the importance of user involvement generally in health care settings before going on to outline their specific subject – an open bereavement support group within a Marie Curie hospice in Northern Ireland.

The group (of 14 people in total) met 10 times and on the final occasion all participants were asked to complete an evaluation sheet on their experience. Their responses prompted the hospice to set up a specific project to involve users of the group in producing an information leaflet about the service for other potential users.

All group participants were invited to join a focus group to discuss and suggest the content of the leaflet and how the information should be presented. Seven agreed, and made a number of important suggestions. For example, they thought the word 'counselling' should not be used as this could deter people; they recommended the leaflet should contain bright, colourful pictures, and they suggested that it should include their own quotes expressing satisfaction with the service, to reassure and encourage potential users to attend the group.

This is a good example of user involvement in bereavement service development. Involving users of the service both prompted staff to produce a leaflet and gave users an opportunity to contribute something to the hospice whose services they had received. Evidence of the success of the initiative lies in the fact that the leaflet is now available in all Marie Curie