

Abstracts

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Religion/spirituality and change in meaning after bereavement: qualitative evidence for the meaning-making model

Wortmann J, Park C (2009). *Journal of Loss and Trauma* 14(1) 17–34

This is a review of qualitative studies of religion/spirituality and adjustment in the context of bereavement. The authors examine evidence for the contention that religion/spirituality as a meaning system plays a central role in the meaning-making process after bereavement. The second author has already written extensively about this issue in relation to bereavement and stressful events.

The article reports the literature search on PsycINFO and PubMed and how the authors decided on the 39 studies that met their criteria. The details of the studies are available at http://digitalcommons.uconn.edu/chip_docs/22. These vary enormously, from single case studies to a longitudinal study with 350 bereaved spouses. The synopses also report the age of the bereaved people, type of death, time since loss and the study design.

The authors organise their findings into three main areas: a) bereaved people who assimilate their bereavement into their religious/spiritual worldview (16 studies); b) those who struggle to accommodate their religious/spiritual views with their loss (17 studies); and c) those that described a change in the meaning of religion/spirituality because of their loss (24 studies). The latter obviously overlapped with a) and b). Revised meanings reported in this third area include ideas on religious/spiritual goals for life, appreciation for life, a new view of God, and spiritual growth. On this latter point, the authors note that an individual can experience religious/spiritual struggle and lose attachments to some aspects of religion, even while growing spiritually.

The authors recognise the limitations of the study in terms of the variation in, for example, sample characteristics and time elapsed post-loss. The studies point to the ways that people struggle with meaning of religion/spirituality after a bereavement and how it can be resolved through change in global meaning that may involve growth, loss or both. They consider that the concept 'growth' is particularly difficult to measure and that the phenomenon most commonly reported in the literature is perceived growth.

Overall this article will provide clinicians with a greater understanding of the many diverse ways in which bereaved people integrate their religion/spirituality into their changed circumstances. ■

Informal carer bereavement outcome: relation to quality of end-of-life support and achievement of preferred place of death

Grande GE, Ewing G on behalf of the National Forum for Hospice at Home (2009). *Palliative Medicine* 23(3) 248–256

This study investigated two issues: a) whether carer bereavement outcome is affected by the patient's/carer's preferred place of death; and b) the relationship between carer satisfaction with end of life care and bereavement outcome.

Participating hospices identified the main carer of all referred patients who had died over a four-month period. In a questionnaire, carers were asked if they retrospectively felt the place of death had been 'right' and whether this view had changed during the course of the final illness. They were also asked to assess the severity of symptoms of their loved one and identify unmet support needs in the last month of their life. The questionnaire also included information on carer background, provision of bereavement support and the patient's place of death. Health outcomes were assessed using the SF-36 v2 Health Survey. Assessment of grief was measured using the Texas Revised Inventory of Grief (TRIG).

Of 614 carers, 216 responded (35%). No significant relationships were found between bereavement and variables relating to place of death. However, there was a clear and significant relationship between the perceived adequacy of support received towards the end of life and bereavement outcome. Lack of information and psychological support for the carer were associated with significantly worse initial and current grief and mental health.

The study confirms other studies in finding that insufficient psychological support for the carer was the variable showing the clearest relationship with worse bereavement outcome across several different types of statistical analysis. Insufficient information was also related to worse outcome.

The measure for psychological support in this study was very simple and the authors suggest that future research should ascertain the key ingredients of psychological support.

The authors acknowledge that there are many variables in bereavement outcome unrelated to service delivery. However, even if quality of end-of-life care accounts for a relatively small proportion of variance, this research establishes that where and how end-of-life care services are delivered may make a significant difference to bereavement outcome. ■

Reciprocity in crisis situations

Thompson S (2009). *Illness Crisis and Loss* 17(1) 71–86

This article is more relevant to crises and trauma than to bereavement but covers topics that are very pertinent to supporting bereaved people.

The author suggests three factors that influence the outcome of a crisis: 1) the extent to which individuals can call on reserves of 'social capital' (she explains this in some detail); 2) the impact that being able to reciprocate can have on people's self-esteem, and 3) a person's ability to retain or reconstruct a framework of meaning.

She goes on to discuss the interrelatedness of reciprocity and dependency. For instance, she considers her own previous role as nurse and social worker and says that she realised she needed to reflect on the idea of 'helping people'. There can be a danger of satisfying one's own needs to feel valued and useful, forgetting that those we strive to help will have the same needs. She goes on to discuss reflective practice in the light of this perspective. She says professional helpers and carers should not run around unreflectively 'getting on with the job' without considering the implications of our actions in terms of whether we are contributing to or undermining our clients' empowerment. She then introduces some case studies to illustrate her points.

We must seek reciprocity in our professional–client relationships as far as possible, particularly when people have lost their role and when they are facing crises

In one, she describes how an elderly person reframed visits from a charity worker to enable him to see that he was contributing positively to the conversations they had rather than simply being the recipient of a visit. In another she describes an elderly woman who was admitted to a nursing home and, after initially being 'cared for' and feeling she was powerless and had lost all her decision making capacity, was enabled by a sensitive keyworker to reclaim her role of 'wise woman' whom people respected for her tips on gardening.

The author's contention is that we must seek reciprocity in our professional–client relationships as far as possible. This is particularly important when people have, for instance, lost their role as physically fit, autonomous individuals occupying a particular social role and when they are facing crises where professionals are involved and may be tempted to 'do for' people. The article ends with further case studies to illustrate this. ■

When clients sense the presence of loved ones who have died

Sanger M (2009). *Omega* 59(1) 69–89

This article explores the way in which social workers discuss the presence of the deceased in the lives of clients who have been bereaved. After considering various alternatives, the author defines the experience of being in contact with the deceased as an 'ideonecrophobic experience' – an IE or extraordinary experience. He discusses the issues of continued/continuing bonds but points out that the main problem in using this phrase lies in its generality and points to a number of variants in meaning: a) thinking of the deceased; b) visiting their final resting place; c) keeping mementoes of the deceased; d) telling stories about the deceased; e) dreaming about the deceased, and f) experiencing the presence of the deceased. He then explores the concept of 'broken bonds' versus 'broken hearts'.

A clear description of a piece of grounded theory research as well as a comprehensive exploration of the continuing presence of the dead in the lives of bereaved people

Twenty-one social workers who expressed an interest in IEs were interviewed for this piece of research, and the author provides a clear description of the grounded theory research approach, including the importance of emerging themes and constant comparison. The results of the research are reported in two sections. The first focuses on the clients of the social workers in this study and the experiences these clients reported. The author refers to the experiences shared by clients and details nine common themes: for example, feeling watched over, seeing the deceased, hearing the deceased.

The second section examines how the social workers viewed their clients' experiences and how they worked with them. All the social workers helped the clients to normalise the experience. However, many also conducted initial checks to ensure that the reported IE was not symptomatic of some other problem – excessive dependency, faking, dementia, or delusions, for example. They then integrated the phenomenon to their work with the client's other issues, where appropriate.

This is a useful article that provides a clear description of a piece of grounded theory research as well as a comprehensive exploration of the continuing presence of the dead in the lives of bereaved people. ■