Abstracts

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What now? Cremation without tradition

Roberts P (2010/11). *Omega* 62(1) 1–30

This descriptive account of cremation rituals in the US contains a wealth of experiences of bereaved people as they deal with the cremation and the disposal of ashes of their relatives and friends.

The article is based on 52 interviews with individuals describing in total 90 stories of cremations in which they have been involved. It starts with a review of the literature and highlights various UK studies of cremation. It states that cremation has been a feature of death rituals for a much longer time in England than in the US.

The interviews cover reasons why people decide on cremation, when to cremate, the making of informal shrines, where to scatter the ashes and the importance of ritual. There is a section on surprises associated with the disposal of ashes, and another on minor infringements of the law – people relate how they scattered ashes in an area where it was known to be forbidden; one described receiving some ashes of a friend in the post – much to their astonishment.

Overall, the bereaved were very conscious of wanting to express something of the personality of the deceased in their decisions about the best way of disposing of the ashes. The author suggests that the decision to scatter ashes seems to open the floodgates of possibility – some even filmed the event for later viewing.

This article is very readable and it is impossible not to laugh with the interviewees at points – there is a certain black humour involved in having a relative's ashes in the house.

The experiences related here suggest it might be useful to provide some advice to people when they collect the ashes: what to expect in terms of weight, texture and how practically to manage the scattering – for instance, how to avoid the remains of their loved one blowing away in an unexpected direction when released into the air. It might also be useful to suggest the ashes should be kept out of reach of children.

Dying Matters (*www.dyingmatters.org*), a death awareness campaign led by the National Council for Palliative Care, suggests that people need to talk more about death. This article would be a good starting point. ■

'A rewarding conclusion of the relationship': staff members' perspectives on providing bereavement follow-up

Milberg A, Appelquist G, Hagelin E, Jakobsson M, Olsson E-C, Olsson M, Friedrichsen M (2011). *Supportive Care in Cancer* 19 37–48

This Swedish study focuses on the views of palliative care staff about conducting bereavement follow-up interviews with relatives of the deceased in the community.

Surprisingly, on reviewing the literature the authors found there was little research into staff members' experiences when carrying out these follow-up home visits after a death.

The study is based on 120 responses from staff in six palliative care units (a response rate of 58%). The questionnaires were designed to elicit both quantitative and qualitative data.

Quantitative findings showed that the majority of respondents felt at least fairly comfortable about making the visits. None of the respondents found these visits 'most often difficult' and only 23% said they were 'rather difficult'. Indeed, the overwhelming majority of those surveyed (90%) felt that the home visits were an important part of follow-up care: a positive opportunity both to provide bereavement support and also to elicit feedback on the quality of the palliative care provided.

However responses to open-ended questions revealed some dilemmas and concerns. Some staff queried the value of the visits in some cases – whose needs were being met? Those of the bereaved person or the palliative care unit needing feedback for quality control purposes? Sometimes the feedback raised questions about their own competence, experience and coping mechanisms. Sometimes the staff member's own bereavement experiences caused them to be stressed about the encounter. Some felt the need for more training when doing these visits, including more medical knowledge to help them explain more clearly what had happened at the end of the deceased person's life. Training was also mentioned as something that could improve the usefulness of the visits as well as make staff feel more confident.

The timing of the interview post-bereavement was also judged to need more consideration. Surprisingly no respondents explicitly raised the issue of how to ascertain if someone might need further support.

This is a useful study into an under-researched issue that raises pertinent questions about the purpose and relevance of these visits both for palliative care staff and the bereaved. ■

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Narrating time: minimising the disruption and discontinuities of children's experience of death

Rolls L (2010). *Illness Crisis and Loss* 18(4) 323–337

The interview on which this case study is based is one of several undertaken by the author for a national study of bereavement services for children in the UK. It is a moving account of how a woman, Claire, coped with the sudden death of her husband who was mortally injured in a road accident. The couple had two young sons aged five and seven, and the older son was due to make his first Holy Communion – a very significant and celebratory day for Roman Catholic children – on the day after the accident occurred. The father was in a coma – he died a few days later. The article reports Claire's description of the death and how she came to make the decision that the family should proceed with the Communion ceremony – '… the biggest thing so far in his life' – and that she would not tell the children that their father was going to die – simply that he was very unwell and in hospital and 'we're sorting things out as best we can'.

The author uses Claire's narrative to demonstrate the role of time in the bereavement process and meaning-making following bereavement. She unpicks how Claire holds her children's past, present and future 'in mind' when making a 'moment-ous' decision in the present to avoid their father's imminent death 'fracturing' their present and future. She chooses to ensure her eldest son is able to enjoy 'his day', without it being overshadowed by the knowledge of his father's likely and impending death, and so ensures that this experience becomes a rich part of the fabric of his own life's narrative.

Claire's story is thus 'both a narrative of an event and the narrative of a meaning-making process in time – the oscillation of time in time in order to render existence meaningful'. ■

Black humour and the death of a child

Martin A (2009). In: S Earle, C Bartholomew, C Komaromy (eds). *Making sense of dying and bereavement: an anthology*. London: Sage/Open University Press, 138–139

This case study is from a collection of readings selected primarily for the Open University course on death and dying.

The author acknowledges the devastating loss of her young son, Thomas, who made her laugh so much. Then she describes a number of surreal events and inappropriate comments made to her (with the best intentions). She has laughed herself through some of her grief and her humour both distances and connects her to daily interactions with people. As a bereaved parent she also feels she is allowed – or maybe has allowed herself – to disregard social norms and etiquette. Maybe this is an unusual coping strategy – or maybe it is one that is not talked about – but this short chapter puts it clearly on the map as a positive coping mechanism. ■

An evaluation of a suicide bereavement peer support program

Barlow CA, Waegemakers Schiff J, Chugh U, Rawlinson D, Hides E, Leith J (2010). *Death Studies* 34 915–930

This is a literature review, discussion and evaluation of an intervention by the Canadian Mental Health Association for people bereaved by suicide. The service initially offered individual and group counselling and decided to experiment with peer support in 2004.

Peer support is defined as the social, instrumental or emotional support that people facing similar life challenges or circumstances provide to each other in reciprocal fashion. Some clients of the CMHA received training to become peer supporters. They then arranged to meet 'clients' on a regular basis over a four-month period. The fact that they were peer supporters meeting 'clients' suggests this was not quite an equal arrangement – the reciprocity involved would seem to be minimal – but in so far as both had been through a similar experience, they were peers.

The service was formally evaluated in 2006-07 using pre- and post-intervention questionnaires following each meeting and formal assessment using the Hogan Grief Reaction Checklist (HGRC).

The HGRC showed that peer supporters and clients alike benefited from the intervention. The qualitative data also showed satisfaction with the service. For instance one peer supporter thought that 'helping another evens things up… when possibly you were unable to help the deceased'. A client commented: 'You can see it is [going to get] better – but it's not going to go away – [good to] see someone at a different stage in their life.'

I found the description of the evaluation confusing at times. Peer supporters and clients were not always clearly differentiated – reflecting of course the nature of the peer support process. It was also a very small study in that only 19 participants were involved. However, the peer support intervention itself was regarded as helpful. A significant contribution to its success was that peer supporters were carefully matched with their clients by professional counsellors, taking into account gender, age, relationship to the deceased and type of loss. This model of care surely also has scope for consideration in helping and caring for all bereaved people, whatever their type of loss. ■