

# Abstracts

## Denise Brady

Librarian

St. Christopher's Hospice, London

d.brady@stchristophers.org

### Coping with the ultimate deprivation: narrative themes in a parental bereavement support group

Umphey LR, Cacciatore J (2011). *Omega* 63(2) 141–160

This paper reports findings from a piece of research designed to explore how groups for bereaved parents facilitate coping with grief. The authors were motivated by their perception of the lack of such research in the literature. They obtained ethical approval to be participant observers at five monthly meetings of the MISS Foundation, an organisation that supports bereaved families in various ways in the US. These support groups are facilitated by bereaved parents or grandparents who have had group work training.

The thematic analysis reported in this article was based on the discussions of 29 parents who attended these sessions. Average attendance was 12–14 parents at each session. Three narratives emerged. The first was that of the death story, with many parents describing in detail the circumstances of their child's death. The second most common theme was the self-assessment of coping, which often came down to whether they had a 'good' or 'bad' month. 'Trigger' moments were often mentioned – for example, if it was the anniversary of their child's birth or death or there was a birthday of a friend's child who was similar in age to their deceased children, which reminded them of what they had lost. The third most common discussion theme was how other people related to them after a child's death. Some talked of keeping up a pretence of being fine because they felt their continuing grief was not regarded as acceptable. Some described how they had to tell family or friends that they could not be the same person because of what had happened – that being 'normal' requires non-bereaved people to understand there is now a 'new normal'.

There were often discussions about how to communicate about communication within the group. The authors describe this as meta-communication. In general parents felt they were understood and accepted in the group. It was like family – and, most importantly, crying was accepted. Thus in the group bereaved parents 'learn new ways of talking about the death, handling facets of emotions, coping with their new reality and talking to others'.

The authors conclude by emphasising the importance of such groups to bereaved parents as it helps them tell their own story, listen to others and integrate the two, which helped them cope with a changed but still meaningful life.

### Suicide support groups: comings and goings part 1

Feigelman B, Feigelman W (2011). *Illness Crisis and Loss* 19 (1) 57–71

### Suicide support groups: comings and goings part 2

Feigelman B, Feigelman W (2011). *Illness Crisis and Loss* 19 (2) 165–185

As with the previous article, the writers argue that too little research has been devoted to peer support groups and how they help bereaved people – in particular groups for survivors of suicide. The first article focuses on the results of a national (US) survey of 462 parents bereaved by their child's suicide who had attended a peer support group. While results are discussed and hypotheses are drawn that could form the basis of future research, one interesting finding is the synergy between attending a support group and seeing a mental health professional/bereavement counsellor. These were used equally as sources of help following bereavement. Some suicide bereavement survivors moved from attending a support group to counselling; others started with counselling and went on to join a support group.

The second article reports findings from interviews with 24 members or former members of support groups that offer further insight into how and why people chose particular kinds of support. One widow reported that she felt her counsellor could not understand what she had been through as she had not experienced a suicide. In contrast, she found the support group mirrored her own experience and she could stop blaming herself for the suicide of her husband. However, having been in the group for some time, she decided to go to a new counsellor because she wanted someone who could help her find out more about herself, that she no longer required of them personal experience of suicide.

Interviewees valued being part of a support group (sometimes more than one group) – and many spoke of the important friendships they made via these groups.

The paper also reports some case studies describing why people left groups.

The authors use these findings to suggest particular qualities needed in group leaders and highlight various difficulties in managing participants' differing needs and expectations. For example, a common difficulty was balancing the needs of new and longstanding members of groups. Another challenge was incorporating aspects of advocacy and fundraising in discussions, which might be regarded demonstrating post-traumatic growth but might not be helpful to participants who wanted to focus mainly on their grief work.

## Effectiveness of an inpatient group therapy for comorbid complicated grief disorder

Rosner R, Lumbeck G, Geissner E (2011). *Psychotherapy Research* 21(2) 210–218

This German study is in complete contrast to the previous paper, as it is purely quantitative: individual experiences are not mentioned at all, and only the statistical results are presented.

The study involved patients admitted to one of three inpatient psychiatric wards specialising mainly in anxiety disorders, obsessive compulsive disorders, affective disorders and eating disorders. The normal length of their inpatient treatment was 4.5 weeks. All patients admitted to these wards between January 2006 and June 2007 were assessed for complicated grief (CG). (A German translation of The Inventory of Complicated Grief was used.) If likely to have CG, they were asked if they wanted to be part of a study on the subject. Those who agreed to join the study were divided into two groups: those admitted from January to June 2006 received treatment as usual, and had no additional support; those admitted between July 2006 and June 2007 received a nine-session complicated grief treatment programme based on the authors' research on effective intervention. This included psycho-education on the condition, reflection on the patients' major bereavement, an additional art therapy session and an individual writing therapy session.

Of the admissions in the study period, 117 patients were considered eligible but 45 (38%) dropped out of the study. The final analysis consisted of 50 patients who completed the CG therapy programme and 20 controls.

Those receiving CG therapy showed considerable reduction in their CG scores, confirming that the treatment was effective. However, intriguingly, no health professional had considered they might be at risk of mental health problems due to their bereavement before admission to the hospital. They were 'discovered' as having CG only as a result of the study. It can only be positive that this aspect of their distress was identified and addressed. However, more research is needed to provide a more nuanced appraisal of the results.

## The ingredients of coping with grief

Proot C (2011). *Hospice Information Bulletin* 8 (3) 1–2

This short article reflects on the benefits of cookery lessons for recently bereaved people. It reports a hospice project to offer three cookery sessions to bereaved people who were either poor cooks or who need help to learn how to cater for one.

The author concludes that participants not only learned new skills but were also able to talk about their bereavement with peers in a safe environment.

Following this cooking skills project, the hospice has provided further classes for bereaved people, including creative arts, home

improvements and a walking group, and is exploring the potential for a gardening group. These activities are seen as alternative or follow-ups to more intensive bereavement support. The initiative also fits very nicely with the dual process model of bereavement, as described in Lund *et al* (2010).

Lund D, Caserta M, Utz R, De Vries B (2010). Experiences and early coping of bereaved spouses/partners in an intervention based on the dual process model (DPM). *Omega* 61(4) 291–313.

## Girl, interrupted: an exploration into the experience of grief following the death of a mother in young women's narratives

Pearce C (2011). *Mortality* 16 (1) 35–53

In this study, six young women (aged 22–39) describe how they coped with the death of their mother between the ages of 10–18.

The author divides the young women's narratives into two categories. The first is categorised as 'World, interrupted'. Themes included the feeling of unreality, initial freedoms, no safety net (only two of the girls had a father who could support them), and positive and negative responses. Two girls were just 18 when their mothers died, and did not share the feeling of powerlessness described by the others – in fact they felt recognised as adults, which they felt might not have happened had their mother lived. Others felt their grief was not understood, resonating with findings from Umphrey's group work study above.

The second category is titled by the author as 'Girl, interrupted'. The author discusses the fragility of sense of self in adolescence, when a disrupted attachment can cause more difficulties than at other points in life. Yet it can also provide a greater sense of maturity so that young people are more capable of dealing with future responsibilities. The author also discusses the young women's need for reassurance, issues of vulnerability and ambivalent ties, and provides examples of each from the interviews. An example of ambivalence provided by one of the interviewees who said that her mother's death allowed her to be who she was and, ultimately, she would not choose her life to be any other way. Another said how fiercely honest she had become and wondered if she would have had that 'say it as it is' approach if her mother had not died.

The article goes on to discuss physical and character resemblances between daughters and mothers. All the young women sought to have a balanced memory of their mother that captured her good and bad points.

The author's conclusion is that grief can be 'more complex, ambiguous and ambivalent than traditional grief models account for'. In addition, she argues: '[I]n accepting that their girlhood was interrupted, they free themselves from the idea of recovery... accepting their mother's death for better or worse will continue to define who they take themselves to be'.