

# Abstracts

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### Surviving grief: an analysis of the exchange of hope in online grief communities

Smartwood RM, McCarthy Veach P, Kuhne J, Lee HK, Ji K. (2011). *Omega* 2011 63(2) 161–181

This is an analysis of 564 responses to an initial post on three US bereavement websites. The authors aimed to ascertain the kind of responses received by people who posted their first message. They used a tool called The Helping Skills Verbal Response System (HSVRS) which contains nine helping responses and is worth mentioning as it is a tool which could be useful in helping to analyse the content of any online support group.

The system involves analysis of the nine helping responses 1) *self-disclosure* eg. respondents informed the newcomer about their own bereavement (66%). 2) *influence* eg. they made a suggestion as to how someone may be able to reframe their thinking to help themselves (16.89%). 3) *self-involving* eg. the person responds to some emotional expression by the newcomer (7.61%). 4) *advice* eg. providing suggestions on behaving differently in the future (5.22%) 5) *content response* eg. summarising what the person has said and normalising the experience. The other four helping responses hardly occurred at all – 6) *open questions* 7) *closed questions* 8) *affective response* 9) *information giving* – all less than 1%. The fact that only initial responses were considered could well explain this.

The writers consider that the social attempt to attract a response suggests a search for hope. They state typical responses have three principal features – self-disclosure, relating this to the newcomer's experience and a piece of advice or the offering of comfort. The authors suggest that in this exchange of hope the reciprocal nature of the interaction is clear. Other themes they identify is that of validating the grief experience, offering tips on how to survive emotionally at this time of bereavement and offering psychosocial support. While these are initial responses, the writers suggest that if people talk to each other in this way online, the re-telling can eventually involve greater understanding – in the retelling of one's story new aspects of loss emerge. They suggest that this results in healing.

[www.hovforum.ipbhost.com](http://www.hovforum.ipbhost.com) and [www.memory-of.com/Forums](http://www.memory-of.com/Forums) are two of the chosen forums and I examined the ones on loss of a sibling. I chose these as there are probably fewer writers on this topic than on other forms of bereavement – eg. death of a child or death of a parent. On one site there some posts to which nobody had replied and one wonders how depressing that might be for an initial user. There were also

large gaps in time between some posts eg. up to three weeks. So continuity is not always possible despite the fact one expects such sites to offer 24-hour-a-day support. Many would probably consider some posts over-sentimentalised. However, both sites provide rich accounts of how it feels to experience the death of a sibling which could serve to validate a grief experience without becoming involved in any interaction. In fact as one can see from the website, and as the authors of the article also indicate, there are far more people who view the posts than actually take part in writing or responding to them. So their helpfulness may lie as much in reading them as in contributing to their content.

The limitations of the research are outlined and some future directions are considered. ■

### How the internet is changing the experience of bereavement by suicide: a qualitative study in the UK

Chapple A, Ziebland S (2011). *Health (London)* 17(1) 75–86

This article follows up on one of the research suggestions of the previous article – that people who use online grief forums should be interviewed to find out how they viewed their experiences. Forty people bereaved by suicide were interviewed in depth about their experiences of bereavement. Some brief demographic is included but the article focuses mostly on the experience rather than on any quantitative results. The study was originally conducted as part of HealthTalkOnline (an authoritative website on people's experiences of health and illness based in Oxford) but this sub-analysis outlines how people use the internet after a suicide and examines how it may be changing the experience of such bereavements. The authors concluded there were three ways that the internet had transformed experience.

Firstly, the initial impact of the bereavement seems to be made less burdensome for many by being able to send emails and messages via various social media sites rather than having to phone people. Secondly, many had found validation in reading and exchanging experiences online with others who had been through similar bereavements. Some forums are mentioned as being particularly helpful and some people found it very helpful to log on to the same site each evening and communicate with their peers in bereavement. Some felt they had made friends worldwide as a result of their internet use.

The third area where the internet has had a transforming influence for some of the bereaved was the that they could create online memorials and a key feature of these was that

they could be developed and amended in contrast to physical memorials that, once made, were always static. These were not usually in place of physical memorials but were seen as a helpful additional way of memorialising the person who had died.

Some people did not see the internet as helpful either because they had only recently started to use online modes of communication and had not had time to explore their possibilities, or, distinctively different, they often used it but they did not want communication that did not involve some kind of physical presence. Other reasons were given, including the varying quality of different websites and forums.

In this study internet use is found to be a supplement rather than a substitute for traditional levels of support though it also has some unique and positive qualities. The authors quote debate about deprofessionalisation of care and how some psychiatrists see it as threat to their status. This is an interesting end to a piece of research that is relevant to all types of bereavement. ■

## A search for wisdom

**Kleinman A (2011).** *The Lancet* 378 (Nov 5) p1621–1622

It is not immediately obvious that this article is about grief. Initially Arthur Kleinman describes a time in his life when he was deciding to move from mainstream public health medicine into anthropology and psychiatry. He was reading philosophy and social theory and he copied many pithy quotations into a note book. He hoped they might help him in his decision to follow this new path in life. As he re-read them he realised they could never substitute for the act of living and making decisions. At that time, as well as after the death of his wife in early 2011 he 'needed reassurance, confirmation of the very grounds of who I was and what I was ...' In 2011, with her death, the depth of love and interdependency that he shared with her had rocked his world and he went back to this, almost embarrassing, reading of supposedly useful quotations. He was grappling with 'despair and defeat'. Yet he realised he had to go outwards and participate in life – he had to carry out mentoring and caregiving – two essential ways he connected with others. In the end it was his re-reading that helped him, in particular the work of William James, and he quotes from his work. It is to the effect that life is a real fight and as if there was 'something really wild in the universe which we, with our disabilities and faithlessness are needed to redeem'. This is both an intellectual and emotional account of bereavement. Relevant to bereavement and palliative care are also his recent critique of complicated grief (2012) as well as his earlier account of caring for his wife who had dementia (2009). ■

**Kleinman A (2012).** *Culture, bereavement and psychiatry.* *The Lancet* 379 608–609

**Kleinman A (2009).** *Caregiving: the odyssey of becoming more human.* *The Lancet* 373 292–3

## Bereavement – a world of difference

**Keegan O (2011).** In: D Oliviere, B Monroe, SPayne (eds). *Death dying and social difference (2<sup>nd</sup> edition).* Oxford: Oxford University Press, 207–214

This is an overview of current thinking on bereavement and loss, initially emphasising the fact that there has been a move away from the idea of stages of grief to models emphasising its intrinsic nature in our ongoing lives. Apart from multidisciplinary differences in treatment of bereavement, the author suggests there are also gaps in approaches to the subject by researchers versus practitioners. A view of grief through the life cycle is provided and disenfranchised grief is discussed – eg, learning disabled people were, until relatively recently, regarded as being unable to experience grief. She acknowledges the importance of recognising different styles of grief – eg lobbying and campaigning for change after a traumatic death could be as important a way of dealing with grief as emotional work. She touches on the particular grief experienced by the armed forces, for their personnel as well as their families. She describes particular projects that aim to help this group of people. She mentions various guidelines on bereavement care that have been developed over the last ten years as well as some of the critiques of bereavement services. She considers there is no straightforward answer to the issue of how best to provide bereavement care as she details the current research.

This short chapter provides a succinct account of current thinking on bereavement, grief and loss and the very relevant references provide a useful and more detailed overview of the issues that are discussed. ■

## Special section on bereavement

**Chaplin D, Hill S, Hawden E, Goss M, Bird S (2011).** *National End of Life Care Programme newsletter No 34 (June) p4–9.* Available from: [www.endoflifecareforadults.nhs.uk/assets/downloads/newsletter034.pdf](http://www.endoflifecareforadults.nhs.uk/assets/downloads/newsletter034.pdf) [accessed 5 April 2012]

Each of the above authors have written short articles on the care of relatives around the time of death in hospitals and care homes in the UK. Dawn Chaplin writes about the Bereavement Pathways Project and Sarah Hill follows this with information on the development of the project which is now named the Gold Standard Bereavement Care Project. These projects are about co-ordination of care for bereaved people within and between the statutory and voluntary sectors. They also encompass continuity of care ie, ensuring that the bereaved person is not 'lost' after their bereavement and that support is available, should they need it. The third article has a focus on one aspect of providing respect for bereaved people. Elizabeth Hawden writes about immediate death notification to a GP as a priority in her hospital bereavement service. The article by Sam Goss is about redesigning the bereavement office at his hospital and integrating it with the mortuary facilities. The last article is about the provision of suitable rooms for relatives when a health professional has to deliver bad news. The practical nature of these articles emphasises the importance providing a caring environment for bereaved people. ■