

Abstracts

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Helpful aspects of bereavement support for adults following an expected death: volunteers' and bereaved people's perspectives

Diamond H, Llewelyn S, Relf M, Bruce C (2012). *Death Studies* 36 541-564

This UK study, using quantitative and qualitative methods, examined 24 individual 'bereavement counselling' sessions conducted with clients by volunteer bereavement support workers in two UK hospices. One aim was to ascertain the degree to which that particular session was judged helpful by both parties. Thus both volunteers and clients were interviewed. The authors recognise that bereavement counselling covers a broad range of interventions that come under this umbrella term, but in this study the sessions under examination were between a volunteer trained in helping bereaved people and a bereaved person.

There are many interesting aspects to this study but two will be briefly outlined. The first is the extent to which clients and volunteers agreed (or not) with the themes that arose during the research interviews.

There was over 80% mutual agreement that the sessions provided hope, reassurance and support. However, clients rated a) the provision of information on the experience of bereavement and b) the fact that the sessions afforded support outside social and family network far more highly than did the volunteers. Other themes that emerged included exploring options for the bereaved, focusing on difficult emotions/issues, unhelpful aspects and other aspects of life. A small percentage of clients noted unhelpful aspects of the session or suggested improvements to it. These themes are also explained in some detail.

Another aim of the research, which was also highlighted as a theme, was the extent to which the relationship between volunteer and client was a significant factor in finding the intervention helpful. Clients in this study regarded it as a 'supportive partnership and one in which they had confidence'. The authors make comparisons with research in psychotherapy that conclude the extent of the therapeutic alliance between client and therapist has a profound effect on the success of the therapy. They state that little research has been done on this aspect of working with bereaved people. This one study contributes to this but I think it is a fruitful area for further study in the broad area of 'bereavement counselling'.

Islamic death rituals in a small town context in the Netherlands: explorations of a common praxis for professionals

Venhorst, C (2012). *Omega* 65(1) p1-10

There is a tendency to think of religious rituals as being fixed, and this is certainly a tendency in the case of Muslims. However, the author of this article makes the point that one needs to make a clear distinction between official Islamic law and the actual practise of religion by a variety of Muslim communities. This article focuses on post-death rituals in Dutch hospitals outside major urban areas, especially the ritual purification of the dead person. It is part of a larger piece of research on the experience of Muslims, using both qualitative research and participant observation. In this article, the author uses a number of vignettes to help professionals in health care settings 'to develop an eye for Muslim diversity' so that they can be better able to assist Muslims at the time of death.

One is based on the premise that 'Muslims do everything themselves', and the danger that a need may be missed by health care professionals because of this assumption. A woman's father died suddenly and all her family in the immediate area were women. They did not know what to do as men normally performed the post-death rituals. The hospital staff did not help them as they assumed there would be family around to help. This did happen eventually, but the hospital stood back when it would have been more helpful to be more proactive.

Another example was a couple whose baby died suddenly. The husband phoned his Syrian family for guidance but his wife, who converted to Islam when she married, wanted her non-Muslim parents to be present at the death purification ritual. The official Muslim washer of the dead suggested they could join their daughter and her husband in this ritual and they all found comfort in it. Other vignettes are also described and discussed.

The diversity of Muslims is highlighted. For example in the Netherlands many migrant Muslim workers came from Turkey, Morocco and Tunisia. As they have often now become Dutch citizens, their families are now able to join them. There are also 2nd and 3rd generation Muslims in families. Other Muslims have come to the country due to political instability in their home countries. They have become political refugees. Some Muslim groups also become secularised and may be influenced by their country of origin or the country in which they currently live. Muslims are also likely to be more isolated in small town or rural

areas where there is not an already a Muslim community. So the idea of 'developing an eye for Muslim diversity' is a sound one, and may have relevance to health practitioners in many settings and countries.

Communicating with families after the death of a child: a pilot study

Thrane S, Jones, B (2012). *Journal of Hospice and Palliative Nursing* 14(1) 6-12

This article starts with the anecdotal statement that bereaved parents often feel abandoned by the health service after their child dies. It also states that parents very often want to talk to the doctors who looked after their child so that they can have a full understanding of why and how they died.

However the authors have completed a study from a slightly different standpoint. They sent a questionnaire to 40 paediatric nurses who provide training in paediatric palliative care and asked them if they send condolence letters to bereaved parents. These nurses were chosen because they were members of a paediatric palliative professional nursing association in the US and because it was expected they would be active in bereavement support. Thus the results of the study provide a snapshot of the activities with regard to condolence letters, rather than a providing any comprehensive indication of how many nurses actually do this. Sixty per cent responded (24 nurses).

Despite the above limitation, answers to the four questions on the survey provide interesting insights into how any service might develop the practise of writing condolence letters, and what benefits might accrue. Question one asked how participants contacted parents after the death of child, eg. a proformatted letter with some personalisation or none, a sympathy card with a handwritten note or one with only a signature, or a personal handwritten note. The second question asked how participants felt after sending a card or letter, and if they heard back from the parents. All had sent some kind of card or note after the child died and most heard from the parents after the letter. The third and fourth questions were open-ended and participants were asked a) to share their general experience of sending cards and letters and b) to share their thoughts relating to parental

bereavement. Two key statements were chosen to illustrate the replies. One stated that writing a sympathy card allowed her not only a sense of closure but also a chance to share special moments she had with the child and how it had helped her grow as a nurse and as a human being. Another nurse said that she thought parents were most likely to feel abandoned if they had been in the health system a long time and had no contact from the health professionals afterwards. Some nurses sent a number of cards during the year following the child's death. There is a crossover between professional and personal care in these accounts.

This short study also includes a literature review and follows up with specific suggestions for nurses to help them reflect on practice in this area of work.

Olympics 2012: Felix Sanchez wins first gold for Dominican Republic, becomes oldest 400m hurdles champion

Oleaga, M. *Latinos Post* August 7 2012

At the 2012 Olympic Games the 400 metres hurdles race was won by Felix Sanchez, a 34 year old athlete from the Dominican Republic. He had won the this event in 2004 in Athens but his grandmother, who had been like a parent to him, died as he started the first heat of the same race at the Beijing Olympics in 2008. He did not get past the first round that time. This year he won the race once more, the oldest person ever to win this event. This is an extraordinary athletic achievement. He wore a photo of himself and his grandmother on the inside of his running number. In the attached link you see photographs of him as the triumphant winner and the emotion of the continuing bond with his grandmother immediately after the race, the number on the ground and the photo in front of him on the track. This surely illustrates something of the transcendent nature of bereavement in this win.

www.latinospost.com/articles/2675/20120807/olympics-2012-felix-sanchez-wins-first-gold-for-dominican-republic-becomes-oldest-400m-hurdles-champion-pictures-video.htm (accessed 15 September 2012)