

Bereavement round up

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Denise Brady presents a round up of recent research literature and other publications relating to bereavement. This issue she looks at two articles about bereavement groups, one examining the experiences of the participants, and one looking at the support needs of the group leaders. A further article looks at the personal bereavements of therapists – including their own need to 'be heard' and how it has impacted on their practice. Finally, an important article by Denis Klass discusses how the continuing sorrow of bereavement is sometimes overlooked in recent discussion and research.

Feedback and suggestions from participants of grief support groups

Dyregrov K, Dyregrov A, Johsnen I (2013). Participants' recommendations for the ideal grief group: a qualitative study. *Omega* 67 (4) 363-377.

This article is based on the qualitative part of a national study of grief groups in Norway in 2009-2011. The quantitative part of the study involved 262 people. The sample, for this article, comprised 21 adults who were interviewed in small groups. They had lost a close person by sudden death (81%) or by expected death. About half had attended grief groups with others who had the same kind of loss as themselves. The other half joined heterogeneous groups. The grief groups in which they had participated were organised by voluntary organisations or by public authorities. The groups were not regarded as therapeutic in the sense they were not led by psychologists or psychiatrists. The majority were run by one or two bereaved people some leaders being psychiatric nurses, priests or social workers. (Some people might, however, regard the latter as therapeutic.)

A major finding was that members wanted clear information before and at the start of each group as to its aim and structure, as well as its likely effects and limitations. For instance, if the group was affiliated to a religious group, they wanted to know before they joined – provided they had this knowledge, it probably did not discourage them from joining but it was helpful to know in advance. Pragmatism needed to be used in terms of open versus closed off groups. A table outlines the key recommendations made by the participants.

The authors suggest that screening individuals for complicated grief might be helpful before people joined a group as those who had been screened for higher levels of prolonged grief disorder

(all participants in the study had been screened initially for this) often found the groups less helpful. They suggest that one-to-one counselling might be appropriate for some people before they joined a group. There are other articles on this project in press or recently published. This one has taken the views of the participants seriously in asking them for their opinions and is valuable as a way of empowering the bereaved as they know, when published, their experiences can be used to optimise services for other bereaved people. It is also imbued with the experience of the authors and with their knowledge of the subject. ■

Supporting bereavement group leaders

McNess A, Stebbins J, Stebbins S (2013). Ongoing support for the supporters: an outreach program for bereavement group leaders. *Grief Matters* 16 (2) 42-45/

This article is both a statement about the work and philosophy of the international organisation *The Compassionate Friends* (TCF) for bereaved parents, grandparents and siblings, and a study of how group work leaders are supported within it in one branch in Australia.

The organisation serves bereaved parents, grandparents and siblings, and a key tenet is that support is provided by peers, ie. people who have suffered a similar bereavement. There are a number of other services it provides – one-to-one information, drop-in centres, 24-hour phone support (a vital ingredient which has helped so many parents over the years) and community support. The authors also mention a well-stocked library as a significant resource.

However this article is about another key service they provide – bereaved groups and their facilitators/leaders. There are three key aspects to group leadership. In the first place, bereaved members are selected carefully for this role – being considered sensitive, caring and sufficiently objective about their bereavement to be able to help others. Normally they would not become group leaders until more than two years has elapsed since their bereavement. Secondly they undertake accredited training in effective leadership. Thirdly they receive ongoing support and the authors concentrate on examining how this works in practice.

The authors outline some characteristics of good group leaders but consider that the vulnerability experienced by the leaders' own loss, combined with the philosophy of the

organisation – that empathy, respect, and authenticity are key to helping similarly bereaved people – means they have a more complex level of responsibility, which is different to other bereavement group leaders. The organisation needs to recognise this and can do so by providing excellent support.

In this branch, a paid part-time position of Coordinator of Support Groups has been created. Annually a) the post-holder meets with group leaders in their own region and discusses difficulties and uncertainties they have experienced; b) the leaders have a group meeting with other coordinators; and c) they have a group leader retreat weekend. Thus the group leaders have post-training support, opportunities for debriefing and regularly meet with other group leaders. The coordinator writes a report on the visit to the group leaders in their own area which includes some judgements about the adequacy of support provided by the group leader. Thus there is an element of line management to this role and the tensions in this are briefly outlined, mutual trust being a key element in the success of the overall scheme.

Excerpts from interviews with group leaders illustrate how they feel supported and provide vivid examples of difficult situations encountered and how they were resolved. The support of the coordinator can be seen to be useful, and their reports provide evidence of effective working relationships. It would be useful to have a follow-up article on how the coordinator and group leaders manage conflicting ideas about their role. It is hinted at, but not made explicit. ■

UK website: www.tcf.org.uk (accessed 29 January 2014)

Therapists speak about the impact of their own bereavement

Broadbent J R (2013). 'The bereaved therapist speaks'. An interpretative phenomenological analysis of humanistic therapists' experiences of a significant personal bereavement and its impact upon their therapeutic practice: an exploratory study. *Counselling and Psychotherapy Research* 13 (4) 263-271.

Little is written on the effects of bereavement on the work of counsellors. This research, based on the experiences of four female therapists provides a brief literature review of the subject. The author then clearly describes the qualitative approach she used – she describes interpretative phenomenological analysis in easy-to-understand terms. The research is based in the UK.

The four counsellors were interviewed and two main themes were explored: a) the participants' experience of personal bereavement b) the impact this had on their therapeutic practice.

The author categorises her interviews into four master and eight sub-themes but an overarching influence is time. This included the changing experience of grief in the period following a bereavement, as well as the personal and professional development since it occurred.

The first major theme was that of bereavement as a unique experience – this included the evolving process of grieving as

well as the impact it had on one's social identity, beliefs and world view. The second pertained to re-learning the world and personal growth. Participants felt an important element of reconnecting with the world involved 'being heard and witnessed'. For one therapist, taking part in the study was one way 'to be heard'. The third theme concerned the integration of personal and professional 'synergies'. It was helpful to work through one's 'shadow side', because this is what they were helping clients to do. They each valued their supervision as validating their experiences, and as a place to explore their bereavement and the possible implications for their client work.

The author captures the individuality of each therapist, which enhances the research as a whole. Finally they discussed the impact of bereavement on their therapeutic work. They reflected on the merits and drawbacks of self-disclosure – time and experiences since bereavement were significant factors. Overall they considered their personal experience enhanced their understanding and connectedness in the therapeutic relationship. Although it was limited to only four therapists, the study emphasises the major emotional impact of bereavement and the ways that therapists deal with this. A major finding is that therapists need help in supervision to decide how much their bereavement could interfere with the therapeutic relationship with their clients, (previous research had rarely mentioned supervision). However, with the opportunity to explore their bereavement experience came a greater empathy for all their clients and, with time, their work was enhanced by the experience. ■

Continuing sorrow in bereavement

Klass D (2013). Sorrow and solace: neglected areas in bereavement research *Death Studies*. 37 597-616.

This is an essay based on the topic of sorrow, stating that it is a core aspect of grief, yet often neglected in the field of bereavement research and practice. Klass considers that personal growth as opposed to the ability to endure is what is emphasised in research, and that new models and theories, from whatever disciplinary background, will have, as their aim, the resolution of grief. However, there is so often an underlying sadness in major loss and this is not recognised as of importance. Instead if bereaved people make this obvious, it is most frequently pathologised.

Klass indicates that even his own theory of continuing bonds is open to different interpretations from what was originally intended. He writes from the perspectives of bereaved parents where he and his colleagues maintain that grief is never 'fully resolved', but that parents have an ongoing relationship with their deceased children. Other researchers think that psychological well-being continues to be the ultimate aim of working with bereaved people, although they accept the validity of continuing bonds. Klass maintains this means, for most, they continue

to have deep sadness. While he would not deny that many bereaved people are positively transformed by their grief, continuing sadness can co-exist with growth.

Klass powerfully quotes from a parent in a group in which he conducted his research. The parents had experienced many new and positive aspects of life since the death of their child but they usually added something like 'but you know, for all the good that has come of this, I would give it all up if I could have her back'. The truth of sorrow is too often excluded in writing and researching bereavement. So often assumptions about the essential goodness (and maybe safety) of life have been shattered forever – the changed assumptions about the world are not necessarily more

comfortable assumptions, and there is a depression in grief (albeit not always a serious one). Encountering death in a very close relationship leaves an indelible mark.

Klass quotes from a researcher who considers there are those who fail in their grieving and those who succeed. If one believes this, there is a danger that: 'There is no truth value in grief's depression, and therefore no legitimate need for us to attend to the solace that comes within that depression'. This interesting article, with references to a wide variety of literature on bereavement and other areas of humanist concern, brings a perspective that is not well documented in current academic literature. ■

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