

# Bereavement round up

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Denise Brady presents a round up of recent research literature and other publications relating to bereavement.

## Suicide and mental health

Pitman A, Osborn D, King M, Erlangsen A (2014). Effects of suicide bereavement on mental health and suicide risk. *Lancet Psychiatry* 1(1) 86-94

This is a well-researched literature review, using search strategy protocols for systematic reviews. It provides a little more light on this very complex area by examining the effects of suicide bereavement on mortality, mental health and social functioning in comparison with other types of bereavement. However, the primary focus is on mental health. Fifty-seven studies were selected to form the evidence base and significant results are presented in clear summary tables. These tables provide risk factors that suggest how the familial relationship to the deceased represents greater risk to the survivor in terms of depression and suicidality. Within the parameters of this review, there is no relevant evidence of effects on non-family members. A clear summary of the overall results is also presented.

Significant results showed that parents bereaved by the suicide of their child had above average physical disorders, single status and low income compared to other bereaved parents. School children bereaved by the death of a parent exhibited above average behavioural and anxiety disorders. They had also more frequently experienced the separation or divorce of their parents before the parent's suicide in comparison with children whose parents had died in other ways. Offspring of parents who died of suicide had more psychiatric problems than had offspring of parents who had died of other causes.

The authors suggest their work may lead to interventions that take into account gender, baseline depression, past psychiatric history, family psychiatric history, perceived social support and imitative behaviour. They also mention the difficulty of 'screening' for people who may be affected by bereavement and who may be considered to need informal support or psychiatric intervention. Although no direct comparison is made with bereavement care that is offered in other settings, similar points are raised in many journals on bereavement which are equally relevant to this population. It can be conjectured from this article that more sharing of expertise between services that provide bereavement support would be an asset in providing better overall provision for bereaved people. ■

## Suicide stigma and community participation

McKay K, Tighe J (2013-2014). Talking through the dead: the impact and interplay of lived grief after suicide. *Omega* 68(2) 111-121

In comparison to the weight of data in the previous article, this one provides wisps of insight into research and the situation of those bereaved by suicide. The articles complement each other, though they are so very different. The context here is mainly the indigenous communities in Australia. The question is how qualitative research can add to an understanding of suicide and how it may be able to help a community recover.

While stigma is mentioned in the article by Pitman *et al* (above), in this article it is explored as a phenomenon: 'There can be a loneliness, a misplacement, a shame felt by survivors that may not be present in the aftermath of any other death'; 'silence often remains intact around suicide'. A researcher can offer to listen to a story and it can be one of the few opportunities for the bereaved to speak about their loss – the value of research as a therapeutic tool as well as the study of suicide as a phenomenon, cannot be underestimated, and the authors refer to a number of articles on this subject. In addition the participants feel satisfied to know their stories may of be benefit to others in the same situation in the future.

The authors discuss some other possibilities such as participatory action research ie the community and the researchers working together to explore the phenomenon of suicide. This would be likely to require cultural sensitivity as well as negotiation and conflict resolution skills on the part of the researcher. It is an ambitious suggestion that may well be useful in projects aimed at preventing suicide and allowing it to be talked about more openly – but it would need to be very carefully managed. It seems more like a community development initiative. However, it is interesting to have new ideas presented in the bereavement literature. ■

## Parents' experiences helping young children with grief

Bugge KE, Darbyshire P, Rokholt EG, Haugstvedt KTS, Helseth S (2014). Young childrens' grief: parents' understanding and coping. *Death Studies* 38 (1) 36-43

The research was conducted as a response to issues raised by parents in a university hospital bereavement service in Norway.

The authors describe how their service focuses on preventive approaches to assisting family coping, aiming to prevent complicated grief as well as provide support and knowledge in the grieving process to parents of pre-school children. (In Norway pre-schoolers are aged up to 6 years of age.) The project incorporates a bereavement support service for parenting in grief, as well as support groups for preschoolers. Following ethics approval, they interviewed eight parents of eight children to elicit the parents' experience of helping the children cope with bereavement. The families had either experienced the death of a child or the death of a parent.

They identified four themes – the child's expression of grief, how the parents' own grief affected that of their child, how parents' and children's mirrored each others' moods and needs and parents' acknowledgement of and support for children's efforts in coping. The parents experienced the greatest difficulty in coping with their young child's challenging behaviours and were unsure whether they were due to the child's age, misbehaviour, illness or grief.

Overall, the results show how parents can be helped to re-establish a healthy family life. Verbatim comments made by parents around the four themes are included and it is an article that could be usefully discussed with parents who are grappling with these issues. ■

## Recruiting bereaved people for research

Akard TF, Gilmer MJ, Miller K, Steele, AC, Hancock K, Barrera M *et al* (2014). Factors affecting recruitment and participation of bereaved parents and siblings in grief research. *Progress in Palliative Care* 22(2) p75-79

The authors first outlined the particular difficulties of conducting qualitative research with bereaved children and their parents following the death of a sibling. In this study one aspect was to examine the number of families who participated versus the number of calls made by researchers in the effort to recruit them.

The study used hospitals' cancer registries data to identify eligible participants and an introductory letter was sent to ask them to participate. Families had the opportunity to opt out by phoning a particular phone number. This 'opt out' is appropriate for vulnerable families. Yet assuming willing families will only 'opt in' if they answer an introductory letter can lessen participation in the research.

During follow up significantly more call attempts were made to refusing families and participating families most often agreed during the first successful call connection. It may be appropriate for investigators to determine a passive refusal after three unsuccessful call attempts (ie after leaving three messages) – it is possible the families did not want or know how to say 'no'. Follow-up calls seem appropriate – but after a certain point, they become irrelevant, maybe even intrusive.

This small part of a large research project provides an evidence base for good practice in recruitment, while also ensuring the maximum number of willing participants in a study. ■

## The Association for the Study of Death & Society

**Professor Allan Kellehear, President of the ASDS writes:**

For a long time in the UK the study of dying, death, and bereavement occurred in silos of academic and professional interest. Across these professional divisions were other barriers we put up between ourselves and others we might benefit from speaking with. I speak here of the traditional suspicions between 'academics' and 'practitioners' reflecting old conflicts between so-called 'theory' and 'practice'.

Four years ago, the UK created an organisation devoted to these goals of interdisciplinary and inter-professional working and it is called the 'Association for the Study of Death & Society' (ASDS). The ASDS promotes the study of death in the arts, humanities, social and allied sciences. Our Association has mainly British membership but does boast international members from the USA, Europe and Australia, among others. Its members are practitioners and academics – in the humanities, social sciences, and health sciences including end of life care but also from the arts, the legal, funeral and bereavement professions. Its broad aims are to bring this diversity together for the sake of joint professional and research development, interdisciplinary and inter-professional dialogue, and as a public source of expertise in social, political, and clinical matters to do with dying, death, and loss.

The Association manages the highly respected, peer-reviewed, international journal *Mortality* published by Taylor & Francis and now over 20 years old. The association's conferences occur every two years and are more widely known as the 'DDD' ('death, dying and disposal') conferences. The conferences are held at different universities around the UK although a recent conference was held in The Netherlands and the next one to be held (in 2015) will occur in Romania.

The advantages of joining an association like ASDS are manifold. The association provides a unique mix of professionals and academics. This allows academics to ground their research with other colleagues at the forefront of practice and to link up with these colleagues in creating fieldwork and collaboration opportunities. On the other hand, practitioners are able to access the information about the latest research in their field. Practitioners also have face-to-face access to key researchers to form possible collaborations in joint projects. Relationships with academics also facilitate access to potential postgraduate opportunities, workplace-related continuing professional education (CPD), and are an important source for future consultancy, speakers, or supervisors.

Just as importantly, ASDS provides a friendly forum – in on-line discussion sites, in supportive programs for young professionals and academics, and in print and conference attendance – to ensure that one's understandings about dying, death, and loss do not become narrow understandings. An interdisciplinary and inter-professional association encourages the broadest and most optimal understanding about the experience of death and loss. The ASDS is inviting membership right now. More information is available at [www.deathandsociety.org](http://www.deathandsociety.org) ■