

Bereavement round up

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Corless IB (2015). Bereavement. In: BR Ferrell *et al* (eds) *Oxford textbook of palliative nursing*. 4th edition. NY: Oxford University Press. 487-499.

Kissane DW, Zaider TI (2015). Bereavement. In: NI Cherny *et al* (eds) *Oxford textbook of palliative medicine* (5th edition). Oxford: Oxford University Press. 1110-1133.

Potter ML, Wynne BP (2015). Loss, suffering, bereavement and grief. In M Matzo, DW Sherman (eds). *Palliative care nursing. Quality care to the end of life*. 4th edition NY: Springer. 205-234.

Raveis VH (2015). Bereavement. In: E Bruera *et al* (eds). *Textbook of palliative medicine and supportive care* (2nd edition). NY: CRC Press. 1075-1080.

Four major textbooks on palliative care have been published in the last few months. All have been published in at least one prior edition and wone is in its fifth. Two are written to a greater extent for doctors (Kissane & Zaider and Raveis) two for nurses (Corless and Potter & Wynne). Apart from these two groups of health professionals, there is much relevant material to find for the other disciplines in palliative care. Each has a chapter on bereavement which is the focus of this round-up. It is good to read that issues of loss, grief and bereavement continue to be seen as core components of palliative care.

These chapters all have positive and negative aspects and those familiar with the bereavement literature will have opinions on their relative strengths and weaknesses. In all chapters there is reference to anticipatory grief and loss as well as bereavement. Overall, if studied carefully, you will find a great wealth of literature on bereavement research, some varied definitions of issues around bereavement, varied references on the development of bereavement work over the years, some new insights, some confirmatory opinions and some comments on the literature with which you will disagree – or, perhaps you will feel the subject is not covered in the manner which you think is helpful. Anyone who has read about bereavement, whether as an academic or as a clinician, is likely to feel there are omissions. You will question why one or other author is not mentioned in a chapter or why some intervention is not more fully explained. In the following paragraphs, some positive points in each chapter will be highlighted, and this will be followed by some comments on the chapters and on textbooks in general.

One problem with these chapters is the fact that the authors include so much information. If you are not well acquainted with

bereavement literature, it can be difficult to follow the nuances of different theories. Of course that begs another question: who is a textbook for? For these chapters, those primarily involved in working with bereaved people will be interested to read chapters on bereavement. Apart from that, any health professional working within palliative care who appreciates that loss and grief is a significant aspect of their work will gain more insight. In addition, those working more generally with dying people or who work alongside professionals working in palliative care may want to know about the speciality as a whole. Finally there are times when one needs succinct definitions, some knowledge in some form of a mind map or guidelines on particular aspects of bereavement. The various section headings and tables can be a useful starting point for presentations, report writing etc.

Amongst others, some examples of the above are the tables of manifestations of grief in Corless and grief responses in Potter & Wynne. The dichotomous nature of grief is also encapsulated in the latter table. In the chapter by Corless there is a useful list of bereavement practices divided into lay and professional roles as well as a list of counselling interventions with a brief description of each. The description of grief therapies by Kissane & Zaider is complementary to that of Corless. They devote a paragraph to each of the following: general supportive aids, supportive-expressive therapy, interpersonal psychotherapy, cognitive behavioural therapy and family focused grief therapy. They also provide a comprehensive list of risk factors for complicated grief as well as a typology of family functioning pre-and post bereavement. Sometimes people ask about the difference between a model of grief and a theory. Kissane & Zaider name one of their tables *Name of model* but each individual 'model' is labelled as a theory. In other words, there is little difference between the two words, at least in bereavement literature.

Some of the definitions around grief and bereavement are also helpful to those who are new to the subject. Potter & Wynne and Raveis provide clear key points about bereavement interventions and Kissane & Zaider provide clear definitions of bereavement, grief, mourning, anticipatory grief, pathological grief and disenfranchised grief.

In a more critical vein, there are definitely fashions in bereavement and in the 1980s and 1990s, there was a great interest in AIDS and bereavement as it had so many challenges. One chapter has a heading on AIDS and bereavement (Kissane & Zaider). One of the writers in another chapter has a reference to this subject in 2007 but the rest of the references – over the four chapters – were published at least 18 years ago and some are referenced from the 1980s when AIDS was a very different

illness (Raveis). It is hard to know if editors, who may not know as much about bereavement as researchers and practitioners, have suggested this as a topic because it has always been a topic in previous editions. While gay relationships may involve issues of disenfranchised grief (though attitudes have changed greatly in the past 20 years), AIDS-specific bereavement does not have the same stigma and is certainly not so frequent as in the 1980s and 1990s. So it hardly merits particular mention (at least in the countries where these books are going to be most read).

There are various comments to make on the references used in the text and the way they are presented. One online document is referenced in its totality – eg one of 209 pages. This is, in effect, a book and paginated. So it should be referenced like a book but with the addition of the web address. Major publishers should have editors who attend to this detail. I spotted at least one inaccuracy where authors' names are miss-spelled. In two of the books where Worden's *Grief counselling and grief therapy* is referred to, it is to the 2nd edition and not the latest edition (4th edition 2009). This was only provided in the chapter by Raveis. Worden has four tasks of grief in each – but was significantly changed in this latest edition which has taken into account more recent research on the subject (2009).

Sometimes clinicians and academics suggest textbooks are no longer useful as they never contain the most up to date information. In fact with regard to these four publications, in three of them (Corless, Potter & Wynne and Raveis), 40-60% of the publications were published prior to 2004, more than ten years before publication. It is impossible to know the percentage in the fourth publication (Kissane & Zaidler) as the full list of references is in an online addition to the printed publication. The purpose of a textbook is to contain a core body of knowledge on a subject so it is not surprising that there are older references that may be relevant as an account of the development of a subject. There are also often seminal works. One could of course debate how much the percentage should be. In the chapter by Raveis, the references indicate whether or not it is a seminal work as well as the strength of the evidence. With regard to Kissane & Zaidler, one could say that is helpful to have as many references as possible available to readers. However, part of the aim of a textbook is to ask an author to make a judgement as to what is most relevant to a particular topic area and to provide the reader with core knowledge, information and references. The advantage of having them online may make access to abstracts/full text easy – but it does not necessarily help a reader to know more about key texts.

The task of each of the writers was not an easy one and each chapter provides slightly different perspectives. Reading through them, one sees contemporary themes in the discussion of bereavement – eg complicated versus normal (or uncomplicated) grief. One can obtain an idea of the great range of material published on bereavement. Even taken together they do not cover it all – the best advice to anyone reading these chapters is to realise this is the case. Do not expect perfection and consider how easy it is to have bias, especially when choosing whether to reference an author's own work.

Nor is it an easy job for editors who have to manage a vast amount of literature on which they themselves will not always be familiar. Different aspects of palliative care demand different approaches however, so it may be worthwhile to canvas opinions between editions as to how approach a subject. In book reviews, one often reads that an edited book is uneven in quality as well as the extent to which it is evidence based, authoritative and well written. In addition, books can be judged on the extent to which they link one chapter with another. Given that inter-disciplinary work is a cornerstone of palliative care, it would have been useful to have given more consideration to the way different disciplines work with loss, grief and bereavement and the ways they can interact for the benefit of the patient. Overall, however, textbooks, with all their limitations, have a place (online and /or in print format), in palliative care as in other subjects.

When I first started reading the chapters I was aware of a denseness of information and lack of any emotion, given that it is a very emotive subject. It does creep in occasionally. It is probably discouraged by authors' guidelines. The shortest chapter by Raveis is succinct from start to finish. The chapter by Potter & Wynne has a case study threading precariously throughout the text which concerns the links between one's personal and professional life. The chapter by Kissane & Zaidler has a portrayal of a family around the bedside near the moment of death and emphasises how this scene will always be deeply etched in the memory of loved ones. Corless includes introductory and concluding quotes which sum up the essence of bereavement; the chapter ends by saying: 'a Turkish expression in the presence of death is "May you live". That is indeed the challenge of bereavement.'

I recommend Raveis as this is the only chapter that cites NICE guidelines on bereavement (www.nice.org.uk/guidance/csgsp, pp159-167); Kissane & Zaidler for the medical aspects of bereavement and for emphasising the family approach to helping people through loss as well as the positive aspects of bereavement; Corless for the greater recognition of the accumulated nature of the knowledge about grief and loss and Potter & Wynne as they are the only writers to cite Dyregrov & Dyregrov who have been so active in their bereavement research in Norway. It is good that these chapters are so different. It is like bereavement – there is no 'one size fits all' in terms of bereavement interventions and I like the variety of perspectives of these writers even as they also contain similar themes. ■

Denise Brady is librarian at the Halley Stewart Library, St Christopher's Hospice, and has recently joined the editorial board of Bereavement Care. The library offers a photocopying service from current and back issues of journals within its stock – eg Bereavement Care, Death Studies, Grief Matters Illness Crisis and Loss, Journal of Loss and Trauma, Journal of Social Work and End of Life Care, Mortality and Omega. The library can be visited on a reference only basis by appointment. Contact d.brady@stchristophers.org.uk.