

# CRUSE BEREAVEMENT CARE INTERNATIONAL JOURNAL RECENT CONTENT

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## 2008

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**Summer 2008-07-07**

### **Perinatal loss – a life-changing experience**

**Anne Aldridge** MA BEd DipHE

*Deputy Lead Chaplain, Addenbrookes Hospital, Cambridge, UK*

This article looks at the influence of the bereavement culture of the 20th century, compares this with more recent research and grief theory, and relates these to current practice with families after miscarriage, stillbirth or perinatal death. It considers the importance of memory-making and maintaining continuing bonds, alongside the need to adjust one's life around such a loss. The author is a hospital chaplain and mother of four who has both a personal and professional interest in the changing nature of perinatal bereavement care.

### **Cognitive behaviour therapy for complicated grief**

**Paul Boelen** PhD

*Assistant Professor of Clinical Psychology and Cognitive-Behavioural Psychotherapist,  
Department of Clinical and Health Psychology, Utrecht University  
Utrecht, The Netherlands*

Complicated grief is a debilitating condition that can develop after the death of a loved one. Here a cognitive behavioural viewpoint is used to explore why some people develop this condition whereas others recover from their loss relatively quickly. Three processes are identified as crucial in the development and maintenance of complicated grief: insufficient integration of the loss with existing autobiographical knowledge, unhelpful thinking patterns, and anxious and depressive avoidance behaviours. CBT uses interventions such as exposure, cognitive restructuring and behavioural activation to target these processes and help people to move toward recovery.

### **Bereavement in Buddhist teaching and practice**

**Peter Goble** BEd SRN RMN RNT

*Mental Health Nurse and Chair of Trustees, Buddhist Hospice Trust, Essex, UK*

The author, a Buddhist hospice charity-worker and nurse, offers a personal perspective on bereavement, illustrated by a well-known and well-loved Buddhist parable. The article draws out the contemporary relevance of an ancient teaching on the causes of suffering, especially that associated with loss, and suggests practical ways to transcend it, as described in Buddhist philosophy.

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**Spring 2008**

## **Does social support help with marital bereavement?**

**Wolfgang Stroebe**

*Professor of Social Psychology, Department of Social and Organisational Psychology, Utrecht University, Utrecht, Netherlands*

It is almost a truism that social support from family and friends buffers individuals against the painful grief that generally follows bereavement. Surprisingly, both in previous reviews of research and in the two studies reported here, there is little empirical support for this assumption. The author argues that this pattern is consistent with assumptions from attachment theory. However, practically all of the research has been conducted with western samples. The fact that two recent studies conducted in Asia found evidence for buffering effects (probably restricted to support from children) raises the possibility of cultural differences in the role children can play as attachment figures.

## **Michael in the clouds**

**Patsy Way**

*Systemic Family Therapist, Candle Project, St Christopher's Hospice, Sydenham, London*

Many adults, including professionals, hold a view that very young children cannot fully cognitively comprehend the meaning of death and that it is thus unnecessary, and possibly even damaging, to talk to them about someone close who has died. This article suggests that this developmentalist view does not take account of the many other ways in which children can connect to loss. Using a case study based on a Candle Project intervention, this article illustrates how very young children can join in concrete play activities that help their understanding of what has happened. It is argued that excluding young children from explanations and remembering practices may potentially create distress, confusion and long-term problems.

## **Crisis intervention in Finland**

**Päivi Muma**

*Director, Vantaa Crisis Centre (Sosiaali- ja kriisipäivystys), Vantaa, Finland*

**Anne Jokinen**

*Psychologist, Vihti Family Counselling Unit, Nummela, Finland*

A crisis intervention model has evolved in Finland consisting of teams of social workers and psychiatric nurses based in major urban developments, forming a national network. This article looks specifically at the 24-hour service provided by the Crisis Centre in the city of Vantaa, focusing on the work done there with those bereaved by disasters. The Centre's team offers a wide variety of immediate psychosocial and practical support for victims, including debriefing, assessment, referrals and liaison with the police and other

local health, welfare and crisis organisations. It also supports survivors in viewing the bodies of those who have died and in planning funerals.

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## 2007

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### Winter 2007

#### **Chronic sorrow and bereavement care**

**Ted Bowman** MDiv

*Grief Educator, Universities of Minnesota and St Thomas, Minneapolis and St Paul MN, USA*

When asked to describe chronic sorrow, both public and professional audiences reveal negative associations: 'endless', 'stuck', 'failure to accept a loss', 'avoidance of real grieving' and even 'complicated bereavement' are common responses. Despite our greater awareness and appreciation of recent bereavement insights, such as continuing bonds and episodic grieving over the lifespan, there lingers a strong suspicion that people whose mourning appears to be chronic need assistance from mental health providers. This article, however, presents an alternative perspective that, for some, chronic sorrow should be seen as appropriate, to be expected, even developmentally and empathically sound.

**Lesley Malone** PGDipInfo PGDipSocSci

*Librarian and Information Officer, Research and Development Victim Support, London*

It was decided in 2004 that the service of Victim Support, the UK national charity for victims of crime, would benefit from being reviewed in the light of current research evidence. The findings would then form the basis of a new service framework and set of service standards to guide our work in this area. This article describes the main findings from the research we carried out, particularly in relation to the needs and wants expressed by bereaved people themselves, and some of the implications for support services and other agencies working with them.

**Jemma Hogwood** BSc

*Family Worker, Winston's Wish, The Clara Burgess Centre, Cheltenham Gloucestershire, UK*

The majority of child bereavement organisations rely heavily on volunteers to help to deliver their services. However, having to deal with the strong emotions of people who have experienced grief and trauma can be extremely demanding. In addition, it has been suggested that adults react more strongly to a child's bereavement than that of an adult, perhaps because a child's grief can touch their own vulnerabilities (Dyregov 1990). It is therefore essential to consider what support networks and self-care mechanisms should be available to volunteers working in this area.

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**Summer 2007**

**Dangerous words**

**Colin Murray Parkes**

*Consultant Psychiatrist, St Christopher's and St Joseph's hospices, London*

Each one of us, when we use a word, knows just what we mean by it. Unfortunately, those who read it also think they know just what we mean by it. Often they are wrong. In this paper the author illustrates this point by reference to some words about bereavement that are commonly misinterpreted or misused. Words that need special caution include 'grief', 'mourning', 'meaning-making', 'dependent', 'empathy', and various words used to describe the problems to which grief can give rise. His intention is not to stop us from using these dangerous words, for most of them are very useful, but to attach some warning flags that will wave in our heads each time we meet or use the words in question, and warn us to watch out for misunderstandings.

**Improving support for bereaved people within their communities:  
updating the nine-cell bereavement tool**

**Jenny Hunt**

*Consultant palliative care social worker and bereavement therapist, Harare, Zimbabwe*

**Gracy Andrew**

*Qualitative researcher, Sangath Bereavement programme, Goa, India*

**Philippa Weitz**

*Bereavement counsellor and trainer, Hove, UK*

People often seek bereavement counselling because their families and communities are unwilling to allow the natural course of grief to unfold over time and seem uncomfortable with the extreme emotions that grief brings. It seems reasonable, then, to work with families and communities so that they themselves can provide the support otherwise afforded by bereavement counselling and support groups. The nine-cell bereavement tool, was originally developed to provide appropriate training in a culturally diverse environment. Groups of trainees complete a table exploring their personal and professional bereavement experiences. Through looking at their feelings over time in relation to with what is socially acceptable, and comparing their real needs with the kinds of support offered in their communities, participants can themselves develop strategies to help bereaved people more effectively and raise bereavement awareness locally. Here we look at refinements of the tool during its use during 2002-2006 in India, Kenya, Zimbabwe and South Africa and summarise some recent evaluations of it.

**Adult decisions affecting bereaved children: researching the children's  
Perspective**

**Brian Cranwell**

*Trainer and researcher, The Gone Forever Trust, Sheffield, UK*

This child-centred study involved 30 young people aged 6-12 years who had lost one or both parents. Semi-structured interviews with the children were recorded and analysed qualitatively, exploring their views of the interventions and interactions of

adults, peers and the school around the time of the death. Questions explored such issues as how the news was delivered, opportunities for anticipatory grieving, participation in rites of passage and sources of support. The results confirm that overprotection in bereavement, echoed in the reluctance of adult gatekeepers to allow children to participate in research, does not recognise children's needs and can hinder the grieving process and erode self-esteem.

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## **Spring 2007**

### **Reality and regret: viewing or not viewing the body after a sudden death**

**Jane Mowll**

*Forensic counsellor and social worker, Department of Forensic medicine, South-West Sydney Area Health Authority Service, NSW. Australia*

Since one of the criteria for the diagnosis of PTSD is 'the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury' (DSM-IV, 1994), we might expect that viewing the body of a loved person who has died a traumatic death would be harmful. The research reported here confirms clinical impressions that this is not necessarily the case and that most people are glad to have had a last chance to see and to hold the person they love. This said, it is important to prepare people in advance for the experience and to avoid unexpected and horrific surprises.

This paper reports on some early results from an ongoing study exploring the experience of close relatives of either seeing or not seeing a loved one's body after a sudden and unexpected death, and how this affected them 6-10 months later. The findings are discussed in the context of the author's clinical knowledge and experience gained facilitating choices about viewing for families after a sudden bereavement, in a large forensic mortuary in Sydney.

### **A literature review on bereavement and bereavement care: developing evidence-based practice in Scotland**

**Peter Wimpenny**

*Associate Director*

**Co-authors: Rachel Unwin, Paul Dempster, Maggie Grundy, Fiona Work, Alison Brown, Sylvia Wilcock**

*Joanne Briggs Collaborating Centre for Multi-purposed Practice, School of Nursing and Midwifery, Robert Gordon University, Aberdeen, Scotland*

Although focused on the situation in Scotland, the lessons learned by Peter Wimpenny and his team have much wider relevance. This article gives a concise and accessible account of the conclusions that can be drawn from the current literature on family care in the face of death and bereavement. It deserves our close attention and should have a major influence on the planning of palliative care and bereavement services.

With the majority of deaths now occurring in healthcare settings rather than at home there is increasing pressure on health and social care practitioners to provide the best possible bereavement service. In some cases, such as in acute clinical care settings, and there is often only one opportunity to achieve this.

## **The impact of critical incidents on school counsellors: report of a qualitative study**

**Margaret Donnelly**

*Senior Education Officer, Diocese of Broken Bay, Sydney, Australia*

**Louise Rowling**

*Associate Professor, Faculty of Education and Social Work, University of Sydney, Australia*

Traumatic events connected with a school can seriously affect everyone involved – students, staff, parents and the local community. As key health workers, school counsellors are often the first ports of call for support for those grieving the loss of a member of the community, but they can come under considerable pressure and may need support themselves. This study looked at the experiences of Australian school counsellors who are employed in both the governmental and non-governmental sectors. The authors conclude that leadership is of paramount importance, coupled with a good management plan and clear communications between all parties involved. They believe that their findings could be of help to others working in the caring professions and in palliative care.

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## **2006**

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### **Winter 2006**

## **Coping with uncertainty: the grieving experience of families of missing People**

**Geoffrey Glassock**

*Psychologist, National Association of Loss and Grief NSW Inc, The University of New England, Armidale, New South Wales, Australia*

This paper described the background to a research project on the grieving experience of families and friends of missing people. The introduction provides a brief historical overview of the experience of the early settlers in Australia through to the present day, showing it is a timeless problem here. The literature associated with the emotional impact experienced by families when a member goes missing is limited. However, attitudes to the emotional loss of such families are changing and the research seeks to 'listen to the stories' of these families so that appropriate care and support can be provided.

Now that 'continuing bonds' are recognised as a frequent concomitant of grieving, the continuing bond to missing persons (who may or may not be dead) places the psychological reaction to such losses firmly within the ambit of *Bereavement Care*. People who suffer such losses occupy a liminal position between the bereaved and the non-bereaved. They may not qualify for, or want, the help of bereavement services, yet their distress, and the problems to which it gives rise, are no less great than they are after bereavement. The web sites and organisations available to help families of missing persons are more concerned with finding the missing and keeping hope alive, than they are with supporting those for whom hope is unrealistic. In this paper Geoffrey Glassock brings home the dilemmas faced by this group.

## **Play, stop and eject: creating film strip stories with bereaved young people**

**Brendan McIntyre**

*Family Services Manager*

**Jemma Hogwood**

*Family Worker*

*Winston's Wish, The Clara Burgess Centre, Cheltenham, Glos, UK*

The therapists from Winston's Wish, a children's bereavement care organisation that runs camps for bereaved children, here describe a way of moving children on from the helpless feelings usually engendered by a sudden, unexpected and horrific death by helping them to take control of the traumatic material. When children experience bereavement it is important that they are able to tell a coherent story of what happened so that they can begin to integrate the experience, but very often simply sitting and talking about a death can feel uncomfortable and many children may not have the words to express what they really mean. Drawing, which forms part of children's everyday play from an early stage, enables a child to express an experience. Particularly after a traumatic bereavement, using a film script technique can help children put their story within a narrative structure so that they can begin to understand and process the events surrounding a death.

## **Guilt and blame in the grieving process**

**Chris Paul**

*Counselling Trainer and Director, Trauerinstitut Deutschland EV (Institute of Bereavement), Bonn, Germany*

Working with bereaved people, we frequently encounter individuals who feel strongly that either they or others are guilty in some way connected with the dead person. We know that usually these painful feelings bring nothing but suffering and assume that our clients would prefer to be free from them. We may encourage them to develop a more forgiving attitude towards themselves and others or, if appropriate, try to show that the blame is unjustified. However, guilt can be a very difficult emotion to shift. An explanation for this may be that, for some, clinging to guilt brings significant benefits and fulfils unexpected functions. In this paper Chris Paul explores the complex assumptions that may be found in those who become preoccupied with guilt after bereavement, and suggests some ways of helping.

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## **Summer 2006**

## **Telling the dead man's tale: bridging the gap between the living and the Dead**

**Tony Walter**

*Reader in Sociology, University of Reading*

The Western gunslinger knows that 'Dead men tell no tales' but dead men, and women, do tell tales. They tell them in autopsies, in inquests, in spiritualist church meetings and séances; and we tell their tales, often in public, in the register office, in

obituaries, in funeral eulogies. How does the mourner make sense of these public or official tales and incorporate them into their own account of the deceased's life and death? And how do those employed to produce these official narratives go about their, sometimes distinctly macabre, sometimes surprisingly life-enhancing, duty? It is the role of sociologists to throw light on the way society works. In this paper Tony Walter enables us to recognise that professionals as diverse as coroners, spiritualist mediums, pathologists and funeral directors are all mediators between the dead and the living. He makes a distinction between 'mediator deathwork' and 'counselling deathwork', which helps us to clarify the roles we take and their functions.

### **Volunteer befriending as an intervention for depression: implications for bereavement care**

**Tirril Harris**

*Research Fellow, King's College, London*

Over the last 30 years there has been increasing acceptance that many episodes of major depressive disorder are preceded by severe loss experience. In researching the influence of life events on mental health, we identified some factors which seemed to foster resilience to depression. On the basis of these findings, we set up and monitored an intervention involving volunteer befriending with two groups of women to see if this could prevent depression and aid recovery. Though only a few of the women in the project had been bereaved, the positive effects of the befriending have interesting implications for those planning bereavement care services.

Tirril Harris is widely respected for the quality of her research into the causes and treatment of clinical depression. Here she summarises the results of important studies, and goes on to demonstrate how well-trained and supported volunteers can make a substantial, and statistically significant, difference. She advocates a more active involvement with the lives of her clients than is generally sanctioned in bereavement services.

### **Bereavement in primary education: a study of a group of schools**

**Nuala Devlin-Friend**

*Student researcher, University of Kent at Maidstone, Kent, UK*

We are aware that it is not only necessary but also healthy to be open about death, but taboos about this subject persist, particularly in western society. With this paradox in mind, a project was set up to look at issues relating to bereavement in the primary schools of an area of SE England, and investigate some of the relevant resources available locally. The study was partly based on a similar one by John Holland in 1993 and this report compares the two sets of findings.

This article provides a snapshot of the views of some schools towards bereavement which would be of interest to anyone planning or already providing services to schools or children. It is sobering and disappointing to be made aware of the lack of bereavement training provided for teachers, and this becomes somewhat worrying given that recent guidelines on depression in children and young people rely on professionals such as teachers to provide the first line of assessment and intervention following a bereavement. Many areas have local bereavement services for children which could provide training to schools; alternatively there are various

organisations that offer such training in the UK including Cruse Bereavement Care, Winston's Wish, or the Child Bereavement Trust.

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**Spring 2006**

## **Young people and bereavement counselling: what influences the decision to access professional help?**

**Janet Brown**

*National Co-ordinator of Children and Young People's Support Services, Marie-Curie Cancer Care, UK*

It has been estimated that only 1% of young people access counselling after the death of someone close and suggesting that young people did not seek or need professional help. However, as a counsellor at a bereavement service the author was aware that many young people struggling with their grief on their own. This study looks at the provision in one area and asks young people what sort of service they would feel able to use and find helpful.

It seems that whilst young people would prefer to share feelings with family members, they often avoid talking to them for fear of upsetting them. However, we should also remember that, for some, not talking about worries and problems might be their way of coping. This report recommends that, where possible, supportive professional relationships with young people are formed before bereavement, as this many enhance subsequent use of services. Even where bereavement services are wanted and available, many young people do not know about them so it is important to ensure that services are well publicised and easy to access.

## **The landscape of loss**

**Linda Machin**

*Honorary Research Fellow, Keele University, Staffordshire, UK*

As we listen to bereaved people tell their story of loss, how are we to understand what are the common elements of grief and what relates to the individual mourner? This paper looks at the relationship between the general and the particular. It describes a model of grief, the 'range of response to loss', which identifies patterns and themes emerging from accounts of bereavement heard in practice and research. It also looks at how a new scale, the Adult Attitude to Grief scale, first used to test the validity of the general categories described in the range of response to loss model, then became a tool for exploring the landscape of individual loss.

All theories, like all perceptions, are attempts to simplify complex information in ways that enable us to comprehend and communicate with each other. Here Linda Machin skilfully integrates the results of her open-ended studies of the experience of grief with various current theories. It is reassuring to discover that the theories fit quite well with the data. It seems that the theoretical models in common use are useful tools which contribute to our understanding of a complex field.

## **'Forgotten victims'? – adults look back on their childhood bereavement by homicide**

**Alison Oldham**

*Clinical Psychologist*

**Carol Nourse**

*Consultant Clinical Psychologist*

*South of Tyne and Wareside Mental Health NHS Trust, South Shields, UK*

Over the past 20 years increasing consideration has been given to the effects of homicide on surviving family members. This research has been crucial in highlighting the severe and chronic grief of families in this situation. However, much of this work has focused on the parents or spouse of a victim, with perhaps less attention being paid to the young people involved. This paper reports themes from a workshop of adults who, as children, were bereaved by homicide of a parent or sibling and their experiences – almost entirely negative it seems – of the judicial system, police, therapists and journalists, amongst others. The authors then make recommendations for action.

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## **2005**

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### **Winter 2005**

#### **Dreams and bereavement**

**Brenda Mallon**

*Counsellor and Psychotherapist, Manchester, UK*

Everyone has dreams and, pleasant or frightening, they can be used in bereavement care as a starting point to address emotional aspects of loss. Dreams can help the bereaved to accept the absence of the person who has died, or face feelings repressed or avoided in waking life. For some, they also offer spiritual comfort. Working with dreams is a deeply satisfying process which can empower both client and counsellor.

#### **Adoption after bereavement**

**Eve Hopkirk**

*Family Placement Social Worker, West Surrey County Council, UK*

The selection and assessment adoptive parents is an area of social work practice noted for its unproven certainties. Bereaved parents who would like to adopt can come up against some stronglyheld, but untested, beliefs. Eve Hopkirk here describes her qualitative study exploring the thinking of a range of key professionals in the adoption process and some families who had successfully adopted. The research challenges received wisdom about bereaved parents as prospective adopters and about children who could be suitably placed with them.

## **The Child Death Helpline**

**Annie Kolbé**

*Helpline Training and Practice Coordinator and Volunteer*

The Child Death Helpline was set up at Great Ormond Street Hospital (GOSH), London in 1992 to offer support after the death of a child. It was based on an existing hospital telephone support service for bereaved parents at the Alder Centre, Liverpool, UK and three years later the two merged to form a nationally available freephone service. Other paediatric hospital trusts have since shown interest in becoming affiliated partners, training and supporting volunteer bereaved parents to staff an increasingly busy and extending rota.