Abstracts

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Embodied grief: bereaved parents' narratives of their suffering body

Gudmundsdottir M (2009). *Omega* 59(3) 253–269

Physical symptoms following a bereavement are commonly regarded as psychosomatic responses to the loss that, if they continue, reflect a maladaptive coping style. This article is based on interviews with 15 individuals (mainly parents) in seven families where a child had died suddenly and unexpectedly. The study formed part of a larger exploration of the experience of families after such a death. The aim was to explore and better understand, through their experiences, the grieving body.

The author describes her own experience, following the death of her mother:

> 'Several months after my mother's death, I was going about my day at work when I had an amusing thought. I reached for the telephone … and proceeded to dial my mother's telephone number … It was at times as if my body was unaware of the changes that had occurred in my life.'

Gudmundsdottir used an interpretive phenomenological approach influenced by the work of Maurice Merleau-Ponty, which she discusses in relation to other writers. Merleau-Ponty argued that the body is a vehicle through which a person participates in the world and that the body and mind are both perceptive and expressive of each other.

Several participants in this study noticed that their bodies felt strange and unfamiliar after their bereavement. Some said their body felt different or heavy, as if from carrying a heavy load. Others described how their body physically hurt. For some, this lasted only a short time following the death; for others it was still affecting them. The author explores themes of the body as different, the body and everyday activities, the body as mutilated, and the body as physically hurting (stomach aches, headaches, multiple body pains), using verbatim excerpts from the interviews. Most powerful is an example of a bereaved mother who described 'rocking a lot, moving back and forth, you know, as though there was a baby on your shoulder'. Her body was still acting as a mother.

Gudmundsdottir acknowledges the limitations of the study but argues that these parents' experiences highlight the importance of acknowledging 'stories of the body' in work with bereaved parents. The words of these bereaved parents could also be useful reading for other bereaved people who have experienced physical reactions to their bereavement, to help them to normalise their grief experience. ■

Bereavement needs assessment in specialist palliative care: a review of the literature

Agnew A, Manktelow R, Taylor BJ, Jones L (2010). *Palliative Medicine* 24(1) 46–59

NICE guidance on palliative care for adults with cancer (NICE, 2004) recommends bereavement needs assessment in palliative care services. However identifying and implementing appropriate bereavement measurement tools has remained a challenge. This paper reviews bereavement measurement tools to determine their suitability for use in bereavement services and hospices.

The authors review the NICE guidelines and current bereavement assessment practices, their advantages and pitfalls, ethical issues that have sometimes been neglected, theoretical issues underpinning bereavement assessment and their applicability and use in specialist palliative care settings in the UK.

A literature search yielded 486 papers, of which 59 describing a total of ten measurement tools were reviewed in detail. Two types of bereavement assessment tools were identified and analysed: a) measures for use in specialist palliative care settings, and b) measures available for use by bereavement services to respond to requests for bereavement support.

The authors describe in detail each tool, reviewing a) method of administration, b) breadth of application, c) theoretical basis, d) information yielded, e) reliability, f) validity and g) accessibility. The tools are the Bereavement Risk Index, the Colorado Bereavement Services Project, the Family Relationships Index, the Matrix of Range of Responses to Loss, the Risk Assessment of Bereavement in a Palliative Care Setting, the Adult Attitude to Grief Scale, the Core Bereavement Items, the Grief Evaluation Measure, the Inventory of Traumatic Grief, and the Texas Revised Inventory of Grief.

It is useful to have a summary of these tools in one article. The authors suggest that the Matrix of Range of Responses to Loss may be most appropriate to UK specialist palliative care services, as it incorporates the need to involve service users in the assessment process. ■

National Institute of Clinical Excellence (2004). *Guidance on cancer services: improving supportive and palliative care for adults with cancer. The manual*. London: NICE. http://www.nice.org.uk/nicemedia/pdf/csgspmanual.pdf

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Losing the genetic twin: donor grief after unsuccessful unrelated stem cell transplantation

Wanner M, Bochert S, Schreyer I M, Rall G, Rutt C, Schmidt A H (2009). *BMC Health Services Research* 9(2). http://www.biomedcentral.com/1472-6963/9/2

Stem cell transplantations from related or unrelated donors are used to cure leukaemia and other blood diseases. When a patient dies after an unsuccessful transplantation, it is usual practice for unrelated donors who have requested this information to be informed of the failure by the donor centre. Studies of donors who are related to the recipient show that they experience intense grieving when the transplantation fails. However much less is known about the response of unrelated donors. Only two such studies have been conducted to date.

This paper reports findings of a prospective study of the reactions of unrelated donors to the information that the transplantation had failed, which also sought to identify if the response differed according to the communication method (letter or phone).

The study sample comprised 395 donors registered with a bone marrow donor centre in Germany who donated stem cells between 2003 and 2005 and wanted to be informed about the state of health of their recipients. The donors were randomly assigned to be informed by letter, by letter with an invitation to contact the donor centre if they wanted more information, or by telephone. A nine-item questionnaire was sent to these donors one month after they were informed that the transplant had been unsuccessful and the recipient had died. In addition, 12 in-depth interviews were conducted with selected donors.

The response rate was large – 82.3% – and the responses demonstrated a significant grief response: 299 of 313 donors (95.5%) were emotionally affected by the death. Feelings included sadness (95.9%) and disappointment (87.2%), grief (73.2%) and helplessness (51.9%). The majority (80%+) of donors thought about the recipients and their families, and 51.9% said it made them think more about their own families. These feelings were often unexpectedly intense, given that the recipient was a stranger. The authors suggest it is appropriate to speak about a 'donor grief' phenomenon.

However, although the news was distressing, the donors emphasised that they preferred knowing that the transplantation had failed to not knowing. Almost all (97.8%) agreed that, regardless of the failure, 'I feel happy for having donated'. Not surprisingly, 90.4% said they were willing to donate again.

The method of communication was of secondary importance: no significant correlation emerged between how the news was transmitted (phone or letter) and the donor's response. Most donors were happy with the method of communication they received. However the authors conclude that telephone communication offers more sensitivity.

This is a 'niche' area of grief – few will experience this kind of bereavement. Nevertheless it will be an issue that occasionally emerges in the course of grief counselling. ■

Grieving together and apart: bereaved parents' contradictions of marital interaction

Toller PW, Braithwaite DO (2009). *Journal of Applied Communication Research* 37(3) 257–277

The authors used relational dialectics theory to examine interactions between bereaved parents following the death of their child. Relational dialectics theory is used to analyse communication within which different, often opposing, voices co-exist.

Interviews were conducted with 37 parents bereaved by the death of a child. The analysis highlighted the contradictions expressed in their communications by these parents. The parents wished to grieve with their spouse in order to support each other, and to grieve on their own. The researchers labelled this as grieving together–grieving apart. The parents also felt a contradictory need to be both emotionally open and closed when communicating with each other about their child's death. This tension was labelled as openness–closedness.

Those parents who wished to express their grief openly often thought their partner should do likewise. However the majority of parents indicated they were able to recognise, understand and accept how each other grieved.

The researchers examine in detail how these parents negotiated these contradictions. They identify various styles of resolving this tension between grieving together–grieving apart, such as accepting their differences, compromising, and seeking outside help. They similarly examine and explore how these parents negotiated the different combinations of openness–closedness in grieving relationships: both parents are open and closed; one parent is open and one is closed; both parents are open with others and closed with each other; both parents are closed verbally and open non-verbally, and the parents accepted each other's communication styles.

The emotional maturity of these couples is clear as they gradually come to understand and accommodate each other's needs. These parents may or may not be a representative sample but the descriptions of the methods of communication may be helpful to other couples as they tread delicately with each other at a time of great personal grief.

The authors say they will be writing a leaflet on their findings to help bereaved parents. This immediate, practical and specific application of research to practice is impressive. ■

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