

Centre for Policy on Ageing
Information Service

Selected Readings

Bereavement

February 2023

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2022

Death of a child, religion, and mental health in later life; by Jong Hyun Jung, Hyo Jung Lee.: Taylor and Francis, March 2022, pp 623-630.

Aging and Mental Health, vol 26, no 3, March 2022, pp 623-630.

The death of a child may be one of the most stressful events for parents to experience. This study aims to assess how the death of a child prior to midlife (age 40) is associated with the mental health of parents in later life, and how this association is contingent on religious belief in a divine plan. Using data from ageing parents (aged 65+) in the six waves (2006-2016) of the US Health and Retirement Study (HRS), the study conducted negative binomial regression analyses to examine the main effects of the death of a child prior to midlife on parents' late-life depressive symptoms, and the buffering effect of religious beliefs on this main effect (N = 8,248). Growth curve modeling was used to analyse the trajectories of depressive symptoms (Obs. = 31,088). Experiencing the death of a child prior to midlife is positively associated with depressive symptoms among older adults. Yet, the association is mitigated among respondents who exhibit a high level of belief in a divine plan at baseline. Further, a gradual decline in the number of depressive symptoms over time was observed among the bereaved parents who reported a high level of belief in a divine plan. The study suggests that belief in a divine plan has a protective effect on older adults who cope with the aftermath of child loss. (RH)

ISSN: 13607863

From : <https://doi.org/10.1080/13607863.2021.1889968>

Engagement with life among the oldest-old in assisted living facilities: enriching activities and developmental adaptation to physical loss; by Jordan Boeder, Sarah Hwang, Thomas Chan.: Cambridge University Press, May 2022, pp 1191-1212.

Ageing and Society, vol 42, no 5, May 2022, pp 1191-1212.

The objective of this study was to examine the activities, motivations, and barriers of activity engagement in the oldest-old residing in assisted living facilities (ALFs). Semi-structured interviews were conducted with 20 participants, aged 80-94 (standard deviation = 4.38), from two ALFs located in suburbs of Los Angeles County, California. Thematic analyses were used to identify and corroborate clusters of experiences. All residents stated that they desired enriching activities, most often in the form of productive work or community events. Although engaging in enriching activities was a universal desire, residents who experienced more functional limitations had an increased difficulty satisfying this need. Participants believed that activities offered by the ALF primarily served those who are cognitively impaired. ALF residents with severe mobility issues were not able to access more enriching activities outside the ALF compared to those with fewer physical limitations. However, the more physically impaired residents used a range of adaptation methods that fit into the selection, optimisation and compensation framework to overcome barriers to participate in meaningful activities. ALF residents who are cognitively fit but experience severe mobility limitations may be the most in need of enriching activities. To help these residents maintain a high quality of life, ALFs need to provide activities that appeal to residents of varying cognitive abilities and provide interventions to help aid their adaptation to physical loss. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X20001488>

Exploratory factor analysis of the caregiver grief inventory in a large UK sample of dementia carers; by Jane Gilsonan, Colin Gorman, Mark Shevlin.: Taylor and Francis, February 2022, pp 320-327.

Aging and Mental Health, vol 26, no 2, February 2022, pp 320-327.

Anticipatory grief (AG) is the process of experiencing loss prior to the death of a significant person. Coping with this multifaceted experience in the context of dementia caregiving is a relatively novel, yet significant area in caregiving literature. The Marwit-Meuser Caregiver Grief Inventory (MM-CGI) and its abbreviated MM-CGI-Short-Form (MM-CGI-SF) is the most widely used scale measuring AG. This study used contemporary factor analytical techniques to assess the dimensional structure of the MM-CGI/SF. 506 caregivers of people with dementia completed a survey containing MM-CGI/SF and other associated psychological measures. Exploratory factor analysis was employed to compare eight alternative factor analytical models to determine the optimal model. Internal-consistency reliability was assessed by Cronbach's α and construct validity was assessed by Spearman's correlation coefficient. The best fitting model was the MM-CGI-SF three factor model (Personal Sacrifice and Burden, Heartfelt Sadness and Longing and Worry and Felt Isolation). The MM-CGI-SF three factor model demonstrated internal consistency reliability, and factor correlations with associated psychological measures indicated construct validity. The MM-CGI-SF three factor model demonstrated adequate fit and utility, however, the Worry and Felt Isolation subscale needs further replication and revision to assess its dimensionality. The MM-CGI-SF is the more useful tool due to its brevity and better model fit. (RH)

ISSN: 13607863

From : <https://www.tandfonline.com>

2021

A compassionate communities approach in a grief and bereavement support program: bridging the gap in palliative care; by Gregoria Zuniga-Villanueva, Jose Luis Ramirez-GarciaLuna, Roy Ismael Villafranca-Andino.: Taylor and Francis, 2021, pp 9-18.

Journal of Social Work in End-of-Life and Palliative Care, vol 17, no 1, 2021, pp 9-18.

Grief and bereavement support is a fundamental component of palliative care, yet there is a gap in practice as not all palliative care services offer it. The compassionate communities (CC) approach aims to build community capacity to address grief as grief support is considered everyone's responsibility. This study describes the characteristics, development, growth and (827 registered) attendees of a grief support programme in San Luis Potosi, Mexico that uses a CC approach to bridge the gap of grief support in palliative care. (RH)

ISSN: 15524256

From : <https://www.tandfonline.com>

Strengths and struggles for families involved in hospice care during the COVID-19 pandemic; by Erika Gergerich, Jason Mallonee, Stacy Gherardi (et al).: Taylor and Francis, 2021, pp 198-217.

Journal of Social Work in End-of-Life and Palliative Care, vol 17, nos 2-3, 2021, pp 198-217.

The COVID-19 pandemic presented unique health and social challenges for hospice patients, their families and care providers. This qualitative study explored the impact of the pandemic on this population through the experiences and perceptions of social workers in hospice care. A survey was distributed through national and local listservs to social work practitioners throughout the United States between May 15 and June 15, 2020. The study was designed to learn the following: (1) Concerns patients experienced as a result of the pandemic, (2) strengths/resilience factors for patients during the COVID-19 pandemic, and (3) the personal and professional impact of the pandemic on social workers. Themes uncovered in hospice care included isolation, barriers to communication, disruption of systems, issues related to grieving, family and community support, adaptation, and perspective. The authors provide recommendations for social work practice related to virtual communication, emergency planning, and evidence-based intervention for Persistent Complex Bereavement Disorder. Recommendations for policy include uniform essential worker status for social workers, telehealth reimbursement and expanded caregiver respite benefits. (RH)

ISSN: 15524256

From : <https://www.tandfonline.com>

2020

Bereavement in the time of Coronavirus: unprecedented challenges demand novel interventions; by Deborah Carr, Kathrin Boerner, Sara Moorman.: Taylor and Francis, July-October 2020, pp 425-431.

Journal of Aging and Social Policy, vol 32, nos 4-5, July-October 2020, pp 425-431.

COVID-19 fatalities exemplify "bad deaths" and are distinguished by physical discomfort, difficulty breathing, social isolation, psychological distress and care that may be discordant with the patient's preferences. Each of these death attributes is a well-documented correlate of bereaved survivors' symptoms of depression, anxiety and anger. Yet the grief experienced by survivors of COVID-related deaths is compounded by the erosion of coping resources like social support, contemporaneous stressors including social isolation, financial precarity, uncertainty about the future, lack of routine, and the loss of face-to-face mourning rituals that provide a sense of community and uplift. National efforts to enhance advance care planning may help dying patients to receive care that is concordant with the preferences of them and their families. Virtual funeral services, pairing bereaved older people with a telephone companion, remote counselling, and encouraging "continuing bonds" may help older people adapt to loss in the time of pandemic. (RH)

ISSN: 08959420

From : <https://www.tandfonline.com>

Considerations for developing online bereavement support groups; by Allison Gibson, Stephanie P Wladkowski, Cara L Wallace, Keith A Anderson.: Taylor and Francis, 2020, pp 99-115.

Journal of Social Work in End-of-Life and Palliative Care, vol 16, no 2, 2020, pp 99-115.

The loss of a family member or friend can have profound psychological and physical implications, particularly for individuals without bereavement support services. Online support groups can be an effective means of extending services beyond the traditional modes of delivery. This is especially true for populations that include isolated individuals and those with limited support networks, limited access to transport, challenging time

commitments, or who live in communities with limited services available. The authors reviewed literature from the previous 10 years to discern the potential opportunities and challenges of providing online bereavement support group services. Discussed are challenges for recruitment of participants, availability of technology resources, addressing privacy and confidentiality issues, participants' knowledge of technical equipment, legal considerations, ethical considerations, accessibility, and other best practices. Diverse populations such as adolescents, older people and those in rural communities must be uniquely considered when using online support groups. (RH)

ISSN: 15524256

From : <https://www.tandfonline.com>

Death and dying on the social network: an Italian survey; by Andrea Bovero, Chiara Tosi, Rossana Botto, Riccardo Torta.: Taylor and Francis, 2020, pp 266-285.

Journal of Social Work in End-of-Life and Palliative Care, vol 16, no 3, 2020, pp 266-285.

Death, bereavement and grief are part of everyone's life experience. In recent years, media and social network platforms have gradually begun to influence people's ways of perceiving and coping with death and dying, and research on the phenomenon of digital death is growing. Facebook is one of the most known and used social networks, and one of the few that developed specific measures to manage deceased users' profile pages. Based on these premises, the authors investigated how 1281 Italian participants (age 14-77) approach death on Facebook with respect to opinions, attitudes and emotional reactions, through an ad-hoc online survey. The results highlight how participants seem to have different attitudes and emotions toward death, grief and mourning on the social network platform. The age of a participant seems to influence the use of the social network and the attitudes and the emotions toward the topic of investigation. Moreover, for this Italian sample, the custom of grieving and commemorating on social media is beginning to spread, along with the usual cultural practices without replacing them. (RH)

ISSN: 15524256

From : <https://www.tandfonline.com>

The death of confidants and changes in older adults' social lives; by James Iveniuk, Peter Donnelly, Louise Hawkey.: Sage, August-September 2020, pp 236-246.

Research on Aging, vol 42, nos 7-8, August-September 2020, pp 236-246.

This study examines the consequences of confidant death for the social lives of older adults, testing hypotheses from socio-emotional selectivity theory and the hierarchical compensatory model. We draw upon longitudinal data from the National Social Life Health and Aging Project—a nationally representative survey of older adults (N = 2,261). We employ ordinary least squares (OLS) and ordinal logistic regressions in the context of multiple imputation with chained equations, checking our findings with doubly robust estimation. We find that the death of a spouse, but not the death of a family member or friend, was associated with increased support from friends and family, spending more time with family, and more frequent participation in religious services, but not volunteering. Death of other confidants also had little impact on older adults' social lives, suggesting the robustness of their networks to nonspousal loss.

ISSN: 01640275

From : <http://www.journals.sagepub.com/home/roa>

Helpful approaches for older adults living in a retirement community to move forward after the death of a significant other; by Janet Sopcheck.: Taylor and Francis, 2020, pp 219-237.

Journal of Social Work in End-of-Life and Palliative Care, vol 16, no 3, 2020, pp 219-237.

The loss of a significant other often creates emotional distress for family members that can hamper the ability to meet everyday challenges and pursue wellness. This qualitative study aimed to understand the challenge of losing a significant other for older adult family members, also to identify the most helpful approaches in promoting their own well-being after this person dies. The story inquiry method guided interviews with 15 older adult bereaved family members living in a continuing care retirement community (CCRC) in south-east Florida. Theory-guided content analysis was used for data analysis. Two themes described the challenges: uneasiness that permeates everyday living; and precious memories and patterns of disconnect that breed discontent. Appreciating the rhythmic flow of everyday connecting and separating, and embracing reality as situated in one's lifelong journey are the themes that encompass the helpful approaches used by participants. This study provides insights about the benefits of living in this community such as social networking, and a possible drawback such as the frequency of death among residents. Future research should continue to investigate social service resources that older adults find most helpful after a significant other dies, also the use of reminiscence groups as a form of bereavement support. (RH)

ISSN: 15524256

From : <https://www.tandfonline.com>

Widowhood and mortality risk of older people in rural China: do gender and living arrangement make a difference?; by Huijun Liu, Quanbao Jiang, Marcus W Feldman.: Cambridge University Press, September 2020, pp 1939-1955.

Ageing and Society, vol 40, no 9, September 2020, pp 1939-1955.

Increased mortality after spousal bereavement has been observed in many populations. Few studies have investigated the widowhood effect in a traditional culture where the economy is underdeveloped. The reasons for the widowhood effect and its gender dynamic are not well understood. This study assessed whether the widowhood-associated excess mortality exists and differs by gender and living arrangement in rural China. It used a six-wave panel of data derived from rural people over 60 years old in the Chaohu region of China. Cox regression analyses suggest that there was a positive effect of spousal loss on mortality for older rural Chinese and this effect was gender different. Our findings also suggest that living with adult children after spousal loss played a protective role in reducing the risk of older men's death, though it tended to increase older men's mortality risk in general.

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X19000436>

2019

Response to spousal death according to faith in traditional Chinese culture among older Chinese: moderation by occupation; by Haimin Pan.: Wiley, September 2019, pp 1224-1231.

Health and Social Care in the Community, vol 27, no 5, September 2019, pp 1224-1231.

This study aimed to enrich the knowledge of the effects of traditional Chinese culture on bereavement outcomes among older Chinese, and to examine the moderating role of occupation in the relationship between traditional culture and bereavement outcomes. A sample of 352 older Chinese in widowhood was interviewed by quota sampling. A scale of faith in traditional Chinese culture was developed and confirmed by factor analysis. Complicated grief (CG) functioned as the outcome variable. Results showed that faith in traditional culture did affect CG among the sample, and previous occupation moderated the effect of traditional culture on CG. Within the sample, the effect of faith in Chinese culture on CG was found to be stronger in a non-peasant group when compared with a peasant group. These results broaden the knowledge of spousal bereavement in a Chinese context. Services such as death education and occupational therapy were recommended according to this study. (JL)

ISSN: 09660410

From : <http://www.wileyonlinelibrary.com/journal/hsc>

2018

Caring about dying persons and their families: interpretation, practice and emotional labour; by Laura M Funk, Sheryl Peters, Kerstin Stieber Roger.: Wiley, July 2018, pp 519-526.

Health and Social Care in the Community, vol 26, no 4, July 2018, pp 519-526.

The importance of emotional support for dying people and their families has been well established, yet we know less about how care workers understand emotional processes related to death and dying, or how these understandings are connected to care practices and emotional labour at the end of life. The aim of this study was to explore how healthcare workers interpret and respond to emotional needs of dying people and their families. Qualitative data were collected between 2013 and 2014 through in-depth, in-person interviews with 14 nurses and 12 healthcare aides in one Western Canadian city. Transcripts were analysed using an inductive, interpretive thematic coding approach and the analytic lens of emotional labour. Dominant interpretive frames of a "good death" informed participants' emotionally supportive practice. This included guiding patients and families to "open up" about their emotions to activate the grief process. There was concern that incomplete grieving would result in anger being directed towards care staff. The goal of promoting emotional sharing informed the work of "caring about". Although palliative philosophies opened up moral and professional space for "caring about" in the context of organisational norms which often discouraged these practices, the tension between the two (and the lack of time for this work) may encourage surface expressions rather than authentic emotional care. (RH)

ISSN: 09660410

From : <http://www.wileyonlinelibrary.com/journal/hsc>

Dementia caregivers' coping with pre-death grief: effects of a CBT-based intervention; by Franziska Meichsner, Gabriele Wilz.: Taylor and Francis, February 2018, pp 218-225.

Aging and Mental Health, vol 22, no 2, February 2018, pp 218-225.

Pre-death grief can have an adverse impact on dementia caregivers. The purpose of the present study was to examine whether a cognitive-behavioural intervention including a grief intervention module could increase caregivers' coping with pre-death grief and whether these effects could be maintained as a six-month follow-up assessment. In a randomised controlled trial examining the effectiveness of a cognitive-behavioural intervention 273 caregivers were allocated to either an intervention or control group. Intervention group participants received 12 therapy sessions over six months whilst all participants completed a measure of pre-death grief. The analysis was conducted using latent change models. In the first model, study group was included as a predictor of change in pre-death grief. Subsequent models also included care situation and sociodemographic variables. The burden due to pre-death grief was reduced for intervention but not control group participants at the time of the six-month follow-up assessment. When controlling for changes in the care situation and sociodemographic variables, the treatment effect was also found in the assessment completed post intervention. These results indicate that a cognitive-behavioural intervention including grief-specific strategies can successfully foster caregivers' coping with loss and reduce the burden of pre-death grief. (JL)

ISSN: 13607863

From : <http://www.tandfonline.com>

Filling the void: hospital palliative care and community hospice: a collaborative approach to providing hospital bereavement support; by Cathy J Silloway, Toni L Glover, Brian J Coleman, Sheri Kittelson.: Taylor and Francis, April-September 2018, pp 153-161.

Journal of Social Work in End-of-Life and Palliative Care, vol 14, nos 2-3, April-September 2018, pp 153-161.

Bereavement services are often provided as components of hospice and palliative care plans, including emotional, psychosocial and spiritual support provided to individuals and families to assist with grief, loss and adjustment after the death of a loved one. Patient- and family-centred care is a hallmark of palliative care. Moreover, bereavement counselling is offered as a hospice care benefit that is covered by Medicare and various private insurance plans in the US. However, not all hospital-based palliative care programmes offer bereavement support. This article describes an innovative bereavement programme designed to offer support to individuals whose loved one died in the hospital while receiving palliative care. The bereavement team, including clinical professionals from the inpatient palliative care team and two community hospices, developed the University of Florida (UF) Health Bereavement Program. The interprofessional team includes social workers, volunteers, chaplains, nurses, nurse practitioners and physicians. The Bereavement Program incorporates grief support workshops, follow-up with participants via postal mail at timed intervals, website access to grief resources, staff education, and an annual evening of remembrance. Finally, interagency collaboration has extended the reach of bereavement services beyond UF Health into the community at large. This model of provision serves as an example for other hospital-based palliative care services. (RH)

From : <http://www.tandfonline.com>

Good grief: older people's experiences of partner bereavement; by Catherine Seymour, Jeremy Bushnell, Sarah Dobson, Independent Age. London: Independent Age, April 2018, 48 pp.

Older people are more likely to experience bereavement than any other age group, and are less likely to seek help than younger bereaved people. This report brings together what we already know about older people's experiences of bereavement, and new research centred on older people whose partners have died. The focus is on how bereaved people are affected in terms of: loneliness and isolation; mental and physical health; financial and practical considerations; and feelings and grief. Research was conducted in conjunction with the International Longevity Centre - UK (ILC-UK) using an evidence review of older bereavement, analysis of the English Longitudinal Study of Ageing (ELSA), and a survey by ComRes of 200 older British adults (age 65+) who had experienced the death of a partner. The report finds that bereavement support can be difficult to navigate, there being multiple small providers, no single approach, and no consistency in the approach provided by health and care staff. It demonstrates how talking about death at individual and policy levels can start to provide the help older people need. It makes recommendations to improve the provision of effective bereavement support. Assistance from the Methodist Homes Association, Open Age, Compassion in Dying and the Loss Foundation in finding participants for the research is acknowledged. (RH)

From : Independent Age, 6 Avonmore Road, London W14 8RL. Website: www.independentage.org

Navigating the liminal space: trauma, transition, and connection in bereaved carers' experiences of specialist palliative care in Western Sydney; by Kristin Bindley, Anne May, Wendy Pavlek (et al.): Taylor and Francis, April-September 2018, pp 225-239.

Journal of Social Work in End-of-Life and Palliative Care, vol 14, nos 2-3, April-September 2018, pp 225-239.

Caregiving at the end of life has been associated with a range of physical, spiritual, social and psychological outcomes, and influenced by encounters with providers of specialist palliative care. This qualitative study explores experiences of bereaved carers of people with a life-limiting illness, in the context of care provided through a Western Sydney supportive and palliative care service. Thirteen bereaved caregivers participated in semi-structured, in-depth interviews. Transcripts were analysed using a thematic approach, informed by thematic networks. Four domains appeared to mediate carer experiences: confrontations with trauma, suffering and death; navigating transitions and boundaries and the caregiving role as liminal space; encountering connection in formal care contexts; and negotiating system issues. This study is one of the first to explore caregiver experiences within a low socioeconomic population in Western Sydney, and to provides a nuanced understanding of factors which may shape experiences of palliative care. Findings suggest the need for ongoing attention to the cultivation of skilful practitioners who are mindful of companion caregivers' needs, and in a manner attuned to the potential for trauma in the context of expected death. Additionally, findings call for investment in specialist sites of care alongside greater attention to public health approaches to palliative care. (RH)

From : <http://www.tandfonline.com>

Psychological vulnerability of widowhood: financial strain, social engagement and worry about having no care-giver as mediators and moderators; by Joohong Min, Yawen Li, Ling Xu, Iris Chi.: Cambridge University Press, November 2018, pp 2356-2375.

Ageing and Society, vol 38, no 11, November 2018, pp 2356-2375.

This study examined how financial strain, worry about having no caregiver and social engagement modify the association between widowhood and depressive symptoms among older adults in China. To investigate mediating and moderating effects of these three variables, the authors ran structural equation models and ordinary least square regressions, using data from the nationally representative Sample Survey on Aged Population in Urban/Rural China for older people in China in 2006. All three variables significantly mediated the association between widowhood and depressive symptoms. Compared to their married counterparts, widowed older adults showed more worry about having no care-giver, increased financial strain and lower social engagement, which were significantly associated with depressive symptoms. Higher level of worry about having no care-giver and lower social engagement significantly exacerbated the adverse effects of widowhood on depressive symptoms in the moderation analyses. The finding of mediating effects suggests that widowhood is negatively related to psychological well-being via financial strain, social engagement and care resources. The results regarding moderating effects suggest that alleviating worry about having no caregiver and increasing social engagement may buffer the deleterious effect of widowhood on psychological well-being in later life. (RH)

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

Welcoming death: exploring pre-death grief experiences of caregivers of older adults with dementia; by Cynthia Hovland.: Taylor and Francis, October-December 2018, pp 274-290.

Journal of Social Work in End-of-Life and Palliative Care, vol 14, no 4, October-December 2018, pp 274-290.

The death of an older person with dementia often has an uncertain dying trajectory and has been referred to as "the long goodbye". Researchers have found both positive and negative outcomes of pre-death grief for caregivers of individuals with chronic illnesses. This qualitative study explored the end-of-life experiences for 36 bereaved family caregivers of older adults with dementia in Michigan and Cleveland, Ohio, focusing on understanding their experiences with pre-death grief. These caregivers shared experiences with the phenomenon of "welcoming death". The findings highlight the primary reasons they anticipated, accepted or wished for the death of their family member with dementia. With the overarching goal of improving bereavement outcomes and reducing feeling of guilt, inclusion of pre-death grief support services throughout the caregiving process are recommended. (RH)

ISSN: 15524256

From : <http://www.tandfonline.com>

2017

Changes in life satisfaction when losing one's spouse: individual differences in anticipation, reaction, adaptation and longevity in the German Socio-economic Panel Study (SOEP); by Frank J Infurna, Maja Weist, Denis Gerstorf (et al).: Cambridge University Press, May 2017, pp 899-934.

Ageing and Society, vol 37, no 5, May 2017, pp 899-934.

Losing a spouse is among the most devastating events that may occur in people's lives. The authors use longitudinal data from 1,224 participants in the German Socio-economic Panel Study (SOEP) to examine (a) how life satisfaction changes with the experience of spousal loss; (b) whether socio-demographic factors and social and health resources moderate spousal loss-related changes in life satisfaction; and (c) whether extent of anticipation, reaction and adaptation to spousal loss are associated with mortality. Results reveal that life satisfaction shows anticipatory declines about two and a half years prior to (anticipation), steep declines in the months surrounding (reaction) and lower levels after spousal loss (adaptation). Older age was associated with steeper anticipatory declines, but less steep reactive declines. Additionally, younger age, better health, social participation and poorer partner health were associated with better adaptation. Higher pre-loss life satisfaction, less steep reactive declines and better adaptation were associated with longevity. The discussion focuses on the utility of examining the interrelatedness among anticipation, reaction and adaptation to further our understanding of change in life satisfaction in the context of major life events. (RH)

ISSN: 0144686X

From : cambridge.org/aso

Conducting longitudinal research with older widows: exploring personal communities through multiple methods; by Tracy Collins.: Taylor and Francis, 2017, pp 102-114.

Journal of Women and Aging, vol 29, no 2, 2017, pp 102-114.

The author reports on the process of undertaking a longitudinal multiple methods study with older women experiencing the transition of later-life widowhood. Three qualitative in-depth interviews were conducted with 26 older widows in North Staffordshire. Interviews included the use of personal community diagrams to identify the structure of personal communities and Christmas and Christmas cards, to further explore social relationships and practices during transition. Examples of cases are given, to illustrate the findings derived from the methods employed. The cases demonstrate the diverse and often paradoxical nature of social relationships within similar networks. (RH)

ISSN: 08952841

From : <http://www.tandfonline.com>

An investigation into the patterns of loneliness and loss in the oldest old: Newcastle 85+ study; by Katie Brittain, Andrew Kingston, Karen Davies (et al).: Cambridge University Press, January 2017, pp 39-62.

Ageing and Society, vol 37, no 1, January 2017, pp 39-62.

Old age is often characterised as being associated with neglect, isolation and loneliness, not least since established risks factors for loneliness include widowhood, living alone, depression and being female. Cross-sectional data have challenged the notion that loneliness is especially an old-age phenomenon, but longitudinal data on loneliness is scarce. Moreover, an under-represented group in previous studies are the oldest old, those aged 85 years and more. This paper addresses these knowledge gaps using data from the Newcastle 85+ Study, a large population-based cohort aged 85 years at first interview, with follow-up interviews at 18 months and three years. At baseline over half (55%) reported being always or often alone, and 41% reported feeling more lonely than ten years previously, although only 2% reported always feeling lonely. Women spent more time alone than men, and reported more loneliness both currently and compared to the past. Length of widowhood was a key factor, with those recently widowed having twice the risk of feeling lonely and those widowed for five or more years having a lower risk of reporting increased loneliness. Overall, the findings show that loneliness is a minority experience in the oldest old, but is strongly driven by length of widowhood, challenging the notion that loneliness in later life is a static experience. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

The process of change in complicated grief group therapy for bereaved dementia caregivers: an evaluation using the Meaning of Loss Codebook; by Katherine P Supiano, Lara Burns Haynes, Vicki Pond.: Taylor and Francis, February-March 2017, pp 155-169.

Journal of Gerontological Social Work, vol 60, no 2, February-March 2017, pp 155-169.

Caring for a person with dementia has adverse health and mental health effects that, for 9-25% of caregivers, persist as complicated grief (CG). For bereaved dementia caregivers unable to satisfactorily grieve, specialised Complicated Grief Group Therapy (CGGT) can restore healthy grief. The authors investigated therapeutic

change in CGGT participants, using an adapted version of the Gillies' Meaning of Loss Codebook. Participants recruited from Caring Connections (the bereavement care programme at the University of Utah) demonstrated positive gains in 16 thematic areas, notably in moving on with life, summoning pleasant memories, and ascribing bad memories to disease rather than decedent. Meaning transitioned from negative to positive interpretations of the death over the course of treatment. (RH)

ISSN: 01634372

From : <http://www.tandfonline.com>

Supporting family members to view the body after a violent or sudden death: a role for social work; by Jane Mowl.: Taylor and Francis, April-September 2017, pp 94-112.

Journal of Social Work in End-of-Life and Palliative Care, vol 13, nos 2-3, April-September 2017, pp 94-112.

Supporting family members to view the body of their relative after a traumatic death is a critical role for social workers in hospital and morgue settings, however, this role has had little attention in the literature. In this study in-depth interviews with 48 bereaved family members explored their experiences of helpful and unhelpful aspects of support when viewing the body of their deceased relative. A central theme of 'support as a relational interaction' was identified. Aspects of the connection and communication valued by participants within this relational interaction included: 'permissions and possibilities', 'information and preparation', 'presenting with care', 'time and timing' and 'tuning to family'. These results are considered with grief practice and theory, to suggest the need for social workers to actively engage with working in the interface between the deceased body and the grieving family. This includes advocating a private location for time with the body and using interpersonal skills to provide paced and dosed information for preparation to view that is consistent with the capacities and needs of the individual and family. (JL)

ISSN: 15524256

From : <http://www.tandfonline.com>

What do we know about older former carers?: Key issues and themes; by Mary Larkin, Alisoun Milne.: Wiley, July 2017, pp 1396-1403.

Health and Social Care in the Community, vol 25, no 4, July 2017, pp 1396-1403.

Despite a significant growth in the number older former family carers, they remain largely invisible in carer-related research and literature. To begin to address this deficit, a four-stage literature review was conducted to identify existing knowledge about older former carers. Narrative synthesis of the findings yielded five themes – the concept of 'older former carer', the legacies of caring, influences on the legacies of caring, conceptualising post-caring and support services for older former carers. Critical analysis of these findings suggests that existing evidence has a number of strengths. It highlights the terminological and conceptual confusion in the field, identifies the profound financial and health-related legacies older former carers experience, the factors which shape these legacies and some of the complexities of bereavement older former carers face. The support needs of older former carers are also illuminated. However the field is characterised by key weaknesses. The evidence base is fragmented and uneven. In part this reflects lack of definitional consensus and in part the fact that there is much more evidence about some sub-groups, such as carers of relatives admitted to a care home, than others. Methodology-related weaknesses include small sample sizes and a focus on a single, often condition-specific, group of older former carers. An overarching criticism relates to the narrow conceptual/theoretical purview. As post-caring tends to be viewed as one of the final temporal 'stages' of the carer's 'care-giving career', a bifurcatory model of carer/former carer is created, i.e. that a carer actively provides care and a former carer is no longer caring. This constructs being a former carer as a single fixed state failing to capture its dynamic and shifting nature and constrains the potential of research to generate new knowledge and extend understanding. (JL)

ISSN: 09660410

From : wileyonlinelibrary.com/journal/hsc

Widowhood in the fourth age: support exchange, relationships and social participation; by L M Isherwood, D S King, M A Luszcz.: Cambridge University Press, January 2017, pp 188-212.

Ageing and Society, vol 37, no 1, January 2017, pp 188-212.

Widowhood becomes increasingly common with advancing age, and spousal bereavement is likely to present additional challenges for adults in very late life. However, previous studies have not considered the potential heterogeneity of the experience of widowhood for different age cohorts. This qualitative study provided a novel examination of the experience of social resources during widowhood in the fourth age. Semi-structured interviews were conducted with 20 widowed older men and women in the fourth age (i.e. aged 85 years and older) from the Australian Longitudinal Study of Ageing (ALSA) Participants were asked about their access to, and mobilisation of, social resources during widowhood in the fourth age. The role that these resources play in adjustment to spousal loss was also explored. During this phase, widowhood was associated with diminished

social networks and concurrent challenges related to ageing and health which affected support needs and social participation. Despite requiring and receiving increasing levels of social support, participants strove to maximise independence. Males and those widowed during the fourth age were more likely to experience social isolation, loneliness and unwanted informal support. Through the mobilisation of social resources many oldest-old widowed adults continue to lead socially engaged and meaningful lives. The implications of the findings for future policy and practice are discussed, including the need for programmes to promote the continuing independence, self-directedness and social engagement of widowed individuals experiencing advanced ageing. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

2016

Applicability of the pre-death grief concept to dementia family caregivers in Asia; by Tau Ming Liew.: Wiley Blackwell, July 2016, pp 749-754.

International Journal of Geriatric Psychiatry, vol 31, no 7, July 2016, pp 749-754.

Pre-death grief is prevalent among dementia family caregivers. When unaddressed it produces adverse outcomes. With its research primarily conducted in Caucasians, its applicability to non-Caucasians is uncertain. The present study explored the existence and the characteristics of pre-death grief in a multi-ethnic Asian population using an established pre-death grief scale, namely the Marwit-Meuser Caregiver Grief Inventory (MM-CGI). 72 dementia family caregivers were recruited from a tertiary hospital. Existence of pre-death grief was shown by its measurability on MM-CGI, together with good internal consistency reliability and construct validity. Characteristics of pre-death grief were explored through multivariate linear regression of MM-CGI and by comparing MM-CGI scores with those from the original US study using one-sample T-test. In the Asian context pre-death grief was measurable in a reliable and valid manner. Risk factors of pre-death grief included caring for patients with severe dementia, spousal relationship and secondary or below education. Influence of culture was palpable: Asians had more worries and felt isolation, and certain ethnicity showed more pre-death grief. Pre-death grief is applicable even to the non-Caucasian population. It bears much similarity to that in Caucasians, however its expression is modified by culture. Clinicians working with non-Caucasian populations need to be sensitive to its presence and to the influence of culture on its expression. (JL)

ISSN: 08856230

From : www.orangejournal.org

Identities in transition: women caregivers in bereavement; by Pam Orzeck.: Taylor and Francis, January-June 2016, pp 145-161.

Journal of Social Work in End-of-Life and Palliative Care, vol 12, nos 1-2, January-June 2016, pp 145-161.

Population ageing and longevity due to medical advances over the past few decades have meant that the approximately 44 million caregivers in the United States and eight million caregivers in Canada must provide more intensive levels of care and for longer periods of time. Consequently caregivers are often profoundly affected by their caregiving role in emotional, psychological, physical and financial ways. 30 years of research on this population have helped to create a caregiver profile and identify the significant challenges for caregivers. One area explored to a much lesser extent is the postcaregiving period, when the caregiver transitions into a period of bereavement. This period can be particularly challenging for caregivers given the commitment inherent in the caregiving process. Research has shown that the emotional reactions of caregivers as well as practical challenges do not end with the death of the care recipient. In fact complex realities, tensions, and responses continue well after the death into the postcaregiving period. This study of bereaved women caregivers explored their lived experiences in the postcaregiving phase. One central theme emerged and suggested that the experience of caregiving had an effect on the caregivers' identities, which then influenced their bereavement processes and experiences. (JL)

ISSN: 15524256

From : <http://www.tandfonline.com>

Live discharge from hospice and the grief experience of dementia caregivers; by Stephanie P Wladkowski.: Taylor and Francis, January-June 2016, pp 47-62.

Journal of Social Work in End-of-Life and Palliative Care, vol 12, nos 1-2, January-June 2016, pp 47-62.

When an individual has dementia, family members are involved in many care transitions in their roles as caregivers. One such transition is the 'live' discharge from hospice services. This occurs when an individual no longer meets eligibility criteria. This can be difficult for caregivers who have been anticipating an end to understand in the context of their grief process. This qualitative study explored the experiences of 24 caregivers of adults with dementia, including Alzheimer's disease, who experienced a 'live' discharge from hospice.

Specifically, the experience of grief was examined. Results from this study highlight the complexity of caring for someone with a terminal disease and the grief experience in end-of-life care as caregivers struggle to understand the individual's terminal prognosis as temporary. This is further complicated for caregivers who must resume caregiving responsibilities or assume a new caregiving role after experiencing a loss of hospice services. Finally hospice social workers are well positioned to offer emotional and other concrete support to caregivers who experience a 'live' discharge. (JL)

ISSN: 15524256

From : <http://www.tandfonline.com>

The mental health and mortality impact of death of a partner with dementia; by Sunil M Shah, Iain M Carey, Tess Harris ... (et al): Wiley Blackwell, August 2016, pp 929-937.

International Journal of Geriatric Psychiatry, vol 31, no 8, August 2016, pp 929-937.

Caring for a partner with dementia and partner bereavement are independently associated with poor health. An understanding of the health effects of living with a partner dying with dementia can help optimise support. The present study looked at health in the year before and after loss of a partner with dementia compared with other bereavements. In a UK primary care database, 2,624 older individuals whose partner died with dementia during 2005-2012 were matched with 7,512 individuals experiencing bereavement where the deceased partner had no dementia recorded. Prior to bereavement, partners of the deceased with dementia were more likely to be diagnosed with depression and receive psychotropic medication than partners from bereavements without dementia. In contrast, psychotropic medication initiation two months after dementia bereavement was lower. Compared with other bereaved individuals, mortality after bereavement was lower in men experiencing a dementia bereavement but similar in women. Prior to bereavement, those who died with dementia were less likely to receive palliative care. These findings show that in the year before bereavement, partners of individuals dying with dementia experience poorer mental health than those facing bereavement from other causes, and their partner is less likely to receive palliative care. In the year after, individuals whose partner died with dementia experience some attenuation of the adverse health effects of bereavement. Services need to address the needs of carers for individuals dying with dementia and improve access to palliative care. (JL)

ISSN: 08856230

From : www.orangejournal.org

Reciprocity in material and time support within parent-child relationships during late-life widowhood; by L M Isherwood, M A Luszcz, D S King.: Cambridge University Press, September 2016, pp 1668-1689.

Ageing and Society, vol 36, no 8, September 2016, pp 1668-1689.

The exchange of informal support within the social network plays a vital role in enabling older adults to remain living in the community as they age. Following spousal loss in later life, the exchange of instrumental support is of particular importance in meeting the practical and financial needs of the bereaved spouse. Adult children are typically the primary source of social contact and informal support for older widowed adults following bereavement. However, very little is known of the longitudinal changes that occur in the exchange of instrumental support with children during the transition to late-life widowhood. Trajectories and predictors of change in material and time support exchange in parent-child relationships were modelled over a 15-year period for 1,266 older adult participants (mean age 76.7 years) in the Australian Longitudinal Study of Ageing (ALSA). Widowed older adults received more material and time support from their children than did their married peers. Proximity to children, age at spousal loss, self-rated health, cognitive functioning and income were predictive of levels of exchanged instrumental support in late-life widowhood. Short-term reciprocity appears to continue in parent-child relationships during late-life widowhood. Implications of these findings for policy and practice are discussed, including the role of children in older widowed adults' support networks, and the potential difficulties faced by those who do not have access to informal avenues of support. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

2015

Caring and coping with loss in dementia in North Wales; by Aimee Hooper, Carolien Lamers.: British Psychological Society, January 2015, pp 23-29.

Faculty of the Psychology of Older People (FPOP) Newsletter, no 129, January 2015, pp 23-29.

The authors report on a project which meets priority areas under the Carers Strategy (Wales) measure, and also contributes to 'Improved support for care givers', the fourth driver of '1000 lives +: Improving dementia care' (MHS Wales, 2011). They also explain how this Welsh model of provision and training was developed from a carer package developed in Sheffield in 1996. They report findings from the first phase of the pilot project with four caring and coping (C&C) groups in North Wales attended by 14 carers, who were invited to complete

Patient Health Questionnaire (PHQ-9), the Generalised Anxiety Questionnaire (GAD-7) and Zarit Burden Scale (ZBI). Qualitative findings from a questionnaire with open and closed questions are also presented. While carers' ability to cope with loss will have been helped, evaluation tools will need to be translated and validated in Welsh. (RH)

ISSN: 13603671

From : www.bps.org.uk

"I was ready to take him home": next-of-kin's accounts of loved one's death during hospice and palliative care discussions in veterans affairs medical centers; by Beverly Rosa Williams, F Amos Bailey, Hyunjin Noh ... (et al): Taylor & Francis, January-March 2015, pp 50-73.

Journal of Social Work in End-of-Life & Palliative Care, vol 11, no 1, January-March 2015, pp 50-73.

This study explored next-of-kin's retrospective accounts of hospice and palliative care discussions for hospitalised veterans. In-depth, face-to-face interviews were used to generate narrative accounts of 78 next-of-kin's experience of their loved one's hospital care during the last days of the patient's life. One-third of participants reported taking part in a hospice or palliative care discussion during the patient's final hospitalisation. In over one-half of those cases, the patients died before discharge or transfer to hospice or palliative care was accomplished. Hospice and palliative care discussions in the hospital setting shaped family perceptions of the patients' care, directed family efforts in the days prior to death, and engendered anticipation of remaining quality time with the patient. Discussions about hospice or palliative care have meaning, emotional impact, practical effects and unintended consequences for next-of-kin. Social workers in hospital settings can play a critical role in supporting family members through the hospice and palliative care discussion process and facilitate timely care transitions. They also can attend to the psychosocial concerns of family members, particularly when death occurs prior to discharge to hospice or transfer to an inpatient palliative care service. (JL)

ISSN: 15524256

From : www.tandfonline.com

The national survey of bereaved people (VOICES) 2014: [Views of Informal Carers - Evaluation of Services]; by Office for National Statistics - ONS. [Newport]: Office for National Statistics - ONS, 09 July 2015, 30 pp (Statistical bulletin).

The national survey of bereaved people (VOICES, Views of Informal Carers - Evaluation of Services) collects information on bereaved peoples' views on the quality of care provided to a friend or relative in the last 3 months of life, for England. The survey has now been run for 4 years and was commissioned by the Department of Health in 2011 and 2012, and NHS England from 2013. VOICES data provides information to inform policy requirements, including the End of Life Care Strategy (published by the Department of Health, July 2008). This set out a commitment to promote high quality care for all adults at the end of life and stated that outcomes of end of life care would be monitored through surveys of bereaved relatives. It presents a range of information regarding a person's quality of care, the dignity and respect afforded, coordination of care, relief of pain and overall level of care in the last three months of life. Also considered are: support for relatives, friends and carers; decision-making; and preferences and choices at the end of life. Links are provided to the previous surveys.

From : Download: http://www.ons.gov.uk/ons/dcp171778_409870.pdfContact: Helen Colvin, Life Events and Population Sources; Tel. +44 (0)1633 456431; Email: helen.r.colvin@ons.gsi.gov.uk

Patterns in adult sibling relationships after the death of one or both parents; by Geoffrey L Greif, Michael E Woolley.: Taylor & Francis, January-March 2015, pp 74-89.

Journal of Social Work in End-of-Life & Palliative Care, vol 11, no 1, January-March 2015, pp 74-89.

In this study the authors explored how sibling relationships were affected by the death of one or both parents in the context of the dynamics of those relationships prior to the death. Qualitative data obtained from 66 interviews in a mixed-methods study of adults in middle or older age with at least one living sibling were analysed for the purpose of finding common patterns that emerged after the death. The patterns were: Even closer; Just us now; New roles, responsibilities, and relationships; Unsettled estate; Never close; From bad to worse; Back together, temporarily; and No change. Implications for social work practice include exploring perceptions of family members regarding patterns and using the concept of ambivalence to normalise sibling relationships. (JL)

ISSN: 15524256

From : www.tandfonline.com

Religious doubt and spiritual growth among adults bereaved of a grandparent; by Julie Hicks Patrick, James A Henrie.: Taylor and Francis, April-September 2015, pp 93-107.

Journal of Religion, Spirituality and Aging, vol 27, nos 2-3, April-September 2015, pp 93-107.

Religious beliefs and bereavement provide contexts for personal growth, and the death of a grandparent may be especially well-suited to prompt such growth. Using data from 164 adults aged between 18 and 51 years bereaved of a grandparent, the authors examined whether religious doubt related to current grief via perceived spiritual growth. Mediation analyses showed that fewer religious doubts were associated with spiritual growth in bereavement, but spiritual growth was associated with higher levels of current grief. Results are discussed within a framework for including family processes in bereavement research that includes religious doubt and spiritual growth. (JL)

ISSN: 15528030

From : <http://www.tandfonline.com>

2014

'But I do believe you've got to accept that that's what life's about': older adults living in New Zealand talk about their experiences of loss and bereavement support; by Gary Bellamy, Merryyn Gott, Susan Waterworth (et al.): Wiley Blackwell, January 2014, pp 96-103.

Health and Social Care in the Community, vol 22, no 1, January 2014, pp 96-103.

Older people's views, experiences and sources of bereavement support were explored following the death of a spouse, family member or other significant individual. Telephone interviews were conducted with 28 bereaved older adults recruited from the Brief Risk Identification Geriatric Health Tool trial participants in three geographically diverse District Health Boards in New Zealand. Analysis adhered to the principles of grounded theory and followed the National Centre for Social Research 'Framework' approach. Findings indicate that family and friends play a fundamental role supporting older bereaved adults, both emotionally and practically. Existing community-based organisations were identified as an important source of support following bereavement. Despite the emotional, financial and practical challenges associated with bereavement, the majority of participants questioned the role of, need for and value of formal bereavement support services. Instead, study participants cited a combination of being older and previous life experiences as factors that had enabled them to cope with these largely 'expected' events. Moreover, they demonstrated considerable resilience in managing the emotional and practical changes associated with loss and bereavement. The paper highlights the value of adopting a public health-based approach as a way of optimising bereavement support via the use of existing community organisations previously known to older people. (RH)

ISSN: 09660410

From : wileyonlinelibrary.com/journal/hsc

'I was there when she passed': older widowers' narratives of the death of their wife; by Deborah K van den Hoonaard, Kate Mary Bennett, Elizabeth Evans.: Cambridge University Press, July 2014, pp 974-991.

Ageing and Society, vol 34, no 6, July 2014, pp 974-991.

There is evidence that older widowed women provide narrative accounts of the events that led up to the deaths of their husbands. These accounts are qualitatively different from other parts of their interviews. This study examines interviews from older widowers in England, Canada and Florida, United States and asks what features characterise their narrative accounts of their wife's death. The data show that men do speak of the death of their wife in a qualitatively different way than they do of other matters: women speak emotionally whilst men speak of their behaviour. This study uses Kirsi, Hervonen and Jylhä's typology of male care-givers (as described in 'A man's gotta do what a man's gotta do: husbands as caregivers to their demented wives'; Journal of Aging Studies, 2000). It finds that their interviews are characterised by four types of speech: factual, agentic, familistic and destiny speech. It also finds two additional speech types related to blame - one related to medical negligence (a subset of destiny speech), and one to self-blame (a subset of familistic speech). The authors argue that use of these patterns of speech allows men to preserve their masculine identities at a time when bereavement puts them under intense strain. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

Primary care providers' bereavement care practices: recommendations for research directions; by Angela R Ghesquiere, Sapana R Patel, Daniel B Kaplan ... (et al.): Wiley Blackwell, December 2014, pp 1221-1229.

International Journal of Geriatric Psychiatry, vol 29, no 12, December 2014, pp 1221-1229.

Bereaved patients are often seen in primary care settings. Although most do not require formal support, physicians may be called upon to provide support to some bereaved, particularly those with bereavement-related mental health disorders like complicated grief and bereavement-related depression. Research evidence on

physician bereavement care is scant. The present study makes recommendations for future research in this area. A literature review was conducted focusing on studies conducted between 1996 and 2013 in the United States. The limited existing research indicated substantial gaps in the research literature, especially in the areas of primary care physician skill and capacity, patient-level outcomes and the quality of research methodology. No US studies focused specifically on care for bereavement-related mental health disorders. The authors provide recommendations about how to improve research about primary bereavement care. The study concludes that the primary care sector offers ample opportunities for research on bereavement care. With greater research efforts, there may be improvements to quality of bereavement care in primary care in general, and also to the accurate detection and appropriate referral for bereavement-related mental health conditions. (JL)

ISSN: 08856230

From : www.orangejournal.org

2013

Anticipatory grief therapy for older persons nearing the end of life; by Joanna O Y Cheng, Raymond S K Lo, Jean Woo.: Future Medicine, February 2013, pp 103-114.

Ageing Health, vol 9, no 1, February 2013, pp 103-114.

Ageing brings about multiple and accumulating losses over a long trajectory of illness with deterioration in overall functioning with secondary losses in social and existential domains. The reality of anticipatory grief (AG) in older patients facing the end of life is easily overlooked with little provision of psychosocial support, especially for those ageing in institutions without integrated palliative care services. This article discusses the challenges that AG poses for the older patients, as well as the desired therapeutic outcomes through using this approach. The evidence base for AG therapy has been limited. Beneficial therapeutic approaches for AG-related constructs are reviewed, with recommendations to design interventions that target the AG of older patients facing different advanced conditions. AG interventions successfully implemented in the end-of-life care pathway may ensure optimal palliative care for the family. (JL)

ISSN: 1745509X

From : <http://www.futuremedicine.com/loi/ahe>

Bodies-in-life/bodies-in-death: social work, coronial autopsies and the bonds of identity; by John Drayton.: Oxford University Press, March 2013, pp 264-281.

British Journal of Social Work, vol 43, no 2, March 2013, pp 264-281.

This paper addresses an aspect of bereavement which has received scant attention: the various meanings of the dead body for the bereaved person and the practical implications of these for social workers in the field of grief and loss. The discussion is embedded within a consideration of the role of social work in the field. The practice context is discussed and the literature of attachment in bereavement and conceptualisations of the dead body briefly reviewed. The core of the paper derives from a series of interviews with relatives of people whose bodies underwent autopsy-based coronial investigations involving the retention of whole organs in Queensland, Australia. A number of emergent themes are identified regarding the resonance of identity and the ways it is contained, asserted and incorporated into the life and grief of the bereaved. Conflicts and concurrences between the perspectives of interviewees and dominant medico-legal perspectives are also considered. The paper concludes by discussing the role of social work in bringing the perspectives of the bereaved person to the fore. It suggests the profession, by virtue of its familiarity with the Ambiguous and Contradictory, is well placed to develop practical understandings of death and bereavement and to enhance the various governmental systems in which they are enacted. (JL)

ISSN: 00453102

From : www.bjsw.oxfordjournals.org

Developing emotional competence of social workers of end-of-life and bereavement care; by Amy Y M Chow.: Oxford University Press, March 2013, pp 373-393.

British Journal of Social Work, vol 43, no 2, March 2013, pp 373-393.

Facing an excessive number of deaths and the intense emotions of bereaved family members, social workers who work with dying and bereaved persons are confronted with exceptional emotional challenges. Based on two models of death anxiety, an education programme was developed with different experiential exercises with the aim of enhancing the emotional competence of social workers in Hong Kong. Through working with regrets and meaningfulness, the programme aims at reducing personal death anxiety, hopefully reducing the distress and non-empathetic responses of the social workers. An effectiveness study with 385 participants was carried out. Data were collected at three time points (pre, post and follow-up) to capture the changes over time. The programme is considered successful as, according to the statistics gathered, the major outcomes of work comfort and competence level improved. Statistically significant changes across time were found in death anxiety and

meaningfulness. Moreover, correlations were found between death anxiety and competence and comfort level. It is anticipated that the programme can be used and tested by social work educators and other helping professionals in other parts of the world. (JL)

ISSN: 00453102

From : www.bjsw.oxfordjournals.org

Dying together: suicide pacts and other episodes of paired suicides in Yorkshire and the Humber; by Marilyn J Gregory.: Oxford University Press, March 2013, pp 298-316.

British Journal of Social Work, vol 43, no 2, March 2013, pp 298-316.

This article discusses the phenomenon of paired suicide using a number of studies drawn from a sample of cases in Yorkshire and the Humber. Worldwide, suicide is the tenth leading cause of death: 1.5 per cent of all deaths are the result of suicide, a rate of 14.5:100,000 individuals per year. In 2010 there were 5,608 suicides in people aged fifteen years and over in the UK. Paired suicides, often called suicide pacts, in which two people die together, are a small fraction of suicides overall but are a persistent and devastating phenomenon. Cases were included in the study only when the suicides occurred together in the same place and within twenty-four hours. The term 'paired suicide' is used here because the suicide pact is quite difficult to define, due to a number of contextual factors. Social workers have a key role to play in the prevention of suicide, and encounter the kinds of cases discussed in their work in mental health teams, drug and alcohol services, practice with offenders and community care practice with older people. The article therefore concludes with a discussion of the implications for collaborative practice. (JL)

ISSN: 00453102

From : www.bjsw.oxfordjournals.org

From sense-making to meaning-making: understanding and supporting survivors of suicide; by Dolores Angela Castelli Dransart.: Oxford University Press, March 2013, pp 317-335.

British Journal of Social Work, vol 43, no 2, March 2013, pp 317-335.

This article reports findings from a qualitative study conducted in Switzerland, aimed at understanding how 48 survivors made sense of the suicide of a loved one. In-depth interviews were carried out and grounded theory analysis was performed. Suicide shatters the assumptive world of survivors. In their quest for meaning, they undergo three processes. Sense-making is seeking comprehensibility and consists of rebuilding the path which led to suicide and the figure of the person who died. Memory-building encompasses dealing with the legacy of suicide, by preserving reputation and presenting a public storyline intended for people outside the family circle. Meaning-making allows the survivor to journey towards an existential significance of the loss. Four ways of meaning-making were highlighted: for some, suicide becomes the driving force behind a commitment to suicide prevention; for others, it is the source of an increased awareness of life. Other survivors cannot find a constructive personal existential meaning, which prevents the rebuilding of self. Finally, for a minority, suicide is a mishap which needs to be dealt with. Suggestions are made on how social workers can assist survivors in their processes of meaning-making by supporting the elaboration of constructive narratives and offering tailored resources. (JL)

ISSN: 00453102

From : www.bjsw.oxfordjournals.org

Gender inequality from beyond the grave: intra-household distribution and wellbeing after spousal loss; by Bjorn Hallerod.: Cambridge University Press, July 2013, pp 783-803.

Ageing and Society, vol 33, no 5, July 2013, pp 783-803.

The present article integrates research on spousal loss among older people and research on intra-household income distribution, and relates pre-loss intra-household distribution of incomes to post-loss well-being. Data are drawn from the Swedish Panel Survey on Ageing and the Elderly (PSAE), comprising couples that were married in the mid-1990s (n= 1503) and that were either still married (n=1262) or who had experienced spousal loss (n=241) in 2002-03. The results showed that large intra-household pre-loss income differences increased the occurrence of psychosocial problems among both widows and widowers. Hence, unequal intra-household distribution of resources makes the coping process harder for both men and women. It was also shown that unequal pre-loss distribution of incomes affected a measure of global well-being among widowers. Widows suffered to a greater extent from economic difficulties, but these difficulties were not related to pre-loss distribution of incomes. Thus, the overall results showed that a gendered labour market that generates an unequal intra-household distribution of income has repercussions not only for gender equality among intact households, but also for the coping process of both widows and widowers. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

Good grief: exploring the dimensionality of grief experiences and social work support; by Theresa A Gordon.: Taylor and Francis, January-March 2013, pp 27-42.

Journal of Social Work in End-of-Life and Palliative Care, vol 9, no 1, January-March 2013, pp 27-42.

Much attention has been given to the negative repercussions of grief. However little attention has been paid to the positive repercussions. This study investigated the dimensionality of grief with a sample of 180 caregivers of deceased loved ones. Utilising a positive grief scale, additional data were collected about perceptions of social worker practice behaviours in end-of-life care. The sample was obtained through cooperation with a Midwestern US cancer support agency. Findings revealed the presence of both positive and negative aspects of grief. Supportive social work practice behaviours at the end of life were present at least 52.2% of the time and specific practices were analysed as to their association with positive or negative grief reactions. Results from this study suggest that grief is a multidimensional process and that social work practice behaviours can support positive aspects of grief with clients. (JL)

ISSN: 15524256

From : <http://www.tandfonline.com>

Grief reactions in dementia carers: a systematic review; by Diana Chan, Gill Livingston, Louise Jones, Elizabeth L Sampson.: Wiley-Blackwell, January 2013, pp 1-17.

International Journal of Geriatric Psychiatry, vol 28, no 1, January 2013, pp 1-17.

Supporting dementia carers is an identified target of the UK government, yet little is known about such family carers' grief before and after the death of the person with dementia for whom they care. In this article the authors carried out a systematic review of the existing literature on characteristics, prevalence, predictors and associations of grief in dementia carers before and after death. 31 publications were found that met predetermined criteria. These showed that grief in dementia carers, which may be normal or complicated, is a complex reaction to losses occurring before and after death. Carers experience anticipatory grief as multiple losses for themselves (companionship, personal freedom and control) and the person with dementia. Anticipation and ambiguity about the future, anger, frustration and guilt are core features. Anticipatory grief is greatest in moderate to severe stage dementia and spouse carers, especially when the person with dementia is institutionalised. There was poor quality evidence about the prevalence of grief: studies reported anticipatory grief between 47% and 71%, and complicated grief after death is estimated around 20%. Carer depression increases with anticipatory grief. Being a spouse carer and being depressed are the strongest predictors of complicated and normal grief after death. Grief in dementia carers can be expected. However those at risk of distressing anticipatory and complicated grief may be identified and targeted for intervention when necessary. Higher quality research from a wider range of samples and countries is needed to explore this complex and emergent topic. (JL)

ISSN: 08856230

From : www.orangejournal.org

Lessons I have learned; by Phyllis R Silverman.: Oxford University Press, March 2013, pp 216-232.

British Journal of Social Work, vol 43, no 2, March 2013, pp 216-232.

In this article the author reviews her many decades of research and practice with bereaved people including her original work with the Widow-to-Widow programme, her work with the development of the concept of 'continuing bonds' and her work with grieving children. The author outlines some of the many lessons she has learned as follows: death is a part of life; mourning is not something we do alone; people we wish to help are our best teachers; grief is not an illness but a life-altering event; grief is about dealing with change; gender makes a difference; different relationships lead to different ways of grieving; how children experience the death of a parent; remembering the deceased; adjusting to a changed world; leaving behind preconceived ideas about what help might look like; and the Widow-to-Widow initiative as a self-help programme. (JL)

ISSN: 00453102

From : www.bjsw.oxfordjournals.org

Paradise lost: older Cuban American exiles' ambiguous loss of leaving the homeland; by Rose M Perez.: Taylor and Francis, October 2013, pp 596-622.

Journal of Gerontological Social Work, vol 56, no 6, October 2013, pp 596-622.

To explore the experience of leaving Cuba, two Cuban American émigrés interviewed 20 Cuban exiles aged 65 or older, who left Cuba between 1959 and 1971. The interviews were conducted in New York and New Jersey using a phenomenological approach (Moutsakas, 1994). Themes included feeling betrayed by the Revolution, the inevitability of leaving, the expectation of a temporary refuge, and longing for and idealising the past. The psychological presence that participants expressed, along with an endless sense of loss, resonates with ambiguous loss theory. Implications for research and practice are discussed. (JL)

ISSN: 01634372

From : <http://www.tandf.co.uk/journals>

Psychological aspects of bereavement in adults: preliminary development of the Bereavement Experiences Index; by Fionnuala McKiernan ... (et al.): Taylor and Francis, January-March 2013, pp 7-26.

Journal of Social Work in End-of-Life and Palliative Care, vol 9, no 1, January-March 2013, pp 7-26.

This study's aim was to produce a measure of the cognitive and affective impact of bereavement and to investigate the psychometric properties and potential utility of the measure. Using a mixed correlational and comparative design, the bereavement experiences of widows who had time to anticipate their partner's death were compared with those who had no such time. In the first stage of this two-stage study, seven widows completed semi-structured interviews regarding bereavement-related cognitions and affect. A set of bereavement-related statements was derived and formed the Bereavement Experiences Index (BEI). In the second stage, the BEI and a measure of psychological disturbance were administered to 20 additional widows. Unexpected bereavement led to greater psychological impact than expected loss although longer periods of expectation were positively correlated with higher levels of grief-related social dysfunction symptoms. This preliminary version of the BEI showed potential as a measure of grief responses with predictable links to psychological distress. The findings suggested a relationship between the time available to prepare for a loss and the development of psychological disturbance. (JL)

ISSN: 15524256

From : <http://www.tandfonline.com>

2012

Guidelines for nursing homes delivering end-of-life care to residents across the island of Ireland; by Suzanne Cahill, Daphne Doran, Max Watson.: Emerald, March 2012, pp 60-70.

Quality in Ageing and Older Adults, vol 13, no 1, March 2012, pp 60-70.

This study was undertaken as part of the Living with Dementia programme based in the School of Social Work and Social Policy, Trinity College Dublin. It aim was to contribute to improving quality of life for people with end-stage dementia living in residential care settings, by investigating the experiences of aged spouses whose relatives died with end-stage dementia in nursing homes in both Northern Ireland (NI) and the Republic of Ireland (RoI). A second aim was to develop guidelines for nursing home staff for the delivery of quality care to residents with end-stage dementia in residential institutions. The study had two phases. Phase one involved conducting in-depth qualitative interviews with spouse caregivers whose relatives had died from dementia in long-stay care environments. Phase two entailed incorporating the information gathered through the in-depth interviews into draft guidelines and disseminating these to a multi-disciplinary group of health service professionals for their critical appraisal and ratification. The findings showed that most spouses deemed the end of life (EoL) care that was delivered to be of high quality, with person-centred, individual, kind, professional care being highly valued. Areas of dissatisfaction noted included poor communication, lack of involvement in key decision making, and poor symptoms control. Based on the study's findings, guidelines for the delivery of quality care in long stay residential institutions were developed in consultation with eight health service professionals. The authors hope these guidelines will contribute to improvements in the care of people with dementia at end of life, and will form the basis for the future development of policy, practices and procedures. (RH)

ISSN: 14717794

From : www.emeraldinsight.com/journals

Late-life bereavement and complicated grief: a proposed comprehensive framework; by Shruti N Shah, Suzanne Meeks.

Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 39-56.

Following a bereavement, some older adults experience grief reactions that are considered to be difficult or complicated in terms of duration and emotional intensity. The recent proposal to include the construct of complicated grief (CG) as a diagnostic category for the upcoming Diagnostic and Statistical Manual of Mental Disorders-V (DSM-V) has resulted in a proliferation of research on CG. The aim of this review is to critically examine the construct validity in light of a proposed conceptual framework that considers pre-loss conditions in the prediction of late-life grief outcomes, and to determine the degree to which research supports the inclusion of CG as a valid standardised diagnostic entity. The review critically examines current bereavement and grief models, exploring discriminant and convergent validity between CG and uncomplicated grief and other psychopathological constructs in terms of symptom intensity, symptom trajectories, bereavement outcomes, and treatment response. The findings show mixed support for differentiating CG from other outcomes of bereavement. They also emphasise the importance of considering pre-bereavement circumstances, such as pre-

existing depression, in the conceptualisation of broader bereavement outcome. A comprehensive framework that emphasises pre-bereavement circumstances is proposed in order to better predict various grief trajectories and outcomes of late-life loss. (JL)

ISSN: 13607863

From : <http://www.tandfonline.com>

Older adults' response to the loss of a spouse: the function of spirituality in understanding the grieving process; by Thecla Damianakis, Elsa Marziali.

Aging & Mental Health, vol 16, no 1-2, January-March 2012, pp 57-66.

The objective of this study was to examine the role of spirituality in helping older adults grieve the loss of a spouse in the context of a model of group psychotherapy. 24 older adults, ranging in age from 65 to 82, whose spouses had died in the previous year, were assigned, in groups of six, to a 14-week group therapy intervention facilitated by trained, experienced co-therapist social workers. All sessions were audio recorded. Qualitative analysis of the four therapy groups at beginning, middle and ending sessions yielded salient themes that illustrate associations between spirituality and shifts in self-identity, mourning the loss and social re-engagement. Observed were within process acknowledgement of the role played by spiritual beliefs in mourning the loss of a spouse. Implications for group intervention for older adults grieving the loss of a spouse are discussed. (JL)

ISSN: 13607863

From : <http://www.tandfonline.com>

Pastoral care regarding losses for seniors: creating rituals, personal narratives, and practices to draw seniors closer to God; by Bridget N Casey.

Journal of Religion, Spirituality and Aging, vol 24, no 4, 2012, pp 289-300.

An increasing population of seniors provides pastoral caregivers the opportunity to affirm older people's value to family and society. This article begins by reviewing society's perspective of older people and the challenges they face. The study then presents the concept of creating rituals and personal narratives, along with biblical stories and the lives of biblical characters, to help seniors who need to find closure for losses and to find meaning in their lives, both past and future. The techniques are mainly targeted at Christian seniors, however they may also be adapted for older people of other faiths or none. (JL)

ISSN: 15528030

From : <http://www.tandfonline.com>

2011

Spousal bereavement as a triggering mechanism for a loss of residential independence among Canadian seniors; by Lisa Strohschein.

Research on Aging, vol 33, no 5, September 2011, pp 576-597.

It is well known that unmarried seniors are more likely to experience instability in their living arrangements compared with their married counterparts, however few studies have tested whether spousal bereavement alone operates as a triggering mechanism for a subsequent loss of residential independence. The purpose of this study was to investigate whether Canadian seniors are at greater risk for institutionalisation or sharing a residence with others in the period immediately following spousal bereavement and whether this risk declines as acute responses to the crisis of bereavement become tempered with time. Data came from six waves of the Canadian National Population Health Survey (1994-2004), with the sample restricted to married or cohabiting adults who, at initial interview, were 65 years of age or older and living in a couple-only household. Results from a competing risks analysis for time to first event, where first event was either moving into an institution or sharing a residence with others, confirm the time-dependent consequences of spousal bereavement. Relative to seniors whose spouse was still living 10 years later, respondents who experienced the death of a spouse or partner between 1994 and 2004 were at significantly greater risk for both institutionalisation and coresidence in the period immediately following bereavement, with risk attenuating over time. (JL)

ISSN: 01640275

From : <http://roa.sagepub.com/>

We are living well but dying matters: [DVD]; by National Council for Palliative Care - NCPC; National End of Life Care Programme; CHANGE. [Leeds]: CHANGE, 2011, 1 DVD (Dying Matters).

People with learning disabilities need to be able to acknowledge their loss and to mourn when someone close to them dies. They also need to be included in important decisions being made around their end of life care (especially their own). to be able to ask questions, and to have their emotional needs met and dying wishes recorded. This DVD was funded by the National Council for Palliative Care (NCPC) and the National End of

Life Care Programme. In the DVD, people with learning disabilities tell their stories and share their wishes to support other people with learning disabilities to become more comfortable talking about dying, death and bereavement. (RH)

From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. E-mail: enquiries@ncpc.org.uk Websites: www.ncpc.org.uk www.dyingmatters.org www.endioflifecareforadults.nhs.uk www.changepeople.co.uk

2010

Correlates of grief among older adults caring for children and grandchildren as a consequence of HIV and AIDS in South Africa; by Hermien Boon, Robert A C Ruiter, Shegs James (et al).

Journal of Aging and Health, vol 22, no 1, February 2010, pp 48-67.

Over the past few years, older people have become the main caregivers for their sick adult children and orphaned grandchildren due to HIV/AIDS in South Africa. This article aims to investigate the scope of care provided by older people, with a specific focus on the experience of grief due to multiple losses and its correlates. Quantitative interviews were conducted among 820 isiXhosa speaking caregivers of 60 years and older in the Eastern Cape of South Africa. Older people are involved in a wide range of care activities with several dependents to care for. Grief among older adults is most strongly predicted by perceived stigma around HIV and AIDS and worries about providing the care. This study provides insight into correlates of grief among older caregivers and results in useful information to inform the development of interventions to assist older persons in coping with their responsibilities as caregivers. (KJ/RH)

ISSN: 08982643

From : [http://jah.sagepub.com/DOI: 10.1177/0898264309349165](http://jah.sagepub.com/DOI:10.1177/0898264309349165)

Dying Matters Newsletter; by Dying Matters Coalition. London: National Council for Palliative Care - NCPC, March 2010, newsletter + 5 A5 pamphlets.

The Dying Matters Coalition is raising public awareness of dying, death and bereavement in England; it is led by the National Council for Palliative Care (NCPC). This particular issue of the newsletter was published during the first Dying Matters Awareness Week 15-21 March 2010, which saw events and activities taking place nationwide. A series of five pamphlets and a poster was also launched during the week which are designed to help people focus on talking about death and dying, especially during times of terminal illness or bereavement. (KJ/RH)

From : Dying Matters Coalition, The Fitzpatrick Building, 188-194 York Way, London N7 9AS.

www.dyingmatters.org

Exceptional care at the end of life; by Lynne Greenwood.

Health Service Journal, no 6207, 20 May 2010, pp 20-21.

The 2008 end of life care strategy allocated £286m to primary care trusts (PCTs). This article looks at some of the innovations and improvements that are being made with this money. Examples range from a tool to manage the care of patients with uncertain prognosis, to facilities for newly bereaved relatives and carers. An example of the former is a form of personalised care called AMBER (assessment, management, best practice, engagement for recovery). Funded by Guys' and St Thomas' Charity, AMBER has been developed in partnership with clinical specialists and patient and carer groups. An example of the latter is a new bereavement suite at Southend University Hospital Foundation Trust, which incorporates provision of a registrar on site to prevent relatives having to make a separate visit to register a death. (RH)

ISSN: 09522271

From : www.hsj.co.uk

The experiences of older adults in the community dying from cancer and non-cancer causes: a national survey of bereaved relatives; by Jenni Burt, Cathy Shipman, Alison Richardson (et al).

Age and Ageing, vol 39, no 1, January 2010, pp 86-91.

There is limited understanding of symptoms and care in the last two months of life for adults dying from causes other than cancer. This study employed a retrospective cross-sectional survey of bereaved relatives. The survey took place across eight cancer networks in England. A random sample of 1,266 adults who registered a death occurring in someone aged 65 and over between August 2002 and February 2004 was drawn. VOICES (Views of Informal Carers - Evaluation of Services) questionnaires were sent to sampled informants by the Office for National Statistics (ONS) 3-9 months after the registration of the death. Differences in the reported experiences of cancer and non-cancer decedents in symptoms, treatment and care were assessed using Pearson's chi square test. Cancer decedents were significantly more likely than non-cancer decedents to have had pain (93% vs 79%, $P < 0.001$), nausea and vomiting (62% vs 40%, $P < 0.001$) and constipation (74% vs 66%, $P = 0.03$), whilst a

greater proportion of non-cancer decedents experienced breathlessness (74% vs 65%, $P = 0.006$). Across both groups, less than half of the decedents were reported to have received treatment which completely relieved their symptoms some or all of the time. There were significant variations in the receipt of district nursing, general practitioner care and other health and social care and the reported quality of this care, for decedents dying of cancer and non-cancer causes. Further, informants for cancer deaths reported greater satisfaction with support received. There are important differences in the reported experiences of older adults dying from cancer and non-cancer causes in the last months of life, independent of age. (KJ/RH)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org><http://www.bgs.org.uk>doi:10.1093/ageing/afp212

Heat-related mortality in residents of nursing homes; by Jochen Klenk, Clemens Becker, Kilian Rapp. *Age and Ageing*, vol 39, no 2, March 2010, pp 245-252.

In population-based studies, age and morbidity were associated with heat-related mortality. The nursing home population reveals both factors and may represent a highly vulnerable subgroup. Therefore, temperature-mortality relationship was examined in residents of nursing homes. The association between daily ambient maximum temperature and mortality was analysed in 95,808 nursing home residents in southwest Germany between 2001 and 2005. Time series analyses were applied across age groups, sex and functional abilities. In addition, excess mortality was determined for the 2003 heat wave. Mortality risk was lowest at maximum temperatures between 16 and 25.9°C. Risk increased by 26 and 62% at days of 32.0-33.9 and 34°C and more, respectively. In August 2003, heat caused >400 additional deaths in the observed population and was followed by only a moderate mortality displacement in the following months. The excess number of deaths during the heat wave was particularly high in residents aged at or more than 90 years and in residents with higher care needs. High ambient temperature was associated with an increased mortality risk in all analysed subgroups of the nursing home population. Medical competence and supervision are available in nursing homes and should, therefore, be favourable preconditions for the implementation of preventive measures. (KJ/RH)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org><http://www.bgs.org.uk> doi:10.1093/ageing/afp248

How to achieve resilience as an older widower: turning points or gradual change?; by Kate M Bennett. *Ageing and Society*, vol 30, part 3, April 2010, pp 369-382.

The paper draws together two conceptualisations of resilience in bereavement and widowhood that were developed by Bonanno (2004) and Moore and Stratton (2003), both using North American data. This paper has re-examined data from two United Kingdom studies of widowhood. Among an aggregate sample of 60 widowers, 38 per cent showed resilience in the face of the exacting challenges that late-life widowhood brings. Resilient men were seen as having a positively viewed biography, were participating in relationships and activities, and had returned to a life that had meaning and brought satisfaction. Four broad categories among the resilient widowers were identified. The first had been resilient consistently throughout their widowhood. The second group achieved resilience gradually, and the third following a turning point. Finally, a small group of men demonstrated both gradual and turning point pathways towards resilience. Personal characteristics had been particularly influential for those in the first group, while for the last group, social support had made an important contribution to achieving resilience and had two forms: informal and formal. The paper concludes with a discussion of the implications of the differentiation of resilience for adaptation to bereavement amongst older men. (KJ/RH)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/asodoi:10.1017/S0144686X09990572>

Managing sudden death in hospital; by Paul J Frost, Stephen Leadbeatter, Matt P Wise. *British Medical Journal*, vol 340, no 7754, 8 May 2010, pp 1024-1028.

Junior doctors play an important role in verifying sudden deaths in hospital and communicating with the family of the deceased. This article includes some case scenarios illustrative of how best to manage a sudden death; the circumstances in which a death should be referred to the coroner; and the questions to be considered in completing a medical certificate of cause of death. The authors comment that while the Liverpool care pathway generally provides a framework for managing end of life care, it cannot be used fully for unexpected hospital deaths. The broader point of this article is that junior doctors have reported insufficient training in how to break bad news; and that even more experienced clinicians are not always confident in their ability to inform families of a sudden death. This article covers England and Wales; the situation in Northern Ireland differs in some respects. (RH)

ISSN: 09598138

From : www.bmj.comdoi: 10.1136/bmj.c962

The psychosocial context of bereavement for older women who were caregivers for a spouse with advanced cancer; by Lorraine Holtzlander, Wendy Duggleby.

Journal of Women & Aging, vol 22, no 2, 2010, pp 109-124.

The psychosocial context of bereavement for older women who were caregivers for a spouse with advanced cancer was explored qualitatively with 13 older Canadian women. Interviews and diaries were analysed using constant comparison. The psychosocial context emerged as the intrapersonal: exhaustion, loneliness, pain, and recovering physical health; the interpersonal: finding a new way through both supportive and difficult relationships; and the community or societal: a loss of identity, pressure to move on, financial concerns, and relying on formal supports. The psychosocial context of bereavement for older women who were caregivers is uniquely challenging and must be considered when providing care and programmes of support. (KJ/RH)

ISSN: 08952841

From : <http://www.tandfonline.com>

PTSD in older bereaved people; by Maja O'Connor.: Taylor & Francis, August 2010, pp 670-678.

Aging & Mental Health, vol 14, no 6, August 2010, pp 670-678.

Late life bereavement has been associated with psychological problems, mainly depression. A few studies indicated that post-traumatic stress disorder (PTSD) was an important issue in late life bereavement reactions. This study aimed to assess the prevalence of PTSD in recently bereaved older people compared with married controls; and to investigate whether the loss of a spouse in old age, in contrast with earlier assumptions, could lead to PTSD. 296 Danish older bereaved people (mean age 73 years, 113 males) were chosen from national registers and assessed two months post-bereavement. They were compared with a control group of 276 married older people. The prevalence of PTSD and depression were measured through a self-report questionnaire. Results showed that 16% of the bereaved and 4% of the control group had a PTSD diagnosis (ES = 0.35; Cohen's d = 0.74). Additionally, 37% of the bereaved and 22% of the control group had mild to severe depression (ES = 0.19; Cohen's d = 0.37). The results suggested that late life spousal bereavement result in PTSD with equal frequency to general samples of bereaved persons. Furthermore, the prevalence of PTSD in the first months after bereavement was more elevated than the level of depression. This makes PTSD an important factor when studying late life bereavement reactions. (KJ/RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

PTSD in the older bereaved people; by Maja O'Connor.: Taylor & Francis, April 2010, pp 310-318.

Aging & Mental Health, vol 14, no 3, April 2010, pp 310-318.

Complicated grief reactions are relatively common following spousal bereavement. Old-age spousal loss qualifies as a possible traumatic stressor; however, post-traumatic stress disorder (PTSD) as a possible complication of the loss has rarely been explored in this population. This Danish study aimed to investigate the frequency of PTSD in older bereaved people in the county of Aarhus across the first 18 months of bereavement. Additionally, risk factors for the prediction of bereavement outcome in relation to four domains of the bereavement process were investigated. Data were collected via self-report questionnaires measuring traumatic stress (Harvard Trauma Questionnaire (HTQ)), coping style (Coping Style Questionnaire (CSQ)), crisis support (Crisis Support Scale (CSS)), and personality (e.g. NEO-five factor inventory (NEO-FFI)). 296 older bereaved people (mean age 73 years) participated at 2, 6, 13, and 18 months post loss. The comparison group consisted of 276 married older people who had experienced at least one significant loss (mean age 70 years). The frequency of PTSD within the spousal bereaved group was high (16%) compared to the comparison group (4%) and remained stable across time. Each individual domain included in the current analysis was a predictor of PTSD 18 months post loss. Most predictors remained stable across time. A hierarchical regression analysis of the four domains predicted 49% of the variance, indicating a considerable overlap between the domains. Only one predictor, early post-traumatic distress, remained significant. The results confirm that loss of a spouse in old age is traumatic for some and that the effects of the loss remain over the first 18 months post loss. The results therefore underline the importance of further investigation into PTSD in the older bereaved. (KJ/RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

2009

Bereaved informal cancer carers making sense of their palliative care experiences at home; by W K Tim Wong, Jane Ussher.

Health and Social Care in the Community, vol 17, no 3, May 2009, pp 274-282.

This qualitative study explored the positive meanings constructed and ascribed to the experiences of providing palliative care at home by bereaved informal cancer carers, a group of individuals who are in a position to make

sense of their caring experiences as a coherent whole. 22 bereaved cancer carers in New South Wales (NSW), Australia were recruited through cancer support groups, cancer clinics and the Cancer Council NSW. They were interviewed as part of a larger mixed-method study examining the experience of informal cancer care. The findings indicated that these bereaved carers gave accounts that accentuated the benefit and satisfaction derived from providing direct palliative care at home, which enabled them to construct positive meanings associated with their participation in the dying process, and as a result to ascribe subjectively meaningful interpretations to their loved ones' death and their sense of loss. This included a sense of reward for doing something good, meeting the expressed needs of the patient, continuing with normal life as much as possible, improving the condition of the relationship, and meeting cultural expectations of the right thing to do. Being present at the point of death was positioned as rewarding because it facilitated the process of saying goodbye, fostered inclusion of others, provided closure and was as spiritual experience. These findings suggest that there are positive and rewarding aspects associated with providing informal cancer care in a palliative context, and these aspects were pertinent and meaningful for carers in their endeavours to reconcile the difficulties and loss they experienced. This has implications for the prevention and amelioration of distress experienced by informal cancer carers, and suggests that future research should not ignore the positive aspects of providing palliative care. (RH)

ISSN: 09660410

From : <http://www.blackwellpublishing.com/hsc>

Bereavement and cognitive function in late-life: a review; by Suzanne Iqbal, David Gracey.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society, April 2009, pp 3-14.

PSIGE Newsletter, no 107, April 2009, pp 3-14.

A critical review was carried out to investigate the impact of bereavement on cognitive functioning in older adults. Drawing on electronic databases, reference lists, and relevant journals, articles published between 1974 and January 2008 which reported on bereavement and cognitive functioning in older adults were identified. Five studies (two longitudinal and three cross-sectional) fulfilled inclusion criteria. Although valid conclusions could not be drawn due to the small sample size and other methodological limitations (e.g. differences in cohorts, ages, measures, study design), the current review tentatively revealed that bereavement (and possibly complicated grief) may have a negative impact on cognitive functioning in older adults, to which men were particularly vulnerable. High stress levels may also be associated with cognitive decline, although it is still unknown whether these effects are reversible or not. Implications for clinical practice and research are discussed. (RH)

ISSN: 13603671

From : <http://www.psige.org.uk>

Death, dying and bereavement: issues for practice; by Jacqueline H Watts. Edinburgh: Dunedin Academic Press, 2009, 112 pp (Policy and practice in health and social care, 11).

According to the author, "death has become a behind the scenes activity". In this book, she highlights the changing trends in both cause and place of death, and illustrates the diversity of cultural and religious responses. She explores what is meant by palliative care, and how it is currently being implemented both in Scotland and elsewhere. She outlines the development of hospice care from its traditional building-based model, to the extending of the hospice philosophy into care homes and into people's own homes. Also examined is the interpretation of spiritual care, and our understanding of the stages of grief and of the experience of mourning. A focus of this book is the identification of the key skills that can enhance practice: the need for good communication both with the individual and family members, and with the range of professionals involved; and the quality of multi-professional and multi-disciplinary contact. Particularly important is what can be termed "disenfranchised grief", that is, grief that may not be acknowledged or sanctioned. Issues for policy and practice, for example, assisted suicide, euthanasia, and end-of-life care are discussed. (RH)

Price: £14.50

From : Dunedin Academic Press Ltd., c/o Turpin Distribution, Pegasus Drive, Stratton Business Park, Biggleswade SG18 8TQ. Website: www.dunedinacademicpress.co.uk

Effects of marital closeness on the transition from caregiving to widowhood; by Rachel A Pruchno, Francine P Cartwright, Maureen Wilson-Genderson.: Taylor & Francis, November 2009, pp 808-817.

Aging & Mental Health, vol 13, no 6, November 2009, pp 808-817.

The aim of this study is to examine the effects of marital closeness on indicators of well-being (depressive symptoms, grief, and relief) as spouses transition from the role of caregiver to that of widowed person. 118 spouses of persons with end stage renal disease were interviewed prior to and after the death of the patient. Spouses reported on marital closeness, multiple indicators of pre-death strain as reflected by subjective health, depressive symptoms, caregiving burden, and caregiving satisfaction, as well as post-loss feelings of grief,

depression, and relief. Hierarchical regressions indicated that post-loss grief was predicted by gender ($b = 0.32$, $p < 0.001$), self-reported health ($b = -0.28$, $p < 0.01$), marital closeness (0.22 , $p < 0.05$), and pre-loss depressive symptoms ($b = 0.19$, $p < 0.10$). Caregiver burden ($b = 0.28$, $p < 0.05$) and marital closeness ($b = -0.41$, $p < 0.001$) before the death, predicted relief from the caregiver role post-loss. Subjective health ($b = -0.21$, $p < 0.05$) and pre-loss depressive symptoms ($b = 0.47$, $p < 0.001$) predicted change in depressive symptoms over time. These data highlight differences in the experiences of grief, relief, and depressive symptoms and suggest that marital closeness plays a central role. Results are interpreted in terms of theory regarding marital quality. Implications for interventions to improve the lives of caregivers and newly widowed spouses are discussed. (KJ/RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Financial implications of death of a partner; by Anne Corden, Michael Hirst, Katherine Nice, Social Policy Research Unit - SPRU, University of York. York: Social Policy Research Unit - SPRU, University of York, March 2009, 4 pp (Research works, no 2009-01).

When a person's life partner dies, there are often many changes in financial and economic arrangements for the bereaved member of the couple. While much research has explored the psychological impact of death of a partner, little is known about the financial implications, especially people bereaved under pension age. This study investigated the financial and economic transitions of people whose partner died and explored their views and feelings about these experiences. The study mixed quantitative and qualitative methods, including in-depth interviews with 44 people at different life stages whose partner had died recently. Also used was longitudinal data from the British Household Panel Survey (BHPS) from more than 750 couples where one partner had died. Findings focus on the financial consequences of bereavement including: income changes; dealing with administration; immediate financial demands; managing money; spending patterns; and the grieving process. The full report of this study - which was funded by the Economic and Social Research Council (ESRC) - can be downloaded from the SPRU website (<http://www.york.ac.uk/inst/spru/research/pdf/Bereavement.pdf>). (RH)(RH)

Price: FOC

From : SPRU, University of York, Heslington, York YO10 5DD. <http://www.york.ac.uk/spru>

Grief and depression in later life; by Hilary Livingston, Martin Livingston.

GM2 (Geriatric Medicine), vol 39, Supplement 10, October 2009, pp 39-44.

Most of us will have to face the death of a person close to us, especially as we age. The process of adjusting to that loss is not a form of mental disorder in itself, but factors can predispose to the development of abnormal grief. Grief was thought to be a staged psychological process, but this theory has now been challenged. The bereaved are at higher risk of developing physical health problems or even of dying themselves, and they are more likely to suffer from clinical depression. The recognition of depression in older people is important as it is treatable with medication as well as a range of psychological therapies. (KJ/RH)

ISSN: 0268201X

From : <http://www.gerimed.co.uk>

The impact of late-life parental death on adult sibling relationships: do parents' advance directives help or hurt?; by Dmitry Khodyakov, Deborah Carr.

Research on Aging, vol 31, no 5, September 2009, pp 495-519.

The authors examined whether the effect of parental death on adult siblings' relationship quality varies on the basis of the presence and perceived effectiveness of a deceased parent's formal preparations for end-of-life care. The authors used data from the Wisconsin Longitudinal Study, and focused on the relationship quality of a bereaved adult child and his or her randomly selected sibling. Parental death was associated with a decrease in sibling closeness. The parent's use of advance directives (living will and durable power of attorney for health care) did not have uniformly positive effects on siblings' relationship quality. Sibling relationships suffered when the living will was believed to "cause problems"; but relationships improved when the deceased parent named someone other than his or her spouse of a child as durable power of attorney for health care. The authors discuss the implications for developing effective end-of-life preparations that benefit both the decedent and surviving kin. (RH)

ISSN: 01640275

Life regrets and pride among low-income older adults: relationships with depressive symptoms, current life stressors and coping resources; by Namkee G Choi, Jina Jun.: Taylor & Francis, March 2009, pp 213-225. *Aging & Mental Health*, vol 13, no 2, March 2009, pp 213-225.

The authors examined the contents and intensities of both life regrets and pride in a convenience sample of 213 low-income older Americans and the association between the contents and intensities of life regrets and pride on the one hand, and the older adults' current life stressors, coping resources and depressive symptoms on the other. Regrets about education, career and marriage were common, but intensities of regret were higher for issues related to finance or money, family conflict and children's problems, loss and grief, and health. Common sources of pride were related to children and parenting, career, volunteering or informal caregiving, long or strong marriage, and personal growth or self. Controlling for current life stressors of disability, money worries, loneliness and overdependence on others for management of daily life and coping resources for social support and religiosity, the intensities of loss- and grief-related regrets, and the pride in long or strong marriage were significant predictors of the Geriatric Depression Scale (GDS) scores. However, the regrets and pride explained a small amount of the variance in the GDS scores, while the current life stressors explained a large portion of the variance. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Predictors of mortality among a national sample of elderly widowed people: analysis of 28-year mortality rates; by Ann Bowling.

Age and Ageing, vol 38, no 5, September 2009, pp 527-530.

The original home interview survey of a random sample of (then recently) bereaved widowed people was conducted in 1985. This paper identifies predictors of mortality for this English national sample 28 years post-baseline interview. Measurements included physical, psychological, social, and socio-economic status and circumstances. Results showed that excess risk of mortality, which had been noted up to six months post bereavement among males aged 75+, had disappeared. In contrast to the author's findings up to 13 years post-bereavement in 1994, neither psycho-social factors, social circumstances nor social class independently predicted differentials in mortality when analysed up to 28 years post-bereavement. The most significant, independent predictors, up to the 28-year term, were, as would be expected, male sex, older age, poorer physical functioning, and expressed 'relief at the death of the spouse'. When the sample was split by duration of widow(er)hood, male sex and older age retained significance. The increasing frailty of the sample overall, and reduced statistical power in split-sample analyses, may explain the loss of significance of physical functioning and 'expressed relief at the death' in the split-sample results. The psycho-social risk factors for mortality after bereavement reduce over time, although further examination of expressed relief would be worthwhile. (KJ/RH)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org>

2008

The effect of spousal caregiving and bereavement on depressive symptoms; by D H Taylor, M Kuchibhatla, T Ostbye (et al.): Taylor & Francis, January 2008, pp 100-107.

Aging & Mental Health, vol 12, no 1, January 2008, pp 100-107.

1967 community-dwelling older couples from the 1993 US Health and Retirement Study (HRS) were followed until 2002 (six bi-annual surveys) or death. Depressive symptoms were measured by the Center for Epidemiological Studies - Depression (CES-D) scale. Adjusted depressive symptoms were higher for females for three of the four caregiving arrangements tested (as were unadjusted baseline levels). Depressive symptoms were lowest when neither spouse received caregiving. They were highest when females provided care to their husband with assistance from another caregiver. A gender by caregiving arrangements interaction was not significant, showing no differential effect of caregiving on CESD by gender. Depressive symptoms peaked for bereaved spouses within three months of spousal death, but declined steadily more than 15 months after death. Depressive symptoms initially increased for the community spouse after institutionalisation of the care recipient, but later declined. The authors conclude that caregiving increases depressive symptoms in the caregiver, but does not have a differential effect by gender. Increases in depressive symptoms following bereavement are short-term. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

The effect of widowhood on intergenerational ambivalence; by Jung-Hwa Ha, Berit Ingersoll-Dayton. *Journals of Gerontology: Series B, Psychological Sciences and Social Sciences*, vol 63B, no 1, January 2008, pp S49-S58.

The extent to which widowhood affects older adults' ambivalence about their adult children, the role of intergenerational dependence in explaining the effect of widowhood on parent-child ambivalence, and temporal changes in the effects of widowhood on ambivalence were examined. The authors based analyses on *Changing Lives of Older Couples*, a US prospective study of 1,532 married individuals aged 65 and older. They used ordinary least squares regression models to estimate the direct effect of widowhood and the mediating effects of dependence on intergenerational ambivalence 6 and 18 months after spousal loss. Widowhood was associated with a decrease in ambivalent feelings toward adult children 6 months after spousal loss, which was partially explained by a reduction in the extent to which children were dependent upon their bereaved parents. However, at 18 months, widowhood did not exert any significant influence on intergenerational ambivalence. The findings suggest that major life events such as widowhood influence intergenerational ambivalence. The results shed light on the mechanisms by which parent-child dependence contributes to intergenerational ambivalence. (KJ/RH)

ISSN: 10795014

From : <http://www.geron.org>

The impact of conjugal bereavement on older men's identities; by Paul Wendon-Blixrud.: *Psychologists' Special Interest Group in Elderly People - PSIGE*, British Psychological Society, April 2008, pp 11-20.

PSIGE Newsletter, no 103, April 2008, pp 11-20.

There is a relative lack of research regarding older men and conjugal bereavement. This paper reviews the existing literature on identity to produce a conceptual model of the processes involved, which is then explored in a group of older men following the loss of their wives. Seven bereaved men were interviewed twice to obtain narratives regarding their life before their wives' illness, during the illness and after the loss. The analysis is based on Stevens and Doerr's (1997) multi-staged narrative analysis, supplemented where necessary. The results of the study supported the conceptual model, highlighting the benefits of congruence between people's behaviours and environments and their narratives and identities. Common identity processes were noted across the sample as well as differences in their experiences of bereavement, how they managed or used these processes (and influences on the processes), and their differing abilities to achieve congruence. The findings highlight the impact of conjugal bereavement on the identity processes of older men and the potential difficulties they face. The findings are discussed in relation to existing literature, future research and clinical practice. (KJ/RH)

ISSN: 13603671

From : <http://www.psige.org.uk>

Leisure patterns and health among recently widowed adults; by Megan C Janke, Galit Nimrod, Douglas A Kleiber.: The Haworth Press, Inc., 2008, pp 19-39.

Activities, Adaptation & Aging, vol 32, no 1, 2008, pp 19-39.

The purpose of this study was to examine how leisure involvement changes with the transition to widowhood and to determine if change in leisure involvement during this time has an impact on widows' physical and mental health. 154 adults age 50 and older who had become widowed between Waves 1 and 2 or Waves 2 and 3 of the *Americans' Changing Lives (ACL)* dataset were included in the study. Results indicated that during this time widows experienced changes in their leisure repertoire (the types of leisure activities in which they participate), and the frequency of their leisure involvement. These changes in leisure behaviour were associated with functional impairment, depressive symptoms, and life satisfaction, as well as their ability to cope with the loss of their spouse. Findings are interpreted in terms of effective strategies that appear to be employed by widows in using leisure activities following loss of a spouse. (KJ/RH)

ISSN: 01924788

From : <http://www.tandfonline.com>

Long-term effects of bereavement and caregiver intervention on dementia caregiver depressive symptoms; by William E Haley, Elizabeth J Bergman, David L Roth (et al).

The Gerontologist, vol 48, no 6, December 2008, pp 732-740.

254 Alzheimer's caregivers from the New York University Caregiver Intervention (NYUCI), a randomised trial enhanced caregiver support versus usual care who had experienced the death of their spouse, were repeatedly assessed with the Geriatric Depression Scale (GDS) prior to and following bereavement. Random effects regression growth curve analyses examined the effects of treatment group and bereavement while controlling for other variables. The death of the care recipient led to reductions in depressive symptoms for both caregiving groups. Enhanced support intervention led to lower depressive symptoms compared with controls both before

and after bereavement. Post-bereavement group differences were stronger for caregivers of spouses who did not previously experience a nursing home placement. These caregivers maintained these differences for more than one year after bereavement. Caregivers who received the enhanced support intervention were more likely to show long-term patterns of fewer depressive symptoms both before and after bereavement, suggesting resilience, whereas control caregivers were more likely to show chronic depressive symptoms before and after the death of their spouse. Clinical strategies such as that described may protect caregivers against chronic depressive symptoms that would otherwise persist long after caregiving ends. (RH)

ISSN: 00169013

From : <http://www.geron.org>

The power of learning through experience; by Caroline Baker.: Hawker Publications, July/August 2008, pp 27-29.

Journal of Dementia Care, vol 16, no 4, July/August 2008, pp 27-29.

The author describes pilot training carried out with four members of care staff who were given the opportunity to find out how residents may experience life in the care home. (RH)

ISSN: 13518372

Reduction in leisure activity and well-being during the transition to widowhood; by Megan C Janke, Galit Nimrod, Douglas A Kleiber.

Journal of Women & Aging, vol 20, nos 1/2, 2008, pp 83-98.

There is relatively little evidence available about how leisure involvement changes with the death of a spouse, and even less about how leisure activity is associated with health and well-being of widows during this transition. Using data from the Americans Changing Lives (ACL) dataset, this study of 154 widows investigated change in leisure involvement during the transition to widowhood, and examined the relationship between leisure activity reduction and widows' well-being. Results indicate that a majority of widows reduced their involvement in leisure activity. Path models revealed that depressive symptoms and recovery from spousal loss were predictors of activity reduction, providing more support for the causal relationship of well-being influencing activity involvement than for activity influencing well-being. (RH)

ISSN: 08952841

From : <http://www.tandfonline.com>

The silent grief: grandparents of children who died of cancer; by Miri Nehari, Dorit Grebler, Amos Toren.

Bereavement Care, vol 27, no 3, Winter 2008, pp 51-54.

Emotional support for families bereaved of a child is generally directed at parents and siblings, rather than grandparents. A literature review revealed that grandparents' grief has barely been studied or reported. To examine the special characteristics, needs and bereavement coping strategies of this group, a qualitative case study of grandparents of children who had died of cancer was conducted with a pioneering support group for bereaved grandparents at the cancer palliative care unit of Safra Children's Hospital. The grandparents met as a group for nine months, and during this time, data were collected by observation and recording. Themes raised in discussion that were unique to them dealt with such issues as the legitimacy of the grief, the pained relationship with their children, and the specific meaning of this loss in old age. The findings look at how grandparents deal with bereavement in the context of the three generations of a bereaved family. During the group discussions significant topics were raised and a window was opened onto an important area that has been only touched on by previous studies. (KJ/RH)

ISSN: 02682621

Widowhood and the end of spousal care-giving: relief or wear and tear?; by Jennifer Reid Keene, Anastasia H Prokos.

Ageing and Society, vol 28, part 4, May 2008, pp 551-570.

The impact of spousal care-giving on survivors' depressive symptoms 6 months into widowhood is analysed, and the applicability of a "relief model" of spousal adjustment during bereavement is examined. The authors examined several aspects of the care-giving situation, including caregiver stress, caregiving demands, and type and duration of care, and how these affect survivors' depressive symptomatology. The sample is drawn from two waves of the US Changing Lives of Older Couples (CLOC) survey, which was conducted in the Detroit Metropolitan Area, Michigan (MI). The first wave of data was collected from couples, and the second from the surviving spouse 6 months after the partner's death. Multiple regression analysis was used to examine the effects of key variables on depressive symptoms 6 months into widowhood, controlling for various demographic characteristics and personal circumstances. The results demonstrate that the duration of caregiving is the most influential predictor of survivors' depressive symptoms 6 months after the death. Indeed, long-term caregivers experience greater relief than both non-caregivers and short-term caregivers, as the predicted probabilities

indicate. The results lead us to emphasise that caregiving and spousal bereavement should be studied as related processes rather than distinct phenomena. Indeed, relief from a chronically stressful care situation may actually ameliorate the negative effect of spousal loss from survivors. (RH)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/ASO>

2007

The after-death call to family members: a clinical perspective; by S Loboprabhu, V Molinari, J Pate (et al). *Ageing & Mental Health*, vol 11, no 2, March 2007, pp 192-196.

The authors discuss the value of an after-death telephone call made by the treating mental health clinician to family members after the death of a geriatric patient with a psychiatric disorder. They outline the process of the after-death call, including the optimal method, nature and content. They note the psychotherapeutic value of an after-death telephone call in dealing with complex emotions, and helping the family to cope with bereavement. They also discuss institutional, legal and ethical ramifications. They conclude that an after-death telephone call may be of sufficient benefit to be considered as a 'best practice' approach in the care of every patient. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Dignity on the ward : Bereavement and loss: a guide for hospital staff; by Sheila Payne, Katherine Froggatt, Royal College of Nursing - RCN; Help the Aged. [rev ed] London: Help the Aged, 2007, 17 pp A5 booklet (Dignity on the ward).

This pocket guide was developed by the Royal College of Nursing (RCN) as part of a project commissioned by the Help the Aged Dignity on the Ward campaign. It defines the key terms in bereavement and loss; and offers information about different ways in which to understand the experience of bereavement. It suggests different types of pre-bereavement support that can help older people and their families; and offers practical suggestions on what to do at the time of death and immediately after. It gives details about where to refer people to different types of bereavement support. (KJ/RH)

ISBN: 1845980050

Price: £1.50

From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ. www.helptheaged.org.uk

Disturbing life events and wellbeing after 80 years of age: a longitudinal comparison of survivors and the deceased over five years; by Alain Clémence, Anthanassia Karmaniola, Eva G T Green (et al).

Ageing and Society, vol 27, part 2, March 2007, pp 195-214.

Data from the Swiss Longitudinal Study of Old-Old Age (SWILSO-O) project were used to assess the impact of disturbing life events over five years on the wellbeing of 340 people aged 80-84 years at baseline. The guiding proposition was that the negative effect of life events is moderated by the event domain, i.e. health, deaths and changes in family setting and relationships, and by cognitive adaptation to one's own health state (adopting a more or less optimistic view). Multi-level regression that controlled for the effect of socio-demographic and health factors was used. Corroborating the first hypothesis, a model that differentiated the event categories, instead of their additive inclusion, gave the best fit. In support of the second hypothesis, it was shown that the positive impact of self-rated health reduced the negative effect of life events on wellbeing for survivors, but not for those who died within five years. This suggests that the former made more optimistic appraisals of their mental and physical health, while the latter adjusted their subjective health rating to their functional abilities. Survivors had better psychological resources for coping with disturbing life events, while the deceased lacked these resources, which buffered the impact of negative events. The psychological meaning of stressful events at the end of life is discussed. By encouraging optimistic self-evaluations of health, and raising awareness of the range of normal functioning of older people, health and social care practitioners can promote the maintenance of meaningful lives in old age. (KJ/RH)

ISSN: 0144686X

From : http://www.journals.cambridge.org/jid_ASO

Does the context of spousal loss affect the physical functioning of older widowed persons?: a longitudinal analysis; by Min-Ah Lee, Deborah Carr.

Research on Ageing, vol 29, no 5, September 2007, pp 457-487.

The extent to which acute and chronic stressors related to spousal loss affect bereaved spouses' physical functioning is examined, and how these patterns differ for men and women. The authors use data from the Changing Lives of Older Couples (CLOC) study in Detroit, which tracks older people prior to the death of a husband or wife and 6, 18 and 48 months after. The results reveal that widowed people whose spouses had

serious ongoing health problems before the death report more severe perceived limitation in performing daily activities 18 and 48 months after loss. A further finding is that widowed people who were not with their spouses when they died have greater functional limitation 18 and 48 months after loss. However, gender interaction term analyses reveal that the health effects of spousal death context hold for widowers only. These findings suggest that the ways older people die may have long-term physical health consequences for their surviving spouses, and these ramifications differ for widows and widowers. (RH)
ISSN: 01640275

From grief towards well-being; by Leonie Kellaher.

Working with Older People, vol 11, issue 3, September 2007, pp 29-32.

Even after death, people look to keep the memory or even physicality of their loved ones alive as part of their everyday lives. In this article, the author explores people's behaviour towards ashes to help them cope with the grieving process, sometimes contradicting the beliefs of the professionals involved. For more detail, the reader is referred to the study by Hockey, Kellaher and Prendergast, 'Environments of memory' funded by the Economic and Social Research Council (ESRC) 2002-2005. (RH)

ISSN: 13663666

From : <http://www.pavpub.com>

In sure and uncertain faith: belief and coping with loss of spouse in later life; by Peter G Coleman, Fionnuala McKiernan, Marie Mills (et al).

Ageing and Society, vol 27, part 6, November 2007, pp 869-890.

This paper reports a study of the religious, spiritual and philosophical responses to spouse bereavement. 25 bereaved spouses aged 60+ living in the south of England and from Christian backgrounds were followed from the first to the second anniversary of the loss. The participants expressed a range of attitudes, from devout religious belief to well-articulated secular conceptions of the meaning of life, but the largest group had moderate spiritual beliefs that were characterised by doubts as much as hopes. Uncertain faith was more often associated with depressive symptoms and low levels of experienced meaning. Nine case studies are presented that illustrate different levels of adjustment to bereavement and both changing and stable expressions of faith across the one year of observation. Attention is drawn to the importance of both secular agencies and religious organisations developing a better understanding of older people's spiritual responses to loss. Although to many British older people, practise of the Christian faith may be less evident now than in their childhood, quality of life assessment should not ignore sources of spiritual satisfaction and dissatisfaction. Moreover, previous and especially early-life religious experiences provide useful points of reference for understanding present religious and spiritual attitudes. The study suggests that there may be a substantial need for pastoral counselling among today's older people, especially those of uncertain or conflicted belief. (KJ/RH)

ISSN: 0144686X

From : http://www.journals.cambridge.org/jid_ASO

A literature review on bereavement and bereavement care: developing evidence-based practice in Scotland; by Peter Wimpenny.

Bereavement Care, vol 26, no 1, Spring 2007, pp 7-10.

This paper reports on a systematic literature review of bereavement and bereavement care commissioned in Scotland to assist the development of policy and practice there. The review identified and appraised papers from a range of health and social care settings in which bereavement care is a feature, such as acute, hospice- and hospital-based care including neonatal and obstetric, community and primary care, mental health and learning disability services, and care of older people, families and children. Specific types of death were also reviewed, e.g. traumatic and from diseases such as HIV/AIDS. Key messages for each setting and type were identified and overall themes were drawn out which cut across all settings and types. These, it is proposed, represent important features of bereavement and bereavement care which, if acknowledged and addressed, could enhance services. (KJ/RH)

ISSN: 02682621

Long-term payoffs of work?: women's past involvement in paid work and mental health in widowhood; by Manacy Pai, Anne E Barrett.

Research on Aging, vol 29, no 5, September 2007, pp 436-456.

It is argued in this article that involvement in paid work and the workforce increases women's economic, social and psychological resources, and that these compound over the life course to ease their adjustment to widowhood. Using a sample of 207 widows interviewed in Miami-Dade County, Florida in 2001-2002, findings from ordinary least squares (OLS) regression model support the hypothesis that widows with work histories report fewer depressive symptoms than their peers without employment experience. Further analyses reveal that

social and psychological resources mediate this association, suggesting that employment enhances social support and self-perceptions, which reduce the negative health effects of widowhood. This study illustrates the importance of incorporating work histories into examinations of widowhood, particularly as cohorts of women with considerable life course investment in paid work enter their later years. (RH)

ISSN: 01640275

Predictors of psychological adjustment after bereavement; by Simone Onrust, Pim Cuijpers, Filip Smit (et al). *International Psychogeriatrics*, vol 19, no 5, October 2007, pp 921-934.

The impact of spousal bereavement on mental health varies among the widowed. This study is part of a longitudinal study on the effects of a visiting service for older widowed individuals who had lost their spouse between 6 and 9 months earlier in 18 municipalities in the Netherlands. Initial non-response was high, with only 8% of all approached participating in the study. The influences of demographic and psychosocial predictors on four general outcome measures (depression, anxiety, somatisation, and quality of life) and one loss-related outcome (complicated grief) was studied by means of backward linear regression analysis. Further analyses were conducted to explore the possibility of a buffer effect. Depressive symptomatology was best predicted by age, duration of widowhood, perceived non-supportiveness, physical disorders, and anxiety. The other outcome measures were predicted by the same predictors supplemented by gender and education. Mastery interacted with the number of physical disorders, while perceived social support interacted with duration of widowhood and age. Enhancement of mastery should probably be one of the components of effective support for widowed individuals most vulnerable to psychiatric complications. The widowed could furthermore benefit from social support. Obviously, these suggestions need to be further examined in longitudinal research with more representative samples. (RH)

ISSN: 10416102

From : http://journals.cambridge.org/jid_IPG

Recovering from spousal bereavement in later life: does volunteer participation play a role?; by Yunqing Li.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 62B, no 4, July 2007, pp S257-S266.

Volunteering is an important component of social life, but may be interrupted by life events. This research investigated how widowhood influences subsequent volunteer participation as well as the potential moderating effect volunteer participation may have in coping with the death of a spouse. Analysis of three waves (1986-1994) of longitudinal data from the Americans Changing Lives study (ACL) tested: the effect of widowhood on volunteer participation; the influence of the timing since becoming widowed on volunteering and personal well-being; and the interaction effects of volunteering and widowhood on personal well-being. A cross-sectional time-series design was used to test relationships with people aged 50+ at baseline. Compared with their continually married counterparts, those who experienced spousal loss reported greater likelihood of pursuing volunteer roles, not immediately, but a few years after the death of their spouse. Volunteer roles adopted after spousal loss protected against depressive symptoms and increases in volunteer hours enhanced self-efficacy. These patterns highlight the compensatory function of volunteer participation that helps to offset the negative impact of widowhood on well-being in later life. (RH)

ISSN: 10795014

From : <http://www.geron.org>

Widowhood, gender and depression: a longitudinal analysis; by Gary R Lee, Alfred DeMaris.

Research on Aging, vol 29, no 1, January 2007, pp 56-72.

Many cross-sectional surveys have found that widowhood is psychologically a more difficult experience for men than women. However, most longitudinal studies have found either no gender difference or a slightly greater effect for women. The authors attempted to resolve this paradox with data from the first two waves of the US National Survey of Families and Households (NSFH). They found that men whose wives died between the two waves were already depressed at Time 1 compared with men whose wives survived until Time 2. There was no such anticipatory effect for women. Attempts to explain men's elevated depression before widowhood, with predictors involving wife's health, caregiving and marital quality at Time 1 were largely unsuccessful. However, the authors suggest that longitudinal studies that examine change in depression after widowhood may miss the increase in depression for men that appears to occur before their wives' deaths. (RH)

ISSN: 01640275

Widowhood, religiousness, and self-assessed well-being among older adults; by Lucinda Lee Roff, Daniel Durkin, Fei Sun (et al). Binghamton, NY

Journal of Religion, Spirituality & Aging, vol 19, no 4, 2007, pp 43-60.

Some gerontologists have suggested that engaging in religious or spiritual activities may mitigate the negative effects of widowhood for older people. This cross-sectional study is a secondary analysis of data collected for the US National Opinion Research Center's 1998 General Social Survey, and examined predictors of self-assessed well-being of widowed and married older people. The aim was to determine whether participation in religious or spiritual activities mediated the relationship between marital status and well-being after controls were instituted. Analyses are based on 150 married and 120 widowed people aged 60+. Widowed elders reported lower levels of well-being than married elders, even after controlling for sociodemographic characteristics, self-perceived health, and measures of religious or spiritual activity. Socio-economic status (SES) and self-perceived health had positive relationships with well-being. Congregations wishing to improve well-being in married and widowed elders should consider focusing on ministries to improve financial well-being and health and advocacy for programmes that benefit low income elders. Church-based programmes targeting widowed older people should focus on positive religious coping and prayer. (RH)

ISSN: 15528030

From : <http://www.tandfonline.com>

2006

Soul pain: the meaning of suffering in later life; by Helen K Black. Amityville, NY: Baywood, 2006, 209 pp (Society and aging series).

The gerontological literature has equated suffering with depression, grief, pain and sadness. This book explores the multi-faceted experience of suffering in old age. Older adults suffer for a variety of reasons, including illness, bereavement, life disappointment and life experiences related to gender, ethnic background and religion. The author provides interpretations of the narratives of suffering related by community-dwelling older people living in Philadelphia in their responses to her open-ended interview questions (Appendix), along with the personal meaning of suffering that lies within each narrative. Through the individual cases, the author shows how older people assimilate the emotional and spiritual fractiousness of suffering into a life already labouring under the "work" of old age, at a stage in life when personal resources have diminished and time seems to be running out. Older people's definitions of suffering, and their perceptions of its value, emerged from the uniqueness of their lives and the profundity of their experiences. (KJ/RH)

Price: \$44.95

From : Baywood Publishing Company, Inc., 26 Austin Avenue, PO Box 337, Amityville, NY 11701, USA. E-mail: baywood@baywood.com Web site: <http://baywood.com>

2005

From caregiving to bereavement: trajectories of depressive symptoms among wife and daughter caregivers; by Lydia W Li.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 60B, no 4, July 2005, pp P190-P198.

As well as examining trajectories of depressive symptoms for wife and daughter caregivers during the transition from caregiving to bereavement, this study also investigated whether the trajectory varies by caregivers' caregiving stress, social support and background characteristics. Hierarchical linear modelling was used to analyse four-wave longitudinal data collected for the Well-Being of Women (WBW) study in Wisconsin from 157 wife and daughter caregivers, whose relatives had died. Results show that, on average, caregivers experience increasing depressive symptoms as their care recipients approach death, and they experience decreasing symptoms after. Care recipients' problematic behaviour and caregivers' kinship, income and feelings of overload moderate the change in depressive symptoms during the transition. Services to support caregivers should target specific groups of caregivers, based on caregiving experience and background characteristics, at times when they are most in need. (RH)

ISSN: 10795014

From : <http://www.geron.org>

The prevalence of, and risk factors for, loneliness in later life: a survey of older people in Great Britain; by Christina R Victor, Sasha J Scambler, Ann Bowling (et al).

Ageing and Society, vol 25, part 3, May 2005, pp 357-376.

Using their data from an ESRC Growing Older (GO) Programme project, the authors examine the prevalence of loneliness amongst older people in Great Britain, comparing findings with other studies undertaken in the last 50

years. In addition, the risk factors for loneliness are examined using a conceptual model of vulnerability and protective factors derived from a model of depression. Loneliness was measured using a self-rating scale, and measures of socio-demographic status and health/social resources were included. Interviews were undertaken with 999 people aged 65+ living in their own homes, and the sample was broadly representative of the population in 2001. The prevalence of "severe loneliness" was 7%, indicating little change over five decades. Six independent vulnerability factors for loneliness were identified: marital status; increases in loneliness over the previous decade; increases in time alone over the previous decade; elevated mental morbidity; poor current health; and poorer health in old age than expected. Advanced age and possession of post-basic education were independently protective of loneliness. From this evidence, three loneliness pathways in later life are proposed: continuation of a long-established attribute; late-onset loneliness; and decreasing loneliness. Confirmation of the different trajectories suggests that policies and interventions should reflect the variability of loneliness in later life, since undifferentiated responses may be neither appropriate nor effective. (KJ/RH)

ISSN: 0144686X

From : <http://journals.cambridge.org/>

The resilience of self-esteem in late adulthood; by Amy L Collins, Michael A Smyer.

Journal of Aging and Health, vol 17, no 4, August 2005, pp 471-489.

The relationship between loss and change in self-esteem over a 3-year period was investigated for a subsample of 1,278 older people from the Americans' Changing Lives Study (ACL), which was used to examine loss in the domains of health, financial security, or work and career, and self-esteem before or after the loss. There was a small but significant decrease in self-esteem between Wave 1 and Wave 2 of the study. Loss is one of the domains explained by less than 1% of the variance of self-esteem change. This low incidence of loss and the small change in high levels of self-esteem are further evidence of resilience in older people's psychological well-being. The implications for older people's use of cognitive strategies to manage losses and promote gains are discussed. (RH)

ISSN: 08982643

From : <http://www.sagepub.com>

The secret cemetery: with a foreword by Sir Raymond Firth; by Doris Francis, Leonie Kellaher, Georgina Neophytou. Oxford: Berg, 2005, 298 pp.

The authors began their study of London cemetery behaviour in 1996, by cautiously approaching cemetery visitors and asking whether they would be willing to talk about why they visited the cemetery and what it meant to them. The book is based on interviews and participant observation at the City of London, Bushey United Jewish, New Southgate, Woodgrange Park, Abney Park, and East Sheen and Richmond Cemeteries. A diverse range of memorial practice is discussed: Greek Orthodox, Muslim, Jewish, Roman Catholic, Anglican, and those with no particular faith. The study aims to convey what death means to the living and the sensitive nature of cemetery activity. The authors also emphasise the cemetery as "an unexplored, non-clinical setting", the aim also being to inform planners, policymakers, managers and others involved in the mortuary trade. Appendices include examples of forms used in the survey work. (RH)

ISBN: 1859735975

Price: £18.99 (pbk) (£55 hbk)

From : Berg, 1st Floor, Angel Court, 81 St Clements Street, Oxford OX4 1AW. <http://www.bergpublishers.com>

2004

The 15-item Geriatric Depression Scale (GDS-15) detects changes in depressive symptoms after a major negative life event: the Leiden 85-plus Study; by David J Vinkers, Jacobijn Gussekloo, Max L Stek.

International Journal of Geriatric Psychiatry, vol 19, no 1, January 2004, pp 80-84.

Within the Leiden 85-plus Study, the authors prospectively followed 241 subjects aged 85+ who lived together with a partner at baseline. During a mean follow-up of 3.2 years, 55 participants (23%) lost their partner. Of those, 32 subjects completed the Geriatric Depression Scale (GDS-15) before and after the loss of their partner. All subjects reported the bereavement to be a major negative life event. The mean increase of the GDS-15 score after the death of a partner was 1.2 points. This was significantly higher than the mean change of -0.06 points in the matched control group. The study shows that the GDS-15 detects change in depressive symptoms after loss of a partner, a negative life event that is the most important factor for depression in older people. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Absence, loss and misappropriation: a bereavement counsellor's reflection on some of the themes older people bring to therapy; by Bobbie Petford.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society, December 2004, pp 18-22.

PSIGE Newsletter, no 88, December 2004, pp 18-22.

Bereavement and loss have a significant impact on older people's health, and are often part of the emotional distress that brings them to seek help from a therapist. This personal reflection, from an integrative perspective, considers the themes of absence, loss and misappropriation in relation to theories of bereavement and grief, and the practice of therapy with older people. (RH)

ISSN: 13603671

From : <http://www.psig.org.uk>

Alzheimer's caregiver differences in experience of loss, grief reactions and depressive symptoms across stage of disease: a mixed-method analysis; by Kathryn Betts Adams, Sara Sanders.

Dementia: the international journal of social research and practice, vol 3, no 2, June 2004, pp 195-210.

The self-reported losses, grief reactions and depressive symptoms experienced by caregivers in the early, middle and late stages of dementia were assessed using open-ended descriptive questions and scaled measures including the Meuser-Marwit Caregiver Grief Inventory (MM-CGI, 2002). 99 American caregivers associated with an urban Alzheimer's Association chapter were surveyed by post. While there were moderate levels of grief and depression reported across the entire sample, those caring for individuals in the late stage of dementia reported significantly more symptoms of grief and depression than those in the early or middle stages. Responses to open-ended questions regarding losses and grief also differed across the groups in the three disease stages. The late stage group's comments most resembled bereavement, in keeping with the higher grief and depression scores among members of the group. Findings suggest that are different emotional tasks faced by caregivers as the dementia progresses, and it is important to acknowledge the particular losses and facilitate grieving at each stage. (RH)

ISSN: 14713012

From : <http://www.sagepublications.com/ejournals>

Black/white differences in psychological adjustment in spousal loss among older adults; by Deborah S Carr.

Research on Aging, vol 26, no 6, November 2004, pp 591-622.

Differences between Blacks and Whites in the effect of widowhood on depressive symptoms and anxiety are examined as follows: in grief symptoms 6 months after spousal loss; and the extent to which these differences are explained by marital quality, social support from children and friends, and religiosity. Analyses are based on the Changing Lives of Older Couples (CLOC), a prospective study of 1,532 married individuals aged 65+ in the Detroit area. Widowhood is associated with elevated anxiety and depressive symptoms, yet these effects do not differ by race. Among widowed people only, Blacks and Whites report similar levels of overall grief, yearning, intrusive thoughts, shock, depressive symptoms, and anxiety, whereas Blacks report significantly lower levels of anger and despair. The racial gap in anger is explained by Blacks' higher levels of religious participation and social support from children, whereas the differences in despair reflect Blacks' higher levels of pre-loss marital conflict. (RH)

ISSN: 01640275

From : <http://www.sagepub.com>

Carer satisfaction with end of life care in Powys, Wales: a cross-sectional survey; by Christine Ingleton, Jana Morgan, Philippa Hughes (et al).

Health & Social Care in the Community, vol 12, no 1, January 2004, pp 43-52.

A self-completion questionnaire, using a modified version of the Views of Informal Carers - Evaluation of Services instrument, was sent to all bereaved carers of all those dying of cancer in Powys between April 1999 and June 2001. Of the 301 responding, it was found that most of those who received help from district nurses or practice nurses (90%) said that they were excellent or good. However, nearly 40% of respondents reported needing more nursing help. More help was also needed from social care services. For 103 of the respondents, it was known that the deceased person wanted to die at home; only 44 did so. Only one-fifth of respondents had the opportunity to talk to someone from health and social services after their bereavement; four-fifths of this group found this helpful. 10% of respondents reported untreated pain at home; however, there was evidence for an increased proportion of those treated having received good pain relief. Although there are high levels of satisfaction with care and services received by Powys residents, deficits exist in relation to symptom control, nursing help, assistance from social services with transport and bathing, communication, and bereavement support. (RH)

ISSN: 09660410

From : www.blackwellpublishing.com/hsc

Emotional well-being in recently bereaved widows: a dynamical systems approach; by Toni L Bisconti, C S Bergeman, Steven M Boker.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 59B, no 4, July 2004, pp P158-P167.

Intra-individual variability in emotional well-being following the loss of a spouse was measured every day for 3 months in a sample of 19 recently bereaved older widows. The pattern of variability of well-being was hypothesised to be an oscillating process that damps across time. Results indicate that there was significant patterned variability in the emotional well-being adjustment. Applying dynamic systems analyses to capture variability and subsequent well-being trajectories following spousal loss is an important step in delineating the complex adjustment in widowhood. (RH)

ISSN: 10795014

From : <http://www.geron.org>

Loss of a partner and suicide risks among oldest old: a population-based register study; by Annette Erlangsen, Bernard Jeune, Unn Bille-Brahe.

Age and Ageing, vol 33, no 4, July 2004, pp 378-383.

Although a small proportion of the oldest-old who commit suicide have experienced a recent bereavement, there is a significant increase in the suicide risk during the first year after bereavement, especially for men. However, the increased risk of suicide in the oldest old men may only in part be experienced by the loss of a partner. This article is based on prospective data for all 1,978,527 people aged 50+ living in Denmark during 1994-1998. The authors applied survival analysis to calculate changes in relative risk of suicide after a loss by using individual level data. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

Mid-life loss of parents: the transition for adult child to orphan; by Helen Marshall.

Ageing International, vol 29, no 4, Fall 2004, pp 351-367.

Few studies have explored the transition faced by midlife adults on the death of a parent, and even fewer, the differences between first and second parent loss. This paper draws on in-depth interview data from a small sample conducted as part of a small-scale research project. A phenomenon of the two-staged life transition period was unexpectedly observed which suggests adult children may grieve for their first parent's death in a filtered way through their concern for the grief of the remaining parent, and then on the death of the second parent, grieve wholly for both parents. Previous research does not distinguish the social complexities of grief between first and second loss, or consider how this temporally spaced event is a two-phased life transition from role as a son/daughter to a parentless "orphan". (RH)

ISSN: 01635158

Religious attitudes among British older people: stability and change in a 20 year longitudinal study; by Peter G Coleman, Christine Ivani-Chalian, Maureen Robinson.

Ageing and Society, vol 24, part 2, March 2004, pp 167-188.

Britain along with other western European countries has seen a marked decrease in allegiance to traditional forms of Christianity during the latter part of the 20th century. Although church attendance remains relatively high among older people compared with younger age groups, there has been little or no investigation into the stability or change of people's religious belief and practice with increasing age. This paper presents findings on these issues from the Southampton Ageing Project, which from 1977-78 to 2002 followed 342 people, almost all of whom had had an entirely Christian religious education and all of whom at the outset were aged 65+. Although religion has continued to have considerable meaning in the lives of up to half of the participants, about a quarter of the sample expressed a declining commitment to a religious faith and to church membership. Accounts of their recent life experiences, for example following bereavement, give instances of disappointment with the support that they received from institutional religion, and show that this was a factor in their declining adherence. The authors argue that the study of older people's religious and spiritual beliefs and practice should be integrated with the investigation of self and identity, and of sources of existential meaning in later life. (KJ/RH)

ISSN: 0144686X

From : <http://journals.cambridge.org/>

Restoration after bereavement; by Dale Lund, Michael Caserta, Brian de Vries (et al).
Generations Review, vol 14, no 4, October 2004, pp 9-15.

The death of a spouse after many years of marriage is one of the most common of all stressful life transitions. The authors note that bereavement research is only now beginning to systematically test interventions other than the traditional self-help type of strategy. Written from a US perspective, their paper reviews some of most relevant literature on bereavement interventions; promotes the use of theory in developing and testing bereavement interventions; describes the essential features of Strobe and Schut's 1999 dual process model (DPM); and presents a 14-week intervention plan to use and test with the DPM model. (RH)

ISSN: 09652000

From : (Editorial e-mail address) gr@ageing.ox.ac.uk

Review article: the sociology of dying, death and bereavement; by Catherine Exley.

Sociology of Health & Illness, vol 26, no 1, January 2004, pp 110-122.

The sociological study of dying, death and bereavement is a relatively recent field of research interest. The aim of this review is to outline work conducted by sociologists on these themes, including reviews of six books published in 2001 (five of which were published by the Open University Press). (RH)

ISSN: 01419889

From : <http://www.blackwellpublishing.com>

The role of daily positive emotions during conjugal bereavement; by Anthony D Ong, C S Bergeman, Toni L Biconti.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 59B, no 4, July 2004, pp P168-P176.

Humour coping and perceived stress were measured in questionnaires, and positive emotions, depression, anxiety and stress were assessed daily for 98 days in a sample of 34 recently bereaved older widows from northern Indiana and southwestern Michigan. Results highlight the critical role of daily positive emotions on the months immediately following conjugal loss. Intraindividual analyses revealed significant reduction in the magnitude of the stress-depression correlation on days in which greater positive emotions were present. Results also suggest that different vulnerability and resilience factors are implicated in the emotion differentiation process. For widows with greater humour coping skills, there was less overlap in daily ratings of positive emotions and depressive symptoms. In contrast, higher levels of chronic stress resulted in less differentiation of emotional responses. (RH)

ISSN: 10795014

From : <http://www.geron.org>

Themes of suffering in later life; by Helen K Black, Robert L Rubinstein.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 59B, no 1, January 2004, pp S17-S24.

40 community-dwelling people aged 70+ from the Philadelphia area were recruited for this qualitative study, to elicit their life stories and experiences and philosophies about suffering. Subjects were 10 African American men and women and 10 European American men and women each. Through analysis of the data, their experiences of suffering were placed under three general themes: suffering as lack of control; suffering as loss; and the value of suffering. Brief case studies illustrate how themes emerged in their stories of suffering. It appears from the findings that, although subjects have some similarities, their experiences of suffering are unique and incomparable. Similarities concern informants' connections of suffering with finitude. The incomparability of suffering experiences relate to informants' unique personal histories, perceptions and "cause" of suffering. Through the process of the interview, these older people connect the suffering experience to the entirety of the life lived and the story of suffering to the life story. (RH)

ISSN: 10795014

From : <http://www.geron.org>

The transition to widowhood and the social regulation of health: consequences for health and health risk behavior; by Kristi Williams.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 59B, no 6, November 2004, pp S343-S349.

Analyses of data from the Detroit area of the Changing Lives of Older Couples Study (CLOC) tests two hypotheses. First, widowed individuals experience greater declines in health regulation over time than their married counterparts. Second, the extent to which widowhood undermines health and increases health risk behaviour depends on whether it is accompanied by a decline in health regulation. Compared with their continually married counterparts, those who are widowed report a significant decline in the frequency of health

reminders and health assistance received from others. The decline in the frequency of health regulation has important consequences for health behaviour and health outcomes. Widowhood undermines health and increases health risk behaviours only when it is accompanied by a decline in health regulation. Widowed individuals who experience increases in health regulation show improvements in health and declines in health risk behaviour. Thus, interventions that are targeted at improving the health habits of those who are widowed, by mobilising health-related support systems, may be effective in minimising the negative health consequences of spousal loss. (RH)

ISSN: 10795014

From : <http://www.geron.org>

2003

"... A time to die": a resource pack for the churches; by Church and Society Committee, General Assembly, United Reformed Church. London: Church and Society, 2003, various.

A working group convened by the Revd Sarah Brewerton has compiled this pack of resources, advice and reflections on a range of end of life issues, and which might be of use to churches and ministers. The pack's coverage includes: the taboo of death; bereavement and support; living and dying with HIV/AIDS; suicides and unexpected deaths; attitudes to death in different ethnic communities; making a will; and issues around organ donation. It suggests a selection of further literature and other organisations. (RH)

Price: £5.00 (+ £2 p+p)

From : Church and Society, 86 Tavistock Place, London WC1H 9RT. church.society@urc.org.uk

Bereavement adjustment and support among caregivers; by Kevin Brazil, Michel Bédard, Kathleen Willison. *Journal of Mental Health and Aging*, vol 9 no 3, Fall 2003, pp 193-204.

The influence of health status, demographics, duration of bereavement, caregiving experience, and the use of formal services on caregivers' adjustment to bereavement was examined. 151 bereaved family caregivers participated in a telephone survey. The symptoms they reported most often were sleeplessness, depression, and loss of appetite. 135 (89%) felt that things were going reasonably well for themselves at the time of interview, and 91 (60%) had come to terms with their relative's death. Hierarchical regression models revealed that being a younger caregiver, reporting poorer mental health status, being a spousal caregiver, and reporting negative consequences of caregiving on caregiver's health were predictive of poorer recovery in bereavement. Relatives and friends also played an important role in assisting the bereaved to manage the bereavement process. This article identifies factors associated with poor reactions to bereavement, and bereavement as a social process, where family and friends play an important role in the recovery process. (RH)

ISSN: 10784470

Depressive symptoms and aging: the effects of illness and non-health related events; by Amy Fiske, Margaret Gatz, Nancy L Pedersen.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 58B, no 6, November 2003, pp P320-P328.

Hypotheses regarding age and depression are tested, the first being that depressive symptoms would increase between midlife and old age, longitudinally as well as cross-sectionally, and that the increase would not be fully explained by comorbid physical illness. It was further hypothesised that both declining health and non-health-related negative life events would explain longitudinal increases in depressive symptoms. Adults aged 29-93 from the Swedish Adoption and Twin Study of Ageing (SATSA) completed the Center for Epidemiologic Studies - Depression scale (CES-D) three times at 3-year intervals. Analyses were performed on one twin (n=877) and repeated on the second twin (n=909) as a non-independent replication. Depressive symptoms increased modestly with age in both men and women, particularly in the older participants. Health status was correlated with depressive symptoms, but new illnesses in the previous 3 years did not consistently predict increase in depressive symptoms, longitudinally. Negative life events in the previous 3 years predicted depressive symptoms. Notably, depressive symptoms also predicted future life events. (RH)

ISSN: 10795014

From : <http://www.geron.org>

"I think a woman can take it": widowed men's views and experiences of gender differences in bereavement; by Kate M Bennett, Georgina M Hughes, Philip T Smith.

Ageing International, vol 28, no 4, Fall 2003, pp 408-424.

Do the views and experiences of older widowed men regarding widowhood agree, and can they be explained in terms of notions of masculinity? This paper is based on a research study in the ESRC's Growing Older (GO) Programme, in which older widowed men were asked whether they believed men or women coped better, and

were asked about their own experiences. This paper discusses the similarities and differences between the views and experiences of these widowed men within a framework of masculinity. Men believe that women are better equipped to deal with widowhood. They explain this in terms of women's domestic abilities and social skills, and men's inability to talk about their emotions. These views can be understood in terms of masculinity. However, analysis of their experiences suggest that the picture is more complex. Men were found to be as socially engaged as women, and showed a range of domestic abilities: some were keen cooks and houseproud, while others relied on ready meals and family support. Women believed that men received more support than they did; this was confirmed. Unexpectedly, men reported more depressive experiences than women. It is argued that the experiences of widowed men may be understood in a masculinity framework, if one incorporates notions of diversity and social change. (RH)
ISSN: 01635158

Increased hospitalization risk for recently widowed older women and protective effects of social contacts; by James N Laditka, Sarah B Laditka.

Journal of Women & Aging, vol 15, no 2/3, 2003, pp 7-28.

This US study examines effects of recent widowhood on health for a nationally representative sample of older women. Mediating effects of social connectedness on the health of recently widowed women are also explored. The authors use data from 1984-1990 Longitudinal Study of Aging and Medicare claims, from which discrete time hazard models estimate the risk of hospital admission for any 30-day period for the 1,138 women who were married at the time of the baseline survey. Compared to women who are not recently widowed, those recently widowed have a 40% higher risk of admission to hospital. Social connectedness, measured by having phoned a friend/neighbour or family member in the period prior to the baseline survey, significantly decreases risk of admission to hospital for the recently widowed. The findings indicate that recent widowhood has a large adverse effect on the health of older women. Results highlight the need to provide additional support to recently widowed older women. (KJ/RH)

ISSN: 08952841

From : <http://www.tandfonline.com>

Investigating moderator hypotheses in aging research: statistical, methodological and conceptual difficulties with comparing separate regressions; by Jason T Newsom, Holly G Prigerson, Richard Schulz (et al).

International Journal of Aging and Human Development, vol 57, no 2, 2003, pp 119-150.

Many topics in ageing research discuss questions about group differences in prediction. Such questions can be viewed in terms of interaction or moderator effects, and use of appropriate methods to test these hypotheses are necessary to arrive at accurate conclusions about age differences. This article discusses the conceptual, methodological and statistical problems in one approach to investigating moderator hypotheses. The subgroup regression approach, in which separate regression analyses are conducted in two or more groups, is widely used in ageing research to examine group differences in prediction, but can lead to erroneous conclusions. The moderated regression approach, involving the test of a product term, is described and recommended as an alternative approach. The question of whether social support has greater beneficial effects for younger or older adults is investigated in this study of 287 recently bereaved adults aged 20 to 91. Using the subgroup approach, findings indicate that social support significantly predicts depressive symptoms among younger adults and do not significantly predict depression in older age groups. The moderated regression analysis, however, indicated no significant age differences in the effect of social support. These results clearly illustrate that the analysis strategy researchers choose may have an important bearing on theory in ageing research, such as conclusions regarding the role of social support across the life span. (RH)

ISSN: 00914150

From : <http://baywood.com>

Managing bereavement within sheltered/retirement housing: a workshop : 23 September 2003; by Centre for Social Policy and Social Work, University of Sussex; Sussex Gerontology Network, Sheltered Housing Group. Brighton: School of Social Sciences, University of Sussex, 2003, 11 pp.

Within medium-sized sheltered housing schemes, there are likely to be five or six deaths in the course of a year. This workshop considered how grief can be managed within a small community. Speakers used their academic research and/or practice to describe approaches to death and its effect on staff and on the peer group; the ethnic dimension of death; and the behaviour of people affected by a death. Workshops sessions discussed problems that participants had personally faced and tried to resolve, leading to suggestions for good practice. (RH)

Price: £2.00

From : Professor Peter Lloyd, School of Social Sciences, University of Sussex, Brighton BN1 9SN.

Old losses: a retrospective study of miscarriage and infant death, 1926-1955; by Laura S Smart.
Journal of Women & Aging, vol 15, no 1, 2003, pp 71-92.

Childbearing-related losses of 16 older Caucasians (13 women and 3 men, aged 69-90) were examined retrospectively in this qualitative study. Recollections of social support, grief at the time of loss, and current meaning attributed to the loss were the foci of the study. Most respondents recalled having felt grief at the time of miscarriage, foetal death or infant death, and most did not have lingering feelings of grief. Women who did not have grandchildren and who recalled insufficient social support appeared to be more vulnerable to feelings of lasting grief. A life course approach, which examines personal narrative in relation to ontological, generational and historical time, fits with the interpretation given by older respondents to their childbearing losses. (KJ/RH)

ISSN: 08952841

From : <http://www.tandfonline.com>

Perceptions of bereavement care in consultant geriatricians and advanced trainees in geriatric medicine; by Irene Boyatzis, Joanne Blight, Barry Ian Vieira (et al).

Australasian Journal on Ageing, vol 22.2, June 2003, pp 94-96.

A questionnaire was sent to 427 Australian consultant geriatricians and advanced trainees in geriatric medicine. While 98% of respondents believed it was important to provide bereavement care for patients and their families, 56% did not feel it was their role to provide this support. For those who provided bereavement care (33%), most used a combination of hospital and community based resources. 59% of respondents believed that they had adequate training in bereavement care. Yet 71% of respondents were not aware of resources available to fellow colleagues experiencing difficulties coping with the death of a patient. Given their differing experiences and approaches to bereavement care, aged care physicians may need further training. (RH)

ISSN: 14406381

Widowhood and spirituality: coping responses to bereavement; by Scott T Michael, Martha R Crowther, Bettina Schmid (et al).

Journal of Women & Aging, vol 15, no 2/3, 2003, pp 145-166.

In the US, nearly half of women aged 65+ are widows and nearly 70% of these women live alone. Widowhood has been labelled a primarily female phenomenon because older women are three times more likely than their male counterparts to be widowed. This review article has two aims. First, it discusses the impact of widowhood on the lives of older women. Secondly, it discusses how religion and spirituality may be used as coping methods for conjugal loss. After reviewing the literature, the authors conclude that older women use religious coping as well as religious and spiritual beliefs and behaviours to facilitate positive adjustment to the loss of a spouse. (KJ/RH)

ISSN: 08952841

From : <http://www.tandfonline.com>

2002

Development and initial validation of an inventory to assess grief in caregivers of persons with Alzheimer's disease; by Samuel J Marwit, Thomas M Meuser.

The Gerontologist, vol 42, no 6, December 2002, pp 751-765.

A total of 184 statements relating to personal grief reactions were obtained from 45 adult child and 42 spouse caregivers in 16 focus groups representing early, middle, late and post-death stages. These were presented to a second sample of 83 adult child and 83 spouse caregivers who rated them according to their current experience. Also administered were the Beck Depression Inventory (BDI), the Anticipatory Grief Scale (AGS), the Caregiver Strain Index (CSI), the Caregiver Well-being Scale - Basic Needs, and the Perceived Social Support - Family Questionnaire. Factor analysis resulted in a 50-item scale containing three factors: personal sacrifice burden; heartfelt sadness and longing; and worry and felt isolation. High internal consistency reliability was indicated in Cronbach's alpha scores; and correlation of each factor with other measures provide evidence of validity, especially when assessed in the context of the caregiver grief model. A scale such as this may be appropriate for use in supportive, clinical and research settings. (RH)

ISSN: 00169013

The effect of widowhood on older adults' social participation: an evaluation of activity, disengagement and continuity theories; by Rebecca L Utz, Deborah Carr, Randolph Nesse (et al).

The Gerontologist, vol 42, no 4, August 2002, pp 522-533.

Using data from the Changing Lives in Older Couples (CLOC) study in Detroit, Michigan, analyses compared widowed people to continuously married control participants to evaluate whether widowhood affects older

people's level of social participation. Widowed people were found to have higher levels of informal social participation than non-widowed people, whereas formal social participation levels were comparable between the two groups. Social participation levels decrease before the death of a spouse, primarily because of poor health, and increases following the loss, because of increased support from friends and relatives. Thus, maintaining continuity in the realm of social participation is a strategy older people use to cope with the loss of a spouse. However, not all widowed people have the same resources to alter their levels of social participation. (RH)
ISSN: 00169013

Exercise adherence and 10 year mortality in chronically ill older adults; by Miriam C Morey, Carl F Pieper, Gail M Crowley (et al).

Journal of the American Geriatrics Society, vol 50, no 12, December 2002, pp 1929-1933.

Older people with chronic diseases experience a long-term beneficial mortality effect from participation in exercise programmes. 135 Americans aged 65+ enrolled in Gerofit, a supervised geriatric fitness programme during the 1990s were screened for their adherence to the programme within the first 6 months of enrolment. Participation in the programme (which met 3 times a week for 90 minutes) was voluntary, and consisted of aerobic, strength, flexibility, and balance exercises. 26 deaths occurred in the 10-year follow-up. While time to death was not related to adherence to the programme, the initial survival benefit changed over time, resulting in a long-term protective survival effect on mortality for the adherent group (n=70). Doctors should therefore strongly encourage their patients, including those with comorbidity, to maintain a regular exercise regime. (RH)
ISSN: 00028614

Grief and loneliness in older people: case study accounts of conjugal bereavement; by John Costello.

Quality in Ageing, vol 3, no 4, December 2002, pp 3-11.

Grief and its concomitant loneliness are common problems in the social process of ageing. This paper uses case studies to describe the perceptions of four older bereaved people and their experiences of loneliness following conjugal bereavement. Case study accounts provide an opportunity to explore, describe and interpret data that may not yield to a simple analysis. In this paper, the accounts include a collection of information on the respondents' experiences of loss in the form of "durable biographies" that were typical, revelatory and critical. Respondents took part in semi-structured interviews about their experiences as part of a larger ethnographic study. This paper reflects on their comments, and raises theoretical and practical issues to do with loneliness following loss of a spouse. It points out that bereavement research is dominated by psycho-analytical conceptualisations which place emphasis on the "grief work" hypothesis, with less attention paid to bereavement models that highlight the social impact of loss in older people. (RH)

ISSN: 14717794

The health and social needs of recently widowed older women in Australia; by Susan Feldman, Julie Byles, Gita Mishra (et al).

Australasian Journal on Ageing, vol 21.3, September 2002, pp 135-140.

Women who have been recently widowed have broad needs for practical help and advice. The authors report on a cross-sectional survey of 430 widowed women participating in the Australian Longitudinal Study on Women's Health, of whom 340 (79%) responded. 231 of these women had been widowed three years or less. While 81% of the 231 women still lived in their own homes, 19% had moved house since being widowed for financial or social reasons. There were needs for legal services (44%), and home maintenance (55%). Assistance from medical practitioners included understanding (64%), support ((38%), and information (23%). 30% said they received medication to assist their bereavement, and 30% had taken medication to help them sleep "for their nerves" within the 4 weeks prior to the survey. Most women (85%) felt they had maintained or increased their level of social contact since becoming widowed. Appropriate services for widowed women need to encompass the social context in which widowed women are attempting to reconstruct their lives. (RH)

ISSN: 14406381

Interlocking trajectories of loss related events and depressive symptoms among elders; by Scott M Lynch, Linda K George.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 57B, no 2, March 2002, pp S117-S125.

As people age, their peers (who are also ageing) become increasingly susceptible to health decline and death, implying potential growth in stressful loss-related events over time for the individual. The purpose of this research was to determine whether growth in loss-related events occurs for older people, and whether stress growth is related to the well-known growth in depressive symptomatology in later life. Three waves of the US National Institute on Aging Established Populations for Epidemiological Studies of the Elderly (EPESE - Duke

University site) were used in the analysis. Results suggests that stress in later life may be conceived of as a growth process, with strong consequences for trajectories of mental health. (RH)
ISSN: 10795014

Older widow(er)s: bereavement and gender effects on lifestyle and participation; by Kate M Bennett, Philip T Smith, Georgina M Hughes, Growing Older (GO) Programme, Economic & Social Research Council - ESRC. Sheffield: ESRC, September 2002, 4 pp.

GO Findings: 6 - Research Findings from the Growing Older Programme, September 2002, 4 pp.

The lifestyles of women and men widowed in late life are examined. This project highlights gender, social participation, well-being and emotional response, with a view to promoting more effective adjustment to bereavement and widowhood. The study's methods, results and key findings are summarised. (RH)

Price: FOC

From : ESRC Growing Older Programme, Department of Sociological Studies, Elmfield, Northumberland Road, University of Sheffield, Sheffield S10 2TU. www.shef.ac.uk/uni/projects/gop/index.htm

Spiritual belief and quality of life: the experience of older bereaved spouses; by Peter Coleman, Fionnuala McKiernan, Marie Mills (et al).

Quality in Ageing, vol 3, no 1, March 2002, pp 20-26.

US research emphasises the health and other benefits of religious belief for older Americans. However, whereas the US is still a strongly religious society, in Britain there has been a steady erosion of membership of Christian churches, accompanied by a loss of respect for the authority of the church and an increased freedom of expression in belief. The implications of spiritual belief for adjustment has been studied in a sample of 28 older bereaved spouses, who were followed from the first to the second anniversary of the death. Using a recently developed measure of strength of spiritual belief, a clear pattern was found of greater depressive symptomatology and lower perception of personal meaning among those of moderate belief. Investigation of the 11 moderate believers in the sample provided many illustrations of spiritual questioning, uncertainty and unease. Thus, although a form of spiritual belief is maintained, it seems likely that a substantial proportion of the older population in the UK has become isolated from their churches of origin. This article presents preliminary findings of a project in the ESRC's Growing Older Programme. (RH)

ISSN: 14717794

Spiritual beliefs and existential meaning in later life: the experience of older bereaved spouses; by Peter G Coleman, Fionnuala McKiernan, Marie Mills (et al), Growing Older (GO) Programme, Economic & Social Research Council - ESRC. Sheffield: ESRC, March 2002, 4 pp.

GO Findings: 3 - Research Findings from the Growing Older Programme, March 2002, 4 pp.

The current generation of British older people was brought up within a much more religious society than today's younger generations; yet little is known about the belief systems they hold. This research explores the significance of spiritual belief for the well-being of a sample of older bereaved spouses from a Christian background. The study indicates that discussion of spiritual beliefs did not come easily to most of the sample. However, data obtained after further visits and discussion with the participants did demonstrate an association between beliefs and experience of well-being. (RH)

Price: FOC

From : ESRC Growing Older Programme, Department of Sociological Studies, Elmfield, Northumberland Road, University of Sheffield, Sheffield S10 2TU. www.shef.ac.uk/uni/projects/gop/index.htm

"Spirituality" and ageing well: thoughts on coping well with grief; by Terence Seedsman, Susan Feldman.

Education and Ageing, vol 17, nos 2/3, 2002, pp 201-216.

The approach used in this article offers a focus on ageing well as a process of coping with change, and how notions of spirituality may offer a powerful source for meaning in later life. It is argued that as people age, there exists for some an imperative to answer questions that are implicit to how we might live, such as is life worth living? The perspectives offered on spirituality and ageing well include the need to be mindful of: presenting spirituality in terms that make sense for current times; and allowing for the possibility that spiritual reflection and meaning may have their roots embedded within an essentially metaphoric process. This paper draws on a range of sociological literature to explore the resilience of ageing and the potential for elements of spirituality to govern the self's realignment as speculative and philosophical questions arise. While older age is shown to signal a range of losses and altered states, for some older people, life is still unfolding, evolving, developing and open to new possibilities for being. Health care workers need to be sensitive to how spirituality in times of loss and grief can be a positive factor in older people's overall quality of life. (RH)

ISSN: 13528580

Theories on coping with loss: the impact of social support and self-esteem on adjustment to emotional and social loneliness following a partner's death in later life; by Berna van Baarsen.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 57B, no 1, January 2002, pp S33-S42.

In a Dutch longitudinal study on the role of self-esteem and social support in adjustment to loneliness experienced by bereaved older people, 101 participants aged 55 to 89 were interviewed before and after their partners' deaths. The study also examined the contribution of general and specific coping theory in explaining loneliness. A distinction has been made between emotional and social loneliness or perceived support. The theory of mental incongruity predicts that the presence of more favourable conditions - such as high self-esteem or more social support - results in less loneliness. According to the theory of relational loneliness, the partner's death leads to a loss of identity, thus increasing emotional loneliness, and social support does not mitigate emotional loneliness following a loss. Findings were ambiguous with regard to both theories. As hypothesised, partner loss lowered self-esteem, resulting in higher emotional and social loneliness, that is, perception of less support. Supportive personal relations reduced emotional loneliness. The presence of close friends, however, seemed to increase emotional and social loneliness in the long term, particularly among those participants with lower self-esteem. (RH)

ISSN: 10795014

2001

A comprehensive, stage-sensitive model of grief in dementia caregiving; by Thomas M Meuser, Samuel J Marwit.

The Gerontologist, vol 41, no 5, October 2001, pp 658-670.

Grief is an overlooked but important element of the caregiver experience. This study defines a model of caregiver grief to aid clinical intervention and to support further research, by examining the grief responses of 87 spouses and adult child caregivers of patients with progressive dementia representing mild, moderate, severe, and post-death. Questionnaire data and qualitative findings from 16 semi-structured focus group interviews provide the basis for a descriptive model of anticipatory grief in dementia caregiving. Significant differences emerged between spouse and adult child caregivers groups. Caregiver grief was found to fluctuate between intellectual, affective and existential poles depending on current care demands and expectations. The findings suggest that anticipatory grief in dementia caregiving is "real" grief, equivalent in intensity and breadth to death-related grief. (RH)

ISSN: 00169013

Correlates and prevalence of loneliness from young old to oldest old: results from a Swedish cohort; by Cheryl McCamish-Svensson, Gillis Samuelsson, Bo Hagberg.

Hallym International Journal of Aging, vol 3, no 1, 2001, pp 1-24.

A multidisciplinary approach to studying the relationship between social, psychological and physical characteristics and loneliness was conducted in a longitudinal study of 142 Swedish participants from age 67 to 92. Results indicate that the typical predictors of loneliness found in most research - including gender, marital status, living alone, and contact with children - had no significant relationship with loneliness for this cohort at any age. However, "time passes slowly" and "poor life adjustment" (as assessed by the interviewer) were positively correlated with loneliness at all ages. Presence of health problems (but not disability) was positively related to loneliness at both 67 and 92 years. Even though contact with others outside the home remained frequent, the proportion who reported loneliness increased from 20% at age 67 to 37% at 92. These results indicate the multidimensionality of loneliness and its variability from young old to oldest old. (RH)

ISSN: 15356523

Grief in old age; by D Harwood.

Reviews in Clinical Gerontology, vol 11, no 2, May 2001, pp 167-176.

Although many studies of grief purport to be of "older" samples, over 75s often appear to have been excluded from bereavement research. Such bias must be borne in mind when interpreting findings from the studies discussed in this review, which attempts to summarise advances in our knowledge of grief as it relates to older people. (RH)

ISSN: 09592598

Landscapes of loss: spaces of memory, times of bereavement; by Jenny Hockey, Bridget Penhale, David Sibley. Ageing and Society, vol 21, part 6, November 2001, pp 739-758.

This qualitative study explores later life spousal bereavement as a spatialised experience. It draws on interviews with 20 older widowed people who were living alone, half in owner-occupied accommodation and half in

sheltered housing. Moving beyond the older adult's 'inner' world of grief, it examines changes in the use and meaning of both public and domestic space in order to provide an holistic, culturally-located analysis. The following themes are identified as important: the type of housing, interviewees' spatialised social relationships, the experience of spousal caregiving prior to bereavement, and the ongoing relationship between the living and the dead partner. (KJ/RH)

ISSN: 0144686X

One year follow-up of an emotional expression intervention for bereaved older adults; by Daniel L Segal, Carla Chatman, Jay A Bogaards (et al).

Journal of Mental Health and Aging, vol 7, no 4, Winter 2001, pp 465-472.

In an initial study by the authors, 30 bereaved older Americans verbally disclosed their thoughts and feelings about the death of their spouse in four 20-minute sessions according to the Pennebaker (1985) disclosure paradigm, with significant therapeutic effects at 1-month follow-up. For the 20 subjects who completed a 1-year follow-up, their initial decrease in intensive thoughts was maintained. Total distress (on the Impact of Event Scale) decreased from pre-test and from post-treatment to 1-year follow-up. Negative thoughts showed no changes across the initial three periods, but significantly declined at one year. There were no treatment effects regarding depression, hopelessness or avoidance. The study suggests that this intervention's therapeutic effects remain strong at one year, and that reduction in negative cognitions may be a particularly strong therapeutic factor for emotional improvement in bereaved older people. (RH)

ISSN: 10784470

Psychological adjustment to sudden and anticipated spousal loss among older widowed persons; by Deborah Carr, James S House, Camille Wortman (et al).

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 56B, no 4, July 2001, pp S237-S248.

The effects of forewarning on multiple indicators of mental health and grief were examined in a sample of 210 widowed people participating in the Changing Lives of Older Couples (CLOC) study in Detroit. They were interviewed first in 1987-88, and re-interviewed 6, 18 and 48 months after losing their spouse. Forewarning did not affect depression, anger, shock, or overall grief 6 or 18 months after the loss. Prolonged forewarning was associated with elevated anxiety both 6 and 18 months after the death. Sudden death of a spouse elevated survivors' intrusive thoughts at the 6-month follow-up study. Sudden death was associated with slightly higher levels of yearning in women but significantly lower levels of yearning in men both 6 and 18 months after the loss. The findings call into question the widespread belief that grief is more severe if death is sudden, and suggests a more complex relationship between bereavement and circumstances of a spousal death. (RH)

ISSN: 10795014

The unique contribution of key existential factors to the prediction of psychological well-being of older adults following spousal loss; by P S Fry.

The Gerontologist, vol 41, no 1, February 2001, pp 69-81.

A number of measures to assess psychological well-being, sociodemographic standing, social resources and religious and spiritual resources were administered to a volunteer sample of widows and widowers to test the hypothesis that existential factors such as personal meaning, religiosity and spirituality are more potent predictors of psychological well-being than are previously hypothesised variables of sociodemographic, social support and physical factors. A hierarchical regression analysis of the data supported the hypothesis that existential factors are major contributors to older people's psychological well-being following loss of a spouse. Findings showed that widowers, compared to widows, scored lower on the measure of psychological well-being. Implications of the findings are discussed for practitioners working with bereaved spouses; and suggestions made for further research concerning bereavement and psychological well-being. (KJ/RH)

ISSN: 00169013

When one of a couple dies: the continuing role of the deceased in the life of the survivor; by Jan Oyeboode, Gina Aamodt-Leeper, Tracy MacCarthy (et al).

Generations Review, vol 11, no 4, December 2001, pp 15-16.

Personal and professional contact with older bereaved spouses provides examples in which the deceased continue to play important and positive roles in the lives of survivors. However - at least within the clinical field - it has not been widely recognised that satisfactory resolution of grief may involve a continuing, functional place for the deceased in the life of the survivor. The research outlined in this article sets out to look in more depth at the continuing role of the deceased in the life of the surviving spouse, at the functions the deceased may continue to play in the lives of survivors, and at the impact of continuing bonds on well-being. (RH)

ISSN: 09652000

2000

Beyond gender differences: adaptation to aging in life course perspective; by Laurie Russell Hatch. Amityville, NY: Baywood, 2000, 268 pp (Society and aging series).

Issues surrounding adaptation to ageing, and how adaptation can best be achieved, have been of central concern in gerontology. This book investigates adaptation to ageing in light of the theoretical explanations and empirical evidence bearing on gender differences. Firstly, the two main theoretical approaches to gender differences that have been used most widely in social gerontology are reviewed. Secondly, adaptation to ageing as a broad and cumulative process is examined, with a focus on the two life events that have been thought to pose the greatest challenges to adaptation in older age: the death of a spouse and retirement. (AKM)

ISBN: 0895032104

Caregivers of relatives with dementia: experiences encompassing social support and bereavement; by B E Almqvist, M Grafström, B Winblad.

Aging & Mental Health, vol 4, no 1, February 2000, pp 82-89.

Caregivers who suffer grief after the death of a family member with dementia have received little attention in research. In this Swedish study, 30 caregivers were interviewed less than 6 months after the death of a family member with dementia. The study explored the caregivers' experiences of bereavement and social support in two stages: during the caregiving period and following death, and examined any links between the two stages. Findings showed that a central dynamic in caregiver bereavement seemed to be the support experienced, as well as the possibility of having continued support from family and/or friends. Caregivers who reported more positive appraisals during the caregiver period were likely to feel relieved after the death of a relative. They also tended to be more satisfied with their social support. (AKM)

ISSN: 13607863

From : <http://www.tandfonline.com>

Gender, age and widowhood: gender differences in adaptation in the medium and long term; by Kate Davidson.

Bereavement Care, vol 19, no 2, Summer 2000, pp 25-27.

There is a perception that men, specifically ageing men, are more emotionally distressed than ageing women by their spouse's death. The few studies carried out on widowers indicate that it is the loss of the person whose care allowed them independence, and the need to take on the role as self-carer that requires the greater psychological adjustment. However, the difference men and women experience when bereaved is reflected in the strategies they utilise to adapt to solo living, rather than the intensity of their distress. The author uses a study of 25 widows and 26 widowers aged 65+ who had been widowed for at least 2 years to outline the range and complexity of the adaptations required of them. She recognises the "chaos" that results in the lives of those unable to make these adjustments. (RH)

ISSN: 02682621

Loss and marital therapy with carers and dementia sufferers; by Sylvia Dillon.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society, April 2000, pp 19-21.

PSIGE Newsletter, no 72, April 2000, pp 19-21.

Carers of dementia sufferers who are either married or are lifelong partners appear to have different psychological needs to those of adult child carers. Yet carers tend to be perceived by the helping professions as a homogeneous group. The author reviews literature that considers various types of relationships. (RH)

ISSN: 13603671

Marital quality and psychological adjustment to widowhood among older adults: a longitudinal analysis; by Deborah Carr, James S House, Ronald C Kessler (et al).

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 55B, no 4, July 2000, pp S197-S207.

This study examined whether psychological adjustment to widowhood is affected by three aspects of marital quality - warmth, conflict, and instrumental dependence - assessed prior to the loss. The Changing Lives of Older Couples (CLOC) study of more than 1,500 married Americans aged 65+ includes baseline data on marital quality and mental health, and data on grief, anxiety, and depression collected 6, 18 and 48 months after the loss of a spouse. Widowhood was associated with elevated anxiety among those who were highly dependent on their spouses, and lower levels of anxiety for those who were not. Levels of yearning were lower for those widowed whose relationships were characterised by conflict, and higher for those reporting high levels of marital

closeness and dependence on their spouses. The findings suggest a more complex relationship between bereavement and characteristics of the marriage. (RH)
ISSN: 10795014

Matching bereavement services to level of need; by Katherine Walsh-Burke.

The Hospice Journal, vol 15, no 1, 2000, pp 77-86.

The establishment of hospices in the US has resulted in an increase in bereavement services available to clients experiencing loss. Many of these services - such as educational and peer support groups - are provided without screening or assessment of risk for complicated bereavement in the individuals who use them. Whilst acceptance of uncomplicated bereavement is important, so too is assessment for complicated bereavement, to ensure that appropriate services are offered to those at risk for problematic adjustment. This article reviews the literature on risk criteria for complicated bereavement, and proposes a method both for assessing risk and matching service to level of need, based on these criteria. (KJ/RH)

ISSN: 0742969X

From : Haworth Document Delivery Service, The Haworth Press, 10 Alice Street, Binghamton, NY 13904-1580, United States.

Personality, relationship closeness, and loneliness of oldest old adults and their children; by M Valora Long, Peter Martin.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 55B, no 5, September 2000, pp P311-P319.

Based on research findings that the oldest old have a higher stake in their children than children have in their parents, the authors proposed that attachment and solidarity would be perceived as higher by the oldest old participants than by their children. It was also hypothesised that because the oldest old are more likely to be widowed and living alone, parents would perceive loneliness as higher than their children. Data comprised over 85s from Iowa's Areas Agencies on Aging and their adult children. Results from path analysis indicated that loneliness of the oldest old was reduced by affection both for and from their children. Although an anxious personality decreased affection, perceptions of attachment to children increased feelings of affection. In addition, parents and children who had anxious personalities were more likely to be lonely, whereas loneliness was decreased for those with an extroverted personality. Children's loneliness was also decreased by association with their parents and by the quality of their friendships. Perceptions of childhood attachment to parents increased current affection and association with and fulfilment of parents' expectations. (RH)

ISSN: 10795014

The relationship between external events and affect states in older people; by Laraine Winter, M Powell Lawton, Robin J Casten (et al).

International Journal of Aging and Human Development, vol 50, no 2, 2000, pp 85-96.

Long-term and moderately short-term effects of bereavement and marriage on psychological well-being (PWB) in older people were investigated. The aspect of PWB examined was the prevalence of six affects rated in terms of their frequency during the previous year in four groups: recently widowed, recently married, and widowed and married older people unselected for length of time in those marital statuses. As predicted, both length of time in the marital status and congruence between the positive event (marriage) and positive affect, and between congruence of the negative event (bereavement and negative affect) were associated with group differences. Depressive affect was greatest in the recently bereaved; but the other groups did not differ for depression. Positive affect was greatest in the recently married, and other groups did not differ in that respect. Hostility, anxiety, shyness, and contentment were not predicted to differ between groups; in fact, contentment was least in the bereaved; shyness was least among the recently married; and hostility was lowest in those long-widowed. (RH)

ISSN: 00914150

What we want: older widows and widowers speak for themselves; by Kate Davidson.

Practice, vol 12, no 1, 2000, pp 45-54.

Social workers helping older people who have been bereaved may find the issue of remarriage crops up in discussion. It may be helpful to develop ideas in respect of this issue, and this article sets the context and discusses the choices and expectations involved. The article arises from the author's study of gendered differences in the meanings of widowhood to older men and women in the medium and long term after the loss of their spouse. Respondents were born before 1930 (at least 65 years old at the time of interview), widowed for a minimum of two years, and had not remarried. 25 widows and 26 widowers were interviewed in depth, with a semi-structured interview guide, and encouraged to talk about their history, marriage, present life and future. The principal theme that emerged was of new partnership formation and the feasibility and desirability of such

action, in other words, the constraints and choices around sharing one's life again. The analysis revealed a complex picture of relationship and friendship matrices which transcended the simple dichotomy of whether or not an older widow or widower wished to remarry. (RH)
ISSN: 09503153

1999

Affective bonds of adult children with living versus deceased parents; by Dov Shmotkin.

Psychology and Aging, vol 14, no 3, September 1999, pp 473-482.

Affective bonds of children with their parents have been widely studied in intergenerational research. However, studies have largely overlooked the significant roles that the enduring relations with deceased parents continue to play in the lives of the surviving children. In this study, Israeli adult children aged 17 to 77 years formed three groups with both parents alive, only mother alive, and both parents deceased. Questionnaires assessed relations with mother and father (363 participants completed bond intensity and 217 of them completed bond intensity and bond evaluation). Whereas bond intensity (with factors of closeness, influence and commitment) refers to the strength of relationship's manifestations, bond evaluation refers to the subjective location of this relationship on a positive-negative continuum. Contrary to the hypothesis, bond intensity was not lower for deceased than for living parents. As hypothesised, bond evaluation was higher for mother and father when both were deceased. The study suggests a developmental trajectory whereby the affective bonds of adult children toward their parents transcend parental death and normative mourning. (AKM)

ISSN: 08827974

Age Concern's comments on the consultation paper "Support in bereavement"; by Age Concern England - ACE. London: Age Concern England, January 1999, 4 pp (Briefings, ref: 0499).

The consultation paper "Support for bereavement" proposes reform to benefits for bereaved people. Age Concern's response looks at the position of those who are approaching, or have reached, pension age. Among concerns expressed are that widows over pension age should not be adversely affected by any future proposals. Plans to halve the amount of SERPS (state earnings related pension) paid with the state pension to people whose spouse dies on or after 6 April 2000 are unfair and should be reversed. (RH)

Price: FOC

From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER.

Animal bereavement - the work of the National Animal Welfare Trust; by Ruth Meyer, National Animal Welfare Trust.

EAGLE Journal, vol 7, issue 5, Apr/May 1999, pp 9-11.

Ageing and bereavement are not confined to the human species. Pet animals suffer the same conditions as we do, even though their life spans are much shorter. The difference is that whereas we know we grow old and die, animals have no such knowledge, accepting each day as it comes. This short article, adapted from one published in the Kendal Gazette, outlines the work of the National Animal Welfare Trust, including its Emergency Pet Rescue Scheme. Reference is also made to the United States (US). (RH)

ISSN: 1360239X

Bereavement and grief in adults with learning disabilities. A follow-up study; by E Bonell-Pascual, S Huline-Dickens, S Hollins (et al).

British Journal of Psychiatry, vol 175, October 1999, pp 348-350.

This paper reports on the follow-up of a cohort of parentally bereaved adults with learning disabilities. The aim was to investigate whether significant psychopathology, present up to 2.1 years after the death, had resolved five years later. Of an original sample of 50 adults with learning disabilities, 41 were reassessed. The Aberrant Behaviour Checklist and the Psychopathology Instrument for Mentally Retarded Adults were administered to carers. Findings revealed that there was a small increase in the measures of aberrant behaviour. Measures of psychopathology showed improvement, and in particular there was a reduction in anxiety. It was concluded that the response to bereavement by adults with learning disabilities is similar in type, though not in expression, to that of the general population. Learning disability is a significant predictor of mental health problems following bereavement, although the participants in this study adapted more easily when basic emotional needs had been constructively met by carers. (AKM)

ISSN: 00071250

Beyond the body: death and social identity; by Elizabeth Hallam, Jenny Hockey, Glennys Howarth. London: Routledge, 1999, 232 pp.

Social theories of the body acknowledge the centrality of the body in the formation of social identity, but have paid little attention to the dying and dead body. This volume uses historical and cross-cultural material relating to the organisation of the dying and dead body by health professionals, morticians, coroners, and church courts. Field data and research is presented, including: a study of a local authority residential home for older people; the work of coroners in northern England, western England and London; an ethnographic study of funeral directors in the East End of London; interviews with older people and observations within a residential home; the work of a Christian minister in Yorkshire in 1996; and women practising as spiritualists and clairvoyants in the Midlands. The role of the Church Court is discussed, using material from the Canterbury Cathedral Archives and Library, Canterbury Archdeaconry and Consistory Court Depositions, 1580-1640. (RH)

ISBN: 0415182921

Price: £15.99

From : Routledge, 11 New Fetter Lane, London EC4P 4EE.

Depressive symptoms and depressive episodes in recently widowed older men; by Gerard J A Byrne, Beverley Raphael.

International Psychogeriatrics, vol 11, no 1, March 1999, pp 67-74.

Older widowers have high rates of completed suicide, but have rarely been the subject of systematic inquiry. This Australian study investigated the prevalence of depressive symptoms and major depressive episodes (MDEs) in 57 recently widowed older men over the first 13 months after bereavement, compared with 57 matched married men identified from the electoral role. Subjects were assessed for the presence of current DSM-III-R MDEs using the Composite International Diagnostic Interview (CIDI). Both groups were assessed at 6 weeks (T1) and 13 months (T2). At T1, seven widowers (12.3%) and no married men were found to have CIDI cases of current MDE; and at T2, only one widower (1.9%) and no married men had CIDI cases of current MDE. Current MDE was not predicted by a past history of dysphoria. At T1, 14% (8/57) of widowers reported specific suicidal thoughts or actions; and at T2, 15.4% (8/52). The authors conclude that health workers should monitor closely the clinical course of MDEs in recently widowed older men. Routine inquiry about suicidal ideation should also be an essential component of clinical assessment for this population group. (RH)

ISSN: 10416102

Developing a preventive approach with older people; by Eileen Waddington, Mary Godfrey.

Managing Community Care, vol 7, issue 6, December 1999, pp 10-16.

There has been growing policy emphasis on prevention and promotion of independence for older people. The Nuffield Institute's Community Care Division has been involved in a research project commissioned by the Joseph Rowntree Foundation (JRF) and Anchor Trust on behalf of the National Preventative Task Group. The purpose of the research has been to explore how far local authorities and health authorities are developing preventive strategies and services for older people. The research and associated systematic review of the research literature are published in "Preventive strategies for older people: mapping the literature on effectiveness and outcomes" (Anchor Trust, 1999). Using work of colleagues in the research team and the associated mapping of literature carried by Mary Godfrey, this article explores the policy context in which prevention is being developed and the extent to which authorities have begun to develop preventive strategies and services. (RH)

ISSN: 14615436

Do personal conditions and circumstances surrounding partner loss explain loneliness in newly-bereaved older adults?; by Berna Van Baarsen, Johannes H Smit, Tom A B Snijders (et al).

Ageing and Society, vol 19, part 4, July 1999, pp 441-470.

The WALs project (Widowhood Adaptation Longitudinal Study) aims to explain loneliness in newly bereaved Dutch older adults, taking into account personal and circumstantial conditions surrounding the partner's death. A distinction is made between emotional and social loneliness. Data were gathered both before and after partner loss. Results were interpreted within the framework of the Theory of Mental Incongruity. The findings reveal that being unable to anticipate the partner's death is related to higher levels of emotional loneliness. Standards of instrumental support, measured indirectly by poor physical condition, lead to stronger emotional as well as social loneliness. Furthermore, difficulties with establishing personal contacts, caused, for instance, by social anxiety, add to loneliness. It is concluded that circumstances related to the partner's illness may contribute to emotional loneliness after bereavement. Moreover, the results highlight the importance of taking coping attitudes into consideration for a better understanding of how newly bereaved older adults adapt to the loss of a partner. (RH)

ISSN: 0144686X

Effects of emotional expression on adjustment to spousal loss among older adults; by Daniel L Segal, Jay A Bogaards, Lee A Becker (et al).

Journal of Mental Health and Aging, vol 5, no 4, Winter 1999, pp 297-310.

Loss of a spouse in older age can cause a greater disruption in the life of an individual than the loss of a spouse at an earlier age. The aim of this study was to examine the therapeutic effects of verbally disclosing thoughts and feelings about loss of spouse in 30 distressed bereaved older adults participating in an exposure intervention according to the paradigm developed by Pennebaker (1985). Participants were randomly assigned to treatment (four 20-minute vocal expression sessions within a 2-week period) or delayed treatment. No immediate effects of treatment were found with the exception that participants receiving treatment showed a decrease in hopelessness relative to participants in delayed treatment. After treatment was provided to the delayed-treatment group, combined data from both groups indicated significant decrease in hopelessness, intrusive thoughts, obsessive-compulsive symptoms, and depression. Feelings of painfulness and negative affect decreased steadily over sessions. The findings suggest that confronting painful feelings can potentially reduce psychological distress among bereaved older people. (AKM)

ISSN: 10784470

The grief experienced by spousal caregivers of dementia patients: the role of place of care of patient and gender of caregiver; by Marilyn G Rudd, Linda L Viney, Carol A Preston.

International Journal of Aging and Human Development, vol 48, no 3, 1999, pp 217-240.

Differences in grief responses between spouse caregivers of patients with dementia at home and in nursing homes, and gender differences, were examined in this Australian study. Thirty husbands and thirty wives, with equal numbers of home and nursing home caregivers participated in the study. Four psychological states of grief were examined: anxiety, sadness, anger and guilt. Content analysis scales were scored to assess the four psychological states. A self-rating, adjective mood scale was also used as a secondary measure of those states. Findings revealed that nursing home caregivers expressed significantly higher levels of sadness and guilt than home caregivers. Home caregivers expressed more anger than nursing home caregivers, in particular wives. Caregiving wives expressed significantly higher levels of anxiety, sadness and anger than caregiving husbands. The results of the content analysis scales were confirmed by the secondary measure, but the former measure proved more powerful for detecting statistically significant differences. (AKM)

ISSN: 00914150

Literary resources for bereavement; by Ted Bowman.

The Hospice Journal, vol 14, no 1, 1999, pp 39-54.

The bereavement process can be aided by a number of resources. Hospice counsellors and related therapeutic professionals turn most easily to their own disciplines and training. In this article, complementary or ancillary resources from literature are offered. If healing includes the "storying" or "restorying" of lives, then literature can enrich and facilitate the mourning process. Suggestions for sources and their connections to hospice care are offered. (RH)

ISSN: 0742969X

From : Haworth Document Delivery Center, The Haworth Press Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

Men and women and their responses in spousal bereavement; by David G Quigley, Mona S Schatz.

The Hospice Journal, vol 14, no 2, 1999, pp 65-78.

The Grief Experience Inventory (GEI) was used to examine grief responses among men and women who experienced the loss of their spouse at a Colorado hospice during 1995. 118 questionnaires were sent out; 43 people responded (36.5%), comprising 29 women and 14 men (mean age 62.95 years). The findings document a broad range of emotional responses to grief among men and women. Elements measured included despair, anger/hostility, guilt, social isolation, loss of control, rumination, depersonalisation, somatisation, and death anxiety. No significant differences were found, with the exception of despair and somatisation which were rated higher by women. These findings appear to differ from the perceptions of bereavement counsellors, who often identify behavioural differences in how men and women cope with their loss experience. (RH)

ISSN: 0742969X

From : Haworth Document Delivery Center, The Haworth Press Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

"Now that mom is in the Lord's arms, I just have to live the way she taught me": reflections on an elderly, African American mother's death; by Sharon Hines Smith.

Journal of Gerontological Social Work, vol 32, no 2, 1999, pp 41-52.

This article reports findings from an exploratory, qualitative study of African American middle-aged daughters' responses to the death of their elderly mothers. Particular attention was given to the coping strategies described by daughters in their bereavement experience. In-depth, open-ended interviews were conducted with 30 African American women ranging in age from 39 to 68 whose mothers were 65 years of age or older and widowed at the time of death. Results indicate that themes of reciprocity, family continuity and cognitive strategies framing an elderly mother's death as an important loss to family-community were important aspects of coping and life restructuring processes for the daughters. The implications of these findings for social work and future research are also discussed. (AKM)

ISSN: 01634372

From : <http://www.tandfonline.com>

Preventive strategies for older people: mapping the literature on effectiveness and outcomes; by Mary Godfrey, Anchor Research; Joseph Rowntree Foundation - JRF; National Preventative Task Group, Nuffield Institute for Health. Kidlington, Oxon: Anchor Trust, 1999, 52 pp.

Generally, preventive strategies aim to reduce the impairments which tend to accompany ageing, and involve primarily health, socio-economic and environmental interventions as opposed to social care activities. The overall aim of the project was to carry out a systematic review of the research literature and identify the impact and effectiveness of preventive services in promoting successful ageing. The review centred on services or interventions within three broad areas. First, low intensity services whose goal was to decrease dependency and maintain autonomy in the context of managing limitations and compensating for losses. Second, social networks designed to increase social support, and to counter loneliness. Third, those aimed at preventing symptoms of depression consequent upon loss (psychological, interpersonal, social and functional). Evidence was analysed from five databases: Medline, Cinahl, Sociofile, Helms and Caredata. While there is an ample evidence base on preventive strategies in health and disability, the research had conceptual and methodological difficulties concerning social care. More interdisciplinary research is required to develop understanding of the processes involved in "successful ageing". (RH)

ISBN: 090617855X

Price: £15.00

From : Anchor Trust, Fountains Court, Oxford Spires Business Park, Kidlington, Oxon OX5 1NZ.

Reactions to loss among aged men and women: a comparison; by Annette Benedict, Xiurong Zhang.

Activities, Adaptation & Aging, vol 24, no 1, 1999, pp 29-40.

The process of grieving for the loss of significant persons, particularly for older people, is important for the recovery of the survivor. Research data is contradictory concerning gender differences in feelings at the time of loss, length of the recovery period, and the relative completeness of the recovery. In this study, 393 women and men aged 55 years and over were interviewed about their reactions to loss. Significantly more women remembered themselves as being highly emotional at the time of loss than men did. In addition, the recovery period was longer for women than it was for men. However, women and men did not differ in terms of the survivors' evaluation of the completeness of their recovery. (AKM)

ISSN: 01924788

From : <http://www.tandfonline.com>

Reflections on Death in America [project]; by George Soros.

The Hospice Journal, vol 14, numbers 3/4, 1999, pp 205-216.

The project on Death in America was established to promote a better understanding of the experience of dying and bereavement, and, by doing so, help transform the culture surrounding death. The Faculty Scholars Program provides three year fellowships for projects which explore critical aspects of care of the dying, for those who will become academic leaders on the issue, as well as role models and mentors for future generations of health professionals. A Grants Program broad enough to cover every aspect of the culture of dying allocates funding for innovative projects. A new grants programme is under way to support projects aimed at enhancing the role of the humanities in transforming the culture of death and dying in America. (RH)

ISSN: 0742969X

From : Haworth Document Delivery Service, The Haworth Press, 10 Alice Street, Binghamton, NY 13904-1580, United States.

Time limited therapy: a tool for exploring unresolved grief: a case study; by Teresa Lofgren Forrest.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society, October 1999, pp 28-31.

PSIGE Newsletter, no 70, October 1999, pp 28-31.

The case of a 78 year old women is presented, who, together with a counsellor using the framework of Brief Dynamic Psychotherapy, explored her grief and depression over the sudden death of her husband. By focusing on the limited time available, the client had started to deal with her feelings of anger and abandonment by her family, and consequently was able to regain interests. (RH)

ISSN: 13603671

1998

Age awareness: understanding the spiritual needs of older people; by Jeffrey Harris (convenor), Albert Jewell (ed), Methodist Homes for the Aged; Christian Council on Ageing. Derby: Methodist Homes for the Aged; Christian Council on Ageing, 1998, Boxed set of 10 booklets.

The Age Awareness project was set up in 1995 by Methodist Homes for the Aged and the Christian Council on Ageing, facilitated by a grant from the Sir Halley Stewart Trust. The main objective of the project is to increase the understanding of the spiritual needs of older people. This set of 10 booklets is aimed at churches, local community groups and individuals for reflection, discussion, and action. Topics covered include: spirituality in the later years of life; adapting our lifestyle in retirement; the ageing single person; ageing in a strange land (ageing of older immigrants); facing terminal illness; older people and bereavement; spiritual needs of people with dementia; a future home (residential care and staying put); those who care for others (informal carers); and the Church's ministry to ageing people. Each booklet ends with a section to encourage discussion and action by local churches and groups. (AKM)

ISBN: 095262396X

From : Methodist Homes for the Aged, Epworth House, Stuart Street, Derby DE1 2EQ.

Anniversaries and reminders when you are bereaved; by Cruse Bereavement Care. Richmond: Cruse, 1998, Leaflet.

Anniversaries and reminders can evoke powerful memories and feelings which which are personal in a particular way to a bereaved person. This leaflet outlines emotions which may be experienced, what things might help in managing grief, and some tangible ways in which to remember the person who has died. (RH)

Price: FOC

From : CRUSE Bereavement Care, 126 Sheen Road, Richmond, Surrey TW9 1UR.

Anticipatory grief: families facing loss; by John Costello, Susan Hargreaves.

Practice, vol 10, no 3, 1998, pp 45-54.

This article compares and contrasts anticipatory grief using an authentic case study of a family facing the impending death of one of its members. Anticipatory grief is defined as the experience of grief that takes place before death. The role of the social worker is highlighted in relation to working with families who are facing loss and in particular, cultural and mental health issues are emphasised. The individual problems faced by the family members are discussed as well as the dilemmas which challenge social workers working with grieving families. The implications for future development of social work practice in relation to enabling social workers to acknowledge the complexity of anticipatory grief reactions in bereaved families are identified. (AKM)

ISSN: 09503153

Bereavement; by Help the Aged. London: Help the Aged, 1998, 19 pp (Help the Aged advice leaflet).

This leaflet, written in consultation with Cruse Bereavement Care, looks at the stages of grief and deals with some of the practical aspects on what needs to be done when a death occurs.

Price: FOC

From : Help the Aged, St James's Walk, London EC1R 0BE.

Bereavement events among elderly men: the effects of stress and health; by Tanya R Fitzpatrick.

Journal of Applied Gerontology, vol 17, no 2, June 1998, pp 204-228.

Previous bereavement studies have concentrated on the loss of a spouse and have been limited to surviving women. Research into the effect of the death of a friend or of male survivors remain sparse. This article reviews the literature on bereavement events as they relate to older men who have experienced the loss of a spouse, adult child, parent, sibling, or friends. Several psychoanalytic, cognitive and sociobiological theories are examined along with stress and health-related factors that are said to influence grief and mourning. The literature review indicates that health is particularly affected by stressful life events such as the loss of a spouse, child, parent,

sibling, or friend, and that older men are at a disadvantage as demonstrated by higher rates of psychological and physical disorders. The article concludes with a discussion about the need for further research. (AKM)
ISSN: 07334648

Bereavement in adult life; by Colin Murray Parkes.

British Medical Journal, vol 316, 14 March 1998, pp 856-859 (Coping with loss, 1).

This is the first in a series of ten articles - adapted from 'Coping with loss', edited by the author - dealing with the different types of loss which doctors will meet in their practice. A quarter of consultations in an Australian survey in 1986 were identified as resulting from types of loss: separations from loved ones, incapacitation, bereavement, migration, relocation, job losses, birth of a baby, retirement, and professional loss. The consequences of loss are far-reaching, and the topic should occupy a large part of health care providers' training - but this is not the case. The author summarises some recent approaches to loss, the components of grief, and the normal course of grief. Factors increasing risk after bereavement, complications of bereavement, preventing and treating complicated grief, and supporting bereaved people are outlined. (RH)

ISSN: 09598138

Death and dying in a nursing home; by Paul Smith. Norwich: University of East Anglia, 1998, 39 pp (Social work monographs, no 169).

This monograph addresses issues concerning death, dying and bereavement in nursing homes, drawing on information from a literature search and visits to five private nursing homes in the Midlands. In each home, one trained nurse, two care assistants, and two residents were interviewed, and the research focused on the routine of the home, the care of the dying, the way death was handled in the home and mourning rituals. In addition, a number of case studies are included. Findings revealed that only one nursing home treated death and the feelings of the residents about death seriously. In most of the homes, issues surrounding death and dying were denied or avoided. The report concludes with recommendations on how to improve care for the dying in nursing homes. (AKM)

ISBN: 1857840631

Price: £6.50

From : The School of Social Work, University of East Anglia, Norwich, NR4 7TJ.

Death, dying and grief in a transcultural context: application of the Giger and Davidhizar Assessment Model; by Steven B Dowd, Victoria Lee Poole, Ruth Davidhizar (et al).

The Hospice Journal, vol 13, no 4, 1998, pp 33-56.

One of the most challenging aspects of death education and grief counselling is to provide care and education that is relevant to the client's cultural, racial and ethnic needs. It is often difficult to find appropriate responses, for lack a relevant model; otherwise, practitioners tend to operate from facts collected in isolation. This article reports on an assessment model originally developed in nursing by Giger and Davidhizar, and discusses its potential use in providing culturally relevant death education and grief counselling. (KJ/RH)

ISSN: 0742969X

From : Haworth Document Delivery Center, The Haworth Press Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

Death, society, and human experience; by Robert J Kastenbaum. 6th ed Boston: Allyn and Bacon, 1998, 441 pp.

This textbook aims to provide an understanding of thanatology - the study of death, dying and bereavement. It covers a wide range of topics: attitudes, beliefs and feelings about death; ideas about the nature and meaning of death; dying; terminal care and hospices; acquired immunodeficiency syndrome (AIDS); suicide; violent death; assisted death and the right to die; children and death; bereavement, grief and mourning; the funeral process; near-death experiences; and death education and counselling. A list of organisations in the United States (US) with interests and expertise in issues related to death is included, as well as a list of journals (US) and selected videos.

ISBN: 0205264778

Price: £21.95

From : Prentice Hall Europe, Campus 400, Maylands Avenue, Hemel Hempstead, Herts., HP2 7EZ.

Facing loss; by Colin Murray Parkes.

British Medical Journal, vol 316, 16 May 1998, pp 1521-1424 (Coping with loss, 10).

This is the last in a series of ten articles - adapted from 'Coping with loss', edited by Colin Murray Parkes and Andrew Markus (1998) - dealing with the different types of loss that doctors will meet in their practice. It examines some of the problems that explain why the care that is needed in situations of bereavement and loss may not be provided, and suggests some solutions. Losses may go unrecognised because they are concealed or

avoided by those who experience them, misrepresented by caregivers, or take place very gradually. Losses are often concealed or misrepresented out of kindness, but the supposed harmful consequences of revealing the truth rarely match the harmful consequences of concealment. The most important thing that members of the healthcare team have to offer to those who are afraid is a relationship of trust and respect, from which they can explore the situation they face, share the feelings that arise, and review the implications of loss. (RH)
ISSN: 09598138

Leftover lives? perspectives on widowhood; by Alexandra Withnall.
Health Care in Later Life, vol 3, no 3, 1998, pp 171-182.

Bereavement and grief in adult life has been well documented in research, however, there is less literature on the immediate tasks of widowhood. Drawing on a range of both scholarly research and personal accounts it is suggested that widowhood should be redefined to focus not just on bereaved spouses, but also on those who have co-habited and those in same-sex relationships, whose needs are rarely taken into account. The changing role of ritual, attitudes towards grief, and immediate practical problems such as dealing with finances are discussed, as is the role of self-help. It is noted that new methods of communication may change our understanding of what constitutes self-help. Although there is a lack of agreement about the effects of bereavement on health, there may be groups of older people who are particularly at risk. Finally, it is argued that we need to rethink our attitudes towards death and to review our responses towards the widowed, accepting them as fully functioning and competent members of society in their own right. (AKM)
ISSN: 13587390

Older people and bereavement; by Sydney Callaghan, Methodist Homes for the Aged; Christian Council on Ageing. Derby: Methodist Homes for the Aged; Christian Council on Ageing, 1998, 16 pp (Age Awareness project, booklet 6).

The Age Awareness project was set up in 1995 by Methodist Homes for the Aged and the Christian Council on Ageing, facilitated by a grant from the Sir Halley Stewart Trust. The main objective of the project is to increase the understanding of the spiritual needs of older people. This sixth booklet of ten explores aspects of loss and bereavement in older age, and the value of pastoral care during bereavement. (AKM)
ISBN: 1902452070

From : Methodist Homes for the Aged, Epworth House, Stuart Street, Derby DE1 2EQ.

The ontology of ageing; by Neil Thompson.

The British Journal of Social Work, vol 28, no 5, October 1998, pp 695-707.

Ageist ideology presents old age as a time of dependency and disengagement, a withdrawal from life, rather than part of life. While this can be recognised as a stereotypical view of ageing, its influence has to be acknowledged as profound and far-reaching. This raises a number of questions about the ontological status of old age - that is, questions about the nature of old age as a feature of human existence. This paper focuses on two particular aspects of the ontology of old age: selfhood and loss. The notion of self is one that has received considerable attention in social theory as a result of the postmodern critique in recent years. However, little or no attention has been paid to the role of selfhood in old age. Old age can be seen as a stage in the life course characterised by loss or, more specifically, a variety of losses. Loss is also a significant factor in relation to selfhood in particular and ontology in general, especially as loss so often involved a loss of meaning. (AKM)
ISSN: 00453102

Religion : its role in the care of older people; by Carlos Reyes-Ortiz.

Geriatric Medicine, vol 28, no 7, July 1998, pp 13.

General practitioners (GPs) and hospital doctors should encourage the religious faith of their older patients as a means of improving their quality of life, well-being and healing. This short article draws attention to studies indicating religious involvement as a protective factor for health, which is helpful in illness or bereavement. (RH)

ISSN: 0268201X

The right to grieve; by Christopher Buswell.

Elderly Care, vol 10, no 3, June/July 1998, pp 20-21.

If someone dies in a nursing home or hospital ward, should other residents or patients be told? The author presents a literature review, examining the issues, from which it is possible to recommend practices. First, all patients or residents should be given the opportunity to learn of the impending or actual death of one of their fellows. Nurses must be prepared to listen to the fears and worries of the surviving patients or residents, allowing them to work through their grief, and to treat their feelings and actions with respect. (RH)

ISSN: 09568115

Spirituality and ageing; by Albert Jewell (ed). London: Jessica Kingsley, 1998, 191 pp.

Older age provides an opportunity for spiritual reflection and affirmation of life. In this book, spirituality is defined not just as a religious concept but as the fulfilment of the universal human need for purposes, values, and relationships. This spiritual dimension helps people face the emotional and psychological challenges of growing old, such as memory loss, dementia, bereavement, and fear of death. Existing systems of social care often focus on the material and physical needs of older people; the authors of this book, religious and spiritual leaders and ethical thinkers from a range of backgrounds, suggest that the spiritual needs of older people are as vital a consideration for their welfare. Specific topics covered include: an Ignatian approach to a spirituality for older people; a Quaker perspective on ageing and spirituality; memory box techniques; worship with people with dementia; memory, personhood, and faith; spiritual and ethical issues in community care; spirituality, ageing and gender; and spirituality and age in British Hindus, Sikhs, and Muslims. (AKM)

ISBN: 185302631X

Price: £14.95

From : Jessica Kingsley Publishers, 116 Pentonville Road, London N1 9JB.

1997

Bereavement and mental health in the elderly; by Colin Murray Parkes.

Reviews in *Clinical Gerontology*, vol 7, no 1, February 1997, pp 47-53.

Because women die at an older age than men and marry men older than themselves, widows outnumber widowers, and the average woman can expect to survive her husband by five to six years. In this paper, the current state of our knowledge of the reaction to bereavement in older people is reviewed, and its implications for the provision of social support and counselling services considered. (RH)

ISSN: 09592598

Dealing with a death in the family: how to manage the emotional and practical difficulties surrounding a death; by Sylvia Murphy. Oxford: How To Books, 1997, 128 pp (How To Books).

This book explains the legal and social arrangements as to what needs to be done at every stage from the realisation of approaching death, to registering the death, arranging an appropriate funeral, obtaining probate for a will, disposing of personal effects, and the grieving and recovering process.

ISBN: 1857033221

Price: £9.99

From : Plymbridge Distributors Ltd., Estover, Plymouth, PL6 7PZ.

Death and bereavement: the psychological, religious and cultural interfaces; by Dewi Rees. London: Whurr Publishers, 1997, 258 pp.

The main theme is the significance that people ascribe to death, both within and beyond their religious beliefs. The psychology of death is dealt with, in the context of major world religions and their associated mourning and funeral customs. The book includes certain aspects of death, such as near-death experiences not usually dealt with in discussions of the psychology of death.

ISBN: 1861560125

Price: £19.50

From : Whurr Publishers Ltd., 19b Compton Terrace, London N1 2UN.

Death and bereavement across cultures; by Colin Murray Parkes, Pittu Laungani, Bill Young (eds). London: Routledge, 1997, 261 pp.

All societies have their own customs and beliefs surrounding death. This book describes the rituals and beliefs of major world religions; explains their psychological and historical context; and shows how customs change by contact with the West. It explains mourning traditions around the world, with the aim of increasing the understanding of death - particularly by doctors, nurses, social workers, counsellors and others involved in the care of the dying and bereaved.

ISBN: 0415131375

Price: £14.99

From : Routledge, 11 New Fetter Lane, London EC4P 4EE.

Death and trauma: the traumatology of grieving; by Charles R Figley, Brian E Bride, Nicholas Mazza (eds). London: Taylor and Francis, 1997, 273 pp (Series in trauma and loss).

This book aims to bridge the gap between traumatology (the study of psychological trauma) and thanatology (the study of death, dying and bereavement). It explores areas of traumatic bereavement, such as the death of a child, and examines the meaning of death-related post-traumatic stress disorder (PTSD). Interventions and treatment strategies are discussed, including counselling and therapy.

Price: £17.95

From : Taylor and Francis, Rankine Road, Basingstoke, Hampshire RG24 8PR.

Death in the family: helping with pet bereavement; by Simon O'Donovan.

Nursing Times, vol 93, no 20, 14 May 1997, pp 62-64.

Having pets can be life-enhancing, but their deaths may cause trauma, especially for socially isolated older people. This article explains how nurses can help, and suggests organisations which also do work with pet bereavement.

ISSN: 09547762

Dying and bereavement, spirituality and social work in a market economy of welfare; by Margaret Lloyd.

The British Journal of Social Work, vol 27, no 2, April 1997, pp 175-190.

This paper - which draws on a research study conducted by the author - examines the contribution of social work practice to the care of people who are dying and bereaved. It considers current challenges to traditional practice arising from societal and organisational change, and reaffirms the importance of the social work role. The author argues that, to face such challenges, social workers should incorporate a spiritual dimension in their holistic care of the dying or bereaved.

ISSN: 00453102

The effects of bereavement after family caregiving; by R Schulz, J T Newsom, K Fleissner (et al).

Aging & Mental Health, vol 1, no 3, August 1997, pp 269-282.

Research on informal caregiving and studies of bereavement have developed as two distinct areas of research. The aim of this review is to facilitate the convergence of these two content areas. First, it describes and evaluates separately the theoretical perspectives used to explain caregiving and bereavement outcome, and considers how these frameworks can be applied to the bereavement process for family caregivers. Second, existing findings on caregiving and bereavement are summarised. Third, methodological strengths and weaknesses of the current research are identified and recommendations for future research are made. Examination of the existing literature shows few negative consequences and several positive outcomes associated with the death of the care recipient. Predictive analyses suggest that the availability of support during caregiving and the quality of the caregiving experience facilitate adaptation to bereavement among former caregivers.

ISSN: 13607863

From : <http://www.tandfonline.com>

Enlisting the unconscious as an ally in grief therapy: the creative use of affirmations, metaphors, and guided visualization; by Sandra Salka.

The Hospice Journal, vol 12, no 3, 1997, pp 17-32.

This article explores the effective use of the unconscious as an ally in providing therapy to bereaved clients. The power of the unconscious, often an underused but potent resource, can be employed through the use of specialised communication techniques which incorporate the specific language of the unconscious. It presents the therapeutic use of 'embedded affirmations', metaphors, and guided visualisations, focused on harnessing the healing potential of the unconscious. Included is a step-by-step model for constructing a guided visualisation which can be customised to meet the needs of both individual clients and groups. (RH)

ISSN: 0742969X

From : Haworth Document Delivery Center, The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

Facing death and finding hope: a guide to the emotional and spiritual care of the dying; by Christine Longaker. London: Century, 1997, 262 pp.

This book uses Tibetan Buddhist teachings to guide us on how we can prepare emotionally and spiritually for death. The author offers insights and skills gained through her experience of hospice work. She reveals methods for lending effective and compassionate support to others through the 'Four Tasks of Living and Dying': understanding and transforming suffering; making a connection, healing relationships, and letting go; preparing spiritually for death; and finding meaning in life.

ISBN: 0712677577

Price: £14.99

From : Century, Random House, 20 Vauxhall Bridge Road, London SW1V 2SA.

Grief and bereavement; by Alzheimer's Disease Society. London: Alzheimer's Disease Society, March 1997, 2 pp (Advice sheet 8).

If someone close to you develops dementia, you are likely to experience feelings of grief and bereavement as the illness progresses, not just in the period after that person's death. This advice sheet outlines the feelings and reactions which might be experienced.

Price: FOC

From : Alzheimer's Disease Society, Gordon House, 10 Greencoat Place, London SW1P 1PH.

In the midst of life ...: the Australian response to death; by Graeme M Griffin, Des Tobin. 2nd ed Carlton South, Victoria: Melbourne University Press, 1997, 278 pp.

This book explores responses to death in Australian society, from the time of the First Fleet to the present day. It details the history of funeral custom and tradition, including the mourning rituals of Victorian times, Aboriginal and European burial rites and cemeteries, and the historical importance of inscriptions on gravestones. The book also provides information about current funeral arrangements, including costs and alternatives to traditional funerals. Some aspects of the nature of grief are also discussed.

ISBN: 0522847196

Price: Aus\$29.95

From : Melbourne University Press, PO Box 278, 268 Drummond Street, Carlton South, Victoria 3053, Australia.

Locus of control perceptions among conjugally bereaved older adults: a pilot study; by Christine L McKibbin, Charles A Guarnaccia, Bert Hayslip Jr (et al).

International Journal of Aging and Human Development, vol 44, no 1, 1997, pp 37-45.

This study reports on peer-led groups for recently bereaved widowed participants, focusing on topics relevant to being recently widowed. Findings support the differentiation between domain-specific state and trait locus of control. As greater internal locus of control reduces depression, so domain-specific state internality will relate to reduce psychological distress.

ISSN: 00914150

Loss, bereavement and grief: a guide to effective caring; by Bob Spall, Stephen Callis. Cheltenham: Stanley Thornes, 1997, 198 pp.

Aimed at nurses, doctors, social workers and other professional care workers, this book gives advice on how to work with people experiencing loss and bereavement. It encourages professionals to address and confront their own experiences of and fears about loss, and to make general connections between personal and professional issues. Topics covered include how to cope with stress at work; the stages of grief; the effects of death on relatives; religious, spiritual and cultural needs; how to break bad news; and basic counselling skills.

ISBN: 0748733221

Price: £14.99

From : Stanley Thornes, Ellenborough House, Wellington Street, Cheltenham, Glos., GL50 1YW.

Loss, bereavement and trauma: a resource pack; by Tracey Brown, Barbara Mitchels, Watershed Counselling Service. Norwich: Watershed Publications, 1997, 144 pp (excluding appendices).

The authors, in their work as trauma counsellors, present information from a variety of sources. Some sections are designed to give an overview and awareness of the ways in which people react and respond to loss, bereavement and trauma, whether through a major traumatic incident, prolonged exposure to stress, personal crisis, act of war or any other cause. The communication skills and attitudes necessary for counselling or being an effective helper are explored, as are the ways in which helpers can monitor and evaluate their work to function effectively.

ISBN: 0952871300

Price: £8 + £2 p+p

From : Watershed Publications, 42 Yarmouth Road, Norwich NR7 0EQ.

Older women and grief: a new direction for research; by N Jane McCandless, Francis P Conner.

Journal of Women & Aging, vol 9, no 3, 1997, pp 85-91.

While the grief of older women is often assumed to result from recent losses associated with the ageing process, the grief reaction of many older women may be influenced by much earlier losses which are unique to women.

The authors suggest that the effect of these unique losses may complicate the grief process by intensifying both the emotional and physical reactions to recent losses. Researchers are encouraged to consider losses which are unique to women, (miscarriage, menopause, hysterectomy, loss of attractiveness, loss of parenting role) in the research on grieving in the later stages of life, in order to provide an understanding of such losses.

ISSN: 08952841

From : <http://www.tandfonline.com>

Parenting classes as a part of a hospice bereavement program; by Hilda R Glazer, Myra D Clark.

The Hospice Journal, vol 12, no 3, 1997, pp 33-40.

The impact of a loss is felt throughout the family system, with the parent-child relationship being particularly vulnerable. The experience of the parenting programme run by the Mount Carmel Hospice Evergreen Center in Columbus, Ohio, is presented. Responding to the concerns of grieving parents, a five-week parenting class was held. The quantitative and qualitative results are presented. The class also provided the opportunity for parents to enhance skills and learn about the need to respect the individuality and uniqueness of grief work with children. (RH)

ISSN: 0742969X

From : Haworth Document Delivery Center, The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

The psychological symptoms of conjugal bereavement in elderly men over the first 13 months; by G J A Byrne, B Raphael.

International Journal of Geriatric Psychiatry, vol 12, no 2, Special Issue, February 1997, pp 241-251.

In this study of recently widowed older men in suburban Brisbane, Australia, it was hypothesised that conjugal bereavement would be characterised by a mixture of depression, anxiety and loneliness. Widowers aged 65 and over, were interviewed at 6 weeks, 6 months and 13 months after bereavement. A similarly aged group of married men were interviewed at similar intervals. Widowers reported more state anxiety and general psychological distress, but not more depression or loneliness, than matched married men over the first 13 months, post-bereavement. Widowers also reported more sleep disturbance and thoughts of death than married men. Level of state anxiety was strongly correlated with intensity of grief, but not with age, income, education, occupational prestige, cognitive function, duration of wife's final illness or expectedness of wife's death. The main hypothesis was not supported, as anxiety features were the predominant feature of recent conjugal bereavement among older men.

ISSN: 08856230

Psychosocial palliative care: good practice in the care of the dying and bereaved; by Frances Sheldon. Cheltenham: Stanley Thornes, 1997, 156 pp.

For many health professionals, giving sensitive and appropriate care for the dying and bereaved is one of the most difficult aspects of their work. Drawing on palliative care research and practical experiences of care staff, this handbook provides practical guidance on a variety of aspects of psychosocial palliative care. The cultural and spiritual context of death and bereavement is emphasised throughout. Specific topics covered include: social and health care policy and the development of palliative care; working with an individual facing death; issues that may confront families and carers before the death; bereavement theory and interventions; and team work and support among staff caring for people who are dying.

ISBN: 0748732950

Price: £14.95

From : Stanley Thornes (Publishers) Ltd., Ellenborough House, Wellington Street, Cheltenham, Glos. GL50 1YW.

Social support deficits, loneliness and life events as risk factors for depression in old age: the Gospel Oak Project VI; by M J Prince, R H Harwood, R A Blizard (et al).

Psychological Medicine, vol 27, no 2, 1997, pp 323-332.

A companion paper from this project reported a very strong cross-sectional association between handicap and late-life depression. This paper focuses on the cross-sectional relationship between depression and demographic variables, social support, and life events in a survey of over 65s in Gospel Oak, London Borough of Camden. There was moderate association between SHORT-CARE pervasive depression and the number of life events experienced over the previous year. Personal illness, bereavement and theft were the most salient events. There was a stronger, graded relationship between the number of the social support deficits and depression. Number of social support deficits also related to age, handicap, loneliness and use of homecare services. Loneliness was itself strongly associated with depression. The cross-sectional design of the study limited interpretation of the exact nature of the relationship between social support, loneliness, handicap and depression. However, the

clustering of these four factors can be used to define a large part of the older population with a poor quality of life, for which future research needs to develop strategies to deal with some or all of these problems among older people in general. (RH)
ISSN: 00332917

A survey of grief and bereavement in nursing homes: the importance of hospice grief and bereavement for the end-stage Alzheimer's disease patient and family; by Kathleen Murphy, Patricia Hanrahan, Daniel Luchins (et al).

Journal of the American Geriatrics Society, vol 45, no 9, September 1997, pp 1104-1107.

126 nursing homes in Michigan were asked questions regarding their grief and bereavement services, services routinely offered by licensed hospice agencies in the US. 55% of the homes sent sympathy cards after a patient's death. 99% did not provide information to the family or primary caregiver on the grieving process or bereavement after a death; and none sent a letter informing them of local, community, or on-site bereavement support group meetings. 66% were not able to offer a referral to a counselling or psychiatric professional when bereavement intervention was deemed appropriate. 54% of homes usually went to the funeral home or the funeral of a patient who died in their care. 98% of the nursing homes neither visited, made phone calls, nor provided written communication (i.e., bereavement newsletter) to the family members after a patient's death. This study demonstrated few grief and bereavement services for families of patients in long-term care homes. Because grief and bereavement is part of the career of most Alzheimer's disease (AD) caregivers, access to Medicare hospice benefit should be encouraged for families of those with end-stage AD resident in nursing homes. (RH)

ISSN: 00028614

When life meets death: stories of death and dying, truth and courage; by Thomas William Shane. New York: Haworth Press, 1997, 146 pp.

This book is a collection of stories from people who have faced the experience of the death of a loved one. It is divided into four parts that represent different times along the continuum of the experience of death: the time prior to death; saying goodbye; traumatic death; and the grieving process. Topics covered include: the death of an older parent; the loss of a child; suicide; and accidental death. The stories are based on the author's professional experiences as a chaplain, and on his personal experiences of loss. (AKM)

ISBN: 0789002892

Price: US\$29.95

From : The Haworth Press, 10 Alice Street, Binghamton, New York 139041580, USA.

1996

After a death: practical problems - sensible solutions; by Shelagh Clayton. London: Robson Books, 1996, 245 pp.

This guide aims to lead the bereaved through problems they are likely to face, and suggest practical ways of dealing with them. Topics covered include: how to organise a funeral; dealing with family and friends; the disposal of property, and the practical, financial and legal aspects of handling an estate. Guidance is offered on contacting people and organisations for advice and assistance.

ISBN: 0860519562

Price: £10.99

From : Robson Books, 5-6 Clipstone Street, London W1P 8LE.

After a death in sheltered housing: the warden's job; by Judy Clarke.

Bereavement Care, vol 15, no 3, Winter 1996, pp 30-31.

One of the most common aspects of a sheltered housing warden's job is dealing with residents and their families following the death of a spouse, sibling, parent or child. The demands made on a warden at the time of bereavement can be enormous and very difficult to analyse. The author has often questioned her ability to cope with a situation, where the warden must play some sort of 'role', if required to do so.

ISSN: 02682621

Bereavement: studies of grief in adult life; by Colin Murray Parkes. 3rd ed London: Routledge, 1996, 271 pp.

Since the previous edition in 1986, there has been a considerable increase in scientific interest in bereavement. New themes covered in this edition include: post-traumatic stress disorder (PTSD); the consequences of AIDS; the formulation of a theory of 'psychosocial transitions'; and the dangers of medicalizing normal life crises and treating grief as an illness. However, very little of the author's original account of bereavement and its consequences has had to be changed.

ISBN: 0415110335

Price: £25.00

From : Routledge, 11 New Fetter Lane, London EC4P 4EE.

Bereavement counselling effectiveness: a client-opinion study; by Hazel Danbury. Aldershot: Avebury, 1996, 271 pp.

This study focuses on the opinions of the widowed as to whether or not the experience of bereavement counselling was found to be helpful. In this study, respondents were interviewed soon after their counselling had finished, interviews being structured to systematically cover everything that had happened since bereavement. The author suggests areas for further research.

ISBN: 185972292X

Price: £35.00

From : Avebury, Ashgate Publishing Limited, Gower House, Croft Road, Aldershot, Hampshire GU11 3HR.

Breaking the silence; by Laura Prince. Amityville, NY: Baywood, 1996, 139 pp.

A personal account of the loss and grief experienced by the author and her family following the death of her brother.

ISBN: 089503137X

Price: US\$21.95 + \$3.00 p+p

From : Baywood Publishing Company, Inc., 26 Austin Avenue, Amityville, New York 11701, USA.

A co-twin control study of response to widowhood; by Paul Lichtenstein, Margaret Gatz, Nancy L Pedersen (et al).

The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, vol 51B, no 5, September 1996, pp P279-P289.

The effects of long-term and recent spouse bereavement were investigated in a sample of 2,104 Swedish twins followed between 1984 and 1993. In co-twin control analyses, the bereaved twin experienced significantly more depressive symptoms, more loneliness, and less life satisfaction than the married co-twin. This association existed for recently widowed (less than three years) of both sexes. Long-term widowed (for more than 5 years) reported more loneliness than married individuals, and for women there was also a difference in life satisfaction. There were no effects of bereavement on perceived physical health. Evidence was found for an anticipation effect of widowhood indicated by elevated depressive symptoms prior to the spouse's death. Longitudinal analysis showed that it is more stressful to be bereaved when young-old than old-old, but no age differences were revealed in adaptation.

ISSN: 10795014

Continuing bonds: new understandings of grief; by Dennis Klass, Phyllis R Silverman, Steven L Nickman (eds). Washington, DC: Taylor and Francis, 1996, 361 pp.

Drawing on data from various populations, including older people, this book challenges the dominant model of grief, which holds that the function of grief and mourning is to cut bonds with the deceased, and which defines pathological grief in terms of holding on to the deceased.

ISBN: 1560323396

From : Taylor and Francis Ltd, 1 Gunpowder Square, London EC4A 3DE.

Coping with bereavement; by Julie Armstrong-Colton. Peterborough: Need2Know, 1996, 94 pp (Need2Know Series).

This book gives advice on how to cope with practical issues and emotions following a bereavement. It explains what to do immediately after a death, how to organise a funeral, and how a person's health may be affected by bereavement. The different kinds of bereavement are addressed, including loss of a parent, partner, and child, sudden death and loss through suicide. The different stages of grief - shock, denial, stress, anger, depression, guilt, and acceptance - are explained, and some of the challenges facing the bereaved person are addressed.

ISBN: 1861440219

Price: £5.99

From : Need2Know, 1-2 Wainman Road, Woodston, Peterborough PE2 7BU.

Counselling for grief and bereavement; by Geraldine M Humphrey, David G Zimpfer. London: SAGE Publications, 1996, 194 pp (Counselling in Practice Series).

A guide to the counselling skills needed to work with people faced by bereavement. Topics covered include loss and grief in life; family grief; group counselling; and anticipatory grief.

ISBN: 0803984049

Price: £11.95

From : SAGE Publications Ltd., 6 Bonhill Street, London EC2A 4PU.

Counselling in terminal care and bereavement; by Colin Murray Parkes, Marilyn Relf, Ann Couldrick, British Psychological Society. Leicester: BPS Books, 1996, 205 pp (Communication and Counselling in Health Care).

In discussing the impact of terminal illness, this book considers the different viewpoints of family members - the patient, partner, parents, children and significant others. Counselling in the context of this book means a number of things, including problem-solving, active listening and emotional support; but a distinction is made between professional counselling and the use of counselling skills by nurses and doctors. Practical guidance is given to enable health-care workers to think through their roles and set realistic objectives. The breaking of bad news, dealing with fear and grief, coping with pain (physical, psychological, social and spiritual) and the handling of anger, guilt and avoidance are all included.

ISBN: 1854331787

Price: £14.99

From : BPS Books, St Andrews House, 48 Princess Road East, Leicester LE1 7DR.

Death: breaking the taboo; by Anna Howard. Evesham: Arthur James, 1996, 126 pp.

A collection of personal interviews with people who have in some way confronted death: through work with the dying, experience of bereavement, terminal illness, or because their own age brings them close to the idea of death. Included are: Dame Cecily Saunders, founder of the hospice movement; Sir Isiah Berlin, the philosopher; Dr Anthony Storr, psychiatrist and author; two Buddhist Lamas; a couple who have made their own coffins and booked their own burial ground; and a prisoner serving a life sentence for murder.

ISBN: 0853053433

Price: £6.99

From : Arthur James Ltd., 70 Cross Oak Road, Berkhamsted, Hertfordshire HP4 3HZ.

Death and bereavement in India and England: a comparative analysis; by Pittu Laungani.

Mortality, vol 1, no 2, 1996, pp 191-212.

The differences between death and bereavement practices of Hindus in India and in England are examined; and practical recommendations are offered, the implementation of which would enable Hindus in Britain to mirror some of the salient experiences of Hindus in India. The author proposes a conceptual model which allows one to understand and explain differences and similarities between Hindus and the English in their attitudes, beliefs, and values towards death and bereavement. (RH)

ISSN: 13576275

Death and the quest for meaning: essays in honor of Herman Feifel; by Stephen Strack (ed). Northvale, NJ: Jason Aronson, 1996, 395 pp.

The essays in this volume were written in honour of Herman Feifel, who is considered to be the founder of the death movement. His book 'The meaning of death' (1959) is seen as the precursor of the field of thanatology - the study of death, dying and bereavement. In this book, various aspects of thanatology are examined, including the role of the caregiver; the process of grief and bereavement; religious and spiritual perspectives; the experience of growing older; and euthanasia.

ISBN: 076570014X

Price: £35.95

From : Eurospan Group, 3 Henrietta Street, London WC2E 8LU.

Death in the Victorian family; by Pat Jalland. Oxford: Oxford University Press, 1996, 464 pp.

Using the private correspondence, diaries and death memorials of fifty-five middle and upper class families, the author shows us how dying, death and grieving were experienced by Victorian families, and how the manner and rituals of death and mourning varied with age, gender, disease, religious belief, family size and class. She examines deathbed scenes, good and bad deaths, funerals and cremations, mourning rituals, widowhood, and the roles of religion and medicine. Chapters on the deaths of children and old people demonstrate the importance of the stages of the life-cycle in Victorian times.

ISBN: 0198201885

Price: £25.00

From : Oxford University Press, Saxon Way West, Corby NN18 9ES.

Directory of cancer support and self help 1996; by CancerLink. 11th ed London: CancerLink, 1996, 145 pp.
This directory of cancer support and self help groups - which is published every year, with a supplement every three months - is for people with cancer, their families and friends, and people bereaved through cancer. The directory distinguishes between organisations providing group activities and those which offer one-to-one support. Information is supplied by the groups themselves, who vary in their approaches and in what they do. They are all independent of CancerLink, who cannot guarantee the standard of support offered.

ISBN: 1870534441

Price: £6.00

From : CancerLink, 17 Britannia Street, London WC1X 9JN.

Directory of services for dying, death and bereavement; by Age Action Ireland. Dublin: Age Action Ireland, 1996, 83 pp.

This directory provides information about national and local organisations in Ireland providing a wide range of services for people of all ages facing dying, death and bereavement. It also includes a brief overview of the general trends affecting the experience of death in society today, particularly in relation to Ireland.

ISBN: 0952385511

Price: £5.00

From : Age Action Ireland, 114-116 Pearse Street, Dublin 2, Ireland.

Ethical issues in the care of the dying and bereaved aged; by John D Morgan (ed). Amityville, NY: Baywood, 1996, 346 pp (Death, Value and Meaning Series).

Considers various ethical, moral and religious issues in the care of dying and bereaved older people. Specific topics covered include palliative care of older people in Canada; hospice care in South Africa; elder abuse; and caring for people with HIV and AIDS.

ISBN: 0895031361

Price: US\$44.95 + \$3.00 p+p

From : Baywood Publishing Company, Inc., 26 Austin Avenue, Amityville, New York 11701, USA.

Grief and powerlessness: helping people regain control of their lives; by Ruth Bright. London: Jessica Kingsley, 1996, 208 pp.

This book examines the effects of bereavement and loss in many forms: death and dying, ageing, disability, illness and AIDS, and cultural loss. It looks at attitudes of family and community, and at how loss and grief may lead self-destructive behaviour such as substance abuse. Techniques and strategies to bring about change and re-empower clients to help them regain control of their lives are presented.

ISBN: 1853023868

Price: £14.95

From : Jessica Kingsley Publishers, 116 Pentonville Road, London N1 9JB.

The grief of caregivers: how pervasive is it?; by Rebecca J Ponder, Elizabeth C Pomeroy.

Journal of Gerontological Social Work, vol 27, no 1/2, 1996, pp 3-21.

The grief of those anticipating the loss of a loved one with a chronic, debilitating illness has received little research attention to date. This study provides empirical evidence of the intensity, nature and persistence of anticipatory grief among caregivers of people with dementia. The impact of two stressors of caregiving on the course of anticipatory grief - severity of the patient's symptoms, and length of time over which a caregiver had been providing care - is also examined. Practitioners are given guidance in identifying caregivers most at risk from unresolved grief.

ISSN: 01634372

From : <http://www.tandfonline.com>

The impact of family deaths on older people; by Miriam Moss, Sidney Moss.

Bereavement Care, vol 15, no 3, Winter 1996, pp 26-27.

Most clinical and research literature on bereavement examines family deaths, but there is a paucity of concern about the impact of these losses on old people. Furthermore, professional literature on old age tends to all but ignore death. The authors suggest that the lack of interface between gerontology and thanatology (the scientific study of practices relating to death) is a reflection of the devaluation of the elderly and their grief. This offers a challenge to the counsellors and caregivers of older people.

ISSN: 02682621

Learning about life's changes and working through loss; by Peter Day, Julie Smith.
Practice, vol 8, no 1, 1996, pp 5-14.

Describes the development of an adult education group in a day services programme for people with learning difficulties, which aimed to help participants to develop their understanding of loss.
ISSN: 09503151

Living when a loved one has died; by Earl A Grollman. 3rd ed London: Souvenir Press, 1996, 115 pp.
Aims to help those faced by bereavement through the grief process by facing the fact of death and learning to accept it.

ISBN: 0285633198

Price: £7.99

From : Souvenir Press Ltd, 43 Great Russell Street, London WC1B 3PA.

Living with grief after sudden loss: suicide, homicide, accident, heart attack, stroke; by Kenneth J Doka (ed), Hospice Foundation of America. Washington, DC: Hospice Foundation of America, 1996, 261 pp.

This book comprises papers from the Foundation's 1996 teleconference on this theme, given by those who have experienced sudden loss, as a result of a family member's heart attack or stroke, transport accident, suicide, sudden violent death, or work in the armed forces. Other papers look at counselling and other methods of dealing with grief, as well as the role of central government, schools and teachers and the media.

ISBN: 156032578X

Price: £11.95

From : Taylor & Francis, Rankine Road, Basingstoke, Hampshire, RG24 8PR.

Loved and lost: the journey through dying, death and bereavement; by John Quinlan. Rev ed Blackrock, Co Dublin: Columba Press, 1996, 105 pp.

A guidebook for those facing death and bereavement, based on the writings of Kübler Ross and modern psychotherapy. Includes a selection of prayers.

ISBN: 1856071324

Price: £4.99

From : The Columba Press, 93 The Rise, Mount Merrion, Blackrock, Co Dublin, Ireland.

Managing death and bereavement: a framework for caring organisations; by Samia al Qadhi. Bristol: Policy Press, 1996, 59 pp (Policy innovations).

This study examines the social context for death and dying, the process of grief and loss, and the emotional reactions which arise when working in an organisation where bereavement is a regular occurrence. The author makes recommendations for best practice, in which feelings are acknowledged, boundary issues are considered, and practical support systems and policies are reinforced.

ISBN: 1861340141

Price: £4.95

From : The Policy Press, University of Bristol, Rodney Lodge, Grange Road, Bristol BS8 4EA.

Participation in leisure activities by older adults after a stressful life event: the loss of a spouse; by Ian Patterson. International Journal of Aging and Human Development, vol 42, no 2, 1996, pp 123-142.

This interview study of recently bereaved widows and widowers (aged 50 to 84) living in Brisbane, Australia, aimed to establish whether frequent participation in leisure activities helped them to adapt to widowhood and to maintain lower stress levels. Leisure activities most frequently participated in were home based, involving social activities with family and friends. Greater participation in leisure activities was negatively correlated with stress scores, suggesting an association between leisure participation and stress reduction for those recently bereaved. However, the study failed to find any association between participation in leisure activities and adaptation after the death of a spouse. There were no significant differences in age, gender, income and type of employment of widows and widowers, although perceived health status was a significant factor in determining future participation in leisure activities.

ISSN: 00914150

Secret flowers: mourning and the adaptation to loss; by Mary Jones. London: Women's Press, 1996, 81 pp.

This account by the author, first published in 1988, describes the different stages of grief and loss which she experienced following her husband's death, and learning how to live alone.

ISBN: 0704345056

Price: £6.99

From : The Women's Press Ltd., 34 Great Sutton Street, London EC1V 0DX.

Tea and sympathy; by Suzy Croft, Lesley Adshead.

Community Care, no 1137, 12-18 September 1996, pp 30-31.

The authors describe the idea of 'bereavement teas', a group work and community development approach developed at St. John's Hospice, London, as a way of helping people whose loved ones had died a few months before.

ISSN: 03075508

"What can you expect, my dear, at my age?": recognising the need for counselling in a residential unit; by Steve Scrutton.

Bereavement Care, vol 15, no 3, Winter 1996, pp 28-29.

Ageism, simply defined as the discounting of the needs and aspirations of older people, is inbred in our social attitudes. It is as rampant as sexism and racism - but much less discussed and understood. There is a tendency for us all to believe that bereavement in older people is a natural concomitant of the ageing process, and something that does not require help. Such an acceptance of loss in old age has led to a neglect of the support and counselling required by older people and their carers in situations that would clearly warrant such assistance with younger people.

ISSN: 02682621

When your partner dies; by Mary Mortimer. London: Women's Press, 1996, 104 pp.

A practical guide to understanding the nature of grief and to dealing with the practical issues following death. Includes sections on physical and emotional reactions to grief; handling financial matters, possessions and correspondence; arranging the funeral; relating to relatives and friends; and finding professional help.

ISBN: 0704343908

Price: £6.99

From : The Women's Press, 34 Great Sutton Street, London EC1V 0DX.

Widower: when men are left alone; by Scott Campbell, Phyllis R Silverman. Amityville, NY: Baywood, 1996, 258 pp (Death, Value and Meaning Series).

Explores the grief process as experienced by widowers, through first-hand accounts of different ways in which men have come to terms with the death of their wives.

ISBN: 089503140X

Price: US\$34.95 + \$3 p+p

From : Baywood Publishing Co., Inc., 26 Austin Avenue, Amityville, New York 11701, USA.

'You'll get over it': the rage of bereavement; by Virginia Ironside. London: Hamish Hamilton, 1996, 193 pp.

Explores the nature of grief and bereavement, and, drawing on people's own experiences of bereavement, looks at the many and varied feelings involved.

ISBN: 0241002222

Price: £16.00

From : Hamish Hamilton Limited, 27 Wrights Lane, London W8 5TZ.