Welcome to the first edition of our new publication, *Bereavement Practice in Palliative Care*. The provision of bereavement care is now an established and integral part of modern palliative care, with Australian and State Government palliative care policies including bereavement care as key action areas. As such, this publication is a new initiative designed to deliver up-to-date grief and bereavement information, research and resources to professionals working in the palliative care sector.

Grief can be defined as the response to the loss in all of its totality — including its physical, emotional, cognitive, behavioural and spiritual manifestations. Bereavement is variable in both its course and its consequences. In terms of duration, significant grief may be limited to a few weeks in the case of individuals who are highly resilient, though a more typical trajectory involves readjustment to life over the course of a few years. On the extreme end of the continuum, complicated or prolonged grief — a reaction to loss that is marked by protracted, debilitating and sometimes life-threatening symptomatology affects approximately 10-15% of the non-violently bereaved population.

In this issue, we have included an article on anticipatory grief; a handout for families and friends of palliative care patients on the topic of grief and insomnia; an article about CareSearch — a useful online resource for palliative care practitioners; and an interview with a palliative care clinician.

We are also seeking expressions of interest to join the Bereavement Practice in Palliative Care Newsletter Editorial Group. See page 3 for further details on how you can get involved in the production of this new and exciting publication.

Christopher Hall
Director
The Australian Centre for Grief and Bereavement

**COMING EVENTS**

**Victoria**
**Engaging in Effective Brief Contact or Single-Session Grief and Bereavement Support**
Australian Centre for Grief and Bereavement
19 July, 2012
Clayton, Victoria

**Providing Effective Bereavement Support**
Australian Centre for Grief and Bereavement
28 August, 2012
Clayton, Victoria

**Shaping the Future of Palliative Care Conference**
Palliative Care Victoria
23rd-24th August, 2012
Melbourne, Victoria

**Australia**
**Children, Communities, Connections Conference**
Salisbury Communities for Children
15-16 November, 2012
Adelaide, South Australia

**International**
**Association for Death Education and Counselling 35th Annual Conference**
April 24-27, 2013
Pre-Conference Institute
April 23-24, 2013
Hollywood, California, USA

**ADEC webinar**
Reassessing Kübler-Ross on Coping with Dying and Coping with Loss
July 18, 2012
www.adec.org
In 1944 Lindemann, who studied the reactions of family members during World War II, identified anticipatory grief as a unique separation syndrome. He suggested that in response to the threat of potential death of their loved one individuals went through all of the phases of grief including “depression, heightened preoccupation with the departed, a review of all the forms of death which might befall him, and anticipation of the modes of adjustment which might be necessitated by it” (p. 148). It was believed that this reaction safeguarded against the news of sudden death. In spite of the many limitations of Lindemann’s work, clinicians and researchers quickly endorsed the concept of anticipatory grief. Some studies have found that the expectation of death, with its potential for anticipatory grief and preparation, was generally beneficial to bereavement outcome. In contrast, others have reported that the duration of one's illness influenced the course of adjustment to loss. Although deaths due to short, chronic illnesses were associated with better adjustment to bereavement than sudden deaths, lengthy chronic illnesses were associated with more complicated bereavements than shorter illnesses.

Rando (1988) has suggested that anticipatory grief is a misnomer and that although families grieve many kinds of losses when faced with the terminal illness of a loved one, they remain involved with the dying patient and premature detachment is misdirected. Allen (2008) found that if family and friends spend significant time with the dying patient, grief and the bereavement experience can be ameliorated or less intense when the loved one finally dies. This can be true for many, who take the opportunity to have conversations with the dying patient that they may have put off for some time, resolve silent issues, attend to unfinished business and say goodbye. Similarly, Brunner (1986) suggests that, for some people, they are left with a sense of having worked through their loss through an anticipatory grief experience and the impact on friends and family is far less intense at the time of death and thereafter.

This, however, is certainly not the case for everyone and anticipatory grief is not necessarily a ‘replacement’ or ‘antidote’ for grief and bereavement after the death. A recent study (Johansson, 2012), found that when participants were asked to rank the severity of their grief prior to the loss of a spouse (anticipatory) against their grief post loss, 40 per cent reported the anticipatory period as being the most severe. The study, utilising the Anticipatory Grief Scale (AGS; Theut, 1991) found that preparatory grief significantly impacts close relatives of a dying patient, who experience significant emotional distress, including intense preoccupation with the dying, longing for his/her former personality, loneliness, tearfulness, cognitive dysfunction, irritability, anger, social withdrawal and a need to talk. Kutscher (1973) examined the psychological and cognitive “symptomatology”, of anticipatory grief on family and friends, however, he writes largely about what he refers to as the striking somatic and physical symptoms that accompany anticipatory grief. He makes reference to sighing respirations, lack of strength, physical exhaustion, dietary problems, abdominal discomfort, insomnia, irritability and other physical problems that can lead to depression. In his article he suggests that family and friends are going through what, might be considered, a parallel process, with symptoms and feeling that are not dissimilar to the palliative care patient. Kutscher also refers to the greater morbidity or increase in illness of family members, especially an older spouse, during the anticipatory grief period, when a partner sits and watches their loved one deteriorate before them.

Key Points
It is important to note that anticipatory grief is not simply normal grief begun early and for some, grieving does not begin until the immediate period after the death. Indeed, whilst anticipatory grief can be comforting, serve as a rehearsal for death and trigger attempts to adjust to the consequences of the death, it is not necessarily a predictor of the gamut of feelings, thoughts and behaviours, commensurate with grief and bereavement, after the death of a patient.
Perspectives on anticipatory grief

Kutscher (1973) points to two important aspects of anticipatory grief and bereavement:
- The physical needs of family and friends, exhausted and nauseous, when spending extensive periods of time with the dying patient, and
- Most carers come face to face with their own mortality when caring for the dying patient. In short, I too will die one day.

References


Newsletter Editorial Group

To ensure this publication remains relevant and up-to-date, the Australian Centre for Grief and Bereavement are seeking expressions of interest from palliative care practitioners across Victoria to join the Bereavement Practice in Palliative Care Newsletter Editorial Group.

The group will meet twice a year, to discuss content ideas and direction for the newsletter, and will be expected to correspond regularly via email.

If you are interested in joining this group, please contact Erin Bevege on 03 9265 2111 or email e.bevege@grief.org.au

Featured Resources

Colin Murray Parkes and Holly G. Prigerson
$89.00

The loss of a loved one is one of the most painful experiences that most of us will ever have to face in our lives. This book recognises that there is no single solution to the problems of bereavement but that an understanding of grief can help the bereaved to realise that they are not alone in their experience.

Long recognised as the most authoritative work of its kind, this new edition has been revised and extended to take into account recent research findings on both sides of the Atlantic. Parkes and Prigerson include additional information about the different circumstances of bereavement including traumatic losses, disasters, and complicated grief, as well as providing details on how social, religious, and cultural influences determine how we grieve.

Working with the Bereaved: Multiple Lenses on Loss and Mourning
Simon Shimshon Rubin, Ruth Malkinson and Eliezer Witztum
$39.95

This book summarises the major themes in bereavement research and clinical work and uses the authors’ own cutting-edge research to show mental health practitioners how to integrate these themes into their practice. It provides clinicians with a framework for exploring their own emotional and intellectual assumptions about loss and bereavement, and it goes on to summarise state-of-the-art thinking in the field.

These books, along with a range of other useful resources, can be purchased from the Australian Centre for Grief and Bereavement. Visit www.grief.org.au/resources to download a resource guide/order form, or call 1800 642 066.
Grief and Insomnia
For families and friends of those in Palliative Care.

What is Insomnia?
Insomnia essentially means, unable to sleep. It is derived from the Latin word ‘insomnis’ meaning sleepless.

Around one third of people have at least mild insomnia from time to time, however only 5% usually require treatment for the condition.

Insomnia can have a range of causes, including stressful life events, trauma, anxiety, depression, jet lag, poor sleeping habits, day-to-day worries (e.g. job, money, relationships), chronic pain and illness.

Insomnia can affect your concentration, memory and mood, and can also increase your risk of accidents or injury.

Insomnia and Grief
‘Short-term’ insomnia is often caused by an acute event, such as the death of someone close. Indeed, insomnia is a common symptom of grief and can occur both before (anticipatory) and after the death of a loved one.

You may feel constantly tired, but when you have a chance to get some sleep, find you are unable to do so. It is important to keep in mind that it is quite normal for sleeping habits to be affected when grieving.

Tips for managing insomnia
1. The idea of a ‘good night’s sleep’ will differ widely from person to person. Try to stop expecting a specific amount of sleep each night — it’s ok to fall short of the ideal.
2. Minimise stress and anxiety where possible — writing things down, or talking to someone can be helpful.
3. Avoid stimulants such as tea, coffee and caffeinated drinks before bed.
4. If you can’t sleep, get up and do something else until you feel sleepy again.
5. Try to cut back on smoking and drinking of alcohol.
6. Do something relaxing before bed e.g. take a warm bath, listen to relaxing music.
7. Warm and soothing drinks such as herbal tea or warm milk before bed may be helpful.

When to seek help
If insomnia persists for more than a month, seek further help from your GP or health professional. It is also important to seek advice from a pharmacist or health professional before using natural and/or over-the-counter remedies.

Useful links
Sleep Health Foundation www.sleephealthfoundation.org.au
Sleep Disorders Australia www.sleepoz.org.au

For further information on grief and bereavement visit www.grief.org.au
What is CareSearch?
CareSearch is an online resource designed to help those needing relevant and trustworthy information and resources about palliative care. The website is funded by the Australian Government as part of the National Palliative Care Program.

Using CareSearch
CareSearch contains a range of information arranged by section for easy navigation. There are different sections specifically for health professionals and others for patients, carers and family and friends. There are also sections specifically related to grief and bereavement. All material on the website has been checked for quality by Australian health professionals.

Other useful features of the site include:
- Palliative Care PubMed Search
- CareSearch Review Collection
- CareSearch Grey Literature Database

Bereavement and Grief
CareSearch provides the opportunity to access free full text research publications through PubMed on the topic of Bereavement and Grief. Access these through the Clinical Practice — Psychological, Social Spiritual — Bereavement and Grief tabs.

Connecting with CareSearch
CareSearch are continually adding materials to their databases, introducing new pages and providing information on what is happening in palliative care. To stay up to date with the CareSearch project, you can subscribe to their newsletters — @CARESEARCH and nurses[hub]news, or follow them on Twitter (@CareSearch).

For further information on CareSearch visit www.caresearch.com.au or call 08 7221 8233.

Interview with a palliative care professional

The interviewed clinician wished to remain anonymous.

What attracted you to working in palliative care?
I’ve been working in healthcare for many years and as I look back on all the specialties I’ve worked in, there has always been someone on any given ward who has been dying. Thirty years ago it used to distress me because we were more inclined to wait until the dying patient had pain, before we gave Morphine and other opiates. By the time the patient received pain relief, they were distressed and often screaming in pain. It was equally as sad to see relatives and friends get upset and disturbed at seeing their loved one in pain. The palliative care given these days is very different and I feel, it is one area of healthcare where I can make a big difference.

So what has changed over the years?
We have become a lot more compassionate and the mantra seems to be that if a patient is being palliated, then you give them whatever opiate is prescribed before they start experiencing pain. I think another important change that has taken place over many years is that nurses are far more likely to involve the family in the care of the dying patient. If I look back ten or more years ago, nurses would ask family or friends to leave the bedside whilst they changed a patient’s soiled bed, or undertook mouth care and pressure area care. Nowadays, nurses take a much more holistic approach to nursing and involve the family whenever they can; be it during sponge time or assisting the patient to eat.

Do you think this affects the grief and bereavement experience of the family and friends involved?
Oh, absolutely, without a doubt. I’m not an expert on grief and bereavement, but I have noticed a shift over the years and families often leave the ward appearing far calmer and moreover, they are not leaving the ward with the terrifying memories of their loved ones distressed and writhing in pain. So hopefully, what families are left with, when their loved one dies, is a sense of peace that they did not suffer and a sense of, perhaps satisfaction, insofar as they were able to engage in some of the nursing care, prior to their death.
Our services

Bereavement Practice in Palliative Care
For all enquiries about this publication, please contact Erin Bevege on 03 9265 2111 or email e.bevege@grief.org.au
To download a PDF version of this newsletter go to www.grief.org.au

Bereavement Counselling and Support Service
The Australian Centre for Grief and Bereavement is the leading Victorian State-wide Specialist Bereavement Counselling Service and has counsellors located across metropolitan Melbourne, in regional areas (Grampians, Gippsland, Hume, Barwon South-West and Loddon Mallee), and in areas affected by the 2009 Victorian Bushfires. For further information, call 1300 664 786 or email counselling@grief.org.au

Support Groups
ACGB operates a range of support groups including groups for adults, children, bereaved partners, loss of a parent and many more. For further information call 03 9265 2111 or email support@grief.org.au

Practitioner Consultancy Service
This service provides free information, consultation and support for practitioners who are working with clients experiencing complex and prolonged bereavements. To access this service call 1300 858 113 during business hours.

Education and Training
The Australian Centre for Grief and Bereavement offers quality education and training opportunities for health professionals, students, volunteers and any other individual or agency desiring to enhance grief and bereavement knowledge and practice. Education and training programs are offered as seminars, workshops, short and long courses and customised training that meet the specific needs of organisations and agencies. For full details of all programs and services offered during 2012 go to www.grief.org.au/education

Customised Training and Consultancy
The Australian Centre for Grief and Bereavement offer a range of customised training and consultancy services that provide research-informed, high quality, professional development programs that meet the specialist training needs of organisations, groups and individuals. For further information contact Danielle Ricato on 03 9265 2170 or email d.ricato@grief.org.au

Grief Matters
Grief Matters: The Australian Journal of Grief and Bereavement is published by the Australian Centre for Grief and Bereavement three times per year. This peer-reviewed journal encompasses both academic and applied aspects of grief and bereavement.

Previous editions of the journal can be purchased by downloading an order form from www.grief.org.au or contacting us on 1800 642 066.

Internships
ACGB has a limited number of placement opportunities for experienced counsellors seeking to advance their knowledge and skills in bereavement counselling. For further information contact Wendy Thurling on 03 9265 2111 or email w.thurling@grief.org.au

Membership
ACGB offers two levels of membership — to ACGB, and to ACGB & ADEC. For more information about membership options and benefits go to www.grief.org.au/get_involved or call 1800 642 066.

Donations
Donations over $2 are tax deductible and allow ACGB to continue to provide services including bereavement counselling, support groups, outreach, newsletters, events and education and training. To make a donation, visit www.givenow.com.au/ausgrief or call 1800 642 066.

We value your feedback
If you have feedback about this publication, or any of the services delivered by the Australian Centre for Grief and Bereavement we would love to hear from you. Contact us on 1800 642 066 or email info@grief.org.au

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