

Grief Support Programs Implemented to Reduce the Effects of Grief on Family

Yasın Aile Üzerine Etkilerini Azaltmak İçin Uygulanan Yas Destek Programları

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Abstract

Death is inevitable for each individual. The grief emerged as a result of death is felt most intensive in the family. Losing one of family members causes significant changes in the balance of the family. It is very important that the family which tries to reconstruction is supported by evaluating the life cycle, values and belief systems, the role of the lost individual in the family, ties with family members, and the level of functionality of the family. For this aim, different support programs are implemented for grieving families. The main aim of these programs is to ensure that the family members overcome in a healthy way during the grieving process. In this context, this review examines grief effects on family and provides examples from family support programs during the grief process.

Keywords: Grief, family, support programs.

Öz

Ölüm, her birey için kaçınılmaz bir durumdur. Ölüm sonucu ortaya çıkan yas ise, en yoğun aile içinde hissedilir. Aile üyelerinden birinin yaşamını kaybetmesi, ailenin dengesinde önemli değişikliklere neden olur. Yeniden yapılanmaya çalışan ailenin, yaşam döngüsü, değerleri ve inanç sistemleri, kaybedilen bireyin ailedeki rolü, aile üyeleriyle bağları, ailenin işlevsellik düzeyi değerlendirilerek desteklenmesi çok önemlidir. Bu amaçla yas yaşayan aileler için farklı destek programları yürütülmektedir. Bu programların temel amacı, aile bireylerinin yas sürecinin sağlıklı bir şekilde geçirmelerini sağlamaktır. Bu bağlamda, bu gözden geçirme çalışmasında yasın aile üzerine etkileri incelenmiş olup, yas sürecinde uygulanan aile destek programlarından örnekler sunulmuştur.

Anahtar sözcükler: Yas, aile, destek programları.

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DEATH is general and inevitable for all individuals (Jenkins and Merry 2005). Grief experienced after the death is one of the strongest emotion (Hopkins 2009, Stuart 2013). In order to understand the grief that is one of the strongest emotion, it is necessary to define the concepts to which it is related. Although the concepts related to the grief are sometimes used interchangeably, there are conceptual differences between them. There are three concepts in the literature describing the personal, social and situational levels of the loss (Malkinson 2009). Bereavement concept means that an individual has lost a person who is important for him/her. It emphasizes the social level of the loss (Malkinson 2009). Mourning means that pain and sadness. It is an explanatory movement independent of the individual's emotions. It represents the cultural characteristics of loss (Malkinson 2009). Grief is pain caused by death or catastrophe and the behaviors indicating this pain. It is the emotional response to loss in individuals who are lost a person due to death (Malkinson 2009). Grief, a normal reaction to the loss, is an emotional pain that needs to be known and experienced. The grief causes psychological, behavioral, social and physical symptoms. It is usually limited over time and gradually decreases (Shives 2012).

Grief is often a natural process that does not require intervention. The grief process brings pain and disorganization. The individual primarily experiences feelings of shock and denial during the grief process. Following this process, feeling of guilt emerges in the individual. With the feelings of hopelessness and sadness, pseudohalucination may occur in the individual. At the end of this process, the individual accepts the loss and comes to the stage to remember the person he has lost without feeling uncomfortable. This process may vary from months to years (Hopkins 2009, Townsend 2009, Genlik 2012, Bildik 2013).

There are factors affecting the response of the individual to the grief process. These factors can be basically classified as the situation of death, the characteristics of the individual which is in the grief process and social situations (Puri and Treasaden 2010). The proximity of the deceased individual, for example being a spouse or child, is important in the grief response (Hopkins 2009, Townsend 2009). Since the family is a fundamental social unit, the grief shows itself among the members of this unit. Individuals most affected by the death of are members of that family. Important changes are also observed in the family system with the death of one of the family member (Jeffreys 2011). Each of the family members lives the grief process differently, because the relationship between deceased person and family member is unique. This causes everyone in the family to experience a distinctive grief process (Humphrey and Zimpfer 2008). For this reason, effects of grief on family can be evaluated through generally family system and in particular spouse, child and parents. The aim of this review is to describe the effects of grief on the family and to provide examples of family support programs implemented during the grief process.

The Effects of Grief on Family System

The family is a system of mutual influence and experience. The family's relationship style, values, communication, cultural heritage is an important determinant of how they approach difficulties in life. For this reason, death and grief affect not only the individual but the whole family (Kissane 2014). Also evaluating the individual's perspective

about loss with a family system perspective provides valuable information on the potential complications (Humphrey and Zimpfer 2008).

The loss of a family member causes multiple losses as loss of relationship with the deceased, loss of the family system, loss of hope and dreams. This situation causes changes in family's balance in the context of regulation of relationship and responsibilities and reviewing resources including time, energy and money (Jeffreys 2011, Kissane 2014).

In spite of individual differences, the family determines the extent of the grief response as a whole, because the grief is a family problem (Kissane 2014). The study of Kissane et al. (1996) shows that the families can cope with grief by using supportive, dysfunctional and intermediate methods. Supportive methods require strong cooperation, mutual support, readiness to share feelings and thoughts and the ability to resolve conflicts among family members. The family members who use dysfunctional methods have high levels of conflict, low commitment, and poor communication. The families using intermediate methods show moderate commitment, low control, and low success orientation.

Factors Affecting Grief Process

When assessing the coping methods used by the family during the grief process, the factors that may affect the grief process and reactions of the family should be considered. These factors; the family life cycle, the family values and belief systems, the role of the deceased individual in the family, ties with family members, the level of family functioning, culture, traditions, taboos, the shape of the loss, the pattern of emotional response passed through generations of the family (relaxation, avoidance, accusation, fear, distortions etc.) and support networks (Humphrey and Zimpfer 2008, Puri and Treasaden 2010, Jeffreys 2011, Kissane 2014).

Family Life Cycle

Death can be seen in childhood, adolescence, young adulthood, middle age or old age. The family life cycle is greatly affected by the harmony of the family, because the expectations of the family are different in each of these periods. (Kissane 2014). The life cycle periods of the family should be evaluated even when the professional support is not available to the whole family (Humphrey and Zimpfer 2008).

Cultural Characteristics, Values and Beliefs of the Family

The loss and grief process is greatly influenced by cultural characteristics, values, rituals and religious beliefs. The cultural and social heritage of the family passed through generations is unique to that family. Caregivers should be respected rituals and death-related attitudes towards death and life (Townsend 2009, Jeffreys 2011). For example, in many African-American communities, individuals try to maintain contact with the deceased person after the death. The connection with the soul is attempted by means of mediums. Mexican Americans wear black clothing in the grief process and avoid daily activities such as watching movies, listening to the radio. The grief process of middle-aged or elderly individuals may also be extended to two years. Chinese Americans do not talk about feelings about loss (Townsend 2009). In our culture, grief rituals are in the form of wearing dark-colored clothes, eating less, avoiding fun, weddings, radio and television and releasing beard (Ersoy 2002).

Role of the Deceased Person in the Family

It is very important in the grief response that the deceased person is a spouse or child (Hopkins 2009, Townsend 2009, Jeffreys 2011). In addition, the special roles given the deceased person in family (elderly, earning money, managing money, problem solver, socializing etc.) can leave a big gap in the place of person (Jeffreys 2011).

Death Type of the Deceased Person

The death type of the deceased person can be suddenly, predictable or unpredictable (Shives 2012). The negative impact of sudden deaths is higher than expected deaths, because there is not enough time to prepare for death and say goodbye. Therefore, individuals feel a great shock and pain. The individual has feelings of surprise, anger and regret. I wish sentences are often used (Jenkins and Merry 2005). The death type of the deceased person can also trigger a pathological grief response. If deceased person die due to suicide, murder and terrorism, unanswered questions and unfinished business feelings may occur in the grief process (Hopkins 2009). In addition, if the family witnessed a death resulting from violence, the grief process may be problematic. The family's time, energy and motivation can consume in the cases of long-term illnesses (Jeffreys 2011).

Age of Deceased Person

The perception of death as a situation for the elderly makes the grief process difficult if the deceased person is a child or a young person (Townsend 2009, Jeffreys 2011).

Quality of Relation with the Deceased Person

If the relationship with the deceased person involves ambivalent feelings or the relationship is not resolved, dependence on the deceased person is high or the grieving individual considers the deceased person as an extension, the grief process may be pathological (Hopkins 2009, Townsend 2009).

Level of Family Functioning

The communication of the family with each other affects the grief process. The larger the social networks of the family, the more support it will receive in the grief process. It is seen lack of connection, lack of helping to each other and hostility in families with internal conflicts in the pre-loss period. In families with internal conflicts in the pre-loss period, it is seen a lack of connection, lack of help to each other and hostility (Jeffreys 2011). It has been determined that the families who use incompatible methods to deal with the grief show more depression and psychological distress. When the grief is experienced in families whose interpersonal communication is low, the families who use dysfunctional methods for coping with grief show more depression and psychological distress (Kissane 1996). In addition, if more than people has died as a result of an accident or illness, the grief process will be more difficult (Hopkins 2009)..

Spouses

The death of the spouse involves the loss of many roles for the surviving spouse. The lost individual is not only spouse; it is also a friend, confidant, dear, supporter and facilitator. Since the spouse is the person who confirms the identity of the individual and his/her sense of self, it is one of the painful subjects for the surviving spouse to move from the concept of "we" to "I". Most of the time, the social life of the individual

ends with death of his/her spouse. The surviving spouse lives loneliness as physical, sexual, social and emotional (Humphrey and Zimpfer 2008).

The problems with the grief are mostly seen in the first year of the loss of the spouse. The surviving spouse is willing and ready to carry out its roles and responsibilities in life, although s/he misses her/his spouse very much in the grief process. But if the surviving spouse is very dependent on the deceased spouse, the grief process may be intense, long and it can limit the daily activities (Jeffreys 2011).

When evaluating grieving spouses, the stages of family life cycle should be considered. For example, the families with newlyweds and young children have different needs from older and grandchildren families and the grief process will be affected from this situation. It is also important to define the roles of the lost partner and how to reconfigure these roles (Jeffreys 2011). The life of the surviving spouse should be regulated in the grief process. It is evaluated the strengths and weaknesses for rearrangement of life. It should be determined how the surviving spouse copes with past losses, what are the effective and ineffective coping methods, and who to trust to get help (Doka 2016). If there are children in the family, the age of these children and all the issues and concerns related to children should be considered (Humphrey and Zimpfer 2008).

Children

The grief process is a dynamic and highly complex process that will last for years for children. As the children perception of the death changes over time, the children return to their lost intermittently and overcome the process over and over again. Expression of emotions such as anger and sadness on every return is part of the loss process (Granot 2005, Bildik 2013).

Understanding death for children depends on many factors such as age, previous loss experiences, having a fatal disease, cultural and religious characteristics, expected or sudden death (Ekşi 2011). In order for the child to understand death, the cognitive and emotional development as well as the ability of abstract thinking should develop (Granot 2005). Differentiation in perception of death in children is important in interpreting loss and coping with loss (Attepe 2010).

Child's gender and age of are the factors that determine their response to loss. While younger children show more behavior and anxiety problems, older children often have dysphoria and depression, such as adults. Apart from these, family-related factors determine how the child responds to the loss. If a family member has a mental problem in the grief process, it is possible for the child to have a mental problem. Pre-lost factors that determine the grief response of the child can be classified mental health problems, family conflict or separation and genetic factors. (Skuse et al. 2011).

Children can experience death as a loss of parents and siblings in the family. Parental loss for the child is a traumatic life event. The loss of the parent, the source of trust and support, affects the child's life in many ways (Attepe 2010). The response of the child to the loss of siblings is similar to parental loss, but it is less in terms of intensity, duration and long-term results. The loss of siblings has unique aspects no matter what age of child. Because the the sibling is both his/her playmate and opponent. When a child loses his/her sibling, s/he thinks that the favorite child, who is usually loved, is dead, so that taking his/her characteristics and behavior will reduce the suffering of his/her parents. In addition, the child may be afraid of thinking that his/her parents

will die, or his/her may feel guilt from death of siblings (Dyregrov 2008, Humphrey and Zimpfer 2008).

Parents

The death of a child can destroy the meaning of the world for parents, and the parents may not know how to make sense of this situation. The natural order of death is that the parent first dies and then the child dies. For this reason, the death of the child is inconceivable and incomprehensible for many parents. Just as a devastating earthquake ravages the city, the death of the child disrupts the position of the parents in the world. Most parents describe their situation as going into exile. This place is unwanted, unconscious, non-directional and causing a deep pain. Because the individual feels as if s/he has gone into exile, s/he refrains from being in contact with other individuals (Tedeschi and Calhoun 2004).

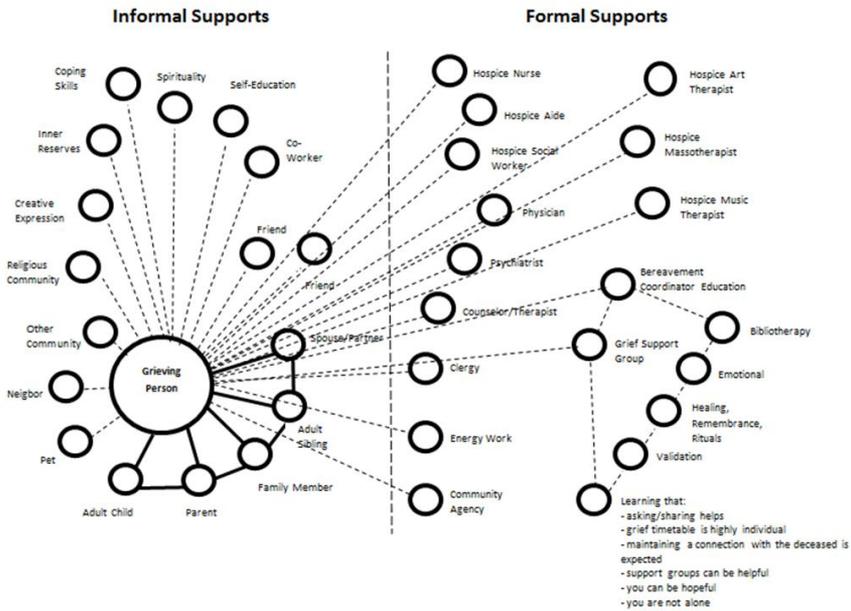


Figure 1. Professional and non-professional support resources in grief (Steiner 2006)

Sorrow, loss of daily life activities, loss of desire for life are some of the symptoms in the parents who lost their child. Shock and disorientation are frequently seen especially in sudden and unexpected deaths. Most parents state that this is a pain that will never go away (Tedeschi and Calhoun 2004). In addition, feelings of guilt are frequently observed in grieving parents. The parents regret the quality of their parenthood, misused medical treatment or other decisions and other unresolved conflicts with the child. The sense of regret experienced by parents significantly affects the physical and mental health of parents. Feelings such as suffering, anger and guilt often occur (Jeffreys 2011). Physically, the parents may experience symptoms such as pain, digestive difficulty, and fatigue. These symptoms may be symbolic form of loss. Some parents

describe chest pain and express a feeling of emptiness in their breasts (Doka 2016). Besides emotional and physical symptoms, a common feeling in parents is also the fear of losing other children. This fear can lead to overprotection, which may disrupt interpersonal relationship (Jeffreys 2011).

Although the psychological distress caused by loss decreases in months and years, it never completely disappears. As time passes, most parents experience periodic loss of reality, even though the intensity and frequency of grief, distressing thoughts and emotions diminish. The parents state that their child's ties with them never break after their death. Although most parents report that losing their child is a very painful experience, they can experience psychological growth after the loss experience. This growth can be self-perception, relationships, priorities and spiritual issues (Tedeschi and Calhoun 2004).

Professional Support Given for Family in the Grief Process

The grief process is a normal process that does not require intervention. But sometimes the process does not progress as expected. According to social norms, the grieving individual may have a pathological grief instead of the normal grief process, or may be in the risk group for the pathological grief. In such cases, the grieving individual or family should be helped (Puri and Treasaden 2010, Külahçioğlu 2017). The grief process can be supported by professional and non-professional sources (Figure-1). The non-professional supports consist of family members, friends, coping skills, neighbors, religious communities; the professional supports consist of counselor, nurse, social worker, physician, art therapist, support groups (Steiner 2006)..

The professional support in grief process can basically be divided into grief counseling and grief therapy. The grief counseling is the process that is carried out to ensure harmony to loss after losing a loved one. Its aim is to help individuals to cope with the pain they experience, to help them to rearrange their lives, to clarify the reality of loss and to maintain the connection with the person she loses while continuing her life. The grief therapy is the professional support provided for the identification and resolution of the conflict related to the separation of the grief process in individuals with chronic, delayed, exaggerated or physical symptoms. In brief, the grief counseling describes the professional support given in the normal grief process, while the grief therapy describes the professional support given in the case of pathological grief (Worden 2008, Külahçioğlu 2017).

Schut et al. (2001) were mainly classified the professional support given in the grief process as primary or general, secondary and tertiary preventive interventions (Puri and Treasaden 2010). General or primary preventive interventions are applications to all individuals who loss a loved one. Although there is no evidence-based practice in primary preventive practice (Puri and Treasaden 2010), it has been determined that the implementations to different family members provide positive results in terms of improving mental health and preventing mental illnesses (Walker and Shaffer 2007, Arıcı 2014, Sandler et al. 2016, Yıldız and Cimete 2017). Secondary preventive interventions include monitoring individuals at risk for pathological grief. Delayed, repressed or chronic grief responses to unexpected loss, ambivalent feelings against the lost individual, or situations where spouses are extremely dependent on each other increase the risk of pathological grief. In the literature, there are studies showing that preventive

practices to individuals at risk for pathological grief reduce or do not affect the symptoms of pathological grief and depression (Groot et al. 2007, Wagner and Maercker 2008, Kramer et al. 2015, Linde et al. 2017). Tertiary preventive interventions generally include the application of psychotherapy to individuals with pathological grief reactions or those with depression. Most of the grief practices were made in this group. Studies on family members living with pathological grief have been shown to decrease suicidal thoughts, prolonged grief symptoms and depression (Litz et al. 2014, Rosner et al. 2014, Linde et al. 2017). The most common interventions in tertiary prevention practices are individual and group therapies, including grief therapy, interpersonal and psychodynamic therapy, cognitive behavioral therapy, and family-oriented grief therapy (Puri and Treasaden 2010).

The preventive and supportive interventions within the scope of professional support to the families in the grief process are usually included in primary and secondary preventive practices. These interventions aim to help the family to cope with the feelings and thoughts brought about by the loss and grief and to learn how to live with grief. When evaluating families living grief in order to achieve these goals:

- a. The story of the deceased should be acquired: Who it is, its role and contribution in the family system, the form of death, the perception of this death by family members and funeral rituals
- b. The family's coping and relationship history should be acquired: Evaluating the tasks of the family -acceptance the death, sharing the grief, reorganization of the family- defining the past and present family relations, communication openly, being in harmony and conflict resolution
- c. The family genogram is generated: Basic structure, coping with difficult events, patterns passed through generations, strengths and weaknesses of the family
- d. The key aspects and strengths are summarized: Accepting strengths of concerns, consensus on objectives, planning future therapy if necessary (Kissane 2014)

It has been determined that grief support groups, which are the sources of professional support, are an effective and appropriate way to improve the grief process. The support groups provide participants with opportunities such as working on grief, reconciliation with their losses and finding meaning in life, and providing their participants with useful information (Wolfelt 2004, Spence and Smale 2016). According to Wolfelt (2004), the support groups carried out by an expert provide the opportunity;

- a. Meeting with individuals with similar experiences, thoughts and emotions,
- b. Counteraction the feeling of isolation in the grief process,
- c. Providing emotional, physical and spiritual support in a safe and uncritical environment,
- d. Allowing him/her to discover his/her feelings and thoughts about the grief.
- e. Encouragement the individual to provide support and understanding not only for himself, but also for others,
- f. Learning new ways to solve problems,
- g. Help the individuals who feel the world insecure to reconnect and trust the world,
- h. Providing opportunities for finding meaning of life and death

- i. Providing a supportive environment to give a hope of survival and improvement.

Grief Support Programs

Some grief support programs are carried out in order to provide professional support to families during the grief process. These programs can cover the whole family, but can also target family members such as spouses, children and parents individually. Examples of the grief support programs reached in two different search engines with key words “grief”, “family support”, “grief support groups”, “professional support in grief”, “family and grief counseling” in Turkish and English are given below. Literature review has not been conducted in order to show the programs are accessible and continuous for people. While giving programs, at least one program for each member of the family has been taken into consideration and different programs in terms of content have been tried to be chosen.

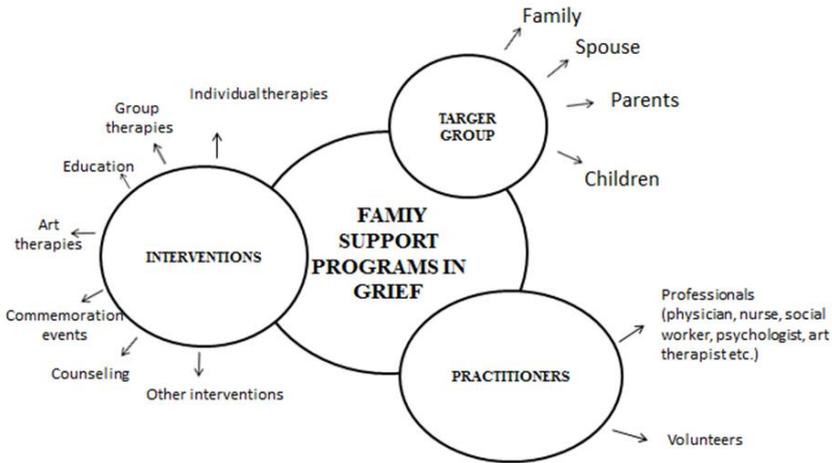


Figure 2. Characteristics of family support programs in grief

Grief Support Programs for Families Who Lost Their Children

Social Work Department Royal Children's Hospital, The Family Bereavement Support Programme, Australia

The hospital has provided grief counseling, support and information for many years for families whose children died. The parents' grief support group is conducted monthly in the evenings. The support group provides participants with information, encouragement, support, exploring their experiences, reducing isolation, discovering and sharing resources, and developing ways to live life. Monthly grief bulletin assumes concrete record, expression of experiences and communication mediator roles for the group. In addition, the siblings' grief support groups are conducted annually. This group allows the siblings to meet in a safe environment, to share their experiences with other child-

ren and to strengthen their individual resources. The annual commemoration event is also organized for the siblings. The program includes counseling for community support services, suggesting assistant resource and informing, educating and supporting hospital staff, students and about grief (The Royal Children's Hospital 2018).

Pathways Grief Support Program, SickKids, Canada

The families whose children take care of SickKids Hospital can benefit from this program if they loss their children. Two grief support coordinators are available five days a week. If there is an expected death, along with the palliative care team, the grief support coordinators are with the families and support the family in the difficult decisions and its possible consequences. When the death of a newborn baby is encountered, they inform the family about what to do about breastmilk (stopping breastmilk or donation of breastmilk to the babies who need milk). The grief support involves creating memories about the deceased children and thus telling the stories of children. The context of creating memories are used photographs, writing the song of love for the child, hand-footprint, three-dimensional molds for the family and the child, heart beats or audio cassettes with the voice of the child recorded, hands and feet painted on art boards, family and hugging from children to families, courage chain, memo boxes, to-do list with children, creating specific written material for other family members (such as grandparents, siblings, etc.) (SickKids 2018).

Pregnancy and Infant Loss-Grief Support

This program provides support, education and treatment for women with pregnancy or newborn loss. After the loss, the grief counseling can be taken individually or in pairs. The program lasts six weeks. A group meeting is held twice a year. Also commemorations and events are organized (Alberta Health Services 2018).

Grief Support Programs for Children Who Lost Their Parents

Grief Support Programme at St. Helena Hospice, England

Children who lost their parents or primary caregivers are given grief support in the program. The program enables the participants to acquire information, meet other individuals like themselves, and gain peer support, verify their experiences and feelings, commemorate and act. The program has been used in palliative care for more than 12 years. Individuals who are planned to participate in the program are accepted through evaluation. The program is applied in four groups as 5-10 age group, 11-16 age group, 16-25 age group and parent group. It takes 6-9 months after the parental death. The aim of the program is a mixture of therapeutic and supportive work and fun and being with others. The program is carried out with volunteer and professional individuals such as social worker, art therapist, drama therapist, consultant, psychologist. An emotional resilience checklist is used to evaluate children. According to this list, the child's age, developmental characteristics, family communication patterns, the relationship of the child with the deceased individual, the child's understanding of the situation, the support networks and systems, the simultaneous or other loss of life in the child's life, other social situations, the expected and unexpected grief, the child issues such as participation status of funeral, factors protecting the child and privacy are evaluated. The interventions that can be done in the program; memo boxes and memoirs, role playing, questioning sessions, drawing the deceased person, drawing emotions, emotion faces. In the first week of the program, a welcome session, meeting with the group, the basic

rules of the group and the group's goal sharing are made. Activities are planned in ongoing sessions. The intervention takes place in four stages, including introduction and support, counseling, short/mid-term interventions and long-term/complex interventions (Bunce and Rickards 2004).

SandCastles Grief Support Program for Children and Families, United States

The program was started in Henry Ford Nursing Home in 1997 and it is intended for families aged 3-18 who have children and are in the grief process. The aim of program is to enable sharing among children who lose a loved one. Peer groups provide understanding that children and adolescents are not alone in the feeling of grief, normalize their feelings and experiences, and provide improvement and growth. Participation the groups can help the child find their natural healing capacity. The support groups are held every two weeks throughout the year. There is also a weekend camp and community training once a year. The support groups are maintained by staff and volunteers (SandCastles Grief Support Program 2018).

The Shared Grief Project, United States

The project predicts that no child experiences the grief alone. In order to gain this feeling, the project shares the stories of healthy, happy and successful people who experienced a great loss at an early age, but continued their lives with success. Empathy, solidarity and grief prospects are tried to be given to the children through famous people in the society. (The Shared Grief Project 2018).

The Family Lives On Tradition Program, United States

The program helps the children and family in the grief process to continue their family traditions. It emphasizes that healthy grief is to remember, not to forget. The program suggests that celebrating a child's unique experience with his/her deceased parent is a powerful therapy that enables to maintain the necessary emotional connection with his/her parent and move forward. A coordinator and a trained volunteer conduct a family meeting with Skype to identify a tradition that the child shares with the deceased parent. Through this meeting the child chooses the tradition s/he wants to continue. Regardless of race, sex, region, socioeconomic level, the cause of death of the parent, every child between the ages of 3-18 can benefit from this program. The items determined according to the tradition are arranged and sent every year (for a period of five years) or until the child is 18 years old. Apart from this intervention, the grief support is also provided in the program (Family Lives On Foundation 2018).

Grief Programs for Individuals Who Lost Their Partner

Sutter Care at Home's Grief Support Programs-Spouse/Partner Loss, United States

The program lasting eight weeks applies to individuals who have lost their partner. During the program the topics are covered include understanding grief, expressing emotions, adapting to role changes, developing supportive relationships, cope with stress, and guiding vacations/anniversaries (Sutter Care 2018).

CancerCare Spouse/Partner's Bereavement Support Group, United States

Support groups are given online to individuals who have lost their partner due to cancer. The fifteen-week online program is managed by the oncology social worker. After the first 15 weeks, online support for up to two years is reported to help individuals to cope with grief process (CancerCare 2018).

Family Grief Support Programs

Family Matters, United States

The program aims to help the family in the cancer process through education, support groups, family practices and social activities. It is aimed to strengthen children by strengthening the parents of children and adolescents who lost one of their parents. Practitioners of the program are social workers, psychologists, dietitians, nurses, exercise specialists, family and marriage therapists. A holistic approach is adopted to support the family. The child and his parents are provided with the opportunity to share their thoughts and feelings, ask questions and have professional care in a safe and non-judgmental environment. The program aims to normalize the experiences and feelings of the family in the process of disease and loss. These interventions protect families from isolation (Wenner-Lin and Biank 2013).

Online Grief Support Program-1 Year, United States

The program is used online. Its aim is to provide education and support to individuals on their journey of recovery. To achieve this is used daily email submission, weekly blog posts, videos, Facebook group and grief workbook for adults and teens for a year. The workbook can be apply alone or together with the therapist (Central Counseling Services 2018).

In general, the programs offered as examples focus on the whole family or the children, spouses and parents individually. Some of the grief support programs are based on hospital services. The programs are carried out professional and voluntary individuals. Individual and group interventions are implemented in the programs and appropriate activities for the age groups of the participants are carried out. The general characteristic of these programs are shown in Figure 2.

When the grief support programs for families were researched in our country, the programs focusing on only the grief could not be reached for families, but some programs have implemented in the context of sadece Psychosocial Support Programs. These programs are aimed at generally children who are exposed to trauma due to reasons such as war, migration, loss, violence and disaster. The examples of these programs are the ProtectLift Program implemented by Maya Foundation and the Psychosocial Support Projects carried out by Earth Doctors. In the ProtectLift Program, protection services for children between the ages of 5 and 18, individual and group therapies, support sessions for families and training seminars are organized. In addition, it was aimed to improve the mental health and psychosocial support capacities of individuals and institutions with schools sensitive to trauma (Maya Vakfi 2018). In projects implemented by Earth Doctors (Yeryüzü Doktorları), it is aimed to provide psychological support and education to children, adults and professionals working in the field (yeryüzü Doktorları 2018)..

Reflection of Support Given to Family in Grief in Researches

The subject of grief and support to the family has taken its place among the subjects that attracted the attention of the researchers. However, the studies include different applications in terms of the type of research, the method, the applied intervention. Decinque et al. (2006) conducted a study to evaluate the hospital-based age support program given to parents who lost their child due to cancer. According to this study,

the parents stated that there was a need for more supportive communication with hospital staff before and after the loss. Steiner (2006) determined in a qualitative study that the individuals who lost their spouse or sibling and participated in the grief support group were satisfied with the group. The individuals who participated in the group stated that it was very helpful to talk with an individual who listened to them in a relevant way. They emphasized that participation in the support group has benefits in terms of normalization, validity, improvement and sharing. In this study, it was concluded that the individuals living in the grief need more attention, being heard and courtesy and to meet these needs formal or informal support should be provided. The results of these two studies show that joining a grief support groups can meet the communication needs of individuals and allow them to express their feelings in a supportive environment.

The grief support was given to caregivers of palliative care patients before and after loss in Spain. Emotional support, informative assistance, one-to-one counseling, support groups and social activities were used in intervention. As a result, it has been determined that grief support programs are not adequately structured in Spain and various intervention strategies are needed (Yi et al. 2006). In interviews with six individuals who had lost their family and participated in the Calgary Health Region Grief Support Program, it has determined that the program was not a complete grief support program, but could be a guide for the individual carrying out the program (Moules et al. 2007). Based on these results, it can be said that if the grief support programs are well structured, individuals will have positive effects on coping with grief.

The Growing through Loss Program was implemented on 5,000 adolescents for aim of decreasing depression dependent on loss and grief. The interventions such as education, art therapy, drawing family genograms, goal setting, memorial book creation, goodbye ceremony were made at the 12-week program. It was found that 90% of the participants understood loss, grief and maladaptive behaviors, 88% had a decrease in depression levels, 98% had written a personal mission statement, created a lost symbol, wrote a daily and created family genogram and 98% had a 90-page study. It was emphasized that the program was successful in decreasing the level of depression in adolescents with a loss (Walker and Shaffer 2007). Family Bereavement Program was applied to the parents who lost their spouses and the long-term effect was examined. It was found that in the six-year period the intervention group experienced mental problems, prolonged grief, alcohol abuse and depression less than control group and also improved parenting skills than control group (Sandler et al. 2016). In a study conducted in our country, five interviews were made to the families who lost their newborn baby. As a result of the interviews, it was found that the program did not affect the grief reactions of the parents in a six-month period, but positively influenced their reactions after one year (Yıldız and Cimete 2017). In another study conducted in our country, "Family Resilience in Traumatic Grief Problem" Program, which consisted of eight sessions and each session approximately 90 minutes, were applied 24 women who lost their spouses. Within the scope of the program, participants were intervened with techniques of behavioral and cognitive behavioral theory, emotion-based approach, gestalt therapy, family therapy and solution-oriented approach and also given psychoeducation. In conclusion, it was found that the program was effective in decreasing post-traumatic stress and grief levels and increasing family resilience (Arıcı 2014). The results of these

studies show that the grief support programs have a positive effect on mental health when based on a theoretical substructure and are regularly applied.

Conclusion

The loss of one's life and the subsequent grief process deeply affect family dynamics. There are many programs conducted abroad in order to provide professional support to the family during the grief process. In our country, the applied programs are made within the scope of scientific research or thesis studies (Arıcı 2014, Yıldız and Cimete 2017). Any program that is focal point of grief and continuously applied in the family has not been reached. It is thought that the professional support given to the family will help the family to be restructured, strengthened and cope with negative feelings caused by loss. This statement are supported from the studies showing that grief support programs have positive effects such as reducing mental problems, affecting grief reactions positively, and increasing family resilience (Walker and Shaffer 2007, Arıcı 2014, Sandler et al. 2016, Yıldız and Cimete 2017). In addition, the studies to support families during the grief process show that the participants are satisfied with the support and the support is effective in dealing with the loss (Steiner 2006, Moules et al. 2007). In this context, it is considered that in order to develop families who have meaning from loss life and to develop healthy generations, the grief support programs in the family should be expanded and their effectiveness should be evaluated by quantitative and qualitative research.

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