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A comprehensive approach to the grieving process over the loss of a significant loved one

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This study was conducted as part of the project “The Identity of Social Work in the Context of Slovakia [APVV-0524-12]” funded by the Slovak Research and Development Agency.

Background: Grieving is a demanding process that affects the personality of a human being as a whole. In Slovakia, the topic of grief support groups is very new and not yet very well introduced to the majority of Slovak society. However, it is a unique model offering a comprehensive approach to the bereaved people. So far, such groups are regularly offered and facilitated only at one place, at Lutheran congregation in Martin, Slovakia, since 2009.

Objective: The objective of our research was to examine the level of social support and grief of mourners at the time of attending the support groups in Martin. Mourners who have attended support groups in Martin filled in a questionnaire, in which we were interested in an subjective amount of their grief at the time of their arrival to the group and after its completion, as well as the level of social support and applying Christian principles in their lives (at the time of attending the groups).

Methods: Our research was based on the participation of 38 participants (100 percent of participants) of grief support groups. Support groups were held in the Lutheran congregation in Martin from 2009 to 2014. Participants were given a questionnaire, focusing on socio-demographic indicators for subjective evaluation of their grief on a scale of 1 to 5 (at the beginning and the end of the group), evaluation of their satisfaction with social support from loved ones and evaluation of Christian principles applying rate in their lives, since all participants reported Christian religious beliefs (though they were from different Christian settings).

Results: Based on the results of the Spearman correlation test, we can claim that higher satisfaction with a social support means significantly lower rate of experienced grief (among the bereaved people who has participated in the groups, $R = -,468^{**}$, sig. = 0.003). The same test demonstrated that the more the participant applies Christian principles in his/her life, his/her grief rate is significantly lower ($R = -,362^*$, sig. = 0.026). Based on the results of the Wilcoxon test, which confirmed that in all cases, the subjectively experienced grief, indicated by mourners, was significantly lower after the completion of participation in grief support groups ($Z = -5,479$, sig. = 0.000).

Conclusion: Based on the research, with all the bereaved people that has gone through the process of grief support groups in Slovakia, we have found out that such a group may also be a place where the bereaved find functioning social system and his/her community of faith as well. It is also a model of support that offers a comprehensive approach to the grieving process of a mourner who has lost a significant loved one.

Key words: grieving process, social support, grief support groups.

Introduction

Grieving, as a natural reaction to the loss of a loved one, affects the personality of a human being as a whole: its physical, psychological, cognitive, behavioural and spiritual side (1). Dealing with grief and the emotions associated with it (illustrated by different symptoms) requires the comprehensive approach to a grieving person. Accompanying mourners through their grief in a form of support groups includes covering a number of needs which appear in the grieving process of mourners – e.g. the need to have someone who understands me (physical need), to have the opportunity to share true and authentic feelings (psychological need), to know that I will not be judged for expressing my feelings (cognitive need), to be myself within the safe space of a support group (behavioural need), as a believer, to have the opportunity

to express negative emotions and not to be ashamed of them (spiritual need).

The congregation of the Evangelical Church of the Augsburg Confession in Slovakia has intensively paid attention to accompanying mourners in their grief since 2009. The congregation with a number of about 2,800 members (as of May 2015) has on average about 45 funerals a year. If we only count one immediate family member, we have the opportunity to contact annually about 45 people who have recently lost a significant other. Since expressing grief is still a taboo in our society, in our congregation we contact mourners in person and offer them companionship in their grief – either in a form of an individual meeting or in a form of support groups for mourners.

This article will discuss a particular possibility of accompanying in grief, offering the comprehensive approach to the grieving process of

a mourner who has lost a significant loved one. Support groups, as a concept of accompanying people in grief, will be closely introduced. We will describe the way they function in Slovakia and how they comprehensively relate towards the uniqueness of a mourner's sorrow. The main concern of the following part will be the specific focus on the grief support groups in Martin, which have been present in the congregation since 2009. Mourners who have attended support groups in Martin filled in a questionnaire, in which we were interested in an subjective amount of their grief at the time of their arrival to the group and after its completion, as well as the level of social support and applying Christian principles in their lives (at the time of attending the groups). In the conclusion, above mentioned results will be evaluated and compared with the results of studies from other European countries.

The comprehensive approach to the grieving process

Grieving is characterized as a process in which we are trying to cope with a new situation and consciously accept it. This process can be intrapsychical (grief work) or social (mourning). An intrapsychical process is performed inside a mourner who is making an effort to cope with his/her loss cognitively and emotionally. Social process implies norms and rituals, according to which a person is recognized as a mourner (1).

Grief reactions, which are considered as normal in the early stages, may acquire pathologic dimensions in certain cases. Then we talk about so called complicated grief, which may have a form of an absent, delayed or chronic grief (2). On the contrary, grieving as a normal reaction to the loss of a loved one is not a disease or a symptom of the mental or character weakness (3). Grieving is a natural human process that we need to experience. It is not a disease to be healed (4).

According to D. H. Lamb (In: 5), grieving as a normal and natural process, has four types of symptoms: physical (vegetative), emotional, cognitive and behavioural (associated with eating disorder). Doka (1) divides these symptoms into five categories: physical, emotional, cognitive, behavioural and even spiritual symptoms appear in the grieving process (1). The physical manifestation of grief includes, for example, headache, dizziness, stomach aches, tiredness, etc. The emotional reaction to the death of a loved one can be anger, sadness, helplessness, self-blame or jealousy. Cognitive symptoms include, for example, an inability to accept what happened and an inability to concentrate. Behavioural symptoms of grieving include crying, avoiding a company, the desire to find the deceased one and hyperactivity. The spiritual reaction to the grief may be the inner struggle to find a reason in suffering, anger against God or re-evaluating faith. These Rando also mentions social manifestations of grief including, for example, an inability to organize daily activities or search for solitude (6).

Stages that occur in the process of dying were originally described by E. Kubler-Ross (7). According to her further findings, the family of a dying experiences the same stages: the stage of denial, anger, negotiation, depression and acceptance (8). The course of grief in the sense of stages is also characterised by Colin Murray Parkes (9), who defines these four stages of grief: emptiness, desire to find the deceased

one, depression and acceptance. Worden (10), instead of stages, talks about mastering these four tasks: recognizing the reality of loss, dealing with own feelings, adapting to life without the deceased one and final emotional detachment.

Grieving is thus a natural process (involving many stages, tasks, symptoms), which affects various sides of a human personality. According to Worden, the role of the counselling for the bereaved is to help them to accept their loss and identify and express their feelings. Furthermore, it provides space and time for grieving, informs them about the grief as a natural and normal process, respects their individual differences and offers them continuous support (10). The role of grief support groups is very similar to the roles described by Worden (10) (where it deals with multiple dimensions of a human life): connecting people with similar experiences, creating safe environment for expressing their feelings, providing valuable information about the grieving process, allowing mourners to live through their grief individually, helping them to accept themselves and their loss, and giving them more time for continuous support (11). A support group for mourners approaches the grieving process comprehensively. It notices different needs and manifestations of grieving process and, thanks to the way it works, could be able to cover them.

The concept of grief support groups

A grief support group creates space for mutual sharing and overcoming grief. It is a form of an organized group therapy for mourners, led by a facilitator who realizes that the quality and quantity of human understanding may have a major impact on the course of grief and level of final healing through his/her own experience. The concept of support groups is based on the assumption that "to have the opportunity to experience the encouragement of friends and fellow grievers is not a weakness, but a healthy human need" (11).

The concept of support groups includes various dimensions of a human being, which reflects the need to grieve. The role of a support group is to inspire a person to cope with grief, to be able to express it, to share it and find its place in the story of his/her life (12). However, people frequently expect much more from support groups. Therefore, it is very important to emphasize immediately at the beginning that the role of a support group is not to overcome grief completely. Group work is based on providing support and hope, not advice and manuals how to get rid of grief as quickly as possible (13).

Meetings of support groups are preceded by the mourners' acceptance to respect so called group ground rules. Defining the rules gives participants a sense of trust and safety. Moreover, these rules are the first signs of mutual communication, and it is necessary that everybody respect them. Rules of a support group, as they have been tested in practice, are the following (14, compare with 11):

1. The uniqueness of grief. Despite the fact that we may share a similar experience, none of us experiences grief the same way. We respect and embrace what is common and also what is unique.
2. A safe space for sharing. A support group provides a safe space for sharing of any kind of feelings.
3. Active listening. We do not interrupt or ask questions while a person shares his/her grief.
4. Trust. Everything said within the group will stay confidential. We do not discuss any matter outside the group with anyone.
5. Equal time for everyone to express his/her grief. Participants can decide if they will use the time for sharing or silence.
6. The punctual arrival and regular attendance. We respect the time limit for duration of group meetings, each meeting starts and ends precisely as scheduled.
7. Accepting others for who they are and respecting their opinions. We try to understand thoughts and feelings of other participants without criticizing, judging or giving advices. Our aim is to support and express empathy.
8. The right to be mistaken and to remain silent. Together, we will create atmosphere in which we will feel accepted and understood.

A trained facilitator is in charge of establishing, organizing and leading a support group and guarantees its program and development. The facilitator or an accompanying person arranges a safe space for a mourner, provides him/her with necessary information, is able to support, or if necessary, is able to suggest other forms of assistance (15). His role is to prepare the room, lead openings and closings of meetings and arrange refreshments. The facilitator encourages participants to share their inner life and to find their own solutions. He decides the chronology of sharing, reflects what was said, makes efforts to keep the healthy atmosphere. He does not offer correct answers, does not try to persuade,

does not act authoritatively, and avoids excessive compassion and reassurance. He does not use clichés, does not ask unnecessary questions, and is able to accept silence. He accompanies a grieving person through a confusion of grief and, finally, helps a mourner to name and accept his feelings (14).

According to Worden, the facilitator helps people facilitate uncomplicated or natural grief in a certain timeframe (10). A support group has a particular timetable according to which mourners are meeting within six weeks, once a week in early evening hours. The duration of a meeting is about two hours. A meeting structure is composed of a greeting, a short story (reflection, poem or prayer), theme of a week and participants' reflections on the given topic. All themes are thoroughly prepared and handed out to participants in a printed form. The first and last meeting are thematically different, depending on the number of participants (the ideal number is six participants per facilitator) and the time of a year (whether a meeting is before Easter, Christmas, etc.). Themes of individual meetings, in the time of duration of one support group, may be designed as follows: 1. Sharing stories 2. The characteristics of the grieving process 3. Primary and secondary losses 4. Healing through faith 5. Reconciliation with the loss 6. Experiencing grief during holidays (e.g., before Christmas), final remembrance worship service (14).

The research

Our research is based on the participation of 38 participants of grief support groups, including 36 women and 2 men. The average age was 65, while the youngest participant was 32 years old and the oldest 85 years old. In terms of age groups, we divided participants into working age, up to 62 years (12 participants) and over 62 years (26 participants). Regarding the period after death, requirement to be accepted to a support group was a period of at least 6 months after the death of a close relative. Regarding the circumstances of death, 19 relatives died suddenly, as well as 19 died after a long-term illness. Most frequently, it was a spouse (24), then a child (7), a sibling (6) and 1 parent. Seven participants came from countryside environment and 31 came from city environment. All participants had at least one child. 27 participants were without a spouse (a widow, a widower or a divorced participant) and 11 were married.

Support groups were held in the Lutheran congregation in Martin from 2009 to 2014.

Participants were given a questionnaire at the first meeting, focusing on socio-demographic indicators for subjective evaluation of their grief on a scale of 1 to 5, evaluation of their satisfaction with social support from loved ones and evaluation of Christian principles applying rate in their lives, since all participants reported Christian religious beliefs (though they were from different Christian settings).

Results

We were also interested, if there exist any significant differences in the intensity of experiencing grief, in terms of circumstances of the close relative death – i.e., whether he or she died suddenly or after a long-term illness. Due to the fact, that we have found out the non-parametric configuration (sig. = 0.001) in testing homogeneity of distributions using Shapiro-Wilk test, as the replacement we used Mann Whitney U test that proved the significant difference (see table No. 1)

Table 1. The intensity of experiencing grief in terms of circumstances of the close relative death

Mann Whitney U	105.500
Z	-2.339
Asymp.sig.	0.019

The bereaved, whose relatives died suddenly, experienced significantly greater grief (average rate 23.45), than those whose relatives died after illness with longer duration (average rate 15.55).

Regarding the socio-demographic indicators, we wanted to find out, if the age and education of mourners influenced the intensity of experienced grief during the first participation in a support group. According to the value of the Shapiro-Wilk test, that was lower than 0.05 for both variables, we used a Mann Whitney U test, which results confirmed no significant difference in either case (see table No. 2).

Table 2. The intensity of experienced grief in terms of age and education

	Age groups	Education
Mann Whitney U	146.000	149.000
Z	-.335	-.614
Asymp.sig.	0.737	0.539

Table 3. Grieving in terms of age and education

	Age	Number	Average		Education	Number	Average
Intensity of grieving	Till 62	12	18.67	Intensity of grieving	Lower educ.	14	18.14
	Over 62	26	19.88		Higher educ.	24	20.29
	Total	38		Total	38		

Table No. 3 enables us to see that people who are up to 62 years old (up to working age population in Slovakia) experienced slightly lower grief for a loved one than people in the post-working age. Likewise, people with lower education did not experience such intense grief as people with higher education. Although no significant differences were confirmed, we consider it as an interesting finding (table No. 3 in details).

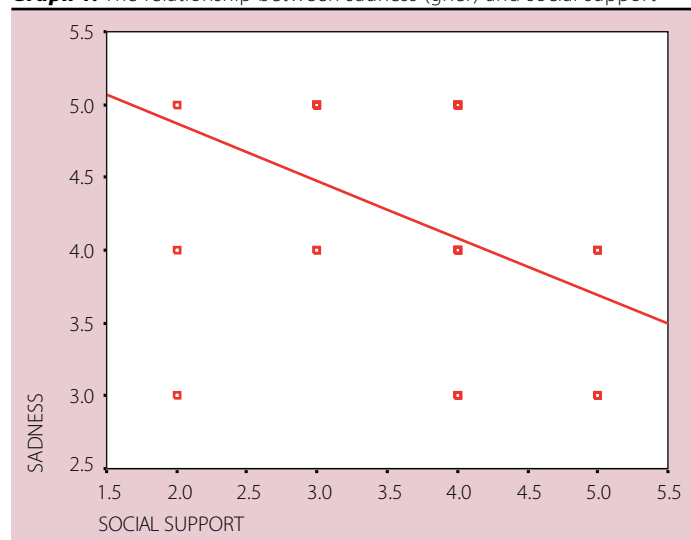
Another aspect that is very essential in the grieving of a mourner is the social support provided by family relatives and friends. We were willing to find out whether satisfaction with social support has an effect on the intensity of subjectively experienced grief. Based on the results of the Spearman correlation test, we can claim that higher satisfaction with a social support means significantly lower rate of experienced grief among the bereaved ($R = -.468^{**}$, sig. = 0.003).

We observed a similar result in investigating the relationship between the level of subjectively experienced religiosity (the rate of applying Christian principles in their lives) and the intensity of experienced grief. The result of a Spearman correlation test demonstrated that the more the participant applies Christian principles in his/her life, his/her grief rate is significantly lower ($R = -.362^*$, sig. = 0.026).

At the end, we wanted to review the effectiveness of support groups for the bereaved and we were interested in the fact whether there occurs any change in the process of experiencing grief after participating in all the meetings. Since the value of significance in the Shapiro Wilco test was 0.0001 ($p < 0.05$), we used the Wilcoxon test, which confirmed that in all cases, the subjectively experienced grief, indicated by mourners, was significantly lower after the completion of participation in grief support groups ($Z = -5.479$, sig. = 0.000).

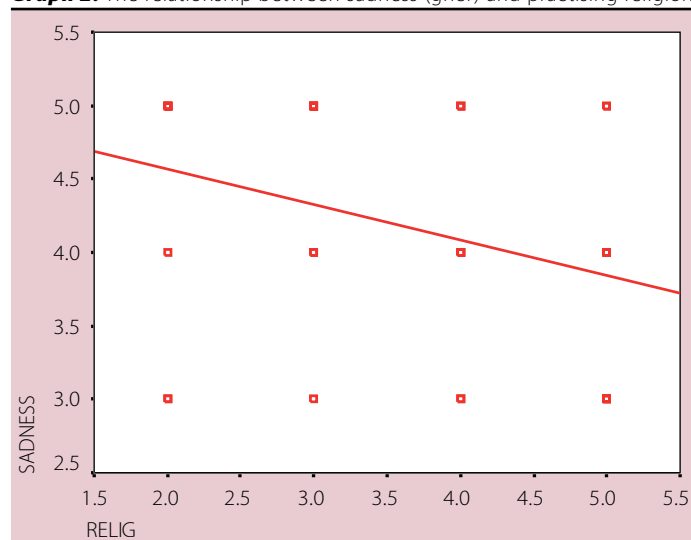
Comparison

For comparison of provided care in the field of accompanying the grieving families, in consideration to the aspect of social support and religiosity of mourners, we confronted the result of our research with the results of studies in England and Sweden. The opportunity to participate in commemorative church servi-

Graph 1. The relationship between sadness (grief) and social support

Grief (sadness): 1 none 5 unbearable

Social support: 1 very unsatisfied 5 very satisfied

Graph 2. The relationship between sadness (grief) and practising religion

Grief (sadness): 1 none, 5 unbearable

Christian principles applying: 1 never 5 always

ces, as well as other meetings for the grieving with the aim to remember those who died, is included in programmes for mourners in most hospices in England. The author of an article *We Will Remember Them* (16) wonders why such an option is chosen only by 20 percent of mourners. In his research, he identifies several rituals that help mourners cope with the loss of a significant other, especially in the USA, and considers the possibility to adapt them into his environment. The authors of the article *Family and friends provide most social support* (17) investigate the rate of social support of an immediate family and friends towards a grieving person during the first year of loss of a loved one in Sweden.

Vale-Taylor (16) mentions 24 rituals which grieving people consider as important. These include an opportunity to talk about the deceased person with other people, an opportunity to share memories and photographs with them, and an opportunity to participate in a support group or church services where a grieving person remembers his/her beloved and lights a candle in his/her memory. His research proves that a participants' opportunity to talk openly about the deceased helps them in the grieving process. On the other hand, Vale-Taylor (16) states that grieving people often feel unwillingness and confusion of others, and it is very hard for them to find understanding of those who have never experienced such a loss on their own. Memorial church services were rated very positively by participants in consideration of an aspect of a possibility to be in contact with others who themselves are undergoing a process of grieving (as well as the possibili-

ty of sharing). His research also points out to the great need, which was named by the bereaved as a form of keeping in touch with the deceased, that one day they will be somehow reconnected.

Benkel with a team (17) used a method of qualitative and quantitative research. They determined how the needs of the bereaved were fulfilled in terms of social support within the first year after the death of a loved one. The participants differentiated practical support (which they received mainly from the immediate family) and psychological and social support (which they received from close friends and community). Regarding sharing their feelings, they often chose a person out of the immediate family. The condition was acquired trust and awareness that the person would not be willing to influence them and give them advice. An opportunity to share their feelings with others, who had had similar experiences, was considered enriching. Besides sharing their feelings, gained information helped them clarify the grieving process more clearly and helped them adapt to the new living situation.

While comparing the results of our research, we came up with several interesting findings. Grieving people need more than just practical assistance in coping with their grief. They expect psychological and social support from their community, an opportunity to talk about the deceased with other people, an opportunity to remember their deceased, for example, in a form of sharing or a memorial church service in which they feel solidarity with those who themselves have lost a loved one. For example, in Spain,

there are support programmes for grieving people based mainly on individual guidance or telephone contact. Support groups and other social assistance programmes are not spread in this country very much (18). On the other hand, in Japan, they are more open-minded to a group form of guiding and supporting. (19).

Our research, among other things, confirmed that the higher the satisfaction with social support is, the lower the rate of experienced grief is. Support groups for grieving people may also represent a form of social support, mainly for those whose support system in the family and the closest community is not sufficient. Yi and a team (18) claim that in Spain, the need for self-help groups, especially in cases when mourners do not have their own support system, arises. In other countries, particularly in the USA, grief support groups are wide-spread. (11). Participants of support groups in Slovakia subjectively indicated that their grief was significantly lower after they have attended the grief support group program.

Conclusion

Currently, according to the most widely used definition of the World Health Organization (WHO), a palliative care is an approach that improves the quality of life of patients and their families. According to the above mentioned definition, the palliative care provides support to a family to be able to cope with the patient's illness and their own sorrow and, if necessary, it includes counselling for the time of grieving (20). Quality interpersonal relationships are an important condition of holistic care. However,

the attention paid to a family palliative care is a relatively new concept and many of the helping professions are not prepared to work with grieving families (21, 22, 23).

Based on personal experience and subsequent training opportunities in the area of accompanying grieving families, we had an opportunity to facilitate grief support groups in the Lutheran congregation in Martin in the years 2009–2014. The experience with support groups and coordinating the study program SLZA at the same time allowed me to spread the idea of grief support groups in neighbouring countries as well, namely the Czech Republic and Poland (compare 24). In this article, we pointed out how a grief support group works and how it meets the different needs of a grieving person.

At the same time, we processed some data, which we have received from a questionnaire given to the bereaved who attended a support group for the grieving in Martin. The most important finding was the fact that a grief support group is beneficial in the grieving process, which enables the grieving ones to mutually provide physical, psychological, cognitive, behavioural and spiritual support. Among the aspects that complicate the grieving process we include, for example, the lack of social support, low family cohesion, poor communication within a family and the absence of a person whom the grieving person may share his/her worries with. A support group for mourners who are without the support of their own family may also be a place where the bereaved find functioning social system and his/her community of faith as well (21, 25, 26).

Grief support groups are far from the only way of providing a comprehensive support for a grieving person. However, they create a space for mutual sharing, offer an opportunity to experience support from those who grieve themselves, as well as an opportunity to remember their deceased in many ways, for example, in a remembrance service at the end of the group (27, 28). They fulfil a number of needs of mourners, and gradually find their place in the field of companionship (in other European countries as well).

Limitations of study

The research suffers from the quality of the composition of the sample. The majority of the participants were bereaved women, the sample was not sufficiently heterogeneous. We did ask several men to participate, but they were not interested in a group process. In the future, we can try to include more family members and try to invite other members of the bereaved families.

The majority of women were coming out of the Lutheran community, having a Lutheran religion background. The rest of the participants were also having some kind of a religion background. Our limitation is a lack of variety of religious views, even non religious at all. In the future, we can make greater effort to open the group for the people from various religious or non religious backgrounds.

This type of a research is also complicated by finding a right way of approaching grieving individuals. We do not want to make mourners feel that they are some kind of a sample we need to examine. In the future, we can try other ways – not just the quantitative research – that would give mourners more freedom to express their feelings and attitudes.

Literature

1. Doka KJ. Acute, Grief in Macmillan Encyclopedia of Death and Dying, ed. by Kastenbaum, Gale: Thomson, 2003.
2. Stroebe M, Schut H. Theories in Macmillan Encyclopedia of Death and Dying, ed. by Kastenbaum, Gale: Thomson, 2003.
3. Lammer K. Trauerverstehen. Koblenz: Neukirchener Verlagshaus, 2004.
4. Elder S. Support groups in the community in What Will We Do, ed. by Stevenson, N.Y.: Baywood Publishing Company, 2002.
5. Taročková T. Smútkové poradenstvo ako vynárajúca sa oblasť psychologického poradenstva, in Československá psychologie, 1995; 34: 224–240.
6. Rando T. Grief, Dying and Death: Clinical Interventions for Care givers. Champaign, IL: Research Press Company, 1984.
7. Kubler-Ross E. On Death and Dying. N.Y.: Touchstone, 1969.
8. Kubler-Ross E, Kessler D. On Grief and Grieving. N.Y.: Scribner, 2005.
9. Parkes CM. The Psychology of Bereavement, in From Fear to Faith, ed. by Autton, London: S.P.C.K., 1971.
10. Worden W. Grief Counseling and Grief Therapy. N.Y.: Springer, 2002.
11. Wolfelt A. The Understandin Your Grief. Support Group Guide. Fort Collins: Companion Press, 2004.

12. Kacianová N. Problematika žiaľu pozostaleho človeka. Pastorálne výzvy a teologické riešenia. Dizertačná práca, Univerzita Komenského v Bratislave, 2008.
13. Kacianová N. Podporná skupinka pre smútiacich - skúsenosti z praxe. Paliatívna medicína a liečba bolesti. Solen, 2010; Suplement 2, 44–46. ISSN 1337-9917.
14. Kacianová N. Podporná skupinka pre smútiacich – v hospici? Bardejov, 2013. ISBN 978-80-8132-096-5, s. 153–161.
15. Špatenková N. Poradenství pro pozůstalé. Grada Publishing, 2008. ISBN: 9788024717401.
16. Vale-Taylor, P. We will remember them, in Palliative Medicine, 2009; 23: 537–544.
17. Benkel I. Family and friends provide most social support for the bereaved, in Palliative Medicine, 2009; 23: 141–149.
18. Yi a kol. Grief support provided to care givers of palliative care patients in Spain, in Palliative Medicine, 2006; 20: 521–531.
19. Matsushima T, et al. The current status of bereavement follow up in hospice and palliative care in Japan, in Palliative Medicine, 2002; 16: 151–158.
20. Hatoková M, et al. Sprevádzanie chorých a zomierajúcich. Don Bosco, 2009. ISBN 978-80-8074-095-5.
21. Connor a kol. Paliatívni péče pro sestry všech oborů. Grada publishing, a.s., 2005. ISBN 80-247-1295-4.
22. Knight A, Khan Q. Spirituality and Wellbeing pp94-110. In: Knigh A, McNaught A. Understanding Wellbeing: an introduction for students and practitioners of health, social care and wellbeing. Lantern Publishing, Banbury. 2011. p 103 ISBN 978-1-908625-00-7.
23. Šmidová M, Trebski K, Žuffa J. Dozrievanie v láske. Dobrá kniha. Trnava, 2009. ISBN 978-80-7141-853-5.
24. Andrášková I. Práce s truchlícími v podpůrných skupinách, prenos slovenského modelu do českého prostředí. Bakalárska práca, Univerzita Palackého v Olomouci, 2014.
25. Šramatá M., Hromková M. Teoretické východiská sociálnej práce v hospicovej a paliatívnej starostlivosti. Paliatívna medicína a liečba bolesti, Solen, 2012; 5S(2): 56–58. ISSN 1337-9917.
26. Kovalčíková N. Sociálny pracovník v zdravotníctve – význam, edukácia a prax. In: Zborník príspevkov k medzinárodnej konferencii Nové trendy v príprave a uplatnení sociálnych pracovníkov. 2007.
27. Macková M. Poradenství pro rodinu pacienta po jeho smrti. Paliatívna medicína a liečba bolesti, Solen, 2010; 3S(2): 41–42. ISSN 1337-9917.
28. Hanzalíková V, Levická K. Sociálna opora v procese smútenia. Paliatívna medicína a liečba bolesti, Solen, 2012; 5S(2): 43–45. ISSN 1337-9917.

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