

## Interactive Sessions

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### **Bereavement in the final phase of life – Different perspectives: The various faces of existential grief**

Britt-Marie Ternstedt. *Institution for Caring Sciences, Örebro University, Sweden*

**Purpose:** Studies have been underway for several years in Örebro county which shed light on human conditions during the final phase of life. The aim is to attain knowledge about which values are of importance toward the end of life, and how care in the final stages of life can be designed in order to provide a dignified death. Many studies on grief have focused on grief after the death of a loved one. The aim of the present study is to describe whether dying individuals experience an appropriate death (Weisman 1974), as well as how these persons handled their grief over their imminent death, and to describe the grief of relatives before and after the patient's death. The concept of grief is discussed with reference to Parkes (1996) and Kastenbaum (1995), who have analysed the concepts of bereavement, grief and mourning in detail. Kallenberg (1992) found an association between the experience of grief and personality and outlook on life.

**Methods:** Interviews have been conducted with 77 relatives of persons who died at a Swedish hospice during a one-year period. The analysis of the material has been based on a hermeneutic method (Ödman 1979).

**Results:** Preliminary results show how the dying person's experience of grief over his approaching death is associated with his/her personality and feeling of coherence, and his/her outlook on life. Further analysis of the material is underway and will be reported upon at the conference.

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### **Complementary therapies and cancer care**

P. McNamara. *Cancer support Services, ARC Cancer Support Centre, Dublin, Ireland*

For many years complementary therapies have been used by people living with cancer. They have a role in cancer care in the following ways:

- (1) Helping people to cope with the mental and emotional aspects of cancer;
- (2) Promoting a fighting spirit; (3) Reducing stress related problems.

Many nurses have trained in complementary therapies and for some, their new skills are integrated into cancer treatment centres and hospital wards. The main therapies used are aromatherapy, counselling, healing, massage, reflexology and relaxation and visualisation techniques.

How do we know that these therapies are of any value? This workshop will explore the role of these therapies in the light of best practice.

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### **Breathlessness – Perspectives on management**

J. Corner. *Centre for Cancer and Palliative Care Studies, Institute of Cancer Research/Royal Marsden NHS Trust, London, UK*

Breathlessness is a common and disabling symptom experienced in advanced cancer. Research into methods of managing it is scanty, and evidence is accumulating to suggest that a number of treatment strategies in use in palliative care may not be effective. Nurses are now contributing to the field of breathlessness and its management through developing intervention strategies based on an integrative model of breathlessness. Breathing control and life adaptation strategies are combined with a psychotherapeutic approach to exploring breathlessness as an experience. Results of a pilot study into these approaches suggest that they can reduce the distress of breathlessness and improve function in breathlessness associated with lung cancer.

The aim of this workshop is to explore the background against which this integrative model of breathlessness management was developed; to examine the various therapeutic approaches available for the relief of cancer related breathlessness; and to provide the opportunity for health care professionals to learn techniques for the management of breathlessness based on the integrative model.

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No abstract