

# A bereavement support group reduced grief and distress in bereaved, homosexual men

Goodkin K, Blaney NT, Feaster DJ, et al. A randomized controlled clinical trial of a bereavement support group intervention in human immunodeficiency virus type 1-seropositive and -seronegative homosexual men. *Arch Gen Psychiatry* 1999 Jan;56:52-9.

## Question

In homosexual men who have lost a close friend or intimate partner to AIDS, does a bereavement support group reduce grief and overall distress?

## Design

10 week randomised, unblinded, controlled trial.

## Setting

Centres in the US.

## Patients

197 homosexual men who were 18-65 years of age (mean age 38 y, 63% white, 58% HIV-1 seropositive), had lost a close friend or partner to AIDS in the previous 6 months, rated the loss as having a substantial negative effect, and were fluent in English. Exclusion criteria included prescribed medication that affected immune function, CD4 cell counts  $<0.05 \times 10^9/l$  (50 cells/mm<sup>3</sup>), alcohol or substance dependence, previous or current psychiatric disorder, intravenous substance use in previous 2 weeks, surgery in the previous 6 months, smoking history of  $>50$  pack years, and participation in clinical antiretroviral drug trials. Follow up was 84%.

## Intervention

Men were allocated to a bereavement support group intervention (n = 92) or standard psychosocial and medical care (n = 74) for 10 weeks. The intervention consisted of 90 minute weekly sessions led by 2 cotherapists who were experienced in supportive group psychotherapy for bereavement and lethal diseases.

## Main outcome measure

A composite score for grief (Texas Inventory of Grief) and distress (total mood disturbance scores on the Profile of Mood States).

## Main results

Men in the bereavement support group had a greater decrease in the composite grief and distress score than men in the control group ( $p < 0.001$ ). This difference was seen in men who tested positive ( $p = 0.01$ ) and negative ( $p = 0.009$ ) for HIV-1 (table), and it remained after adjustment for educational level, income in previous month, Hispanic ethnicity, social support availability, presence of Axis II disorder, and current alcohol use ( $p = 0.003$ ). The bereavement support group led to a reduction in distress scores ( $p < 0.001$ ). This effect was seen in men who tested positive ( $p = 0.01$ ) and negative ( $p < 0.001$ ) for HIV-1 (table) and remained after adjustment for age, Hispanic ethnicity, active coping frequency, presence of minor cognitive motor disorder and of Axis II disorder, and current alcohol use. No difference between groups existed for decrease in grief scores in men who tested negative and positive for HIV-1 (table).

## Conclusion

In homosexual men who have lost a close friend or intimate partner to AIDS in the previous 6 months, a bereavement support group was effective for reducing grief and distress.

Mean score decreases for bereavement support group v standard care in homosexual, bereaved men

Outcomes at 10 weeks	HIV-1 seropositive		HIV-1 seronegative	
	Bereavement support	Standard care	Bereavement support	Standard care
Distress-grief composite score	1.09	0.47	1.21	0.48
Overall distress score	15.5	-1.4	25.5	4.1
Total grief score	7.5	5.5	5.9	4.0

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For correspondence: Dr K Goodkin, Department of Psychiatry and Behavioral Sciences (M836), University of Miami School of Medicine, 1400 NW 10th Avenue, Room 803-A, Miami, FL 33136, USA. Fax +1 305 243 4062.

## Commentary

The study by Goodkin *et al* describes the effectiveness of a professionally led, bereavement support group in reducing grief and overall distress in bereaved, homosexual men, some of whom were HIV positive. The exclusion criteria specified in the study were restrictive. In addition, although both HIV positive and HIV negative men were included in the study, only a small proportion were HIV seropositive with advanced disease. For these 2 reasons, generalisability of the study findings to more vulnerable populations (eg, those with more severe distress or psychopathology or with full-blown AIDS) is limited.

The effectiveness of brief group therapy has been shown for depressed HIV sero-

positive homosexual men.<sup>1</sup> The intervention evaluated by Goodkin *et al* focused on grief work, life stressors, social support, and coping style. It was provided by 2 experienced cotherapists, who were not nurses and who followed a specified protocol for each weekly session.<sup>2</sup> Others have shown that self help support groups with a clinician in the role of facilitator, rather than therapist, are effective for a wide range of health related issues, including HIV and bereavement.<sup>3</sup> Both approaches use groups; however, the nursing role may be more consistent with that of a facilitator rather than a therapist. If nurses are interested in implementing the therapist role described in this study, they should be experienced in supportive group therapy

for bereavement and carefully trained and monitored using the specified protocol.

Penny Nelligan, RN, MSN  
Health Analyst/Manager  
Community Support and Research Branch  
Hamilton-Wentworth Regional,  
Social, and Public Health Services Division  
Hamilton, Ontario, Canada

- 1 Kelly JA, Murphy DA, Bahr GR, *et al*. Outcome of cognitive-behavioral and support group brief therapies for depressed, HIV-infected persons. *Am J Psychiatry* 1993;150:1679-86.
- 2 Goodkin K, Burkhalter JE, Blaney NT, *et al*. A research derived bereavement support group technique for the HIV-1 infected. *Omega Journal of Death and Dying* 1997;34:279-300.
- 3 Hyndman B. Does self-help help? A review of the literature on the effectiveness of self-help programs. Toronto: Centre for Health Promotion, University of Toronto, 1996.