

## Bereavement

### Introduction

Much of the writing on the subject of bereavement during the first three quarters of the twentieth century were written from the point of view of western psychiatrists. As such it presented a reasonably consistent view but one limited by a frame of reference which has been primarily concerned to identify risks to mental health and prevent psychiatric problems. More recently psychologists, sociologists, anthropologists, clergy and non-psychiatric health care staff have carried out their own studies and developed their own theories. Many of these will be found in the papers published in *'Mortality'* since its inception in March 1996, they include some of the most influential voices in current European thanatology.

Each of them has made their own unique contribution to our understanding of the wide topic of bereavement. The multiplicity of view points and the natural tendency for writers to see their own perspective as superior to that of others, may create confusion and I would like to take this opportunity to attempt a synthesis of views which I regard as complementing more often than undermining each other. This said I must express my sympathy for Els Footman[1] whose own experience of bereavement causes her to see all theories of bereavement as, like the work of a 'loss adjuster', an attempt to adjust downwards a claim for loss which she experienced as 'devaluing the loss'. All theories about people, including Els Footman's, are a poor approximation to the real thing, an attempt to make sense of another by reductive analysis, by simplifying the complex. Yet this is the way the mind works, we can never take in the whole of anything. Holism is impossible. The only justification for psychology is if it enables us to understand and to help ourselves and each other.

It is appropriate to start with the series of 'Classics Revisited' for these place our debate in historical perspective. Thus, in chronological order of the item reviewed, Mary Bradbury, explains the historical context of Freud's influential paper 'Mourning and Melancholia' (1917),[2] Tony Walter reminds us of the impact of Gorer's, 'Death, Grief and Mourning in Contemporary Britain'(1965),[3] Margaret Stroebe outlines my own 'Bereavement: Studies of grief in adult life' (1972, 1986 & 1996)[4] and Ronald Frankenberg evokes the richness and explains the relevance of Marris' under-recognised masterpiece, 'Loss and Grief' (1974).[5] Margaret Stroebe's review of Bowlby's thinking on 'Attachment & Loss' (1969, 1973 & 1980)[6] also belongs properly in this section. Contrary to the assertions of McLaren[7] and Footman,[1] all of the theories which were proposed by these pioneers, with the possible exception of Freud's, are related to and built upon the experience of bereaved people.

Few people today find Freud's Libido Theory useful but his concept of grief as a job of work which we neglect at our peril still makes sense when we see 'grief' as

part of a reconstructive process which Parkes calls 'psychosocial transition' (Parkes, C. M. (1996) *Bereavement: Studies of Grief in Adult Life* (3rd Ed.). Routledge: London), Tony Walter calls 'biography',[8] Margaret Stroebe calls a process of 'restoration',[9] Riches and Dawson describe as 'rethinking lives, roles and relationships',[10] David Balk calls 'reminiscence'[11] and Arnar Arnasson (with Neimeyer) calls 'narrative'.[12] Each of these concepts adds something to our understanding of an aspect of loss which has received increasing attention in recent years.

Much ink has been spilt in attempts to delineate the function of grief. Some have seen it as having the function of enabling the bereaved to detach themselves from the lost person, others have seen it as enabling them 'to find an appropriate place for the dead in their emotional lives' (W. Worden, Worden, J.W. (1992) *Grief Counselling and Grief Therapy. A Handbook for the Mental Health Practitioner* (2nd edn.) Routledge: London). But grief is not a unitary phenomenon and different aspects of it have different functions. Thus, the urge to cry aloud and to search for the lost person, which human beings and other species experience whenever they are separated from those to whom they are attached, has the obvious function of promoting reunion with the lost person. Only in the statistically less common case of irrevocable separation is this function thwarted. The intelligent human adult knows that it is illogical to cry aloud for a dead person but this does not prevent us from doing just that.

Stroebe, in her Dual Process model calls this the 'Loss Orientation' and distinguishes it from the 'Restoration Orientation' which is a different psychological process having the function of enabling the individual to change their assumptions about the world in keeping with the new situation which now exists (Stroebe, M.S. & Shut, H. (1999) The Dual Process Model of coping with bereavement: rationale and description. *Death Studies*, 23, 197–224). This process of psychosocial transition occurs whenever people are faced with an event which invalidates a large part of our assumptive world (the world which we assume to exist on the basis of our experience of life) and it is not confined to bereavement. In the normal course of events bereaved people oscillate between these two orientations as they work through the process of relearning.

It is the second process which has been the focus of much recent attention and has been seen by Walter and Klass as a 'new model'. It is described here in Walter's 'biographical' model[8] and Arnasson's 'narratives'.[12] In fact it fits well with current social constructivist thinking which asserts that the assumptive world is a psychological construction which is radically shaken by any major loss. As Frankenberg elegantly puts it in his review of Peter Marris' work,[5] 'the present appears to be made structural, functional and meaningful by contemplation of the past, but . . . when the imagined future suddenly disappears, the present is torn apart and fragmented by the realisation . . . of continuity and the acceptance of inevitable change'.

While I am inclined to agree with Stroebe, McLaren and Footman that the model of grief espoused by these writers is not entirely new, it has succeeded in

drawing together sociological and psychological views, emotional and cognitive therapies and theories about grief and trauma which, in the past, occupied quite separate areas of discourse and action.

Since meaning derives from the recognition of a fit between our assumptive world and the world which we meet, any discrepancy is experienced as loss of meaning. This is very obvious in Riches and Dawson's account of the reaction of parents to the murder of a child[13] and Wright and Coyle's account of bereavement by AIDS in gay men,[14] many of whom were themselves HIV positive.

By the same token anything which helps to restore the fit between the world that is and the world that should be is accompanied by an enhancement of meaning. This is seen here in Thompson and Payne's account of the sensitive handling of bereaved children's questions about death at 'Camp Winston'[15] and Goldsworthy and Coyle's account of the attempts of bereaved Christians to 'find meaning in life through transcendence' (the author's definition of spirituality).[16] Other examples of the ways in which people of various cultures find meaning in death are to be found in Laungani's subtle analysis of Hindu ways of construing and managing bereavement.[17]

With exemplary sociological detachment Gillian and Kate Bennett describe but do not draw conclusions from their account of the psychological and the supernatural explanations which have been given for the well-recognised perceptions of the dead which are commonly reported by bereaved people.[18] While there are no psychiatrists who regard hypnagogic hallucinations as indicating pathology the very definition of a hallucination as a 'false perception' implies that it is not natural to see dead people. These authors imply that it may be. This viewpoint is also reflected in Laungani's account of the very different assumptive worlds of Indian and Western peoples.[17]

Whether or not the perceptions of dead people arise from contact with the spirit world or from what Els Footman calls 'a legitimate way of comforting ourselves by recreating the deceased person in our own image,'[1] they do seem to satisfy the urge to seek for and find the lost person. Other ways in which we do this have been discussed here by Walter[3,19] and by Klass in his influential book (Klass, D., Silverman, P.R., & Nickman, L. (eds) (1996) *Continuing Bonds: New Understandings of Grief*. Taylor & Francis: London).

Two other papers by Kate Bennett suggest that in elderly widows 'the effects of bereavement in later life are more marked and more long lasting than has been previously recognised'.[20] Although depression declines and moral improves in the long term neither of these returns to baseline levels. Her study of elderly widowers showed them to be more vulnerable to social disengagement than widows.[21]

Academics can be detached about grief but those who witness the suffering caused by bereavement must do our best to understand and to minimize it. Laungani[17] pleads for greater recognition by funeral directors and others of the needs of bereaved Hindu immigrants, Riches and Dawson plead for greater recognition by police and others of the needs of families bereaved by murder,[13]

Rowling shows that the needs for support of bereavement researchers are often overlooked,[22] Papadatou and her colleagues show that school teachers are aware of the needs of bereaved children in their care but often feel helpless to meet them,[23] Payne highlights the failure of palliative care staff in New Zealand to recognize and respect the value of bereavement volunteers[24] and Stokes and her colleagues argue the case for the development of community-based child bereavement services available for all bereaved children, young people and their families.[25] Finally, Erika Doss[26] shows that the memorials which are built in the aftermath of terrorist attacks often seem to meet the needs of ‘the authoritative religious, economic and political cultures that continue to shape and direct the commemorative dimensions of death, dying and bereavement in contemporary America, rather than fostering change in the conditions that contribute to catastrophic violence.

All in all it would appear that we now have a great deal of knowledge about the nature of bereavement and its consequences. If there were ever counsellors who confined themselves to aiding in the expression of emotions (as Walter maintains but Stroebe, McLaren and Footman disagree), this can no longer be the case. There seems to be general agreement that bereaved people need to talk their way through grief. As Walter puts it, the helper can share in ‘the never-ending and reflexive conversation with self and others through which the late-modern person makes sense of their existence’. It is time to put aside minor academic differences and get on with the job of caring.

COLIN MURRAY PARKES

*St. Joseph’s Hospice, Hackney/  
St. Christopher’s Hospice, Sydenham, UK*

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