

Derek Nuttall writes:

One of the biggest hurdles to recovery after a bereavement is the way society responds. Providing good bereavement care is essential but is only part of the story. What is needed is a sensitive, patient and welcoming community as well. Things are getting better, but we know how much remains to be done, and just how hard-won the gains are, especially when we have to do so much work on colleagues!

It is too simple to say that fear, of our own as well as other people's death and grief, is the only cause, but many of society's inhibitions, defences and difficulties stem from it. If we could reduce the fear we would increase the willingness to help.

Tackling such deeply embedded social and personal fears is not easy, especially as it means facing and overcoming many of our own in the process. It can be less painful to retain the fear with its defences than be exposed with near-naked sensitivity. But if we are to care for our bereaved in the fullest sense, we need to reduce this fear. In many ways the main arena for recovery is society. Helping to relax the taboo and lessen the embarrassment are tasks that para'lel our direct professional and voluntary caring.

Helping children cope

Much more could be done to help children cope with loss and grief. We are not long into life before losses come our way, and emotional lessons learned early can influence many things later. The repression of strong feelings, of joy, anger or sorrow, in childhood can lead to anxiety about expressing oneself later, or about seeing feelings in others. We try to support parents' help in many ways these days, and maybe we need to find methods of supporting the way they handle important childhood losses. Teachers, youth leaders and others with responsibility for children and young people have a part to play, and helping them in their role is important too. The way in which we were helped, or not helped, to cope with early losses may be a factor in creating the fear we are contending with.

Rituals

Rituals can reduce fears. With their drama and picture language they can assist the expression of feelings and the containment of fears. We know how important ritual is in dying and grieving, how universally necessary, and I find myself making regular pleas, to clergy and laity, to look at our present-day rituals—to see where improvements might be made. Rituals may not explain, but they can release. They may not remove pain, but they can grant permission for its expression.

Knowledge

We recognise how knowledge can reduce fear. One of the most significant of all the developments in the care of the dying and bereaved has been the increase in knowledge and understanding. We now know so much more about the process of grieving, about the consequences of bereavement, about the dangers of unresolved grief. Above all, in this context, we know that grief is normal and natural. This can take some of the pressure off the bereaved, who often fear for their sanity, so unfamiliar and intense are the feelings, and off the helpers, who might otherwise be overwhelmed by the depth of responses. The more we can educate society to know bereavement, the lower the barriers will drop.

Helping the bereaved

Helping the bereaved reduces fear. Many Cruse workers will agree that this has been one of the main benefits from their contact with bereaved people. Often helping the bereaved has to do with confidence as much as understanding and skill. Will I cope with the tears and emotions? What will I do if he gets angry? Reassurance can come from several directions but its value is mainly theoretical until we are doing the helping, and we find that we can cope, and that we do not need to be so afraid.

The bereaved helping

Finally the bereaved themselves can help others. I tend to believe that our society is not an uncaring one so much as an unsure one when it comes to grief. People do not know how to react. They fear their own emotions, their inability to cope with another's pain. If a dying person finds it possible to talk about his death it can make it easier for others too. When we are bereaved we can help others to respond if we find we can let the tears and words come. Not every time and not with everybody, I agree, but with many. We know we may need to give bereaved people "permission" to grieve at times. Maybe bereaved people need to give the rest of us "permission" to help at times.

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A control group

But there exists a control group. The class Max had been attending at school was told not to talk about him or his death. An offer from the crisis team to assist in the mourning was discouraged on the basis that the less said the sooner the children would forget all about the dead boy. There was a lot of trouble in the class. The children were anxious, depressed and irritable.

Outcome

None of the children at The Red House had any psychiatric disturbance in the following months, but five children from Max's class were referred to the local child guidance clinic in the next three months with acute anxiety symptoms.

In this case the children's reaction to the violent death of a member of their peer group has many resemblances to the reactions listed by Miller. The rumour of the boy's return came very soon after the accident, less than 48 hours. We interpreted this as a sign that an intervention was necessary. The mourning rite that was performed by children, staff and parents seems to have been most effective in facilitating mourning, which I believe is the function of burial ceremonies. In this case the family wanted to bury the child in their home country so no burial was available to the children involved. A properly conducted burial and the accompanying rites may be helpful for bereft children.

Reference:

Miller, Jill B. M.: (1971) Children's reaction to the death of a parent: A review of the psychoanalytic literature. *Journal of the American Psychoanalytic Association*. 19: 697-719.

The Jewish Welfare Board

The Jewish Welfare Board has moved. The new address is: 221 Golders Green Road, London N.W.11. Tel: 01-458 3282.

The Jewish Bereavement Project can be contacted through Edgware General Hospital Social Services Dept., Barnet, Middx. Tel: 01-952 2381 Ext. 495.

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