# LONELINESS AFTER BEREAVEMENT

## By Robert Weiss

**Grief that is produced by the death of a spouse often persists well beyond the period that friends and relatives think appropriate. Many widows and widowers continue to experience the pangs of grief well into the first year of their bereavement and, although more sporadically, for some time thereafter. Yet as grief fades widows and widowers often become increasingly aware of feelings that are related, but different: feelings whose focus has shifted from the absence of a particular loved person to the absence of anyone at all with whom life can be shared. Now there is not only the hurt of having lost a loved figure, but also a sense of the world as utterly barren of others who might become emotional partners and so a sense of being hopelessly, painfully, alone. This is loneliness; or, more specifically, that form of loneliness that has been called "the loneliness of emotional isolation".**

Loneliness, ordinarily, does not abate as does grief; widows and widowers who do not have someone with whom they share their lives are always vulnerable to feelings of loneliness. For some widows and widowers loneliness can feel like a permanent companion. Most likely, however, loneliness occurs only now and again; it is present at some times, entirely absent at others, depending on morale and circumstances.

Incidentally, children, much as they may be loved and love in return, do not ordinarily function as people with whom life is shared. Their attention is too much given to their own development and to their movement into independent lives; and this is as it should be. There are many who will fail to understand this and will say to widows or widowers with small children that they are fortunate to have the children to keep them from being lonely. Actually, some widows and widowers find that responsibility for children fosters loneliness, in that caring for the children leaves them with neither the time nor the energy for a social life of their own.

### EMOTIONAL ISOLATION

The loneliness of emotional isolation is most apt to be experienced at times when a widow or widower is made to feel that other people have someone in their lives, especially if the widow or widower already feels vulnerable and uncertain. Times when families are *usually together* are especially likely to foster loneliness: the supper hour, a Sunday afternoon, Christmas. So are times that celebrate emotional partnership, such as a wedding or anniversary. Widows and widowers are especially likely to react to such times with intense loneliness if they have been feeling low because of other things: being stuck in an unattractive flat, or being disappointed by a friend.

The loneliness of emotional isolation is a nagging sort of distress which undermines concentration on distractions and gives rise to a restless need to do something, to search for some remedy. Under its pressure widows and widowers may feel they must escape from gatherings of friends and family because they feel so much alone in such settings, even though the people are important to them. At the same time they may feel drawn to the companionship of any confidant whose presence causes loneliness to abate, whether they have much in common with the confidant or not.

### NEW RELATIONSHIPS

If it is difficult to tolerate the loneliness of emotional isolation, it is almost equally difficult to be tolerant of having succumbed to its pressures and having encouraged relationships not really to one's liking. And yet because self-confidence, to which self-respect contributes, is one of the chief defences against experiencing loneliness, someone who is lonely should try not to be too self-critical.

Other recommendations might also be made. Times when loneliness is very likely to occur should be spent with family or friends. This applies especially to Christmas, but may hold as well for other celebrations of coupledness: weddings, for example.

Campaigns to find a new mate are likely to meet with mixed experience. There are likely to be too many failures along the way, with consequent loss of self-esteem and greater vulnerability to loneliness. Being active socially is quite a different matter: participating in whatever groups make sense—church groups, paid work, volunteer work—may lead to meeting someone with whom a reliable attachment can be forged.

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**In November, 1985 those of us who attend the major international conference on Bereavement in Jerusalem have a unique opportunity to cross the boundaries of culture and religion and to learn from each other how people cope with grief in other lands.**

**The topics covered in this edition of Bereavement Care are as varied as those which will be covered in the conference. They include Linda Viney's concise and thought-provoking account of the relevance of Personal Construct Theory to our understanding of bereavement, and Robert Weiss' equally succinct analysis of two types of loneliness and their management. Weiss' article could act as a trailer to his own book "Loneliness: The Experience of Emotional and Social Isolation" (M.I.T., Cambridge, Mass. 1973) which is one of the few which deals with this important topic.**

**Another contributor whose article foreshadows his own book is Peter Speck. His "Loss and Grief in Medicine" is arguably the best introduction to the varieties of loss met within the medical field, as well as an account of many of the religious and cultural beliefs about death and bereavement met with in Britain.**

**At an empirical level, we have Margaret John's comments on the sexual needs of the bereaved and an anonymous contribution on the *experience of those who are bereaved by miscarriage of pregnancy.***

**Dora Black was one of the team from Cruse who acted as consultants following the disastrous fire at the Bradford Football Club. Her comments on the needs of children affected by disaster was intended for local publication but its relevance is much wider and we are glad of the opportunity to publish it here.**

**In future editions, we shall report on the Jerusalem conference and we send our best wishes to all those who participate in that auspicious event.**

**EDITOR**

not in ultimate control, he cannot truly be God". Yet the conclusion is similar—not "Why?", but "What response shall I give?" For health care workers and bereaved families trying to understand in some depth how a cancer patient with great personal resources faces the prognosis, the uncertainty or false hopes, the likelihood or inevitability of death, and so on, David Watson's book is of great interest. He bravely tackles, head-on, all sorts of tough issues. How do you counteract the anxieties and negative fears that keep looming up? What does the nature of death seem to be, as viewed by someone getting close to it? What is it like fighting for your life? Like Kushner's book, the insights here could be of great interest to a readership much wider than those of his own faith. It is a worthy postscript to a momentous life, lived unsparingly.

AGNES WHITAKER

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loved it: had it been a deformed foetus I should like to think that I would still have loved it. Even if the initial shock of seeing deformity in a foetus might have prevented the spontaneous love which my husband and I felt on seeing our baby, we would still have had some form of visual contact with it which might have served to help us later to remember our child as it had been, not as something dark inside my womb that we had never seen. At the very least, visual contact with the child would have provided it with a kind of existence, preserved in its parents' memory. The concept of entering the world and leaving it totally unseen and unknown is one I find horrifying.

When the doctor encouraged us to think of our dead foetus as we would have thought of a full-term child he was confirming and supporting our own instinctive feelings and wishes. He enabled us to give full vent to our grief where the limits of our own understanding and the constrictions imposed by traditional attitudes would have held us back. The few minutes we spent with our dead child are amongst the most precious in my life. How could we not love it? The motionless calm of death, the perfect, untouched peace of that tiny baby still encased in its sac, preserved and protected from further harm. Does my baby have a soul? Is it with God? These are the questions which became superfluous at that moment. My baby returned whence it had come, back into the earth, the life force which had begun it. Who are we to judge its validity in God's eyes? Death is a part of life; we cannot push it aside. In the same way our dead baby is still part of us, and of our life's expression on this earth.

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## SOCIAL ISOLATION

There is another reason for recommending social activity. This is that widows and widowers are vulnerable to a second kind of loneliness, in addition to the loneliness of emotional isolation. Loneliness of this second kind—sometimes called "the loneliness of social isolation"—is apt to be experienced as a sense of being marginal or distant from people who are doing things that matter. Going along with this may be a feeling that others are intentionally evasive or distant; that the social isolation being experienced results from a kind of ostracism.

Insofar as the widow or widower had, when married, participated in a social world of couples, bereavement may have brought about the loss, not so much of individual friends, although this too can happen, as of the friendship network. There are fewer invitations to dinners and parties. To the widow or widower it may seem that they have somehow begun following an isolated pathway whose direction diverges from that of their former friends.

This form of loneliness, happily, responds well to effort The widow or widower must find one or more accessible, reasonably attractive social groups, and then show up at their meetings and be friendly. Friendliness tends to elicit friendliness. With a bit of time, a feeling of being part of things can in this way be re-established.

## CRUSE ACADEMIC PAPERS

**SUICIDE**

**Academic Paper No. 1** comprises a reprint of the article on *The Risk of Suicide following Bereavement* by Dr. C. Murray Parkes (originally published in **Bereavement Care,** Vol. 1, No. 1), together with A Review of the Literature on Bereavement following Suicide by Dr. S. Henley.

**SUPERVISION**

**Academic Paper No. 2** is a reprint of the article on *Supervision and Consultant Care —Counselling the Counsellors* by Gill Parker, Family Therapist, from **Bereavement Care,** Vol. 1, No. 2.

**BEREAVEMENT IN ISRAEL**

**Academic Paper No. 3** is an expanded version of the paper on *Bereavement in Israel from War, Holocaust & Terror,* given by Prof. Shamai Davidson to the 1983 Cruse Conference on Bereavement following Violence. *NEWLY PUBLISHED.*

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## Important New Post

**Cruse wishes to appoint a Training Officer, a full-time post based at Cruse House in Richmond. In addition to all the training aspects, both within Cruse and for healthcare workers and others, the post will include involvement in Cruse's research programme.**

**Full details and application form from Derek Nuttall, Cruse House, 126 Sheen Road, Richmond, Surrey TW9 1UR.**

**Notice: The 1986 Cruse course in counselling before and after bereavement, for professional workers, will be held in Manchester in the autumn.**

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