RELIGIOUS & CULTURAL ASPECTS OF DYING & BEREAVEMENT

Guidelines for those offering support to people experiencing loss on the importance of an appropriate religious ritual.

by Peter Speck

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The dying person is faced with the necessity of letting go of family, friends, job, lifestyle and ultimately of life itself. In many ways it is not only the family who may commence their grieving before the death occurs, since the dying person is also grieving for the impending loss of his or her own life.

It is, I believe, important that people are able to grieve in their own way. Those who seek to offer care and support at such a time need to build a relationship which takes into account the other person's expectations and cultural patterns of behaviour in times of sickness, death and bereavement. To achieve this we need to be attentive to: the **assumptions** we may hold about how people should behave; the **value** to the other person of what is lost or about to be lost; create for the other person a **safe space** so that they may express some of the fears and anxieties they may have; be attentive to the **quality of the time** as much as the length of time that we give to the other person.



As a hospital chaplain within the Christian tradition I find that supporting the bereaved ideally begins prior to the death of the person and is often related to a threefold pastoral aim:

1. To Reconcile

People frequently need help to re-establish broken relationships between man and God, man and man, and sometimes with themselves through the assurance of forgiveness. This is a common source of spiritual pain and anxiety for patient and family.

2. To Sustain

The ministry of word and sacrament in the Christian Church (and the equivalent religious ministry in other faiths) is important if we are to be able to endure and transcend what is happening to mind and body and make sense of the experience. This requires a willingness to share pain and **be with/stay with** distressed people i.e. to create safe space without imposing religious ideas on to others. The dying may need to be given permission to let go. In this way the individual may be enabled to grow and attain true health/salvation. Although it may seem a contradiction in terms, for some people this growth may be achieved through their dying and death.

3. To Guide

Many people will rightly look to the religious leader, and others who practise their faith, for guidance both in what they should do and in their understanding of God, and the afterlife. However, not all believers will be equally strict adherents of that faith and so we cannot assume that they will all require the same form of ministry.

The letting go and the search for meaning with the establishment of a new role/identity are an important aspect of grief in any culture. An appropriate ritual can facilitate this process in that it may act as a **Rite of Passage.** This term seems to have been used initially by Arnold van Gennep who described three stages—**Separation: Translation: Incorporation.** Thus within the Christian tradition many of the rituals that one may perform can help the grief process (though not replace it) provided they are performed in a personal and relevant way.

1. Scripture Reading and Prayer

The dying may wish to hear familiar passages in a particular version. It is important to remember that we minister to their needs not our own. In respect of prayer it is important to pray with, not over, the patient—whether conscious or not.

2. Baptism

Usually performed at the request of parents for terminally ill children. However, this act of initiation may also be requested by adults in which case it may be combined with Confirmation.

3. Reconciliation and the Sacrament of Penance

The desire to "put things right" may require a formal act of confession and absolution as an important part of letting go of the past.

4. Holy Communion

The last receiving of holy communion (the Body and Blood of Christ received in the forms of bread and wine) is known as "viaticum" or the provision for the journey. The manner of receiving may need to vary according to the circumstances and may be accompanied by anointing with oil and the laying on of hands. It is important for there to be a good liaison between the hospital staff/GP/clergy/family.

5. Marriage

Contrary to the ease of hospital marriage as depicted on films and TV it can, in fact, only be performed by Archbishop's Licence or Registrar General's licence in extremis. A doctor must certify that the person is unable to be moved to a place licensed for weddings now or in the foreseeable future, and has a limited life expectancy.

6. Commendatory Prayers

For the Christian, prayers at the time of death should express confidence in Christ and his saving

work, and commend the dying to God's mercy and love. It can have the effect of giving permission to die, although one should check what the dying person's needs are and that we have understood what they require. Other major religions will also have similar affirmations of faith at such a time.

7. Last Offices

Each culture has its own rituals for preparing the dead for burial and disposing of the dead. Intercultural factors are best dealt with by asking the next of kin for any do's and don'ts. In the case of the Jewish and Muslim community, for example, one should have no direct contact with the deceased, nor should the body be washed since this has to be done ritually. If in doubt, ask. Some relatives may wish to take part and assist. Some will wish to see the body and to have prayers at this time. Viewing the body and saying farewell properly can be very important in initiating the subsequent grief work. It is important that people have sufficient time with the deceased to say their goodbyes in the way they wish to. Cultural factors are important and we cannot assume all Christians will react in the same way. For instance an African lady danced around her husband's death bed because she reverted to her former cultural patterns of behaving. It was important not to stop her but allow it to continue until the 'keening' began.

8. The Funeral

This is also very important, whether it is religious or secular. If it is well conducted it can greatly facilitate the grief process. If not it can be a source of great bitterness. In the absence of a body to bury (lost at sea or donated to anatomy) a memorial service can help to give a focus to the grief. For example, after the Korean plane disaster relatives carried jars of sea water to the memorial service. They had no body to touch or to cremate, and so they carried some of the water in which the body had been lost. As Buddhists they mourned the lost of the body as much as the person since they were unable to pray for the release of the spirit of the deceased through cremation. They were expressing a deep religious and spiritual need.

SEPARATION

This is the first requirement of a rite of passage. Most of the major religions have evolved rituals which should facilitate the separation of the bereaved from the person who had died. Within these rituals it is important that the deceased is pronounced dead and enable people (children as well as adults) to let go of the body. Requests for post mortem or organ donation may distress relatives if separation is not yet possible because the reality of the death has not been acknowledged. Similarly the thought of cremation is not acceptable to some bereaved people since it represents a very speedy and final separation from the physical body. Certain religions, however, favour cremation because it speedily enables the soul of the deceased to separate from the body and enter new life or the new incarnation (e.g. Hinduism, Buddhism).

TRANSITION

Transition is the next part of the rite of passage. This is an in-between time when Mrs. Jones, wife of . . . becomes Mrs. Jones, widow of . . . The transition may be seen in relation to the deceased and the bereaved. In respect of the deceased, transition is often related to the anxiety expressed by many bereaved people as to where the dead person has gone to, and whether they may still be influential e.g. the feeling that "one should not speak ill of the dead" is often related to fears of reprisal.

For the bereaved the transition phase of the rite of passage is the time when the past is left behind and the future has not yet begun.

One's point of reference has gone and time seem to stand still as an endeavour is made to discover and accept a new identity and status. There can be much uncertainty and confusion as one looks to friends and family for help and support in adjusting to a new status as "widow, orphan, single person". The funeral ritual and associated events are a vital part of this because the funeral has the capability of encapsulating the full process of separation, transition and incorporation and thus enabling the bereaved to move forward in their grief. It does not do the grief work for them, but it can act as a catalyst. The extent to which the ritual achieves this aim of stimulating grief work is dependant upon several factors: what is done before the funeral service, the attendance and support of the family and friends, the individual character of the bereaved, and the level of actual involvement of those attending.

The presence and support of family and friends, both at the funeral and subsequently at the house, is something appreciated by the bereaved even if the motives for coming may be suspect in some instances. If the bereaved are to be aided in moving from old to new status they need to feel that other key people also acknowledge this change and are not going to accelerate them through the transition. In most major religions the funeral rite offers a way of saying "goodbye" and is a key event in the total rite of passage. Those attending are recognised as mourners and thus are given permission to grieve.

INCORPORATION

This third part of the rite of passage aids the re-entry into the community of those who have been branded or stigmatised by death. In that the funeral encapsulates the entire rite of passage, in miniature, then such re-entry can be symbolised by the return to the house by the family and friends after the funeral. People usually return to the house for an act of group sharing. It is a time for offering support to the next of kin, for reminiscence, renewing old acquaintances and perhaps for settling old scores! Traditionally there is a meal and drinks. A great deal of emotion is expressed as laughter or tears and discussion of the future. Such gatherings are more common in the North of the country and in Ireland than in the South (especially in the form of the 'Wake' which can sometimes become a riotous party).

Active support for the bereaved may not continue for very long. The family may need to return home to various parts of the country, the neighbours need to return to the needs of work and their own families. People also become tired of hearing what "a marvellous husband Harry was". Sometimes, of course, it is the bereaved who withdraw from the community.

If the bereaved go away to stay with relatives immediately after the funeral, or move house, this may delay or complicate incorporation. By going away at this stage the community does not have the same easy opportunity to visit. When the bereaved return home weeks later the community has returned to its normal activities and the opportunity and stimulus has been lost for visiting and support. This may then

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CHILDREN AND DISASTER

Dr. Dora Black focuses on the needs of children bereaved by the Bradford Football fire disaster.

Children are resilient creatures with great individual variability, and we no longer believe that early experience moulds a child's personality unchangeably, or that childhood trauma leads inevitably to later mental ill-health. Nevertheless the tragedies in Aberfan, Belfast and Israel have taught us that children exposed to disaster are twice as likely to develop psychological problems as others. What can we learn from the experiences of other communities that will help those children bereaved by the football fire disaster in Bradford?

In July I was privileged to be invited to the Study Day which the University of Bradford organised for those involved in the medical, nursing and social work care of the survivors of the fire. I heard many tales of courage—and of families bereft at one blow of all their menfolk. I heard of families still too shocked to begin the task of mourning; something we all have to do when someone we love dies if we are to remain healthy and do the jobs we still have before us—to rear our remaining children or complete our growing up and take a rightful place in society.

So how can we help those who were less intimately touched by a disaster which came into the houses of us all, and which left no Bradfordian (and indeed none of us) completely unmoved?

The answer is that we can help a great deal. We need to ensure that the children who lost fathers are being cared for by loving adults who can give them an opportunity to express their grief, can answer their questions, can encourage them to mourn, but also can give them permission to have a break from grief and the pain of others around them. Very often the remaining parent can and should be able to help—but to do this she must in her turn be cherished and supported and given help in mourning. Some of the mothers, though, bereft not only of husbands but fathers and sons too, may still be in a state of shock and may not yet be able to give expression to their own grief. For those families, others must help the children, if they are to be freed to continue their development.

The children who are given the opportunity to talk and cry about their dead father, recall the good (and bad) times they had together, make sense of their mother's grief, and be reassured that she continues to love them and that the whole community will care for them until mother feels better should cope with their loss. If they have lost siblings too—particularly if their relationship was a stormy one they may feel guilty about not feeling more sad about their disappearance. They need to know that such a reaction is normal. A few children, remembering that in the heat of battle they wished their brother or even their father were dead, may have a severe guilt reaction. The monitoring adult needs to be aware of this so the idea can be explored and gently repudiated.

Young children don't understand that death is irreversible, and may expect father or brother to return. As one six year old said to me, "When Dad went to Manchester he was back for tea. Is heaven much further away than Manchester, 'cos he's not back yet, and he went weeks ago?"

Bereaved teenagers, who in the normal way would be slowly moving out of the family, may find themselves drawn back in to comfort their mother, to parent younger siblings and help with household chores in a way which interferes with their own mourning and their progress to independence. Again it needs watching by the guardian adult.

Recently I looked at whether it would be helpful to bereaved children and teenagers if a social worker met with the whole family to help them to mourn together. We found that in those families we saw, the children were more likely to be functioning well a year after the bereavement, than a similar group in which we did not intervene.

Fortunately in Bradford the response from the helping professions has been generous, prompt and knowledgeable, and I am confident that the children of this disaster will be protected from harm as much as is possible.

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lead to a heightening of the isolation that the bereaved may already experience.

Full incorporation of the bereaved back into the community is parallel to the final phase of grief work. We are therefore thinking in terms of a period of time nearer to eighteen months than the two or three months that people usually allow. Attempts to hurry the process are often an expression of our anxiety and embarrassment in the face of grief. A difficulty that faces many people in our society is the lack of a structure within which to do their grief work, and which would mark off the end of grief—as exists within the Jewish community.

In the absence of a structure the bereaved will look to various key people in the community for guidance as to whether certain actions are deemed acceptable or unacceptable and when grief may be officially 'ended' in the sense that it is all right to socialise. A young widow who wished to remarry sought the approval of the local community in case she should be censured later for marrying "before her first was cold in t'grave".

People may, therefore, turn to the G.P. or local clergy for "permission" to stop grieving, especially around the anniversary. Continued visiting and the support offered by organisations such as Cruse, Stillbirth & Perinatal Death Association, and the Compassionate Friends (for bereaved parents) can all assist incorporation. They may also be able to identify when people are using their religious faith in a stoical way, such that they deny any grief feelings: e.g. "I believe in God and an after-life. Therefore, I should be happy that my husband is with God So I shall smile and show the world how Christians face bereavement. If I cry and grieve that will indicate a lack of faith". It is not a case of letting God down but of being fully human, as exemplified by Jesus' distress at the death of Lazarus. Often the clergyman is seen as someone who will support the mourner in such a stoical stance. The clergyman may therefore have the difficult job of challenging this way of coping with loss.

CONCLUSION

Religion and culture can offer tremendous support and comfort to people in sorrow, provided it is a mature belief and a supportive and relevant ritual. We cannot know all the intricacies of another faith and not all adherents will be equally strict in their practice. However, if we can attend to our own assumptions about other people and give full value to what they wish to do, plus the space in which to do it, we will be able to facilitate their grieving—and learn much ourselves.