plenty of scope. The approach should be offered without any possible strings. If those to whom it is offered choose to take it up, all well and good; if not, it is wise to leave it strictly alone. Especial care is needed with the griefs and possible dependencies of the practitioner himself or herself. These latter can only be successfully dealt with in conjunction with a supervisor or 'educator' for the practitioners themselves. This is a useful adjunct at all times, and generally quite indispensible to begin with.

Survey results

Eight patients were included in my survey, all female, with ages ranging from 33 to 68. It was judged that more (or more details) would overload this short paper. The ratio of widowers to widows in the United Kingdom is 1:4.18 (1981).[1]

The tables show the presenting symptoms, and something of the initial and later responses to the suggestion that the bereaved were 'hanging on' to the 'presence' or approval of the deceased as a matter of emotional priority. They were also gently advised they could manage perfectly well without them, despite any appearances to the contrary.

Each individual expressed herself differently. It is difficult to compress their comments without some distortion. Nevertheless most had difficulty accepting that the deceased was indeed actually dead: to do so would be to acknowledge they were 'alone', thereby relinquishing any hope of continued dependency.

Similarly, expressions of anger, either at being 'abandoned' as in patient G, or at earlier marital abuse as in patients E and F, also indicate the ability on the part of the bereaved to distance themselves, and assert their emotional independence of their parent or parent-figure.

The outcome is obviously a subjective judgement on the writer's part: but the dramatic change for the better, even in the very body posture, was prompt and unmistakeable. Patient D declined to be budged from her position, or to accept any suggestions whatsoever that hostile feelings might exist on her part regarding her father. She initially presented when she found herself 'obliged' to care for two elderly relatives in circumstances which exactly echoed her dutiful nursing of her father at the age of 18. She may return at a later, calmer, date, or she may not. For the present, the hypothesis in her case is disproved, or at least unproven.

Table 1. Presenting symptoms.

Patient	Age	Relative who died	Time since bereavement	Presenting symptoms
A	33 years	Mother-in-law	3 months	Worries—especially about when deceased was in intensive care.
B	34 years	Husband	7 days	Stunned: I don't believe he's dead.
C	34 years	Father	5 months	Epigastric pains.
D	51 years	Father	33 years	Don't enjoy anything. Can't sleep.
E	61 years	Husband	4 years	Dizzy attacks, collapsed in waiting room after the end of surgery.
F	63 years	Husband	2 years	Worries. Everything going 'badly'.
G	67 years	Husband	18 months	I don't know. Crying all the time for no reason.
H	68 years	Husband	11 months	Stomach churning, doesn't want to go out socially.

Table 2. Reactions to the hypothesis.

Patient	Time to next consultation	Comments and response	Outcome to date
A	7 days	She's died and she's gone. (Later was much more confident.)	Excellent
B	7 days	Agrees she's angry with him and only grudgingly accepting he is dead.	Good—working
C	14 days	Can't believe he's dead. Haven't let him go yet. (Later accepted the origin of the pains).	Good
D	7 days	I don't like to blame Dad. It's all my fault. I'll never blame him. (No change later).	Totally unimproved
E	7 days	He was very selfish. I could never say 'no'. I had bottled it all up. (Later—he must have gone now).	Remarkable improvement
F	7 days	I want him back (but) he was so awkward. I've not let him go. (Later ambivalence cleared.)	Much more cheerful
G	42 days	Many a time been angry for his leaving me behind. (Later she began to smile cheerfully.)	Good
H	14 days	Hadn't accepted he's dead. Feels much better. Even talked to 3 other widows.	'Pounds better'

Discussion

Questions of proof are less straightforward in matters of emotional education than elsewhere.[4] The basic precept that adults can survive without parental assistance is unimpeachable. The hypothesis that left-over dependencies inflict emotional injuries which emotional independence can lift, is 'proven' or not, on each separate occasion. So many other circumstances impinge that it is unlikely to be proven to any absolute or guaranteed degree. Few things in medicine are.

Whether uninitiated practitioners can hope to achieve much by (or should be asked to attempt) emotional education in this sense is open to debate. The results obtained came only after years of training, experience and cautious observation. A much more extensive account has already been described.[5]

Provided the simple rules of courtesy and good professional conduct are scrupulously observed, together with the provisos set out above, then the writer firmly believes that the above hypothesis may indeed prove therapeutic in hands other than his. Indeed the prospect of a debate on this topic is to be warmly welcomed.

References

1 Annual Abstract of Statistics. Tables 2.5, 3.29, 3.30. 1981 figures. Central Statistical Office, vol. 121, HMSO, 1985.
2 Lundin T. Long-term outcome of bereavement. *Br J Psychiatry* 1984; **145**: 424-428.
3 Bloch S, Lambert MJ, What price psychotherapy? A rejoinder. *Br J Psychiatry* 1985; **146**: 96-98.
4 Johnson RA. Letters, *Guardian*, October 10, 1985: 13.
5 Johnson RA, *Healthier Emotions*, 1986, In press.

Forthcoming Courses & Conferences

UNDERSTANDING THE MANAGEMENT OF PERINATAL BEREAVEMENT

Once again this course of six weekly sessions will be run in 1987 at the Tavistock Clinic, for professional staff.

Details from The Training Administrator, Tavistock Centre, 120 Belsize Lane, London NW3 5BA.

CRUSE PROFESSIONAL COURSE 1987 will be held in London in the Autumn. It is an Introduction to Bereavement Counselling.

BEREAVEMENT: Helping the Survivors

June, 8-10, 1987 at London, Ontario. Contributors include Dr. Herman Feifel, Dr. William Worden, Dr. Robert Fulton, Dr. Alice Demi, Dr. Margaret Miles.

Enquiries to Dr. John Morgan, King's College, 266 Epworth Avenue, London, Ontario, Canada N6A 2M3.

Coinciding with this Conference at King's College is the second Conference of FIAV, the International Federation of Widow and Widower Organisations, to be attended by widows and widowers from many different countries.