GRIEF AND BEREAVEMENT:

by
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To those who attended the First International Conference on Grief and Bereavement in Jerusalem in November 1985 one of the highlights was Herman Feifel's keynote address. Herman is one of the founding fathers of "thanatology" (Gk. Thanatos: death, Logos: word) and his two books "Meanings of Death" (1959) and "New Meanings of Death" (1977) drew together authoritative contributors from a wide range of disciplines. They remain essential reading for all those concerned with death education.

We pub'ish here an abridged version of his keynote address, the full version of which will appear in the proceedings of the conference.

Editor

Ever since the 17th century when Western man transferred a substantial portion of his intellectual interest and libido from theology to science, we have witnessed a shift from man's spiritual mastery over himself to physical conquest oi nature. We have become improverished in commanding religious or philosophic conceptual creeds with which to transcend death. Death's occurrence is considered essentially bad fortune, mischance, inadequacy. It has become a "wall" rather than a "doorway". In this context, a taboo of considerable measure was placed on grief and bereaved persons. Mourners were somehow tainted, and guilty by association with the dead who symbolised a defeat of man's powers. They were sundered off, isolated, and permitted back into society only after being properly decontaminated. We developed a control of death which minimised confrontation, and fashioned conventions designed to constrain and contain grief.

There are obviously other reasons why death and grief have become uncomfortable for modern man to deal with: (a) an expanding impersonal technology which has steadily increased fragmentation of the family and has dismantled rooted neighbourhoods and kinship groups, robbing us of emotional and social supports which cushion the impact of death when it intrudes into our lives; (b) a spreading deritualisation of grief, related to criticism of funerary practices as being overly expansive, baroque, and exploitive of the mourner's emotions; (c) a gradual expulsion of death from everyday common experience. Death has developed into a mystery for most people, and increasingly represents a fear of the unknown. Dying and death have become the province of the "professional" whose mastery, unfortunately, is more technical than human these days; and finally, (e) in a modern society that emphasises achievement, productivity, and the future, the prospect of no future at all and loss of identity is an abomination. Hence, death and grief invite our hostility and repudiation.

Change

Winds of change, nevertheless are beginning to stir the air. Recent years are witness to a waxing social disillusionment with, and loss of confidence in, science and technology to successfully solve contemporary problems. There is growing disenchantment with Marx and Freud as luminaries whose doctrines are not illuminating satisfactorily the opacity of the soul. Advances in medical technology are altering the character, locus, and distribution of mortality—indeed, the very definition of death. In the old days, we died from acute and infectious diseases, like pneumonia, influenza, tuberculosis; today, we die from more chronic and degenerative diseases such as heart disease, cancer, and stroke. In the past, most of us received death in the privacy and security of our homes. Nowadays, we die in the "big" hospital, convalescent, or nursing home, where our lot is often the death of a sickness rather than of a person. In years gone by, medical wisdom determined death's presence by the absence of heartbeat and pulse, and when a feather no longer fluttered or a mirror misted when placed before one's mouth and nose. At present, even the newly accepted concept of brain death is bedevilled between that of brain stem and cerebral cortex. More pert nently, perhaps, medical headway has lengthened the average time which now elapses between the onset of a fatal illness and death. This is bringing in its wake exacerbated problems of chronic pain, fear, dependency, loss of self-esteem, and progressive dehumanisation for many persons.

All these developments are compelling us to look more steadily at death, and along with it grief. There is the desire for a more active shaping of one's own dying experience and expression of grief.

With the advent of the nuclear bomb and its oppressive potential for providing us all with a common epitaph, death and grief are now again becoming authentic areas of human experience to scrutinise, not to be hushed or denied. Loss is not only an integral part of human existence, and a phenomenon which we cope with professionally, but, more importantly, its examina-

tion brings us back into contact with who we are, and what we are about. We must be at home with death's fear and mystery if we are not to become estranged from our nature and destiny—accept that we are temporal, not eternal. Man has a legitimate need to face away from death. Unfortunately, too many of us resort to inordinate expulsion and camouflage of the actuality of death, resulting in self alienation and social pathology.

Nevertheless, there is knowledge and counsel available to us from emerging studies of death and mourning that can direct us.

1. Grief is not a sign of weakness of self-indulgence. Rather, it mirrors a necessary and deep human need most of us have in reacting to the loss of a significant person in our lives, and it recognises no age boundaries.

2. Just as there are manifold ways of living and dying, there are many ways to mourn. Further, grief is multifaceted and manifests numerous faces: anticipatory grief, high-low grief, self-grief, survival grief, anniversary grief; and it issues from differing types of loss.

3. Bereavement lacks precise criteria as a clinical entity and the line between healthy and unhealthy grief, at times, can get blurred and difficult to distinguish. An instructive criterion in this respect seems to be that unhealthy grief may reveal itself in deviant behaviour that violates conventional expectations or imperils the health and safety of self and others.

4. We need to be cautious in getting survivors to abandon grief prematurely, or wallow in it for that matter, because of our own pained and uncomfortable feelings. We are learning that if mourning is neglected or short-circuited, or does not take place close in time to a significant loss, its expression may occur later on, only in a more inappropriate and regressive manner. We are now aware that grief can gain expression in such dissembling guises as school absenteeism and bed-wetting in children, drug abuse and delinquency in adolescents, and in promiscuity, suicide, and sundry physical and mental illnesses in adults. We are now also more keenly informed about the "high risk" group status of the bereaved in the area of somatic and emotional illness, particularly during the first year or two after a loved one's death; that the well-being of one who mourns is itself in a kind of jeopardy. Additionally, we increasingly recognise that the grieving person not only can experience deprivation of sex, companionship, and economic support, but is further vulnerable to a loss of social role, autonomy, and power.

5. Along with idealisation and assertions of love and loss in grief, *de mortuis nil nisi bonum,* we need to enlarge the scope of feelings acceptable in grieving, e.g., provide room for asserting anger: the widow's outcry "why did you abandon me with two small children?", or the business man's lament concerning his partner, "how could you leave me in the middle of the season?"; or even relief, "thank God, after six months, I don't have to go visiting the hospital anymore".

6. Knowledge concerning such phenomena as anticipatory grief and high-low grief are helpful in explaining differing synchronicities in mourning which are often perceived among family members, and between professional health caregivers and the family of the dead person.

7. There is deepening realisation that in helping mourners cope with grief we are dealing not just with some kind of situational disease known as grief, but with a condition which demands understanding of the entire person and his context. This is not easy in an age of specialisation which accentuates parts and functions rather than connectedness and wholeness. For many survivors, the whole world, not just the beloved, has died. Emotional and spiritual as well as cognitive dimensions have to be addressed.

8. In certain people, experiencing distress years after the death of a loved one may be normal and not necessarily reflect individual coping failure. We must be sensitive to the fact that for many people this dispossession is never really forgotten, and the experience is likely to be carried with them for the remainder of their lives.

9. Funeral and ritual are important because they underline the reality of death, bringing the support and warmth of fellow human beings when needed, and provide a transitional bridge to the new circumstances brought about by the death of an intimate person. It is manifest that ritual can be liberating as well as enslaving for survivors in their grief.

10. There is strong implication that the people most successful in traversing the rapids of grief are those who possess links to a symbolic life of enduring meanings and values.

11. Despite the equanimity of sorts which it offers, and a prevailing chic, the hard data do not support the existence of any procrustean stages or schedules which characterise grieving. This does not mean that "phases" of mourning, such as protest, despair, and detachment offered by Bowlby, and similar conceptualisations, cannot provide us with suggestions and insights into the dynamics and process of grieving, but these phases are very far from being inexorable hoops through which most mourners invariably pass. The route of grief appears to be one of tangled and complex pathways, with trails looping back and forth. We should beware of promulgating a coercive orthodoxy of how to mourn. In the last analysis, an "appropriate" mourning, applying Avery Weisman's wise admonition with respect to dying, is one that is acceptable to or tolerated by the mourner, not one so designated by either the helping professions, significant others, or the community. Individual differences and respect for personhood must be our principal guides.

12. There has to be honest acknowledgment of the limits of our assistance rather than pretensions to a spurious omniscience. Despite an ascending knowledge base in the field, many of us still feel deficient and, at times, even helpless before the presenting grief of the mourner.

13. Lastly, we are increasingly aware that the health care professional's own sensibilities about dying, death, and grieving are pertinent in working with the bereaved. Few undertakings are more emotionally exacting. We all become, to some extent, "wounded" healers. The burn-out experience is no stranger to workers in the field. Ministry to the mourner is extremely difficult if we ourselves are not reconciled to the truth of personal death. Even if the professional's anxieties in the area are not completely resolved, they, at least, have to be looked at and contended with. Striving with our own dark feelings about death and grief will tend to moderate our disposition to seek refuge in the technical functions of disease, skulk behind theological dogmas, and equivocate with intellectual words in order to evade open encounter with the grief of a mourner. It will also help sustain our efforts.

There are a few other pertinent findings which should be mentioned:

Death is for all seasons. Its directing force is present from the very beginning in all of us, young and old, healthy and sick. It is not just for the combat soldier, dying person, elderly individual or suicidally inclined. The Talmud captures this truth well in the statement that "From the moment a person is born, he is old enough to die."

Fear of death evidences itself in many individuals as a lockstitching phenomenon with little reported fear of death on a verbal conscious level, coupled with one of ambivalence at a fantasy or imagery level, and outright negativity at the nonconscious level. Perspectives concerning death can supply us with insights in understanding such urgent social issues as abortion, capital punishment, euthanasia, and war. There is now cognisance that such disparate behaviours as alcoholism, drug abuse, and certain acts of violence may have links to overt and latent meanings which death possesses for an individual. All life-threatening behaviours, after all, involve confrontation, in one way or another, with the threat of possible injury or ultimate death to self and others.

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Perspective

One of man's most distinguishing characteristics is his capacity to grasp the notion of a future—and inexorable death. Just as the past, the future abides dynamically in the present. How we anticipate future events—and death—governs our "now" in significant fashion, and provides an important organising principle in determining how we behave in life. This is providing us with a much needed corrective to a prevailing vogue of being mesmerised by the moment.

What are some implications of these findings?

1. The time is overdue for "death education" to assume a rightful role in our cultural upbringing as a preparation for *living*. It is fitting that we now recognise the psychological presence of death in ourselves from infancy on. Naturally, its qualitative form of expression will reflect such variables as individual differences, social context, and differing developmental periods. The pertinence of death education is not only for those of us in the health care professions who deal with dying, death, and bereavement but for all: in home, school, religious institution, and general culture. The mandate is to alter cultural perspective, not just achieve a palliative concern.

Increasing privatisation of death and grief needs to be undercut. There is a traditional Jewish proverb that "To grieve alone is to suffer most". The community needs to expand its current institutional networks and communal resources in responding to death and grief. Suppressing or minimising grief and failure to recognise its healing powers are maladaptive not just for the individual and immediate family but for the larger community. Indeed, there is the growing perception that community sharing of grief makes for less guilt, anger, depression, and feelings of inadequacy not only in the mourner, but in the family and involved professionals, and minimises the breach in the societal fabric. Further, as professionals, we end up not merely as voyeurs of another's pain and tribulations but are prodded by the process to probe our own values and aspirations. Fortunately, there are encouraging developments in this direction: The Hospice movement with its bereavement follow-up component, the research endeavours of C. M. Parkes and his colleagues, and of Bob Fulton, the expansion of Phyllis Silverman's widow-to-widow programme, and the growing proliferation of self-help groups, among others.

2. The importance of valuing individual and cultural differences in the form and styles of ritual and grief.

3. Manifestly, life can be menaced and compromised in many ways short of death, and on varying levels of experience. In this context, such notions as "partial death", "symbolic death", and mourning over loss other than life such as a limb, sense, job, divorce, or old neighbourhood will also profit from a more comprehensive theory of death and grief.

4. Just as it is belated to start reading sex manuals on the marriage bed, it is rather tardy to begin developing a philosophy of life and death when one is terminally ill or newly bereaved. As a time-ridden being, man is faced with the task of identifying himself with eternity. I think his most viable response will issue from basic philosophic, religious, or psychological deliberations about death already in his possession. This is difficult for a generation which finds itself being dislodged from traditional moorings. But we must establish bearings with the idea of death. Whether we do so via faith, love, art, or intelligence is a matter of *de gustibus*. The agony of selfhood is not endurable for most of us in pondering death without resources, be they transcendental, inspirational, or existential. The evolution of an *ars moriendi* prior to the advent of death is required.

Some conclusions:

There is need to supplement the entryways in understanding death and grief that I have just delineated. We must expand our information base so that clinical applications do not outrun knowledge. We require comprehension and images which are more pertinent to contemporary death and grief. Our model of understanding and treatment must be the humanity of the person. The requisite is not just to succour the body but to also speak to the soul. The humanities, ethics, and the spiritual dimension must be in our ken along with biology and the behavioural sciences. Death and grief bring with them a preoccupation with a vision of life.

Our field of regard should focus on purposive and striving man: one whose scope is not made parochial by a limiting philosophy of science; one whose concepts will not be essentially derived from methods of study but rather from the functioning of human life. To often have we worked with portions of the human individual and tried to make a virtue of this. The challenge is to enlarge horizons without sacrificing our gains.

It is evident that death and grief are too multisplendoured and complex to be trussed up in the conceptual straitjacket of any one discipline. We must be more cognizant of the positive synergistic effect of a transdisciplinary rather than unilateral approach in dealing with the dying and survivors.

Creativity

We should not overlook grief which in efforts to articulate the meaning of death provides not only personal catharsis and abreaction but contributes to creative expression as well: St. Augustine's *Confessions* on the loss of his friend; Milton's elegiac poem *Lycidas,* mourning his college companion, Edward King; the Verdi *Requiem* indicating the composer's anguish over the death of Alessandro Manzoni, the famous 19th century Italian novelist; and, of course, the Yad Vashem in Israel commemorating the Holocaust victims. This holds true for the less gifted among us, albeit not revealed in such spectacular mode. There is the accomplishment of a successful mourning, construction of a new life pattern, or grasp that in the midst of winter there is an invincible spring.

Leaving the high mountain top for more earthy ground, it is becoming plain that power is needed along with scholarship and learning. It is not enough to offer advice, instructive as it may be. Like it or not, political motives have been largely responsible for driving science and technology these past decades. In other words, we must be valid participants in helping formulate public policy or else be its victims.

In the final analysis, however, we are intrinsically not lobbyists, business persons, administrators, or politicians, but disciplined and compassionate helpers and enablers. Ultimate effectiveness of our work will be judged not in terms of membership numbers, not in the number of mental health laws that we succeed in getting passed, but in the number of hearts and souls we touch, the number of lives we help transform. Our endeavours can not only brush aside curtains of silence but clarify and intensify our image of man and his world.

We live in an age of history dominated by the conquests of science. Yet, science equips man but does not guide him. One wonders whether, in the last analysis, it is only a compelling vision of man and his role in the universe that can prepare us to face and integrate the certainty of death and its sequelae.

Grief and sorrow we shall probably always have in this "vale of tears". In responding to our temporality, we shall find it easier to define values, priorities, and life goals. Our mandate is to undergrid the vitality of human response to catastrophe and loss. Recognition of the legitimacy and healing powers of grief can move us to a greater sharing of our common humanity all too eroded in the present world. It may be somewhat hyperbolic but I believe that how we treat the dying and attend to grief in the bereaved are prime indicators of a civilisation's intent and target.

To die, this is the human condition; to live well, to die appropriately, and to grieve with understanding and dignity is man's privilege.

"May the work of our hands be established."

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Further Reading

Feifel, H. (1959) **Meanings of Death**, McGraw Hill, New York & London.

Feifel, H. (1977) **New Meanings of Death**, McGraw Hill, New York & London.