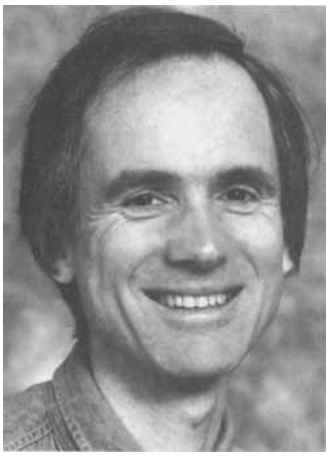
Bereavement – a biographical approach



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It is often thought that people come to terms with a bereavement through a 'grief process', essentially an emotional response involving working through feelings by expressing them. I want to suggest that this is by no means the whole story, that some people may also need to go through a biographical process – an attempt to work out who the deceased was and what he or she meant to them[1].

This is a unique time to be writing about grief and mourning because we are all aware of the recent death of Princess Diana, and many will, like me, have been surprised to find themselves upset at the loss of a person they have never met. We can use this bereavement as a case study, and consider how people around the world have tried to come to terms with the death of the princess.

Certainly there has been an extraordinary outpouring of grief – witness the emotions of shock, sadness, horror, anger – and we can guess that much of this may be delayed grief for others who died years before, or anticipatory grief should such a tragedy befall one's own family. But something else has also been going on at the same time – a writing, a speaking of Diana's life and what she has meant to us.

THE SHARING OF MEMORIES

People by the million have been writing notes attached to flowers, they have been writing in books of condolence all around the United Kingdom and in many other countries of the world. Neighbours in the street have talked about what Diana meant to them; journalists and pundits have been trying to work out why the death of this person has affected so many so deeply. Many have spoken and written of their determination that what Diana stood for should not die with her – their determination that landmines will be banned, that we will continue to touch the outcast, and that it is possible to be a working mother, a single mother, and still be a good mother. Others, notably Earl Spencer in his tribute at the funeral, are using her death to try to change the future. I wonder how many people would now echo what I wrote a couple of years ago about my closest friend who died of cancer at the age of forty.

> 'I cried a lot, but I did not feel that tears were healing my wound. What had healing power was being able to talk honestly about her with others who knew her. She had valued direct and honest communication; fortunately, her friends reflected this virtue, so we could talk with equal love about her strengths and her failings, the joys and the frustrations of knowing her.'

If we are to come to terms with the loss of someone who has died, we need to know who we are grieving and why. If they are to live on, we must know what it is that they lived for and that we will perpetuate.

The role of religion

Some religions formalise this biographical process in their funeral and mourning rituals. The traditional Jewish seven-day shiva, in which friends and neighbours visit the house to offer their condolences and to exchange memories of the deceased, seems well suited to this task of jointly constructing an accurate picture of the dead person. Sometimes this entails formalities and pleasantries, but on other occasions differing perceptions of the dead person may be discussed animatedly with one person' s view of reality being tested against another's. Shiva and subsequent rituals, such as the annual Jahrzeit ceremony of remembrance, enable the family to construct an enduring and shared memory of the dead, which according to at least one rabbi, is the final goal of mourning.

TALKING ABOUT THE DEAD

How do we talk about the dead in white British culture? We do it in obituaries, in *In Memoriam* notices in the newspaper, in letters of condolence; increasingly people want funerals that – like Diana' s – capture the essence of the person who has died; and of course mourners talk about the dead in a host of informal conversations between themselves.

In counselling

Strangely, training for bereavement counselling can discourage this very normal process. Consider one textbook from the early 1990s[2]. Its chapter on 'Basic Loss Counselling Skills' includes exercises for the would-be counsellor. For example:

> 'Restate in different words, and in clear and simple language, the literal meaning of the client's statements. Example:
>
> *Susan*: My husband was a fine man. His sudden death was a great shock. I still miss him terribly.
>
> One of the many possible responses from the counsellor might be:
>
> *Counsellor*: Your husband's unexpected death really shook you to the core. You still miss him terribly.'

This exercise requires the counsellor to translate any ostensibly objective statements about the deceased into statements about what the bereaved subjectively feels. (The exercise privileges this subjective restatement as the 'literal' meaning of what the client is saying.) The first statement 'My husband was a fine man' is actually

EDITOR'S NOTE

The untimely death of Diana, Princess of Wales, will continue to fascinate and appal. In this paper the public reaction to this event illustrates well the author's view of the way in which bereavement causes us to re-evaluate the lives of those who have died and to create a new family history.

ignored, because it is not so easily translated. Consider the second sentence: this could be an objective statement that his death shook several people, but the counsellor thinks only of how the client herself feels. The final statement 'I still miss him terribly' is translated verbatim, as it is already in subjective format. Feelings, not statements about the deceased, thus constitute the discourse of counselling. Note, this process of translation is the opposite of what typically goes on in conversations between those who knew the deceased. There the aim is to reconstruct what the deceased was actually like, what they actually did and how they actually died.

I am pleased to say, however, that many counsellors ignore the instructions of this particular textbook, and can respond appropriately when a client makes it clear that they want the counselling session to help them identify who the dead person was and what they meant. Such counsellors understand that bereavement includes a biographical process as well as a grief process.

FINDING FELLOW MOURNERS

Normally, though, we talk to others who mourn – which is what we witnessed on a massive scale last week. But fellow mourners may not always be available. If I have lost my wife, I am likely to have lost my main conversation partner, and no-one else can substitute for this. If I have lost my child, I still have my wife – though if she is grieving differently from me, communication may break down and I find I've lost not only my child but also my marriage. Or it may be impossible for an adult daughter to talk openly with her mother about her dead father, because he abused the daughter and the mother does not know and must never know. The biography composed by the man's daughter will for ever be different from the biography composed by his wife.

Fellow mourners may not be available for three wider, sociological reasons: longevity, geographical mobility and the separation of home and work. When my father died at the age of 90, I had long since left home and moved away. My neighbours hardly knew him, my work colleagues had never met him. Those who knew and loved him were scattered around the country, or had themselves already died. Is it any wonder if neighbours didn't know what to say? They were not in the slightest sense fellow mourners, because they had not lost him.

Contrast this with settled rural communities, or an institution such as a school, in which everyone knows everyone else: when someone dies, everyone notices that person is missing. Contrast this also with high mortality societies in which most deaths are of children, and most parents die at home with their children still resident at home. In such societies, the typical mourner lives under the same roof as other mourners. Ours is the first century in which co-mourners are typically not also co-resident. Brothers, sisters, children have long since moved away. We work with non-kin. We are not in day-to-day, face-to-face contact with those others who also miss the one who has gone.

Creating a shared biography of the deceased, and thereby finding a place for him or her, not only in one's own life but also in the lives of the community, is not normally assisted by the conditions of modernity – unless, that is, you are a glamorous princess whom every newspaper reader has long felt they know intimately. Being given the chance by a counsellor to talk about the dead person can be of value to many bereaved people. The counsellor, unlike co-mourners, will not have their own competing biography of the dead and will be able to guard against idealisation.

CONTINUING RELATIONSHIPS WITH THE DEAD

Keeping hold or letting go?

What's the point, though, of all this talk about the one who has died? There is increasing evidence that grief typically moves, not towards letting go of the one who has died, but towards finding a place for them in our ongoing lives. Resolution, though quite what is meant by this term is not always clear, is not so much attachment to new objects, as described by Bowlby and Parkes, but the settlement of old attachments. There is, in other words, a keeping hold, rather than – or as well as – a letting go.



Differing perceptions of the dead Princess as the public works towards a 'shared biography' of her in the days following her death. *Photo by Tony Walter*

In their book, *Continuing Bonds*[3], Dennis Klass, Phyllis Silverman and Steven Nickman have recently collected together the best research reports that over the past 15 years have demonstrated this. This book cannot be recommended too highly: it is *the* bereavement book of the 1990s.

Creating shared biographies

How, though, do bereaved people keep hold of their dead? How do people maintain and sustain a relationship with the dead – especially in secular or Protestant societies like Britain where communing with the dead gains no official recognition? This is what Klass *et al* do not tell us. But we only have to look at the events of last week. People develop relationships with the dead in the same way they do with the living: through conversation. It is primarily through conversation that relationships between lovers, spouses, parents and children, colleagues, neighbours, develop. And it is through conversation – typically with other mourners, often with the dead themselves, occasionally with professional helpers, sometimes with clergy or spiritualist mediums – that we develop relationships with the dead after they have died. We create a shared biography that enables them to live on in our lives – that is how many people come to terms with loss.

POINTS FOR PRACTICE

- **It's okay to keep hold.**

In western – or at least Anglo-American – societies in which both popular culture and bereavement theory urge bereaved people to let go and move on, what many bereaved people need to know is that they can retain those they love. Just giving them permission to do this may be all they need.

- **Talking about the dead is just as valuable as talking about feelings.**

A lot of counsellors know this, but textbooks and trainers need to start teaching it.

- **Going over the last chapter.**

To write the last chapter of the person's life, bereaved people may need to talk to medical and nursing staff to find out what actually happened: did she suffer? when exactly did she die? how much was she aware of? was care adequate? Such questions are particularly important with sudden or unexpected deaths.

- **The funeral and biography.**

All too often I hear professionals refer to funerals as an opportunity to express grief, to ventilate emotion. But many north-west

Europeans do not care to wear their emotions on their sleeves – witness not only the Royal Family last week, but also many who, often silently, supported them. But nobody wants impersonal funerals. We all prefer funerals that tell something of the life of the one who has died. Such funerals thereby tell people that it's okay to talk about the dead, that it's okay to be honest about the dead if it's done with love. Such funerals can begin a process of talking that for the mourners may never end, and never should end. Only thus does memory become history. Only thus can individuals, families and whole societies live with their past, and gain strength to face the future. BC

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This text comprises a talk given to the Bereavement Research Forum at the Barbican, London, on 11th Sept 1997 and part of a longer talk given to the Cruse Bereavement Care Annual Conference in Swanwick, Derbyshire, on 17th September of the same year.

LETTER TO THE EDITOR

Dear Editors

I am carrying out research on how bereavement counsellors encounter and work with religious and spiritual issues in therapy. As part of this project, I am interviewing bereavement counsellors who are accredited, or are eligible for accreditation, by the BAC, UKCP or BPS. I would be very grateful to hear from any UK counsellors who would be willing to take part in this project, which would involve a single interview of approximately one hour.

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Domestic killing

The perpetrator's need to grieve

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With a contribution by Rufus McGinty
Mental Health Service user

Many patients in Broadmoor have killed members of their families and, though not all are psychotic, most have killed while they have been suffering from the acute symptoms of mental illness. Does this exclude them from the grieving process and therefore the need to grieve? I believe not. It is my opinion, backed up by my experience, that mental illness actively magnifies feelings of grief, and that therefore loss may be more deeply felt.

People are admitted to our hospital from all walks of life, men and women, via the Courts, regional secure units and other health care settings, including prisons.

The main precipating factors for those who kill family members while mentally ill are depression, self-loathing, poor sense of self-worth, paranoia, hallucinations – both auditory (voices which compel them to act) and visual ('seeing things', for example the devil incarnate), alcohol and drug abuse, anger, hate and jealousy. The percentage of my clients which fall into each category changes, but the vast majority (98%) suffer from the enduring mental illness, schizophrenia; the remaining 2% suffer from personality disorder, with depression.

For those patients with schizophrenia, it is during the acute phase of their illness that their perception of reality alters and the offence occurs. When they are in remission they can become aware of the terrible event which has taken place and in some cases, including one client of mine, may attempt or succeed in taking their own lives. In the case of those patients with personality disorder, most act on instinct, with self-preservation high on the agenda; they also have low impulse control due to being brought up in a family in which they never learned that control.

SPECIAL PROBLEMS AFFECTING MENTALLY-ILL PRISIONERS

Mentally-ill patients have to contend with not only the loss of a family member, and their feelings of responsibility and guilt

EDITOR'S NOTE

It is not uncommon for bereaved people to blame themselves for the death of a person they have lost. Usually such feelings are unjustified. But what if they are not?

In this paper Ken Dolman and one of his unfortunate patients, who naturally prefers to write under a pseudonym, report on one of the worst griefs imaginable, the grief of people who, as a consequence of mental illness, have killed a member of their own family.

Mental illnesses take many forms and, although only a very small minority of mentally ill people place others at risk, that minority gives rise to a great deal of public fear and hostility. We are right to expect that they will be kept securely locked away for as long as they remain a risk to society, but this does not absolve us from the obligation to ensure that they will also receive the care which they need. This must include not only proper treatment of the mental illness, but also counselling to enable them to come to terms with the many losses which they and their families have suffered.

The serious implications of domestic murder for children and other members of the family have been described in previous issues of *Bereavement Care*[1-5]

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