Fifth International Conference on Grief and Bereavement in Contemporary Society

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Colin Murray Parkes OBE, MD, FRCPsych
Consultant Psychiatrist
Dora Black MB, FRCPsych FRCPCH, DPM
Consultant Psychiatrist
John Beaumont MTh, DipPT
Chairman, Cruse Scottish Management Comittee
Valerie Maasdorp
BSocSci (SW)
Senior Social Worker
Margaret Herzstein
BSocSci (SW)
Clinical Supervisor



This important event provides those who work with bereaved people with an opportunity to get together and to learn what is going on across the world. It was well organised by our hosts the **Association for Death Education and Counseling** (ADEC) who combined it with their annual conference. This was a mixed blessing for, although it ensured that there was a good attendance from the USA, those who came from other countries were a minority who sometimes felt more like honoured guests than full participants. Of the 162 papers, 123 emanated from the USA, 8 from the UK, 8 from Australia and 7 from Israel. Other countries from whom we heard included Canada, Holland, Sweden, Poland, Greece, the Irish Republic, Vietnam and Nigeria.

In this review we shall confine attention to scientific papers, new developments and new thinking about grief and bereavement and will not include the papers on palliative care which, though within the remit of ADEC, were not relevant to the International Conference. Of ten videos on show only four were about bereavement.

Inevitably at conferences such as this more papers were submitted than could be heard by all participants and it was necessary to chose which to attend. In preparing this report, therefore, we have had to rely on the abstracts when none of us heard a particular paper.

Four **recurrent themes** which appeared in several of the most significant papers were:

- helping bereaved people to find meaning in life and rebuild their internal worlds now that simplistic views of 'grief work' have been undermined;
- the special problems of violent death and traumatic bereavement;
- attempts to comprehend and help people from other cultures whose ideas about bereavement are very different from Western views
- the identification and explanation of factors that influence the course of grief and contribute to good or bad outcomes.

THE SEARCH FOR MEANING

George Bonnano reviewed a series of brilliant research projects emanating from his group at the Department of Psychology of the Catholic University of America. These all **throw doubt on the idea that the more openly people express negative thoughts and feelings during the early stages of bereavement the sooner they will recover.** Their findings indicate that, in most instances, the opposite is the case. Furthermore the expression of genuine laughter, smiling and positive thoughts are associated with less severe and lasting grief. People who succeed in avoiding the expression of emotion may nevertheless, in the short run, experience physiological disturbance in the form of cardio-vascular and other symptoms. In the long run, however, they had fewer symptoms than those who showed their feelings. He suggested that some distancing from unpleasant emotion is needed if one is to discover meaning in loss.

Bonnano's thinking fits well with the **Dual Process Model** of bereavement which has been developed by Stroebe and her colleagues at the University of Utrecht. They suggest that those who adopt a consistently '**negative affect style**' tend to confront grief and focus on their symptoms in a repetitive and ruminative way which may then cause the symptoms to persist. Conversely, those who consistently adopt an '**avoidant style**' may also have difficulty in restoring coherence in their lives. The middle road is one in which people oscillate between 'loss orientation' and 'restoration orientation'.

Dijkstra, also from Utrecht, studied 131 **mothers and** 114 **fathers who had lost a child** using a Bereavement Coping Scale and found mothers more 'loss oriented' and fathers more 'restoration oriented'. He found little correlation between the measured concordance between parents' coping styles and the parents' own belief that they grieved in the same or different ways! On the other hand, parents who perceived themselves as discordant were more likely to have marital problems and to have lasting problems in adjustment.

Machin described a series of practical projects based on the Dual Process model which helped in the setting up of a bereavement service. She relates negative affect and avoidant styles to the anxious/ambivalent and avoidant **styles of attachment** between mothers and their small children described by Ainsworth and Bowlby.

'Restoration' includes the discovery of a new place for the dead person in the minds of the survivors, a theme which is the focus of Silverman, Klass and Nickman's recent book ***Continuing Bonds*** (Taylor and Francis, London, UK). This idea was developed by several speakers: Brabin and Berah noted the importance of rituals and other practices aimed at **creating memories of babies that have died in the womb**, Gaines-Lane showed how **strategies of connection** can be used by bereaved children and Horacek found continuing bonds in the **obituary tributes** published in newspapers (often for many years) after the anniversary of a death. The idea is also fundamental to Prend's so-called 'New Model for **Transformative Grief** which emphasises the ways in which bereaved people can be helped to rework their grief, redefine their relationship with the deceased and make the loss meaningful. The old guard must be forgiven for doubting the novelty of this idea.

An extension of this theme is the recognition by Nadeau of the ways in which family members can work together to find meaning in death. Her use of Grounded Theory to study 48 members of 10 **bereaved families** throws light on both individual and shared meanings which may span several generations.

There were three papers on **After-Death Communication**(ADC). Guggenheim, who has collected 3,300 first-hand accounts, believes that these 'provide convincing, modern-day evidence of life after death.' LaGrand was more

concerned to categorise these experiences and to show their value to the bereaved and Klass placed them in historical perspective and suggested that 'contemporary thanatology is locked into a series of mutually contradictory interpretative schemes'.

TRAUMATIC BEREAVEMENTS

There is no space here to do justice to the many papers dealing with this topic. These included accounts of the interventions that were undertaken following the Dunblane massacre (Beaumont), the Oklahoma bombing (Wiard), the Atlanta air crash (Stark and Burns), the Afulia car bomb (Komer, Shapira and Segev), the sinking of the Estonia ferry (Riis and Polfeldt) and the contamination of drinking water in Cornwall (Becker). Murray contrasted the reports of the Dunblane massacre in the US and British press and concluded that the British voluntary press codes of practice were less intrusive into personal grief, as they less often used photos of the bereaved or the deceased. US reporting tended to value 'reporting everything newsworthy' over the needs of the bereaved.

Four papers concerned **bereavement following homicide** and five concerned other types of **violent death**. In the USA and several other countries deaths by violence are becoming more common and Ron Barrett presented a moving account of seven years of work with young black people living in cities among whom homicide is the commonest cause of death. He presented convincing explanations for this phenomenon which has become self-perpetuating thanks to the cycle of violence that has been set up.

Black and her colleagues confirmed earlier findings that children who return to the care of a parent who has killed his or her spouse do worse on a number of parameters (school performance, emotional and conduct disorders, need for psychiatric treatment and stability of placement) than those who are placed with the victim's family or with unrelated foster carers. They followed up 41 **children whose mother had killed their father**, seen in their clinical practice, and found it more common for the children to be returned to a killer mother's care than to a killer father's. They also presented the results of their follow-up study of 95 **children whose father had killed their mother**. At least half the children had continuing emotional and/or behavioural problems. Children who witnessed the killing were more likely to develop post-traumatic stress disorder, were more likely to receive treatment and were more likely to be doing well at follow-up than children who had not witnessed the killing. Most children had little contact with the surviving parent, but those in care more often maintained regular contact. Children who had treatment sessions as well as assessment interviews appeared to have fewer problems on follow-up than those whose contact was briefer. The authors concluded that the treatment needs of this group of children needed special attention and that brief interventions were not sufficient to prevent later problems.

Dan Leviton coined the term **Horrendous Deaths** for the growing number of preventable deaths that are occurring, either by human agency or other cause. 'The more horrible the type or style of dying... the greater the fear, the greater the denial; the greater the denial, the less chance of action to eliminate the very causes of such torturous deaths'. He suggested that, rather than limiting ourselves to counselling the bereaved, we should concern ourselves with social and health policies to reduce Horrendous Death. Since denial is a key problem Leviton suggests the introduction of educational programmes, including experiential methods, aimed at breaking this down.

CROSS-CULTURAL STUDIES

Our reluctance to grasp this painful nettle was reflected in the poor attendance at Leila Gupta's impressive and moving account of the work of her **Trauma Recovery Team in Rwanda**. The appalling genocide in 1994 led to nearly a million men, women and children being hacked to death with machetes, beaten to death by clubs, shot or killed by grenades. Many more died in the course of the war that followed and huge numbers left their homes to become refugees. In a random sample of 3,030 surviving children 52% had witnessed massacres and 80% had lost a member of their own family. With the assistance of UNICEF and the Rwandan Government Gupta trained a team of Rwandan nationals to work in a culturally sensitive way with these children and their families. Over 6,000 'social agents' have now been trained and are working with approximately 144,000 children. A research evaluation is in train and I would hope that we shall learn the results of this important work at a plenary session of the next International Conference.

Is it too much to hope that Gupta's timely intervention has reduced the risk of the long-term effects of mega-trauma such as those which followed the **Nazi Holocaust?** Rita Newman reported the recurrence of feelings of intense fear, helplessness or horror often with feelings as if the traumatic events were recurring, on the fiftieth anniversary of the survivor's release from concentration camps. Depression, insomnia, nightmares and bodily symptoms were also common. Many of these survivors took part, at or near the anniversary, in a 'March of the Living' whose effects on them were described by Stauber and Harris. Once again it was noted that many suffered a reactivation of the original trauma they had experienced. However, it appears that the mutual support given and received assisted many of the survivors present in working through their feelings and in experiencing a relief of their physical and other symptoms.

Another grassroots intervention programme was described by Reuben Ikafor. He initiated a programme to save widows in the **Nri tribe of Nigeria** from atrocious social injustices that have grown up in this culture. Didactic presentations, playlets and focus group discussions were used to re-educate seven influential groups. Satisfactory results are said to have been obtained.

In reviewing the field of cross-cultural differences Parkes pointed out that immigrants from other cultures have much to teach. Ann Nguyen spoke of her experiences as a 'boat person' who escaped from Viet Nam and, with Patricia Hunt-Perry, led a workshop in the **Mahayan Buddhist** tradition. To the Buddhist death is 'a constant wise adviser', a concept that helps to explain why most people in Japan now choose a Buddhist funeral even though they may have had a Shinto wedding.

Also influenced by Buddhist thinking was Susan Golden's experiential workshop in which she encouraged members to create their own **Tai Ji** (Chi), music and writing which helps people to 'embrace the Sacred through creative expression'. She makes use of the 'mini-deaths' that we all experience as a way to learn about and rehearse for the larger deaths that are to come.

In parts of **Continental Europe** (according to Ruthmarijke Schmeding) 'bereavement care is seen as pertaining mainly to the field of psycho-education'. Schmeding's cross-cultural comparison discussed the theoretical differences which inform these different assumptive worlds and has enabled her to develop her own innovative approach.

A cultural gap that is often forgotten is the gap between men and women. In this conference Stillion and McDowell considered the **loss patterns of women** and reported on the gender stereotypes employed by counsellors. These stereotypes may need to be challenged. Doka and Martin explored the concept of **'masculine grief'** and emphasised men's ways of coping that are more solitary, cognitive and active than those of women. Golden's half-day workshop on the different paths towards healing adopted by men and women was also highly regarded. These papers highlight a major controversy that now exists between those who claim that, unlike women, men do not need to express much overt grief and the

research by Schut, reported at the Stockholm conference, that showed that men benefit most from 'person-centred' therapies (which enable them to express feelings), whereas women benefit more from cognitive approaches. It appears that what bereaved men and women want is not necessarily what they need.

RISK FACTORS

Confirmation for earlier studies of bereavement risk comes from well-conducted research by Gamino and Sewell. They found that **young age** outweighed other factors as a predictor of poor outcome following bereavement. Other predictive factors which reached statistical significance included relationships characterised by ambivalence or dependency and a history of previous mental health problems.

Nancy Hogan has developed her own Grief Reaction Check List. This includes a scale measuring **personal growth**, an interesting variable that is very different from the symptom lists that make up most outcome measures. She has found that, although **mothers who have lost a child by homicide** show more lasting 'panic/anxiety' and 'blame/anger' than other bereaved people, they show just as much personal growth. Contrary to expectation, **mothers who had lost a child by illness** scored more highly than other bereaved mothers and widows on most negative reactions three years after bereavement. It seems that caring for a sick child evokes a particularly intense bond and a correspondingly powerful grief which outweighs any benefit that might have arisen from the anticipation of bereavement.

A risk factor not previously well-studied was that of **uncertainty about a death**, the focus of a well-conducted study by Jan van den Bout who interviewed the relatives of 120 persons who had been missing for 1-10 years. He showed that, unlike the emotional disturbance which follows an established death, distress of these people did not diminish over time. So intolerable was the uncertainty that 82% of men and 62% of women said that they wished that they could be told that the missing person was dead.

Deaths followed by **organ donation** have not previously been reported as particularly traumatic types of bereavement, however no less than four papers at this conference suggested that they often are. Three of them emanated from Australia where a support group has been set up for these bereaved people. In addition Barnwell and Regan described the innovative **Teleconferencing Group Counselling Service** which they introduced in New South Wales with the specific aim of providing information and support to this group. Particular problems raised by the bereaved people include the need for a clear understanding of brain death, the importance of being acknowledged and thanked by the organ recipients and the need for strategies to deal with anniversaries and other 'special days'.

Problems created by the **death of a pet** were discussed in two papers, by Barbara Meyers and Elizabeth and Joseph Van Loo. The Van Loos showed clearly that the intensity of the bond is the main determinant of the intensity of the grief which follows the animal's death. Both papers highlighted pet loss as a form of disenfranchised grief and called for more sensitivity to this aspect of the loss.

Psychiatric problems following bereavement were reported in two papers (by Jeffrey Kaufman and Elaine Donovan) which described the ways in which bereavement can cause **addictive behaviour** and one (by Thornton and Bell) on **eating disorders**. Kaufman suggests that mourning is inhibited during active addiction and that therapy which enables the addict to mourn is the key to recovery. Therese Rando provided well-supported justification for providing treatment for **complicated mourning** despite the fact that no diagnostic category exists for it in the Diagnostic Statistical Manual for Mental disorders (DSM-IV).

Several papers reflected on the neglect of **siblings** when a child dies. Martin and Graham from Tennessee State University surveyed a group of adolescent siblings whose brother or sister had died, looking at the communication in the family about the impending and actual death, and the adolescents' views on what facilitated recovery. Strongly related to recovery was the mother's ability to have control over her crying, and the youngster not being made to feel she or he had to replace the dead sibling. The adolescents also appreciated it when their parents did not push them to talk about the death.

OTHER INNOVATIVE WORK

The Internet now provides us with opportunities to communicate cheaply and rapidly across large distances. Kenneth Gilbert teaches a course 'Grief in a Family Context' using a series of linked pages on the World Wide Web along with individual class interaction by email and computer conferences.

Another innovation was piloted by Sandra Klein at this conference. This is termed **Facilitated Networking** and comprises 13 groups covering different aspects of work with the dying or the bereaved. Each group has two Facilitators whose role it is to encourage participants to exchange ideas, problems and solutions relevant to the topic of the group. Since groups only met for one and a half hours it was not possible for a great deal to be achieved at the initial session; the main work of the groups, is expected to take place over the Internet in the months to come. It remains to be seen what will be achieved. Further details from sjklein246@aol.com.

Numerous accounts were given and claims made for the effectiveness of other new methods of counselling, therapy or education. Only two of them have been subjected to any sort of evaluation. This has not prevented the widespread growth of such innovations as the development of aftercare programmes, for example those based on funeral homes (described by Johnson and his colleagues) which are now common in the USA and Australia.

Murphy, Lohan and Baugher reported the results of a multi-site randomised study of a 12 week **group counselling programme for parents who had lost children aged 12-28 by violence**. 101 mothers and 52 fathers were assigned to the intervention groups and 70 mothers and 38 fathers to the control group. Counselling was guided by 'assumptive world and coping assistance theories'. Mothers who attended the groups showed significant reductions in most outcome measures by comparison with control mothers. Fathers were less favourably affected. In both sexes those parents who were most disturbed before counselling were the ones who benefited most. Physical health was not affected by the intervention.

Negative findings are as important as positive but seldom get reported. An exception is Wolfgang Stroebe's attempt to help bereaved people by instructing them to write **diaries about the feelings and thoughts evoked by their loss.** They were compared with a randomised control group who were given no such instructions. When both groups were followed up by means of the General Health Questionnaire no significant differences could be found between them. Only a sub-group who had wanted to talk about their loss from the outset seemed to benefit.

Although it is hard to evaluate experiential workshops, Allan Klein's exploration of humour as a valuable tool at times of death and bereavement was much appreciated by participants.

All in all this conference lived up to the promise of preceding conferences in providing participants with much food for thought and reassurance that our understanding of grief and loss continues to grow.

The International Conference on Grief and Bereavement in Contemporary Society was first held in Jerusalem in 1985 and we expect to be returning to that city under the auspices of Hemsech, The Israeli Society for Coping with Bereavement, PO Box 56061, Tel Aviv, 61560, Israel, in the year 2,000. BC