PERSONAL POSTSCRIPT



Lily Pincus died in October, 1981 at the age of 83. She was a social worker who founded the Institute of Marital Studies at the Tavistock Institute for Human Relationships, and was the author or co-author of books on marriage, death and the family, secrets in the family and aging—"The Challenge of a Long Life". A woman of great charm and wit, she inspired all who met her, and in particular generations of social workers and psychiatrists with her humanistic approach to families and their difficulties. We are privileged to be able to publish her reflections, written as she faced what she knew to be her last illness. We are grateful to her friend and executor, Grace Harding, for offering them to us.

DORA BLACK

by

LILY PINCUS

In the spring of 1981 my very caring and concerned GP told me, with obvious distress, that the various blood tests I had recently undergone indicated that I was suffering from some sort of old-age leukaemia. My response to this news was an immediate feeling of relief.

Until the previous autumn I had been well and active and was at that time involved in writing a book (one of several since my 'retirement') and was acting as a bereavement counsellor—all this, in spite of my 82 years. But suddenly I found that I was always tired. Everything was too much of an effort, and I seemed to pick up one infection after another, during which I would run what were for me unusually high temperatures. I just did not understand why this was happening to me, hence my sense of relief on hearing the verdict.

Quality of Life

I have always felt that it is not important how long you live, but what is all important is that you should be really alive while you live, so that you remain interested and concerned in everything that is going on. My life has been by no means an easy one, and I have experienced many losses In midd'e life I had to uproot myself from my home and friends in Germany and settle in a country where I scarely spoke the language. Yet I feel it to have been a life full of wonders. Needing to find a new career after my arrival in England, I fell completely by chance into the work I have done ever since, and which has proved to be truly my vocation. This, and my personal relationships, have given me an abundance of happiness and satisfaction.

The Ideal Partner

Perhaps the most important thing of all was that I found the ideal partner with whom I shared 43 years of a very full life. During the last eleven, Fritz was suffering from cancer, which involved innumerable operations, but in spite of this he was able to enrich his own life, and mine, up to the moment of his fully conscious and triumphant death. If I had ever been frightened of death, the witnessing of his would have dispelled that fear. But even at that time I don't think I was frightened. I don't quite know how it happened, but from my earliest youth I have been present at many deathbeds, and every time death has been experenced as a fulfilment rather than as a threat: the natural end of the process of living, which began at birth. I have written something about these experiences in *Death and the Family* and *The Challenge of a Long Life.*

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Leukaemia

At the time of my doctor's announcement I had only a vague idea of what old-age leukaemia involved. I gathered that it is the collective name for a group of illnesses which can have several causes and develop many different symptoms, but will lead eventually to death, perhaps quite quickly, but at my age is more likely to go on for a considerable period. Both my GP and the consultant to whom I was referred wanted to arrange bone marrow tests for me to help them get a clearer picture of the exact nature of my particular case. They reassured me that these tests are quite harmless. However, I had already heard from quite a number of people who had had them that they can in fact be painful, and are certainly very unpleasant. I also knew that once you embark on such a course of tests you may become tied to a series of hospital appointments, and I didn't want to spend a lot of precious time waiting around in hospital departments.

The purpose of these tests is purely diagnostic and I had been told that the treatment that might be suggested as a result—such as a course of blood transfusions or chemotherapy—would at best prolong life for a little while, but would not cure the illness and would be likely to encourage a preoccupation with it. I therefore made it quite clear that I didn't want any of these treatments and that while I understood the importance of a diagnosis for the professionals, I was not particularly interested in one myself. I remembered a story that a physiotherapist friend had told me some time ago. Asked by a young registrar to give treatment to one of his patients, she arrived at the bed to find the patient in a coma. Knowing, however, that the consultant was due on his round any minute, she decided to wait. The consultant, seeing her there, asked 'Whatever are you doing here?' She replied, 'Nothing; I feel this patient is beyond treatment,' whereupon the anxious and over-eager registrar interrupted—'But we haven't got a diagnosis.' His wiser senior said, 'I think the Lord will accept him without one.'

Doctors and Patients

I am very aware that throughout my illness I have been lucky to have doctors who are willing to discuss it openly with me and don't attempt to persuade me to do anything I don't want to. This attitude of theirs has made it possible for me to talk to them about death and dying. They know that I am a member of Exit and have no wish to live beyond the point where I can be really alive. I have been most grateful for their understanding and confidence. How far this has extended became particularly clear to me during one of my last visits to my local hospital (a teaching hospital).

About ten third-year students, men and women, were present and the consultant, who knows me



quite well, began the session by discussing with them the diagnosis and treatment of leukaemia. This was as interesting for me as it was for them. A little later on, saying that he wanted to have a talk about my case with the haematologist, he left the room, suggesting as he did so that I might take the opportunity to tell the students something about my life-story. However, it seemed more important to me to use the time to raise with them the question of what they feel when faced with an old patient they know they can no longer help. They appeared a bit embarrassed by my probing at first, but after a while settled down and seemed to enjoy our discussion. They were able to see for themselves that if they respond to such a situation by regarding it only as a defeat their attitude will convey itself to the patient. But if they are able to accept the reality of it, then they might more readily be able to help the patient, and themselves, towards a feeling of achievement—the patient's achievement of a relaxed and accepting death—perhaps the greatest achievement of all.

A few days after our talk I met the consultant again. He told me how much his students had valued and appreciated our conversation. But, he added, 'Of course you know that we treat you more like a colleague than a patient. I would not dream of involving any of my other old patients in this way; nor would they want me to.' I expressed my doubts. Why is it that doctors and nurses assume that old patients do not want to have any part in their treatment, as well as the opportunity to voice their own opinion? I am convinced that nearly all would wish this if only there were freer communication between doctors and patients.

Insensitive Response

A small example of the kind of distress caused by an insensitive response to the needs of an old patient came my way quite recently. A friend of mine, an invalid for many years, was admitted into his local hospital for treatment after an accident. For the first two weeks he was very, very poorly and during this time was taken off all his usual medication, including his sleeping drugs. However, he seemed to be recovering in time for notice to be taken by his family and friends of his approaching eightieth birthday. The day before it came he seemed thoroughly to enjoy the visit of a few close friends. His children and grandchildren planned to come the next day for the real celebration, and his wife had made a birthday cake and busied herself in other preparations. But when she arrived in the hospital she was utterly shocked and distraught to find her husband in a very deep sleep; at first she thought he was in a coma. It emerged, however, that because he had been a bit animated the previous evening it was decided to put him back on his sleeping drugs. The result after the long interruption was a twenty-four hour sleep. The anxiety caused to his wife and family could so easily have been avoided—the pleasant occasion planned for my old friend not lost—if only somebody had bothered to find out the cause of his animation and had taken some notice of the special event. It would have required only a little imagination to ask one or two questions.

It is this attitude which so often makes it impossible for an old patient to find out about his illness and the chances of a recovery.

How can an old person at the end of his life be helped to approach his death in a positive and accepting way if he is perpetually kept in the dark? Of course, doctors are victim to the same fears about their own death as anyone else—even more so perhaps than others because of the very nature of their job. This may make it difficult for them to break through a self-protecting barrier of reticence about these things and—faced with the inevitable death of a patient—they may often be haunted by an overwhelming sense of failure at their inability to prevent it. It is vitally important that all those in the medical profession working with old people remain receptive and sensitive to their wish to talk about illness or pain or death, however difficult it may be personally for them to do so, if they are to be able to offer them the help they are seeking.

My Own Experience

Very early on in my own illness I asked a geriatric health visitor whether she knew what was involved in old-age leukaemia since I was supposed to have it. She shouted at me: 'Who told you so? It can't be true. I need only to look at you to know it isn't true.' And with this she rushed away to fetch a colleague to talk with me. I have got to know this second woman much better since then and she has told me how near impossible it is for her to mention death or final illness to any of her patients; and, interestingly, she told me, too, how unacceptable the thought of death is to her old mother. After our talk she began to feel that if it could become more acceptable to her, she might be able to help both her mother and her patients in coming to terms with death.

My refusal to agree to bone marrow tests has made it more difficult to plot the possible course my illness might take or to get an idea of its likely duration. Until about two months ago—that is, about four months since the blood tests indicated some sort of leukaemia—I had no symptoms to complain of beyond increased tiredness and susceptibility to infection. Preventive medication and the summer weather seem to have combined to reduce the latter occurrences. On the other hand, I definitely have an 'illness' and feel entitled to turn down any request I don't feel like taking on. Nevertheless I am determined to enjoy my life. I had planned a three-week trip in the autumn to a Swiss resort, a *Kurhaus* with medical care, that I already knew well and which is famous for its climate at that time of the year. A dear friend was going to travel with me, and several other friends from Germany and Switzerland had arranged to visit us there. It was a most enjoyable plan: I was greatly looking forward to putting it in action, and had already got the air tickets and made all other necessary arrangements.

Getting Weaker

About two weeks before I was due to leave, my spells of tiredness began to grow, both in intensity and duration. They became more like a sort of faint, although I never lost consciousness. In German, my mother tongue, a faint is called *Ohnmacht* (without power) and that is precisely what I began to experience on increasingly frequent occasions. It became clear that the visit to Switzerland was no longer advisable. My intended travelling companion offered to stay with me in my London flat. At first, I saw this as very pleasant compensation for the missed holiday, but within a few days it became obvious that it was no longer a good idea for me to live entirely alone. My doctor especially tried to persuade me of this, and as my worst time of day is now early in the morning, when I feel at my weakest, he has arranged for a nurse to come in and get me up and give me my breakfast.

Neighbours

When I say that until this time I had lived entirely alone I may be giving the wrong impression. Since my husband's death in 1963 I have lived, mostly on my own, in a pleasant four-roomed flat looking out over wide green fields. It is one of four flats in a Victorian house, each occupied by a professional woman. If we had chosen each other to be such close neighbours we could not have fitted together better. Complementing each other in many ways (and jointly responsible for the upkeep of the house), over the years we have developed very friendly, trusting relations with each other. I knew that I could count on these good neighbours, and others nearby with whom I was on friendly terms, if ever I so needed.

I am not rich: my friends are my greatest wealth, and always have been. Even so, the helpfulness shown towards me by so many friends and neighbours since hearing that I am ill has almost been compensation for that illness, and for so much that I now have to miss because of it. I live opposite Hampstead Heath and used to love going for longish walks, but that is no longer possible. In fact, my life has become restricted more or less to my flat and my bed. The visits of friends have now to be limited since I get tired so very quickly. I cannot enjoy a drink any longer with them: even the taste of my usual brandy nightcap has become repulsive. But that so many people, not only close friends, but those I did not know so well before, have been so kind and understanding to me, and have offered their help so imaginatively, anticipating my needs and prob'ems before even I am aware of them, has been for me a most enriching experience.

Such examples of practical help and kindness have made my life in the last few months a special one, but still more so have the many expressions of closeness and appreciation made to me by people whom I have never met personally, but know me through my books, radio talks, and seminars. These make me feel that my life has been worth living—the most important assurance that any one of us can be given in the last span of life. But I try to remain aware of the inherent danger in having to live up to the expectations of all those who are looking to me for the inspiration of a cheerfully and stoically borne illness, and of a perfect death.

So far I have had no real pain, just discomfort. I am living in great comfort, supported and surrounded by friends. I am leaving nobody behind whose life will be greatly changed by my not being there. When Fritz, my husband, was dying I once said to him: 'At least we can do this together. When my time comes I shall have to be alone.' He replied, 'I don't know whether that isn't easier.' I think I am now beginning to understand what he meant.

Qualms

Being aware of the pain which you may cause others adds to the sadness of illness and death. My relationships, my friendships, have always been the most important aspect of my life. Why then can I not feel sadness, knowing that I may lose them soon? Nor do I feel that the end of my fulfilled life and, I hope, good death in my own home should cause sadness to those who are fond of me. Such a death would seem to me a cause

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for joy and celebration. But while writing and saying and, I hope, honestly believing this, I have a nagging feeling that I may be trying to deny sadness and grief.

A friend and colleague sent me a beautiful hand-made card decorated with bright flowers. The only text on it, written in big letters, is NO NO NO. On the other hand, I think my attitude to my illness and death may help some of those around me. A very old friend of mine who has always strenuously avoided thinking about death, although she is the only surviving member of her family, said to me the other day that all these earlier deaths had been completely unacceptable to her and had always seemed unreal; she had never felt that death could happen to her. But talking to me about death, and seeing that my expectation of it does not prevent me from enjoying life, makes her feel how important it is to think about her own.

That my closest friends seem to share my feelings about my approaching death makes me very happy. One of them said to me the other day, 'All I hope for is that you will live death as well as you have written about it.'

My Beliefs

To most people approaching death, even for those who are not churchgoers, the clergy become essential. A friend of mine, a very wise analyst, told me that she has had a clergyman aged about 50 as a patient for two years who cannot live because he is so terrified of dying. When I said, 'However can he remain a clergyman?' she replied, 'Maybe he is only more prepared to face his fears than any of the others.'

I myself am in, and put clergymen into, an awkward position on the question of belief. I was born into a Jewish family and grew up without any Jewish tradition. When I left Germany and had to make new roots I worked with a group of social workers who were committed Christians and able to use their faith for their work. My need to belong to them made me begin to attend their church, and after some time I was baptized and confirmed into the Church of England. My husband, who was much more at home in Jewish philosophy and tradition, understood my need and supported it, and for some time the church services, especially communion, were a tremendous, very direct religious experience for me. But after a while my need to belong was fulfilled by my work, which had become all-important to me.

I consider myself, however, as a religious person whose life is motivated by what Paul Tillich called an ultimate concern, and it would be difficult for me to approach my dying and my cremation without some recognition of that. Exploring this with my Jewish and Christian clergy friends I have exposed myself to their attempts at 'pastoral counselling', causing embarrassment to themselves and me. But where could I find a ritual that was honest and appropriate to my personal situation? I have tried to solve this problem by asking a very wise Rabbi of the Reform Synagogue to undertake the funeral ritual for me. He knows me and my work, and understands that my request to him does not mean a last-minute return to my Jewishness, but is an expresson of my need to acknowledge in my dying the power which has dominated my life.

Note by Lily Pincus's friend & executor Grace Harding:

Early in August Lily agreed to write 'one last book' for her publishers. It gave her much pleasure to contemplate having a job to do, to record something of the last months of her life and to make some observations thereon. By the beginning of September she realised that the task was now beyond her and her preliminary thoughts and notes became the basis of this present post script to 'The Challenge of a Long Life', which was to be published on 25th October.

By the end of September, with the post script written and her periods of faintness becoming more frequent and greater in intensity and duration, she felt she had perhaps made it all sound a bit too easy; that she must write a P.P.S. to amend the balance of her optimistic document a little. Although this was all part of a cheerful conversation it was seriously meant. She did not manage to write it and this is an attempt to record something of those last weeks.

I was frequently asked if she was in pain and it was a difficult question to answer We have all experienced pain in some degree and can positively imagaine feeling it in greater intensity. The nausea, exhaustion and faintness of which she spoke reached a pitch when she felt her body to be already dead, and herself trapped in this shell which she had no power to control. It was, Lily said, a ghastly thing to experience and she dread the recurrence of the attacks. The very negative nature of this loss of power was perplexing and very difficult for her to come to terms with. She resisted professional advice to conserve her energy by restricting physical activity to a minimum. She was determined not to relinquish her 'person' role for that of patient. Thus she gave up her normal routine only bit by bit, as her body dictated by its refusal to co-operate. This it did with a rapidity that could be seen day by day. At no point did she wish to rescind her initial decision to refuse treatment.

The shorter time now spent with friends, or on the telephone, was still packed with lively concern for their interests and affairs as well as discussions of her own plight. On the day before her death she spent an hour with Dr. Bernd Stappert, with whom she had a warm and special relationship, working happily on an interview for German radio. She looked forward, with pleasure, to continuing this on the following day. At the beginning of this paper Lily speaks of the importance of being really alive while you live, and of her 'life full of wonders'. This commitment to life remained with her to the end and through this, surely, she was able to accept death as the final challenge.

Photographs of Lily Pincus used by permission of Dr. O. Manasse.

COMMUNITY CRISIS RESOLVED BY A MOURNING RITUAL

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True mourning appears to be very difficult to achieve for the child, according to Miller in her summary of the psychoanalytic literature on childhood mourning. The process of mourning demands a tolerance of repeated, painful affects, which in turn requires the operation of ego functions that the child does not yet have firmly established.

The aim of the reactions to object loss that the child will be to avoid the emotional reality of loss and maintain an internal form of relationship to the dead one. The following reactions are listed: denial, glorification and idealisation, identification, fantasies of reunion and loss of self-esteem.

About two years ago, in late