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

by Bjarni Arngrimsson

Consultant Child Psychiatrist
Gothenburg, Sweden.

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

October, the crisis team was called by the staff of an after-school centre commonly known as The Red House. The staff wanted help to deal with a crisis situation. The house officer and psychologist made a visit to The Red House and found the staff—a group of approximately six people — in great distress.

A 12-year old boy, Max, who had been attending the centre during after-school hours since first grade, was dead. The family came from eastern Europe, and there was a younger sister. As the parents worked long hours Max spent much time at the Red House and was almost one of the staff. He was very well liked and popular with his peers too. He was an acknowledged leader of an activity group run by the centre on Wednesday night called *Club Midweek*. The day before (a Sunday) Max had been playing with a friend in a large birch tree in the grounds of The Red House. The boys agreed to frighten one of their friends. Max was to hang in a rope in the tree, looking like a corpse while the other boy called their friend. When the two boys came back Max was hanging dead in his rope. The boys fled at first but soon consulted an adult. Very soon there was a big crowd at the site and the police took charge. The police had to wait about two hours for a technical expert and let the body hang in the tree all that time. Max's mother was called and she, according to the custom in the village where she was born, threw herself on the ground and wailed out her grief. The onlookers were shocked and angry at the police.

When the crisis team members came to The Red House, only the staff were there. The children had been in a numbed state and the staff were unable to take care of them. The staff members asked the same questions over and over again. Can we go on with *Club Midweek*? This week? Ever? Will the children be more hurt by talking about Max's death or should we talk through this matter with them? The team listened and talked through the situation. Next day the staff of The Red House called for a new consultation. The children were by now crying a lot and some of them had anxiety spells and the staff felt inadequate. The staff felt good about yesterday's visit. I went there with the house officer. The story was told again and the situation among the staff was much the same as the day before. The children had been telling the staff that Max was not dead. He was coming back on Thursday . . . Many children were unable to sleep and their anxiety level was high. Max's body had been shipped abroad by the parents to their home country.

I now gave the following instructions, which were accepted by the staff, who now found something they could do:

Club Midweek will meet as usual, but in a larger room. Admit guests who want to come. Everyone is to bring a candle. Light the candles together and share your memories of Max. Give crayons and paper to everybody and ask them to write down or draw something to express their memories of Max. Collect the sheets of paper and give them to the bereaved family as a last greeting from the friends of Max.

The staff of The Red House did all this very beautifully. On Friday I was told that the ceremony had been attended by some 40 children and 15 parents. The meeting had been very moving. In the beginning people cried a lot when the candles were lit. Everybody had participated in the drawing ritual. Max's family had been surprised and moved by the gift.

The rumours of Max's return were gone, the children slept well and nobody showed signs of anxiety.

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JEWISH MOURNING PRACTICES

Do They Help? by HAZEL STERNBERG

Is it true that Jewish people can expect incomparable help and support from their own community at a time of bereavement? Or is this a widely-held myth? Lady Sternberg, a bereavement counsellor, shows **Bereavement Care** readers where she thinks there can be real help, either from the traditional ritual or from the support of the local Jewish community, and where Jewish bereaved people can be as isolated and ambivalent as anyone else.

The first mention of mourning practices among the Israelites can be found in the very early poetic and narrative books of the Bible. Many of the customs there mentioned were down the centuries gradually codified by the Rabbis, with social and ethical justifications, in the large compilation of Jewish law and thought known as the **Talmud.** Orthodox Jewish practice about the burial of the dead and the treatment of mourners by society, as well as the protocol of behaviour enjoined on mourners themselves, has not changed much since medieval times.

In Genesis we read that Reuben tears his garment when he hears that Joseph is missing, and so does Jacob when he sees the blood-stained cloak. Again, Job, on hearing of the death of his children, and also his friends follow suit as an act of commiseration. All this deliberate destruction of what must have been articles of great value to the owners may have been an obvious outlet for pent-up emotions.

Almost as frequent are references to the wearing of sackcloth. In Micah we hear of a mourner going naked. There are many references to the putting of dust on the head, and this practice continued down to historical times. Dishevelment and taking off of turbans are often mentioned, and there are many references to shaving the head, completely or in tonsure, and the removal of beards. But the opposite custom, that of refraining from shaving and cutting the hair, has in fact prevailed in our time. The principle is the same: a mourner does the opposite of normal custom in order to show his change of status.

Moving to the present day, let me briefly explain the protocol to be observed by the child, parent or sibling of the dead. All, whether male or female, will tear their lapels at the funeral service and the nearest male relative will recite the **Kaddish,** or prayer for the dead. This is a short and moving prayer,

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Derek Nuttall writes:

One of the biggest hurdles to recovery after a bereavement is the way society responds. Providing good bereavement care is essential but is only part of the story. What is needed is a sensitive, patient and welcoming community as well. Things are getting better, but we know how much remains to be done, and just how hard-won the gains are, especially when we have to do so much work on colleagues!

It is too simple to say that fear, of our own as well as other people's death and grief, is the only cause, but many of society's inhibitions, defences and difficulties stem from it. If we could reduce the fear we would increase the willingness to help.

Tackling such deeply embedded social and personal fears is not easy, especially as it means facing and overcoming many of our own in the process. It can be less painful to retain the fear with its defences than be exposed with near-naked sensitivity. But if we are to care for our bereaved in the fullest sense, we need to reduce this fear. In many ways the main arena for recovery is society. Helping to relax the taboo and lessen the embarrassment are tasks that para'lel our direct professional and voluntary caring.

Helping children cope

Much more could be done to help children cope with loss and grief. We are not long into life before losses come our way, and emotional lessons learned early can influence many things later. The repression of strong feelings, of joy, anger or sorrow, in childhood can lead to anxiety about expressing oneself later, or about seeing feelings in others. We try to support parents' help in many ways these days, and maybe we need to find methods of supporting the way they handle important childhood losses. Teachers, youth leaders and others with responsibility for children and young people have a part to play, and helping them in their role is important too. The way in which we were helped, or not helped, to cope with early losses may be a factor in creating the fear we are contending with.

Rituals

Rituals can reduce fears. With their drama and picture language they can assist the expression of feelings and the containment of fears. We know how important ritual is in dying and grieving, how universally necessary, and I find myself making regular pleas, to clergy and laity, to look at our present-day rituals—to see where improvements might be made. Rituals may not explain, but they can release. They may not remove pain, but they can grant permission for its expression.

Knowledge

We recognise how knowledge can reduce fear. One of the most significant of all the developments in the care of the dying and bereaved has been the increase in knowledge and understanding. We now know so much more about the process of grieving, about the consequences of bereavement, about the dangers of unresolved grief. Above all, in this context, we know that grief is normal and natural. This can take some of the pressure off the bereaved, who often fear for their sanity, so unfamiliar and intense are the feelings, and off the helpers, who might otherwise be overwhelmed by the depth of responses. The more we can educate society to know bereavement, the lower the barriers will drop.

Helping the bereaved

Helping the bereaved reduces fear. Many Cruse workers will agree that this has been one of the main benefits from their contact with bereaved people. Often helping the bereaved has to do with confidence as much as understanding and skill. Will I cope with the tears and emotions? What will I do if he gets angry? Reassurance can come from several directions but its value is mainly theoretical until we are doing the helping, and we find that we can cope, and that we do not need to be so afraid.

The bereaved helping

Finally the bereaved themselves can help others. I tend to believe that our society is not an uncaring one so much as an unsure one when it comes to grief. People do not know how to react. They fear their own emotions, their inability to cope with another's pain. If a dying person finds it possible to talk about his death it can make it easier for others too. When we are bereaved we can help others to respond if we find we can let the tears and words come. Not every time and not with everybody, I agree, but with many. We know we may need to give bereaved people "permission" to grieve at times. Maybe bereaved people need to give the rest of us "permission" to help at times.

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A control group

But there exists a control group. The class Max had been attending at school was told not to talk about him or his death. An offer from the crisis team to assist in the mourning was discouraged on the basis that the less said the sooner the children would forget all about the dead boy. There was a lot of trouble in the class. The children were anxious, depressed and irritable.

Outcome

None of the children at The Red House had any psychiatric disturbance in the following months, but five children from Max's class were referred to the local child guidance clinic in the next three months with acute anxiety symptoms.

In this case the children's reaction to the violent death of a member of their peer group has many resemblances to the reactions listed by Miller. The rumour of the boy's return came very soon after the accident, less than 48 hours. We interpreted this as a sign that an intervention was necessary. The mourning rite that was performed by children, staff and parents seems to have been most effective in facilitating mourning, which I believe is the function of burial ceremonies. In this case the family wanted to bury the child in their home country so no burial was available to the children involved. A properly conducted burial and the accompanying rites may be helpful for bereft children.

Reference:

Miller, Jill B. M.: (1971) Children's reaction to the death of a parent: A review of the psychoanalytic literature. *Journal of the American Psychoanalytic Association*. 19: 697-719.

The Jewish Welfare Board

The Jewish Welfare Board has moved. The new address is: 221 Golders Green Road, London N.W.11. Tel: 01-458 3282.

The Jewish Bereavement Project can be contacted through Edgware General Hospital Social Services Dept., Barnet, Middx. Tel: 01-952 2381 Ext. 495.

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