

crippling one. This was partly because the nature of my relationship with the children underwent a radical change precisely as a result of the event itself. While Eva's death would have been less painful for her had she died of a heart attack rather than having to suffer months of being tormented by a merciless disease, it is also true that from the point of view of the children the slowness of the process gave them time to face the situation and also to get used to an arrangement whereby I had to take over Eva's role even before her death, when she was in the hospital and could still be seen and visited by the children. The process continued after her death, and at some stage, without my being self-consciously aware of what was happening, it became clear that I had become as

close to them as I fancy Eva had been.

The somewhat limited nature of the relationship that I had with the children before Eva's illness may even have been, rather unexpectedly, an advantage in one respect. There was more scope for the relationship to develop, for something additional coming into their blighted and suddenly reduced lives. It could not, of course, compensate for the gigantic loss they had suffered in their mother's death, but the sharp increase in our closeness meant that precisely when they sustained their terrible loss, they also gained something that was not there before.

The experience of others

I have tried to outline briefly

some of the worries and decision problems I had. I don't know what interest these things may have for others. Certainly, given the uniqueness of each bereavement, it is hard to draw anything like a "lesson" from one case for others. But bereavement not only tears one apart and takes one away from one's loved one; it also unites people with others who have had similar experiences.

There may not be much consolation there, but this uniting feature is also an important aspect of the experience of bereavement. The knowledge that others in similar situations to us were coping was certainly a source of some confidence in our case. Comfort, like tribulations, seem to come from diverse sources.

Personal Experiences of Bereavement

by

Susan Hill

Novelist

My only qualification for talking to you today is that I have suffered various bereavements in the course of my life, and occasionally written about them. But perhaps it is a good idea to bring everyone down to earth and back to basics. I have no claim to be any more of an expert than the rest of you—or come to that, any less. I am here not as a professional, not as an expert—simply as a human being. My personal experiences are no more remarkable than those of a thousand others.

But perhaps one of the differences is simply the way I have dealt with those experiences. I am and have always been a writer. I am first and foremost a novelist, a writer of imaginative fiction—stories in other words. I have never been an autobiographical novelist in the sense that I have simply taken chunks of my own life, raw, and set them down in fiction. Some people do write novels that way but with me the facts, the stories, the characters in my books have always been invented. It is the emotions that are authentic and important and of which I wish to speak. What I have felt, I have sooner or later given expression to

in the context of novels. Otherwise, I have dealt with grief and all the other emotions of bereavement by writing about my experiences in a more direct and non-fictional form. I have written articles and recently I have finished a whole book about my personal quest to have another child which includes the story of a miscarriages—an important form of bereavement by the way—as well as, at the heart of the book, an account of a neonatal death.

I consider myself to be extremely lucky in being a writer and so in having an important outlet for my pent up emotions. Grief needs expression above all—most people will find an outlet but many cannot do so. Being able to write has been my salvation—I think at one point, literally.

In the course of my experiences I have learnt many things mainly



about myself but also, a few lessons about other things. I believe very strongly that life is a continuing learning process, it is about growth and personal development—though often the process seems to be one or two steps forward, one step back! At the time bereavement seems to be a wholly negative experience. Death is a destruction, a dissolution of things, loss, nothing but minus on the account. It is only later, often years later, that you can take stock and realise then that as a result of it you have grown and learned, that there have been positive aspects, that you are more mature, further on in understanding, insight, sensitivity, as a result of that death.

Childhood days

As a child I was very lucky. I rubbed shoulders with the business

of death and dying quite frequently. It was part of my life, and what I saw, heard, learned and came to know has stood me in good stead in many ways. My mother became a close friend of the matron who ran the nursing home in which I was born, and we visited there regularly. The home took maternity patients, post-operative convalescents and quite a number of elderly patients. There were inevitably deaths, generally of the old, but also—this was in the 1940s and

thought it odd that I should be there.

I cannot draw from these early stories the conclusion that all modern children should pay visits to nursing homes and go on group trips to coffin factories! But an early familiarity with the fact of death and all that surrounds it is a good thing and I am sure one should never shut children away from it out of a sort of misplaced protectiveness.

I feel that you can have known people die, even close friends and relatives on several occasions, and still not have been bereaved in any true sense. But sooner or later, there comes the death that strikes home and brings in its wake the full force of grief and anger and loss. And then you are indeed a bereaved person.

early 1950s—deaths of mothers and babies too. The staff saw no reason why the fact of a death should not be mentioned in my presence and they were right. Of course, they did not go into the medical details, and certainly no one was insensitive or set out to frighten me, but I learned that death occurred and occasionally I saw the dead body. I often went upstairs to visit patients when they were alive, and no-one saw any reason why I shouldn't say farewell to them when they were dead. I knew who the undertaker was and what he did, I knew that the dead were laid out and when I asked what that meant, I was told. The consequences were that I had, and still have, no particular fear of dead bodies and that the whole subject is an open one in my mind—by which I mean it belongs to the daylight and not to the dark, it is not the furtive or secret subject I fear it has become for many people now. And I see no sign of that changing.

I was interested in coffins too. In the yard of the house next door to ours was a carpenter's workshop, a place of great charm for a young child, full of saw-dust and shavings and planks and the smell of new wood and the sound of sawing. The carpenter was a quiet elderly friendly man who was quite happy to have my company. I sat at a bench and watched him work. Sometimes he worked on doors, sometimes he made cupboards but often he made coffins. Nowadays they come off the peg in standard sizes—then they were custom built. I used to look in Mr. Tindall's little note book at the measurements and watch him as he worked and listen as he told me about the people for whom he was building the coffins—who they were and perhaps how they had died. It was all very matter of fact and no-one

The first real bereavement

But what I have been talking about is the paraphernalia of death. Undertakers, doctors and coffin makers are surrounded by death in an everyday context too. They are the professionals. Yet the fact of death may well never have come home to them personally, just as it did not really come home to me until I was 30 years old. I had known people who had died—my grandmother, a great aunt, a girl in another class at my school, one of my college tutors—but these were deaths which did not particularly affect me, did not strike home. I was sad or shaken in varying degrees, yet you might say I had known death but never yet been bereaved. I feel that you can have known people die, even close friends and relatives on several occasions, and still not have been bereaved in any true sense. But sooner or later, there comes the death that strikes home and brings in its wake the full force of grief and anger and loss. And then you are indeed a bereaved person.

It is not necessary to go into too many background details about David. I had met him when I was 22 and fallen in love with him at once, instantly and totally, in a way I sometimes suspect one only ever does fall in love once in a lifetime. I loved him single mindedly and obsessively: passion ruled my life in every way. We had a difficult and stormy relationship for the next eight years. David was a difficult man, a musician with a tempestuous personality who found it extremely hard to make close relationships.

By 1972 and my 30th birthday, we had come through, after a great many trials and torments. I was older and calmer but still totally in love and committed, David had grown older and a little calmer too

and been receiving help in sorting out his emotional difficulties. I had always been ready to marry him but had I done so earlier I think the marriage would have been a disaster. Now he was at the brink of being able to commit himself to me. At this point I went away for a couple of months to a small town on the coast where I rented a cottage and wrote a new novel. It was finished, and on the day before I was due to come home the sun shone and I was happy to have the book done and be going home. Except that all afternoon and evening I felt uneasy, for no discernible reason. I kept wondering about my mother, who had had a major operation for cancer three months previously. I even telephoned her but there was nothing wrong, she was fine. I put the unease to the back of my mind.

Very early the next morning the telephone rang. It was a close friend to tell me that David was dead. The previous day he had lunched in the Cotswolds with a friend and then they had gone for a walk across the fields. On the way he had felt tired and the friend left him to rest in the church while he went back for the car. On his return he found David dead. He had had a heart attack entirely without previous warning. He was just 43. That was on a Friday. On the Sunday morning I went to the early service in the cathedral where David had been organist. As I came out, one of the senior clergy who had known both David and me well handed me a note. It was brief. The gist of it was that I must write about David's death somehow or other, that I was a novelist, I had a duty, he said, to transmute what he called 'this shocking and mighty experience' into art. 'Not yet,' he said, 'you are too close to it, you must work out your grief, but in a year's time you should begin.'

In a year's time, I went back to that seaside place and I did begin. The novel was called 'In the Springtime of the Year'. The clergyman's advice was among the best I have ever been given. I had a goal, a point to continuing to live and to get through that year. I had a duty to discharge and there would be a way of dealing with the whole shocking and mighty experience.

But I have jumped ahead too far. I have made it sound it neat and easy, but at the time I did not see it in this controlled way. However could I? I had rightly been told to live through my grief for that year, but I had no idea how or what that meant, I was lost on a stormy sea of overwhelming emotion and I almost drowned. Perhaps I did cling to that frail raft, the idea that I must

write the book, but if so it wasn't consciously. It is very hard now to convey how I was during that year. I have said I didn't know how to deal with the bereavement or what to expect, and I do think that it is something you learn. Each new death may shake you to the foundations but once you have lived through the worst once, and known of others who have, and read and become aware and grown older, you do have something to go on, you have been there before. That's one of the reasons why I think that talking about death and grief, and having books and radio and television programmes about it is important. You may not have been through it, but you can pick up some information and a little help. It will not spare you, you have to suffer the full impact of your own individual bereavement when it comes. Nothing can—or, I think, should—soften the blow. But you can at least feel 'this has happened to some one before, this experience and feeling is a normal human one' and that is an inexpressible comfort. I wrote my novel for myself, but people have told me that reading it has helped them in their own grief, simply because in it they have read of someone else who feels, thinks and acts in a way that they have been doing. It has made them realise they are not alone, and even more important, not mad or peculiar or abnormal. And it is perhaps easier to become close to a character in a novel than to facts set down by an expert in a manual.

The wilderness of grief

But that year—or rather those three years of my grieving, for that is how long the process took—I knew nothing. I was in a wilderness. I was angry, I raged, I felt bitter and I felt cheated. I was lonely and confused. I slept badly, I had nightmares and a whole catalogue of bodily and mental ailments. I became a sleepwalker. I talked endlessly and incoherently about David and his dying and the aftermath of his death. I talked to friends, to anyone who would listen, to doctors and priests, and on the telephone to the Samaritans. By talking I wanted to undo what had happened. One of the most poignant lines in all literature became for me (and still is) a line from Shakespeare's Richard II: 'Oh call back yesterday, bid time return.' It sums up the whole condition of the bereaved in seven words. Indeed, I sometimes think it sums up the whole human condition.

But time would not return, of course, and I did not know how I could bear the present as it now

was. So I tried to get out of it. Not quite by killing myself—several things stopped me. I believed it was wrong and cowardly, and I was too afraid to do it. I went on hoping that somehow yesterday could be called back. I had people who loved me and supported me no matter what, and I had a book to write. And deep down I simply did not want to be dead, for what use would that be to anyone, what problem would that solve? I believed if I did die I would be with David, but supposing I wasn't, after all? Death is still 'the undiscovered country from whose bourne no traveller returns.' No, I could not. But I wanted oblivion from the pain of living in this awful new world without David. I drank alcohol, I took pills, sometimes both together; surprising, really, that I didn't kill myself by accident. I drove too fast, I didn't eat and at the same time I went on believing in God and in the after-life and in David's continuing existence, in the most vivid, passionate and committed way. I didn't actually consult a spiritualist medium but I read plenty of books about life after death and psychic experiences. I read a few sane ones but mostly they were rubbish. And in truth I did not need them. It has all faded, I no longer believe anything much

I have been appalled at the hungry way in which professional bereavement counsellors with all the psychological and social answers have pedalled their wares so publicly in the aftermath of recent mass tragedies. Of course such help may be needed, it should be available. But there are ways and ways of making it available. Experts in death and grief and bereavement—beware!

that I believed then and my religious faith has undergone a complete sea change, a simplification I think. But certain experiences I had at that time have remained with me. They came unbidden and they were not self-induced, and to deny or betray them now would be quite wrong. It is 16 years ago, but they were real and true and I must stand by them. I had a constant and vivid sense of David's presence and in the midst of my own turmoil and anger and misery I had a calm, steady reassurance that all was well with him, all had happened for the best and all would be well with me in the end. I knew then that there was physical death, that David's body was dead and that I would never see it again. But in his survival of that death in some way I had no choice but to believe. Hysteria? Hallucination? No, I think not. Sixteen years later I am calm, sane, rational again and, as I have said, I no longer believe many of the things I believed then. Yet I have become a much more doubting, less gullible person. Neverthe-

less that one certainty has not left me and I think it could not.

Perhaps the experience I have just related and the way it affected me sounds to you a very usual, very common one. And so it is, but to me it wasn't and it still is not. In a maternity hospital a dozen babies may be born every day of the year, for the most part ordinary, unmemorable routine for the staff. Not to the parents. To them the delivery of their child is unique and the details of it will be engraved on their memories until they die, and so it is with bereavement.

Coming out of the Slough of Despond

The usual things helped me to survive and come through. Time. The friends who never let me down. The friend I telephoned repeatedly at three o'clock in the morning, those I went to stay with for weeks on end when I couldn't bear to be alone and who each time welcomed and accepted me unquestioningly. Talking, crying, and writing—the catharsis of the novel. I cannot say acceptance, for I think I have never truly accepted David's death, never come to terms with it. It gave me, for example, an abiding horror of cremation. I could not bear to think of his body being burned. I still cannot. I know that it

is an altogether more sensible, practical way of disposal on this overcrowded planet and I cannot bear even to contemplate the process. I have always had a love of churchyards, I am comforted by graves and I am wholly on the side of burial. That is an emotional reaction but emotions matter above all. A trivial point perhaps? Not to me. Those are the details which are of such enormous importance to the bereaved.

One other person finally helped to pull me out of the Slough of Despond. A doctor, an ordinary general practitioner to whom I went yet again with my grief and depression and my demand for tranquilizers and sleeping tablets—and this more than two years after David's death. What I got was some straight talking. He told me to stop feeling sorry for myself, that I was young and that life was short and I had my health and strength and owed it to myself and those close to me to get on with living. He said I was letting myself slip into a slovenly spiral of dependence,

that I was too intelligent and well educated to let that happen, that I should have more self respect and back-bone. He was angry with me. 'When I think of some of the sick people I see' he said 'some of the tragedies—what right have you got to come here and complain to me?' He did not actually use those magic words 'pull yourself together'—but almost. I left his surgery without the prescription for tablets or the referral to a psychiatrist that I had demanded. I left in fury and resentment but in my heart I knew that he was right, and his words have never left me. From that morning onwards I began to summon up the courage to live. What he did was as unfashionable as that old fashioned bit of child psychology, the spanked bottom, and every bit as effective.

My mother's death

Two years after David, my mother's cancer returned and she died in a nursing home, slowly, miserably, silently at the age of 68. Her death still hurts me because it was all wrong, everything about it, yet at the time there was nothing I could have done. It hurts me that she and I were never close. I was an only child and she was possessive of me. I fought to get away and, having succeeded, was afraid ever to return to her. I could not talk to her nor she to me. She died without the subject of death ever having been raised between us. I lied to her politely and evaded her questions and avoided her eyes. She died among strangers who handled her with efficiency but remoteness. I could not have nursed her physically but I should have tried to speak to break down the emotional barriers—yet how? She knew she was dying, I knew that she knew, and she knew that I knew—yet we said nothing. I took her bottles of Lucozade and chatted about what was going on in the garden and to this day I simply do not know, given our mutual history and our respective personalities, how it could have been made any different. It is too easy to say 'you must talk'. I think what that really means is 'you must start talking to your children at birth and you must never stop'. For if you have never started, you cannot suddenly do so at the end. By then it is too late. I know that if it had been ten years later and in any other circumstances I would like my mother to have died in a hospice not in a private nursing home. In that atmosphere I think she would have found her dying easier, and so perhaps would I. Because I could not get it right at the time, I have lived for the past 14 years with great sadness at the thought

of my mother's death. It highlighted for me the great truth that relationships between parents and children can be the most unsatisfactory and difficult of all. Can be—but not, I hope, inevitably.

My daughter dies

I have told you of two very different deaths in which in some way or other everything was wrong. The third bereavement of my life was in some ways the worst. My second daughter was born very prematurely and died in a special care baby unit at the age of five weeks. I was devastated, and a death when life has barely begun is always wrong. She suffered in her struggle for life and one of the hardest things about the experience was having to watch while invasive, uncomfortable, painful things were done to her constantly in the attempt to save her, while I could do nothing to comfort and protect her. There is now, for me, a question mark over whether we should make strenuous efforts to keep very premature babies born with the odds heavily against them. That is easy to say with hindsight; at the time all I know is that I wanted her to survive with an all-consuming passion.

At one time doctors and nurses found it hard to handle neonatal death. Perhaps many still do. But let me pick out for you some of the good things that helped us through that terrible time. Medical staff shared our distress to the extent of being able to show their own anxiety and grief to us. Doctors and nurses wept in front of us and that was the most extraordinary comfort, it showed us that they cared for our baby, that they had feelings as we did, that they did not see themselves as medical experts, too detached or professional or superior to let grief show. Of course no-one 'broke down', but uncertainties and unhappiness were not stifled or kept hidden or denied. When my daughter died, we all of us held her, including my elder daughter then aged almost seven, who looked death in the face and saw that it was not something to fear. Our medical questions were always answered in so far as an answer could be given. But the atmosphere in the unit encouraged us to talk about our feelings too. There was a social worker whose unobtrusive but sympathetic presence helped me to talk about my hopes and fears and emotions, and after Imogen's death we went to see a remarkable woman who labours under the rather heavy title of Bereavement Officer. The best things that she did were to put her arms around me warmly and spontaneously and to talk to

me about her own experiences—her only daughter died of cancer. True, she gave us practical help over arrangements and that is a very valuable service. But not, I think, the real reason why she was of such help.

Perhaps a symptom of how unresolved things still are in my subconscious over the deaths of both David and my mother are that I dream of them both quite often, and always the dream expresses in some way that irresolution—there are still many loose ends. Since Imogen's death I have talked and thought about her many times and loved her ceaselessly, but I have never once dreamed about her.

A bad experience of counselling

There was just one false note, one time when I felt things were being handled wrongly. I went to see my general practitioner after the baby's death and at once he asked me if I felt depressed. When I indicated that unsurprisingly I did and that perhaps simply filled with grief, sad would be better words, he pressed upon me the services of a brand new counsellor the practice was proud to have acquired. She herself even telephoned me later that day and urged me to make an appointment to see her to discuss my grief, to explore ways of dealing properly with my pain—all that sort of jargon. I'm sure you will find it beneficial, there are so many ways we have of helping you through the process of bereavement nowadays. Let us explore your grief together. Her voice oozed sympathy and professional concern. I recoiled. I felt that she was invading my privacy intruding tactlessly by assuring me I would feel all the better for her ministrations. Yes, of course I was over reacting and being oversensitive. The bereaved do, they are. I have been appalled at the hungry way in which professional bereavement counsellors with all the psychological and sociological answers have pedalled their wares so publicly in the aftermath of recent mass tragedies. Of course such help may be needed, it should be available. But there are ways and ways of making it available. Experts in death and grief and bereavement—beware!

If anything, the stories I have told you simply reinforce the knowledge human beings have instinctively had for centuries—certain simple truths. Let us not lose sight of those truths in the mass of expertise, and in the studies of every aspect of grief and bereavement. Those who grieve must grieve. There is no easy way out, no short cuts. And much of that work of grieving has to be done alone. It is

a bitter road the bereaved have to travel. They can be helped along it by loving care and the support of families, friends and experts too. They need to talk, weep, shout and rage, endlessly go over and over the events. They need time and space and acceptance in which to go insane. Bereavement is a mad, a crazed state. They need physical signs of loving comfort—an arm, an embrace. And they need these to continue for many months, many years.

In the end we each find our own way of getting through, of surviving the awful business of grief after a

death. Many of my ways are common to most of us. I have talked and cried and raged and consulted the experts. I have written. I have imagined, I have tried to work it out in that way for myself. I continue to do so. But perhaps when I realised that I was alone, when I accepted that I couldn't duck it, that no-one could do my grieving for me, and above all when I faced the fact that yesterday could never be called back, that time would not return—then was the moment, on each separate occasion, when I realised that in the end I would get through it, would survive and recover.

All this may seem obvious and simplistic, but death and grief are obvious and simple things. They are in the end about love. About the relationships of human beings in love and about the breaking up, through the loss of that love and those relationships, by that mighty, terrible, universal thing called death. Death is about isolation, loneliness, misery, grief, separation and pain. It brings all those things in its wake to each of us. But it is also in the end about friendship, closeness, healing, restoration, resurrection. Death and bereavement are opportunities for life.

OBITUARY

Susan Le Poidevin

The world will be poorer without Susan Le Poidevin. Every one of the thousands of nurses, doctors, social workers and counsellors whom she trained will remember her as an enthusiastic, vibrant teacher who expected total commitment from her pupils and got it.

Within her chosen field of counselling for people at times of loss, Susan was a pioneer and the Le Poidevin method contributed much that will outlive its originator. Her teaching was the direct outcome of her experience of life, as an opera singer, psychologist and patient (Susan had lost her sight for several months following an accident). From each of these experiences she learned something

important. As a patient she had learned about loss and disablement the hard way, as a psychologist she discovered how to think about and alleviate the pains of loss and as an opera singer to project her personality to an audience in such a way that they found themselves in touch with feelings as well as ideas.

At times this could be painful and Susan herself sometimes suffered as a result of the powerful feelings which her teaching evoked. To the inhibited English her open manner and spontaneity could be alarming but her most overwhelming remarks were always mitigated by affection and the stiffest upper lip was eventually

relaxed by her spell.

Susan lived her life at a level of intensity which could be exhausting and there were times when one felt that she must surely burn-out. She was fortunate in her marriage to Nick, whose steadying influence complemented her centrifugal tendency. All who knew them will wish to offer sympathy and good wishes to Nick and to their daughter, Charlotte.

We shall all cherish the memory of this whole-hearted, brilliant and courageous lady who died as she had lived, bravely facing up to the worst implications of sickness and death.

— DR COLIN MURRAY PARKES,
MD, DPM, FRCPsych.

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