

the interview guide almost obsolete, as the topics were covered during 'ordinary' conversation. For some people the urgency of what they had to say almost took the form of a monologue. For others, particularly the elderly, the chance to talk seemed to be a primary facet of their agreeing to be interviewed.

Respondents felt that nursing care was not extended to include the bereaved, nor was it intended to be. This feeling prompted a neutral attitude towards the staff, because the nurses were not perceived to be appropriate resource persons for the relatives' own emotional needs. Respondents found it difficult to specify exactly what nature of support would have been most helpful to them, but their

appreciation of the concern shown by individual nurses or doctors indicated that support from this source would not be refused. In many hospital wards it is unrealistic to expect staff to allow relatives time freely to express their fears and anxieties because of personal and professional constraints. Introducing other supportive agencies is therefore an essential part of the caring role, in itself an indication to the bereaved that they are important. In Camberwell this need has been recognised; a bereavement framework group has been established so that some of the issues derived from the study can be further investigated, and research continues with a view to improving care of the bereaved in hospital.

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The Funeral Service in the Process of Grieving

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There is no society known to anthropologists which does not carry out some formal ritual or rituals after death. These may be seen as a tribute or service to the dead but their importance to the survivors should not be underestimated. In a society which is bewildered by death the ideal ritual often seems to be one in which nobody gets upset and the whole thing is got through as quickly, hygienically and efficiently as possible—the result, the production-line cremation service. In this paper the Revd. David Durston suggests that, far from being a 'meaningless' ritual, the Christian funeral, if well conducted, can assist the process of grieving in a number of ways.

Editor

My starting point is a quotation from Colin Murray Parkes:

'Grief itself I see as a process of realisation, the process by which we make real inside us an event that has already occurred outside of us.'
(from 'Good Grief', Institute of Religion and Medicine, 1970)

This process is a difficult one. It's hard to 'take in' the fact that someone close to you has died, someone whose life is very much bound up with yours. An event has happened in the outside world and it requires an adjustment to the inner world of thoughts and feelings. It is a painful process, especially if the death has been sudden or out of time. People feel themselves torn apart by the pain. They may fear they are going mad. 'I think I'm going crazy', one widow said to me shortly after her husband's death.

At some level the psyche resists and rejects the idea that the loved person is dead. 'I can't take it in.' 'I still can't believe it.' Or, as one young man said to me three times after his father died suddenly of a heart attack, 'It's unbelievable . . . It's unbelievable . . . It's unbelievable.' These are examples of what

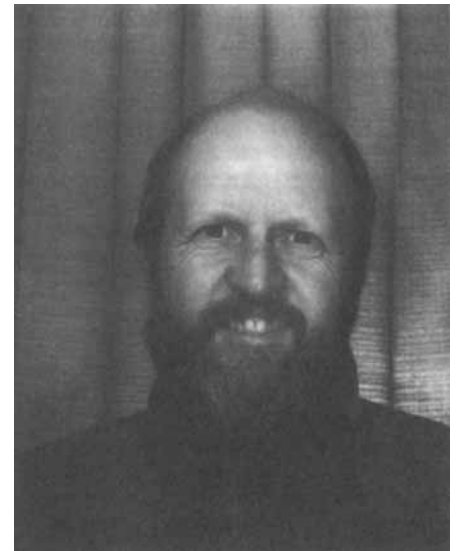
is often called the phase of Denial, the first phase of the grief process.

A significant part of the function of the funeral is, by providing a public ritual at the point at which the body of the dead person is disposed of, to help people to 'take it in.'

I write as a minister of the Church of England, and my understanding of the function of the funeral service is based on my experience of Church of England funerals. I anticipate that most of what I say would be equally true of funerals of other Christian churches.

How far it is true of other religions, such as Islam or Hinduism, I am not competent to say. Grief is a universal human experience, but expressions of grief vary greatly from one culture to another, and those of other faiths will have to judge for themselves how far what I have written is also true in their experience.

The funeral service, in the Christian tradition at least, assists the process of grieving by helping



people to 'take in' the fact of the death of the one they love. In this it responds to the healthy recognition that ordinary people have the need to 'take it in'. They are struggling to do so.

In this they are not like Miss Havisham in Charles Dickens's book 'Great Expectations', who preserved everything as it was at the moment her bridegroom died on the day of their wedding. She tried to maintain a denial of his death. But ordinary healthy people know they need to 'take it in'. So there are conflicting tendencies: a conscious desire to take it in, and, at a deeper level, resistance to this.

The pain of the process has to be experienced and borne before the loss of the loved one is fully 'taken in', and the denial phase is ended. Only then can the mourner start to work at the process of

'acceptance', i.e. not merely acknowledging the fact of the death but integrating all the implications of that death into the building of a new pattern of life.

'Working through the grief'

The experiencing and bearing of the pain is a process of 'working through the grief'. If the pain is not worked through it can lead to changes in character such as bitterness or cynicism. In D. W. Winnicott's phrase, it becomes 'frozen'.

Winnicott suggests that the painful, wounding experiences of life can remain, as it were, frozen inside us. If sufficiently severe they can lead to what would usually be regarded as mental illness. For most of us, however, these undigested disasters are reached and unfrozen by other experiences of ordinary life, of being loved by family and friends, being nursed during illness, of music, poetry or religion.

Part of the process of 'working through the grief' is an acceptance of the death as something that 'makes sense', that it is part of an ordered meaningful world, and not a world that is chaotic or absurd. For many people religious worship and belief play an important part at this point. Even in a secularised society such as ours, over 95 per cent of people still have a religious service at the death of a loved one.

An act of worship creates a mood and puts people in touch with beliefs. They may or may not share these beliefs, or they may hold them in a very attenuated form, in most circumstances giving no thought to them, but the service affirms the beliefs and the fact that some people believe them. It conveys the sense that this is God's world, that God is in control of it, and that this death is in some mysterious way part of His plan.

At a time when the mourners' personal world has changed dramatically, and where everything feels it is in turmoil, the use of prayers and hymns that they have known from childhood conveys a sense of stability and permanence. The Lord's Prayer and 'The Lord is my Shepherd', still familiar to most people in this country, and the belief they express in the loving care of an all-powerful Father, put the death in a wider context. The act of worship can give mourners the sense that in some way the death does 'make sense', even though they cannot articulate it in words.

Loosing Control

For the pain to be experienced and borne, and then reached and 'unfrozen', there has to be a loosening or relaxing of control. At times of powerful emotion we are often

aware of the need to control our feelings. When other people are present we do not wish to break down. Bereaved people are often afraid of breaking down in the presence of others, and so they build a defence to make sure they are not overwhelmed by their feelings.

They are only able to relax this control in a context in which they are confident that someone or something else can 'hold them together'. If they can depend on another person or group in this way then they can engage in what has been described as 'regression to childhood dependence'. They can let go because another will hold them.

The word 'regression' is not used here in a pejorative sense, implying that it is a bad thing. Rather it describes a going back to a pattern of behaviour that is characteristic of the childhood phase of life. A child while playing cuts his knee. He runs to his father or mother and collapses in a flood of tears in his father's or mother's arms. He is hugged, he is held, and in a few moments he is quickly better and rushes off to play again.

'At a time when the mourners' personal world has changed dramatically, and where everything feels it is in turmoil, the use of prayers and hymns that they have known from childhood conveys a sense of stability and permanence . . . But for most people, who have very little experience of Christian worship, the symbols of God in the church have much less power. Coming into church often makes them freeze up rather than relax. The personal leadership of the priest or minister is much more significant to them. He has to lead people into the expression of grief.'

Regression to childhood dependence on the part of the adult may be a way of giving up and opting out, but it may also be a means of *reculer pour mieux sauter*, a constructive response to stress, pain or anxiety. It can enable the person who felt 'shattered' to regather himself and feel whole again, to face a situation which previously felt overwhelming and find it manageable. The concept of 'regression to dependence' in adults is elaborated and discussed in Bruce Reed's 'The Dynamics of Religion', Chapter 2 (Darton, Longman & Todd 1978).

This loosening and relaxing of control within the secure context allows the death of the loved one to be gradually 'taken in' and 'accepted'. The person comes to know and feel inside herself that the death is true. It becomes an inner reality, not an external fact which feels 'unbelievable'. The re-ordering of the inner world of emotions and attachments, of expectations and assumptions, begins to take place, allowing the external world of relationships and activities to start to change as the implications of the death are worked out.

This is not an easy process. Some people, as a result of pre-

vious experience from childhood onwards, have developed a disposition or capacity which enables them to mourn. With others, powerful forces inhibit their feelings and block the expression of grief. I vividly remember a widow, sitting with her family in her home after getting back from the funeral service in the crematorium, saying: 'I can't cry. I wish I could, and let it out. I never have.' And a little later: 'It's all inside me. My grief's all inside me.'

For some people who are accustomed to worship in church, the symbols of God in the church are able to evoke a sense of a trustworthy dependable Father who can 'hold them' so that they can relax and mourn. I remember the funeral service of the mother of a middle-aged lady in the congregation of my church. She lives 50 yards up the road from the church, and has lived there all her life. I went to the house half an hour before the funeral to meet some of the relatives whom I did not know. She was in the house, quite composed, being the good hostess, introducing me to people, making sure all the

arrangements for the meal afterwards were in hand. When the family reached the gate at the entrance to the churchyard 50 yards down the road, she was in tears, half collapsed, leaning heavily on her brother. She cried a lot in the church service and subsequently at the crematorium. When we got back to the house, ten minutes after leaving the crematorium, she was again the composed hostess, passing round the cups of tea and making sure everyone had a sandwich. For her the church was the secure place where she could mourn and let herself go into the process of grief. Symbols of God in a church could evoke for her the sense of being in the presence of a loving Father, in whose presence she could relax control and weep and grieve.

The leadership of the priest or minister

But for most people, who have very little experience of Christian worship, the symbols of God in the church have much less power. Coming into church often makes them freeze up rather than relax control. The personal leadership of the priest or minister is much more significant to them. He has to lead

people into the expression of grief. Some years ago a theological student on placement in my parish wrote up an account of a funeral of a young man killed in a road accident. Many of the mourners were young, drinking and footballing friends of the man who had been killed. They came into the service grimly, their faces set. I had got to know the family well as a result of their bereavement, and as I gave the address at the funeral service I became caught up in their grief. The tears were running down my face and I began to choke and found it difficult to go on speaking. In his account of the service the student wrote:

'During his talk the Vicar's voice wavered. This clearly surprised most

people. I observed many people looking up and craning their necks to see. After the initial surprise on the part of the congregation an infectious reaction seemed to set in. Many others expressed their grief openly for the first time—eg. sniffing and taking out handkerchiefs. It was at this point that a lump came into my throat and I shed a tear or two.'

My own mourning, and the open expression of the grief I felt, led the people in the congregation into mourning, and released them to express their grief.

When those who have been bereaved are able to mourn, the task of the priest or minister is to take them gently through the process, giving them a secure place to grieve. As one priest said to me 'They need someone to mourn to'.

The priest or minister may not need to grieve deeply himself.

When those who are bereaved are not yet able to mourn, the priest has to lead them into the painful process of grieving by grieving himself and showing his grief. One might say he has to demonstrate his sharing in the priesthood of Christ, of whom it is said 'we have not a high priest who cannot be touched with the feeling of our weaknesses, but one who in every respect has been tried as we are.' (Epistle to the Hebrews, Ch. 4, v. 15).

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The Problem of Guilt in Bereavement Care

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GUILT IN BEREAVEMENT CARE

As Shakespeare said: 'Use every man after his desert, and who should 'scape whipping?' Guilt is a common reaction to bereavement and we should not be too glib in attempting to reassure those who insist on blaming themselves. Paul Tillich, the theologian, distinguished 'true guilt' and 'neurotic guilt'. He recognised that much 'neurotic guilt' is irrational and misplaced. The role of the counsellor, he suggested, may be to help the client to discover the rational basis of these irrational feelings, at which point 'neurotic guilt' may dissolve or be transformed to 'true guilt'.

Editor

'There is no grave,' says Paul Tournier, 'beside which a flood of guilt does not assil the mind'¹, and the normal, bereaved person will find a multitude of things about which to feel guilty. We need to distinguish between true and false guilt in our dealings with those we are counselling, and to look at their origins in our own lives to enable us to cope with them when they occur.

From the very earliest days of infancy, as Freud has demonstrated, guilt is put into the infant mind by parents and presents itself as fear of losing the love of his parents². This, he feels, is conditional on his fulfilling certain well-defined criteria. The anxiety of guilt, which begins here, is the anxiety of being rejected, and this continues in various guises through adult life. As social circles widen to include school, friends and peer groups, social suggestion and external criticism, underlined perhaps by the dogma of some religious institutions, encourage our guilty feelings. They tell us what we can or cannot do, how we 'ought' to be acting, and give opinions ranging from good advice to strict commandments. This kind of guilt is

normal in children and continues at an intense level in neurotics, but at a lower level in better-adjusted adults who are able to distinguish between what is real guilt and what is the product of their upbringing.

Tournier¹ outlines some definitions given by 20th century thinkers. In brief, Odier defines false (or functional) guilt as that which results from social suggestion, as described above, whereas true (or value) guilt is a genuine consciousness of having betrayed an authentic standard. For Jung, false guilt has its origins in an inherent refusal to accept oneself wholly, to accept the shadow part of one's nature; true guilt, however, involves a violation of the normal relationship of the self to the self.

Buber³ continues from Jung's standpoint and thinks that genuine guilt always turns on some violation of human relationships, on a breakdown of the I-Thou relationship.

Religious influence has added a further dimension, with mixed results. The foundations of this were laid in the Old Testament, with the idea of guilt towards God. This guilt, say some Christian therapists, is experienced as a direct result of being reproached by God



in their hearts—a kind of divine judgement. In this theory, false guilt is anything engendered by the criticism of others, and duty to God's will is paramount. This has released many from a burden of guilt because the atonement brought with it forgiveness of all sin. However, it has weighed down others who have been made to feel that they can never be worthy recipients of God's love.

It is, of course, helpful for bereavement counsellors to have a basic understanding of the psychology of guilt feelings, but what they need to learn is how to convey to their clients the feeling that guilt is a normal reaction to any bereavement and that they will be able to come to terms with those feelings in due course. The counsellor's approach will depend upon his or her own history and upbringing and on those of the client. Perhaps counsellors can begin by defining false guilt as that which is unreasonable in its demands on an individual and has too high expectations of behaviour, or as that which blames somebody for something completely beyond his or her control.