

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'<sup>1</sup>, 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 parents<sup>2</sup>. 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.

Tournier<sup>1</sup> 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.

Buber<sup>3</sup> 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.

These kind of thoughts will often be expressed by the newly bereaved in sentences which begin: 'If only . . .'. 'If only I had called the doctor earlier . . . made him give up smoking . . . been with her when she died . . .' and so on.

Guilt about the manner and occasion of the death make up the first group of guilt feelings, which may lead back to guilt about the past relationship. Many people are faced with all kinds of recriminations about the past, arguments unresolved, disloyalties never shared, failures and shortcomings. Initially, it will be the client's task to share these and the counsellor's to listen. The healing process will begin in the voicing of such thoughts.

Then, the counsellor will need to help the client see that all human relationships are limited in their quality by virtue of the fact that they are subject to human weakness. To be spared all conflict and all negative feelings, one would have to withdraw from life altogether or else live with an unreal and dishonest partnership. When two adults live closely, if they are to be equal partners rather than acting out a parent-child role, conflicts will arise. It is a prime task for the counsellor to enable the client to remember her lost one, warts and all, to accept his (and her) shortcomings with love and honesty. If she is able to do this, she will be able to come to terms with any last angry exchanges or unfinished business. This can be especially important after a sudden death where there has been no time to prepare.

More serious problems occur when the feelings of guilt are not recognised and the bereft widow, for example, tries to submerge them by making obvious compensatory gestures—having an expen-

sive funeral or lavish meal, or by constantly trying to convince herself of her husband's exaggerated talents and virtues. Alternatively, grief may become prolonged and painful as though, by making herself suffer, she might make reparation for the things she feels she has done in the past.

There is also another mode called 'survivor guilt' when death occurs out of its natural sequence or when there is a disaster which seems to strike some down at random leaving others alive and well. Piper Alpha, Zeebrugge and the German Air Show inferno will all have left this guilt in their wakes. Some may be full of guilt because they have survived, and others because they are so happy and pleased to be alive.

For counsellors, one important fact is not to be shocked by any emotion the client expresses, however strange or negative it may be or however unlike the counsellor's own feelings it seems to be. There is really nothing new under the sun, and to talk about difficult feelings will facilitate rehabilitation.

Thus we have three main but overlapping categories—guilt about the manner of death, guilt about the past, and survivor guilt\*. Some people, naturally, will escape any guilty feelings whatsoever, or will deal with them quite successfully themselves. The acknowledgement of them is the first step but for those with religious beliefs, the act of confession can be helpful and may help with feeling forgiven for crimes, real or imaginary. For example the widowed client needs to feel that her husband can forgive her and that she can forgive herself. The problem will be aggravated where the relationship was known to have been unhappy, with little exchange of love. If it has been a stable marriage, then she

will begin to realise that he would, given the chance, forgive her and that in a normal partnership there will be misunderstandings and things regretted.

Some bereaved people have found it helpful to keep a diary or write down their progress along the grief track. Provided that this is not just a way of avoiding the reality of the death it may be a legitimate thing to do. Care will need to be taken that the client does not get stuck in a denial phase or refuse to move forward, but it may be that this writing down, this time for 'getting it off one's chest' will facilitate recovery. Gradually, perhaps the widow in my example will be able to forgive herself her shortcomings. Although in some cases this takes time, failure to forgive oneself can become a kind of negative self-indulgence. As her self-confidence increases this will become easier and unless there is real cause for guilt—perhaps she *did* neglect him—will be a normal phase of grief. Abnormal or prolonged obsession with guilt will demand more than the average counsellor can cope with and further help should be sought. In most cases, though, the fetters of past mistakes and hypothetical situations will not hold the normal bereaved person captive and new life will begin to be experienced in due course.

#### References

1. Tournier P. *Guilt and Grace*. London: Hodder & Stoughton.
2. Freud S. *Two Accounts of Psychoanalysis*. Harmondsworth: Penguin, 1979.
3. Buber M. *Guilt and guilt feelings*. In: *The Knowledge of Man*. New York: Harper, 1966, pp 121-148.

#### Footnote

\* For a discussion of survivor guilt, see for example Lifton RJ, *Responses of survivors to man-made catastrophes*, *Bereavement Care* 1983; 2, No. 3. Available in 'Best of Bereavement Care No. 3: Bereavement Through Violence, Suicide or Disaster', £3.70 plus 80p p&p from Cruse, 126 Sheen Road, Richmond, Surrey TW9 1UR, England; overseas orders please send double postage and pay by Sterling Draft payable in London.

## REVIEW BEREAVEMENT AND COUNSELLING: A HANDBOOK FOR TRAINEES

Lyn Franchino. *Counselling Services, 19a Weybridge Park Road, Weybridge, Surrey. 1989. £9.95 inc. p&p.*

This is a handbook that has been prepared to accompany bereavement courses. The first half is about dying and bereavement and includes bereaved children, bereaved families, suicide and unresolved grief. The second half is on basic counselling skills. The emphasis in this handbook is on the practical skills which a counsellor needs in order to work with a bereaved adult. Each section is clear, coherent and is replete with exercises which help to illuminate and expand the text. It is designed for trainee counsellors, and needs to be used in conjunction with Lyn Franchino's manual on basic counselling skills for trainers of bereavement counsellors, published by Cruse 1986<sup>1</sup>. On the whole, I found it a very helpful addition to

the literature and would commend it for use on basic courses on bereavement counselling.

Although some information about bereaved children and families is included, it is not made clear that counselling children, and family counselling, require a different and somewhat complementary set of skills from those skills outlined in the second part of this handbook. Although it is implicit throughout that the author is talking about the individual counselling of adults, by including in the first part of the book information on bereaved children, there is an implicit suggestion that her techniques will be useful also for children. This needs to be corrected in future editions. Specific references to counselling children and families would be helpful. Some of the author's statements about the development of the child's concept of death are inaccurate. Recent research has shown that children develop a quite sophisticated understanding of death at a much younger age than has hitherto been believed.

The chapters on suicide risk and unresolved grief do not, in my opinion, state clearly enough how a counsellor should

evaluate or when she should seek professional help for the client, or how she should go about it, and these sections need revision in future editions.

With these reservations, I am delighted to recommend an extremely useful handbook.

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#### FORTHCOMING COURSES

**Bereavement Counselling Skills for those working with the bereaved.** London W9. Friday mornings starting 28 September, 1990. Westminster Bereavement Service. Enquiries: Jill Dunbar, 31 Llanvanor Road, London NW2 2AR (Tel. 081-455 9612).

**Bereavement—Implications for People with Learning Difficulties.** 2 October, 1990, repeated 22 March, 1991. One-day programme open to all. £39. Details: Castle Priory College, Wallingford, Oxon OX10 0HE (Tel. 0491 37551/26350).

**Cruse—Bereavement Counselling Courses.** For details of Cruse courses in the U.K. in Autumn 1990 and Spring 1991, contact Cruse, 126 Sheen Road, Richmond, Surrey TW9 1UR (Tel. 081-940 4818).