Patterns of bereavement in Indian and British society

Pittu Laungani

Pittu Laungani, BA, MA, PhD
Reader in Psychology, South Bank University, London, UK

The grief, sorrow, pain and suffering experienced by the bereaved at the death of their loved ones are universal emotional states. As far as is known, no society, no culture is exempt from such emotions[1]. What differs, however, is the process and pattern of bereavement and the way in which they are manifested, which can vary even within a single culture.

LOSS OF A CHILD

Whether Indian or British, children are the custodians of the future. When they die the future dies with them and is buried in the past. In that sense, the death of children is the most traumatic event in any parents' lives.

Sex of the child

In India the death of a male child is mourned more deeply than the death of a female child. Within the extended family system, most Indian parents see boys as future economic assets and potential dowry earners. There is a strong cultural expectation that when parents become old and infirm they will be looked after by their sons. In accordance with Hindu scriptures, only sons can light the funeral pyre and perform the last funeral rites of their parents to ensure the repose of their souls[2]. In common with most societies all over the world, it is through sons that the family lineage is perpetuated.

Although female children are seen as pledges of honour, and it is the sacred duty of parents to discharge the pledge by having their daughters handsomely married, the death of a daughter may, in certain instances, be perceived as a relief. The dowry system tends to continue, even though banned by an Act of Parliament. Dowries can cripple a family financially and dissatisfaction with the dowry received can lead to tragic, even fatal, consequences for the bride, and her family.

Age and position in the family

Deaths in the first one or two years of life seldom arouse the same sorrow in India as when older children die. The extremely high mortality rate in the under-fives (154 per 1000 births) prepares Indian parents for the fact that not all their children will survive. Death is common in a country where 40% of the urban population and 51% of the rural population live below the absolute poverty level[3], and inevitably some children will die of malnutrition and infectious diseases. Safety therefore lies in numbers, in having more children in the hope that some will survive.

Young people are married early in India but, unlike marriages, pregnancies are seldom carefully planned and occur soon after marriage. Thus if a child of a teenage mother were to die it would not be seen as a great calamity, for she could soon have another baby.

EDITOR'S NOTE

One of the advantages of membership of a multicultural society should be the opportunity which members of differing cultures have to learn from each other. Sadly, this seldom takes place: members of one culture take little interest in the viewpoint of others and these tend to be treated with scorn or, at best, amusement. This makes it hard for immigrants to 'fit in'. They may react by rejecting their parent culture entirely or may become sealed off in a ghetto in which their culture of origin is perpetuated in a peculiarly rigid form.

Bereavement presents us with the need to question our basic assumptions. Funeral and mourning customs reveal, more clearly than anything else, the nature of these basic assumptions and allow us to come to grips with them.

In past issues of *Bereavement Care* we have published papers which describe the response to bereavement of several cultural groups. This paper takes the analysis a step further. By comparing and contrasting British and Indian cultures, Pittu Laungani highlights some fundamental differences in perspective which have a profound influence on the ways in which members of each culture cope with bereavement. Readers from other cultures will be able to relate their own to one or other of the examples given here and, hopefully, to extend the debate more widely. The Editors would be glad to receive correspondence or further articles in a similar vein.

CONCEPTUAL MODEL OF CULTURAL DIFFERENCES

Four factors which influence the differential patterns of bereavement in Western (British) and Eastern (Indian) cultures have been postulated. They are: Individualism/Communalism; Cognitivism/Emotionalism; Free will/Determinism; and Materialism/Spiritualism.

Each pair of concepts forms a continuum from, say, individualism at one extreme and to communalism at the other. So the attitudes of any group of people can be represented at any point along the continuum and may, over time, change in either direction. The concepts to the left of each factor apply more to the British and those on the right, to the Indians.

Individualism/Communalism

Western society has an increasing emphasis on individualism. The British family structure, particularly since World War II, has changed dramatically. The nuclear family is now the norm. With the increase in one-parent families and just under 25% of the population living alone,

family structure is likely to change even more in the future.

Individualism (or self-realisation, on which it is based[4]) has been much debated among Western thinkers[5,6,7,8]. Some argue that it is incompatible with, and even directly opposite to, communal interests[4].

In bereavement, individualism tends to inhibit an easy sharing of problems and worries with others. As Albert Camus pointed out[9], it creates in people an existential loneliness, compounded by a sense of the absurd. The emphasis on self-reliance, and the expectation of being able to cope with one's own problems, imposes severe stress on the individual. The bereaved family is not only expected to overcome its grief and loss by itself, but it is also likely to be left alone to do so.

A dominant feature of individualism is recognition and respect for other people's physical and psychological 'space', closely related to the concept of privacy[10], which implies recognition and respect for the individuality of others. People avoid touching one another for that is seen as an encroachment of physically defined boundaries. Even eye-to-eye contacts are normally avoided. Several studies have shown that the effects of violating another person's physical space or privacy[11] lead to severe stress and, in extreme cases, to neurosis.

Psychological 'space', defined by boundaries which separate the psychological self from others, is a highly-valued idea in the West and respected in all social situations. People describe themselves as feeling 'threatened', 'upset', 'angry', 'awkward' or 'confused' when they feel that their subjectively defined space is invaded. Thus bereavement in the family is perceived as primarily an individual problem in which one does not intrude, of sole concern to the affected family.

Indian society, on the other hand, has been and continues to be community-oriented[2,12,13,14,15]. Most Indians, both Hindus and Muslims, grow up and live in an extended family network. In day-to-day speech, Indians often use the collective pronoun 'we', signifying the suppression of personal ego in the collective ego of the family and community, thus gaining their approval[16]. Consequently when a problem affects an individual, it affects the entire family and, if the problem is important enough, the community of which the family is an integral part. Seldom does one see personalised 'private' problems and the extended family network provides the bereaved with inbuilt safety measures.

For an individual to stay part of the family and community, he or she is expected to submit to communal norms. Major deviation leads to ostracism. This pressure can have adverse effects on some individuals, even leading to psychotic disorders and hysteria[17,18].

Cognitivism/Emotionalism

As a generalisation, it has been suggested that Indian society is relationship-centred[19], and British society, is work-and-activity centred.

In a work-and-activity society, people are more likely to operate in a cognitive mode, with the emphasis on rationality, logic and control. Public expression of feelings and emotions causes embarrassment and, in certain classes, is even seen as vulgar. As a result, settings need to be created that permit the legitimate expression of emotions, and their handling by experts. Thus Western society has seen the growth of counsellors trained in specific areas and psychotherapists and psychoanalysts of different theoretical persuasions.

A relationship-centred society, on the other hand, is more likely to operate in an emotional mode, so feelings are not repressed, but encouraged. Crying, dependence on others – both in females and males – and excessive emotionality are not considered as weakness. Since feelings, both positive and negative, are expressed easily, there is little danger of treading incautiously on the sensibilities of others.

In fact, among Indians emotional outbursts are often symbolic, even ritualistic, for otherwise they would lead to a permanent rift, the consequences of which would be far more traumatic than those of living together. Given the crowded living conditions, the lack of amenities and privacy, the inertia evoked by the heat and dust, the feeling of claustrophobia, it is not surprising that families often fight and swear at one another. These outbursts have a surrealistic quality: at one level, stark and real with the words and abuse often vicious, yet at another level, bewilderingly unreal. Often, their only function is cathartic relief.

In a work-and-activity society, relationships are formed on the basis of interests and values in common, and people are expected to work at them – in marriage, in the family, at work, and even with friends. For instance, at social gatherings you are expected to 'sing for your supper', and your performance may determine whether you will be written off, kept on ice or reinvited. Whereas, in a relationship-centred society, it is not necessary to share the same attitudes for the cultivation of a relationship.

Free will/Determinism

Though philosophers may argue[20,21,22,23], there is a peculiar dualism in Western thinking on free will and determinism. Scientific research is still deterministic, seeking causal explanations, and predictable results. Yet commonsense leads to a strong belief in free will.

Determinism plays a crucial role in Indian thinking. Indians are prevented from taking final responsibility for their own actions by the law of karma, which involves determinism and fatalism and has shaped their view of life over centuries[15,24,25]. In its simplest form, it states that happiness or sorrow – there is no equivalent word for depression in Hindi or Sanskrit – is the predetermined effect of the actions of individuals, either in their present life or one of their numerous past lives. It follows that the untimely death of a child was predestined. 'God willed it' is the most commonly accepted form of rationalisation among Indians.

These beliefs take the venom out of the sting of suffering and engender in the Indian psyche a spirit of passive, if not resigned, acceptance. This prevents a person from plunging into an abyss of despair, a state from which the British, because of their fundamental belief in the doctrine of free will, cannot be protected. However, the main disadvantage of determinism is that it may occasionally lead to profound inertia, so that no proactive measures are taken. The Indian psyche has an unquestioning acceptance of life and all its vicissitudes.

Materialism/Spiritualism

Materialism is a belief in a material world, composed of matter. The popular myth that all explanations of phenomena from cot death to cancer need to be sought within the materialist framework is perpetuated in the medical profession, with non-material explanations treated with scepticism and scorn. However it is not unusual to see rationally acquired materialist beliefs jettisoned in the context of death, and emotional beliefs about spiritualism (for instance, the permanent survival of the spirit) being salvaged.

To Indians, the external world is illusory and not composed of matter. Beliefs and values revolve around spiritualism, and the ultimate purpose of human existence is to transcend the physical, renounce the world of material aspirations and attain a heightened state of spiritual awareness through transcendence, or inward-seeking consciousness. Unfettered by materialistic boundaries, natural and supernatural, material and spiritual explanations of phenomena coexist with one another[15]. The concept of materialism, so vital in the West, is a relatively unimportant concept in Indian thinking.

For instance, a woman living in India may accept a system of folk 'theories' which is firmly established and culturally acknowledged there. She may see the death of her child as the influence of the 'evil-eye', and although it might have been diagnosed as due to viruses by an Indian doctor trained in Western medicine, her view would be unlikely to be ridiculed. The two views would reside side by side. But to a Westerner, if a death is caused by viruses, it cannot be caused by supernatural influences. Over time, the mother may come round to believing that her child's death was caused by unknown, unseen 'germs', but, whether or not she does, her own views about the causes of death will be accepted by her own community. In Britain, the same Indian woman would find herself out of sympathy were she to persist in supernatural explanations of her child's death.

The causes of illness, disease and even death in India are explained in terms of sorcery, bewitchment and evil spirits. Persons specially qualified to remove spells or exorcise evil spirits are summoned by the family members of the afflicted or bereaved to help them come to terms with their problems or loss[26]. Faith-healers, mystics, shamans, pirs, bhagats, gurus, yogis or practitioners of ayurvedic and homoeopathic medicine are accorded the same respect as doctors trained in Western medicine.

CONCLUSION

No culture or society has all the answers on the ideal way to mourn and recover from the death of loved ones – if indeed there is an ideal way to recover. Only when cultures meet on equal terms and as equal partners, and express a genuine willingness to learn from each other, may we find tentative answers to these questions. But for the West to assume that there is little or nothing which they might profitably learn from Eastern cultures, many of which have sustained and perpetuated themselves for over 4,000 years, is precisely the kind of attitude which is inimical to a genuine cross-cultural understanding[27].

'There are' as Hamlet exclaimed, 'more things in heaven and earth ... than are dreamt of in your philosophy.'

References

1. Rosenblatt PC, Walsh RP, Jackson DA. Grief and Mourning in Cross-cultural Perspective. Washington DC, USA: Human Relations Area Files Press, 1976.
2. Kakar S. The Inner World – A Psychoanalytic Study of Children and Society in India. Delhi: Oxford University Press, 1981.
3. Gupte P. India: the Challenge of Change. London, UK: Methuen Mandarin, 1989.
4. Archard D. The marxist ethic of self-realisation: individuality and community. In: Evans JDG (ed). Moral Philosophy and Contemporary Problems. Cambridge: Cambridge University Press, 1987.
5. Bellah RN. Habits of the Heart: Individuation and Commitment in American Life. Berkeley: University of California Press, 1985.
6. Lukes S. Individualism. Oxford: Basil Blackwell, 1973.
7. Spence JT. Achievement American style: the rewards and costs of individualism. *American Psychologist* 1985; **40**: 1285–95.
8. Waterman AA. Individualism and interdependence. *American Psychologist* 1981; **36**: 762–773.
9. Camus A. The Myth of Sisyphus. London: Hamish Hamilton, 1955.
10. Laungani P. Cultural differences in stress and its management. *Stress Medicine* 1993; **9**(1): 37–43.
11. Spielberger C. Understanding Stress and Anxiety. London: Harper and Row, 1979.
12. Lannoy R. The Speaking Tree. Oxford: Oxford University Press, 1976.
13. Laungani P. Doing research in India. *Bulletin of the British Psychological Society* 1981; **34**: 4–5.
14. Mandelbaum DG. Society in India: vol 2. Berkeley: University of California Press, 1972.
15. Sinari RA. The Structure of Indian Thought. Delhi: Oxford University Press, 1984.
16. Laungani P. Cultural variations in the understanding and treatment of psychiatric disorders: India and England. *Counselling and Psychology Quarterly* 1992; **5**(3): 231–244.
17. Channabasavanna SM, Bhatti RS. A study on interactional patterns and family typologies in families of mental patients. In: Kiev A, Rao V (eds). Readings in Transcultural Psychiatry, pp149–161. Madras: Higginsbothams, 1982.
18. Sethi BB, Manchanda R. Family structure and psychiatric disorders. *Indian Journal of Psychiatry* 1978; **20**: 283–288.
19. Pande S. The mystique of 'Western' psychotherapy: an Eastern interpretation. *The Journal of Nervous and Mental Disease*; **146**: 425–432.
20. Flew A. An Introduction to Western Philosophy. German Democratic Republic: Thames and Hudson, 1989.
21. Popper K. Objective Knowledge: an Evolutionary Approach. Oxford: The Clarendon Press, 1972.
22. Popper K. The Open Universe: an Argument for Indeterminism. London: Hutchinson, 1988.
23. Heisenberg W. The Physical Principles of the Quantum Theory. Berkeley: The University of California Press, 1930.
24. O'Flaherty WD. The Origins of Evil in Hindu Mythology. Berkeley: University of California Press, 1976.
25. Weber M. The Sociology of Religion, 4th edn. London, UK: Allen and Unwin, 1963.
26. Kakar S. Shamans, Mystics and Doctors. London: Mandala Books, Unwin Paperbacks, 1982.
27. Parkes CM, Laungani P, Young W. Death and Bereavement Across Cultures. London, UK: Routledge, in press.

OBITUARY

BERNARD WILLIAMS

Founder of the Lesbian and Gay Bereavement Project, UK
Born 5 April 1925; died 5 September 1994

Bernard Williams died of cancer, aged 69, just two days after he and Dudley Cave had celebrated 40 years together as a couple.

At the time Bernard and Dudley started to live together they could have been given life imprisonment for their actions. Undeterred, they both worked for an end to discrimination and criminalisation. They appeared frequently on television and radio, providing many young gay people with their first role model of a happy, well-adjusted gay couple.

Bernard's first lover had been killed in the Royal Air Force. Prevented by prejudice from grieving properly at the time, he later said it had taken him 20 years to come to terms with his loss. After retiring from teaching, he and Dudley together established the Gay Bereavement Project, which provides help to any bereaved lesbian woman or gay man. In 1980 it was the first registered charity allowed by the Charity Commissioners to have the word 'gay' in its title – a significant landmark.

For many years Bernard did much of the daily helpline work and travelled the country giving talks and running workshops. He also provided an essential internal support role. Bernard worked tirelessly for the Project, and his great humour and understanding helped many people through difficult moments.