

Culture and grief



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There are good reasons to argue that grief is, in a sense, innate – a natural and universal reaction to the death of someone to whom one feels close. However, a study of patterns of grieving across cultures shows very different ways of reacting to loss and Western concepts of ‘normal’ reactions or ‘healthy’ ways of coping emerge as ethnocentric constructions. These cultural differences led us to look again at the traditional understanding of the grieving process and to propose a different model of effective coping which takes cultural variation into account.

Grief as a universal reaction can be understood in terms of our biological heritage and survival of the species¹. Reactions that are identifiable as ‘grief’ have been documented in very diverse societies and even across species^{2,3}: many species show attachment behaviour to other members of their species and considerable distress on death or separation.

Not only do animal and human studies provide empirical evidence for the presence of grief-like reactions, but the understanding that grief is universal makes theoretical sense from the viewpoint of sociobiology, attachment theory, and even transcultural psychiatry, as well as from the general perspective of emotion theory (sadness is also taken to be a universal emotion). It is beyond the scope of this article to cover these but to illustrate, Bowlby⁴ reasoned that attachment behaviour has survival value for many species and that grief, as the negative aspect of attachment, is a general response to separation.

Nevertheless, cultural variations are manifest. These cultural differences do not negate the concept of a universal experience

of grief; rather the reactions to bereavement common to all people provide the fundamental background from which cultural variations should be viewed. Given the common framework, it is important to study the cultural patterning of grieving because not only does lack of understanding make it difficult to interpret the reactions of those in other cultures, but potential insight into our own grief reactions is limited if we remain completely ethnocentric in our approach.

Are the effects of grief similar or different across cultures? To explore this

EDITOR'S NOTE

People from different cultures often show wide variations in the ways in which they express grief. This throws doubt on our assumptions about what is ‘normal’ grief.

In this paper Margaret Stroebe and Henk Schut, leading authorities in the field, look at some puzzling examples and relate them to the Dual Process Model of grieving which they have developed with their colleagues at the University of Utrecht.

question – the focus of this article – the component parts of the grieving process need to be examined. Thus, visible signs (manifestations), personal perceptions (symptoms) and health consequences of grief will first be described, in particular, ways of coping and processes of appraisal. Then, the extent to which these phenomena – admittedly Western-derived ones – are evident in cultures very different from our own will be explored. This article focuses on comparisons between Western and non-Western cultures across historical periods and across the world; it does not discuss research on ethnic group differences in grief and grieving within individual Western cultures⁵.

Much of the information drawn on for the cross-cultural comparisons comes from data collected by anthropologists, for there has been little psychological research so far. Frequently inferences have had to be made from the study of public display of mourning behaviour rather than private emotional reactions to death, and there is also the possibility of misunderstanding because of inadequate knowledge of the culture in question. Thus, caution is needed in drawing conclusions.

GRIEF IN CULTURAL PERSPECTIVE

First, we need to define what we mean by ‘grief’ before we talk about its universal *versus* culturally specific characteristics, and we need to specify what human reactions we are assessing in making the cultural comparisons.

Grief, mourning and bereavement

In the context of exploring cross-cultural patterns, it is useful to define and distinguish between grief, mourning and bereavement⁶. Bereavement is the situation of a person who has recently experienced the loss of someone significant through that person's death. Grief is the primarily emotional reaction to the loss of a loved one through death, which incorporates diverse psychological and physical symptoms and is sometimes associated with detrimental health consequences. Mourning is the social expressions or acts expressive of grief, which are shaped by the practices of a given society or cultural group (eg mourning rituals).

These definitions differ from those of the psychoanalytic school, following Freud⁷, *see* ¹. Furthermore, the distinctions between grief and mourning, and even bereavement, are somewhat artificial:

clearly they are interrelated. In a culture that censors crying or any outward manifestations of distress, it is likely that feelings of distress, though not completely absent, are at least kept in more control and suppressed emotionally than would be the case in a culture that advocated wailing and weeping. The concept of 'bereavement' too, in that it implies personal deprivation, overlaps with 'grief'; it becomes evident that the deprivations that are considered personal may also vary between cultures (loss of certain relationships may not be occasions for grief in certain cultures).

The above concerns need to be kept in mind when considering manifestations of grief in cultural perspective.

Normal grief across cultures

'Normal' grief incorporates a myriad of emotional (affective), behavioural, physical (somatic or physiological) and cognitive manifestations^{4, 8, 9}. Affective manifestations include depression, despair and dejection, anxiety, guilt, anger and hostility, the inability to feel pleasure (anhedonia) and loneliness. Behavioral manifestations include agitation, fatigue, crying and social withdrawal. Physical manifestations include loss of appetite, sleep disturbances, energy loss and exhaustion, somatic complaints, changes in drug intake and susceptibility to illness and disease. Cognitive manifestations include preoccupation with thoughts of the deceased, lowered self-esteem, self-reproach, helplessness and hopelessness, sense of unreality and problems with memory and concentration.

So are these manifestations universal? Perhaps the most overt, and maybe most distinctive feature of grief, crying, is indeed almost universally found, although it must also be remembered that grief cannot always be assumed when crying occurs³. On the other hand, one does not have to look very far to find different patterns of reactions in different cultures. There is evidence that grief is more often expressed in a somatic way in non-Western cultures¹⁰. In fact, while only in the Western world is it usual to view depression following life events such as bereavement as a psychological process, in most other cultures somatic symptoms predominate to a far greater extent.

The impact of the loss of a close other is, then, manifested in very different ways. A further example would be the prevalence of smiling among the Balinese studied by Wikan¹¹ and, unusually, the absence of crying. These do not signify an absence of sorrow or even presence of joy, but a desperate attempt to manage emotions

among the bereaved in this community. To show distress is to 'commit an injustice to others', an underlying belief being that bereavement is so harmful to health that not to contain it will have dire consequences. On the other hand, in another Moslem community studied by Waken in Egypt, crying was encouraged. The bereaved '... dwell profusely on their subjective pain in an atmosphere where ... others also immerse themselves in tragic tales and expressed sorrow.'

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Harder to understand (and harder, then, to retain the view that grieving is essentially a universal phenomenon) are reactions to personal loss among the Samoan people. Ablon¹² describes how these people recover rapidly and comparatively painlessly following the loss of a loved one, even when this followed a sudden and disastrous fire. In what was, admittedly, a retrospective study (five years after the disaster), which makes the interpretation less valid, Ablon was repeatedly told that the symptoms that he was enquiring about, which were derived from Lindemann's account¹³ of grief in the West, were unknown to his respondents: Samoans 'do not have these things'.

There is little information to enable further probing of this; an interesting line of research would be to extend the type of approach of Bonanno and his colleagues¹⁴ in the USA to non-Western cultures where there is little display of grieving. Bonanno found that among bereaved Americans who were avoidant in their way of grieving, physiological reactions were more common than in those who were not. It would be informative to learn whether, in cultures where there is little emotional expression of grief, such changes in physiological responses are nevertheless to be found.

Phases of normal grief

Traditional approaches have identified 'phases' or 'stages' of grief that bereaved people are said to progress through in the process of coming to terms with the loss of a loved one. Bowlby⁴, the best-known proponent of a phases approach, identified the sequence as: shock and denial, generally

lasting a number of weeks; then yearning and protest (also lasting a number of weeks); followed by despair, accompanied by somatic and emotional upset and social withdrawal (for several months or even years); and finally a period of gradual recovery, marked by increasing well-being and acceptance of the loss.

Bowlby himself was careful to note that not all people go through each of these phases, nor do the phases occur in a fixed sequence. In fact, it can be alarming for the bereaved themselves to be given rigid expectations about where they should be in the adjustment process: practitioners even within our own culture need to be very aware of the dangers of accepting the concept of stages or phases of grief.

As researchers, our own concern with formulations in terms of phases is also that the image conveyed is of a passive sufferer enduring one stage after another, whereas the grieving process can better be likened to an intricately-balanced, dynamic battle involving an inordinate amount of energy and readjustment on many levels. Furthermore, such phases cannot be found universally.

Examples of abbreviated versus protracted phases in other cultures and historical periods are easy to find (for a review, see Stroebe & Stroebe¹). For example, the accepted pattern of grieving among the Navajo, a Native American Indian people, was limited to a period of four days. During this period only was expression of grief and discussion of the deceased condoned, and even during these few days, excessive show of emotion was frowned on by the community. Thereafter, a return to normal life was the norm; the bereaved were not expected to show any signs of grief, nor to speak of the deceased or discuss their loss. Underlying this is the fear of the power of the spirit of the deceased person, and the belief that harm can come to the living if these prescriptions are not adhered to¹⁵.

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Far more protracted are phases of readjustment among the Kota people of southern India, among whom it is the custom to hold two ceremonies, the 'green' and the 'dry' funerals. These terms are analogous to a cut plant, the first green

funeral being shortly after the cremation of the body, when the experience is new and fresh in the minds of the bereaved, and the second an extended ceremony held annually to commemorate all those who have died since the previous one, when loss is dried up, withered or sere. This dry funeral effectively puts closure on the grief experience, for, after a gathering characterised by low voices and pervasive sadness, when the morning star is sighted the mood changes, rituals are performed, there is dancing and feasting and a return to more normal life begins for the bereaved. While we can only make indirect assumptions about emotional adjustment from these mourning customs, Mandelbaum¹⁶, who describes these people, was convinced that they serve an important function in bringing the bereaved through their shock and sorrow and back to a normal status in their society.

In conclusion, there seems to be a universal reaction of grieving (emotional disturbance) after the loss of a significant other but, as these brief examples illustrate, grief is also affected by the imposition of cultural meaning and can vary in duration according to cultural prescriptions. A societal belief system may, in extreme cases, be powerful enough to obliterate any overt indications of emotional disturbance. In these cases it may be possible to identify physiological changes which would indicate grieving.

Complicated grief

If normal grief is difficult to define, complicated (pathological) grief is even more so. A general definition has been offered⁶: pathological grief is a deviation from the norm (ie the grieving reaction that could be expected, given the extremity of the particular bereavement event) in the time span, or in the intensity of specific or general symptoms of grief. Subtypes have been identified as chronic, delayed and absent grief.

The central issue here is, of course, what is 'norm'? From a cross-cultural perspective it is amply evident that what is normal for one culture is not so for another. A few examples will illustrate this point. Self-infliction of injury on the death of a loved one would be considered pathological in our own culture. Among Australian tribal peoples, however, cutting or mutilation of the body has been reported to be widespread. Cawte¹⁷ maintained that self-infliction still occurred among these people, and that this was motivated by fear of blame which compounded 'true' feelings of grief. In a recent account of the Tiwi, an Aboriginal people, Venbrux¹⁸ explains that

the deceased are taken to be loss of part of one's own body. Self-mutilation becomes more understandable to us when this cultural belief is understood.

It is also well-accepted among researchers in Western cultures^{19, 20, 21} that absence of grief when the deceased had been a close attachment figure is a potential indicator of pathology. Contrast this with orthodox Rastafarians of Jamaica, as described by Owens²², for whom death is nothingness: 'Those who have faithfully served Jah will succeed in finding ever-living life, but those who fail in their service will fade away into the forgetfulness of death'. There is no grief because death signifies a non-event, the dead having been unfaithful. While it is difficult for us to grasp this notion, it seems to mean that, there is no 'death', so there can be no concept of bereavement and no reaction of grief.

Another example of an apparent absence of grief is Johnson's²³ (cited in Eisenbruch²⁴) account of the Yoruba of Nigeria, who apparently unfeelingly disposed of their dead babies by throwing them into the bush. This, however, has to do with the belief that the dead baby, if buried, would deeply offend the earth shrines which bring fertility and ward off death. This account says nothing of Yoruba reactions to other types of loss. It is also possible that attachments are not formed in this culture until the dangerous infant stage is successfully passed.

Perhaps a parallel occurred formerly in our own culture. Parkes⁸ pointed out that in earlier times in Western cultures, when infant mortality was much more frequent, grief over the death of a baby was not as extreme as it is today. These days our expectations are that babies will survive to adulthood and not predecease their parents.

In conclusion, more needs to be learned about what other cultures take to be complications of bereavement: are there parallels to the sub-types that have been suggested in the West, chronic, absent or delayed grief^{19, 20, 25}? Is there even the concept of pathological grief in cultures very different from our own?

THE PROCESS OF COPING IN CULTURAL PERSPECTIVE

It has already become evident that different cultures have very different ways of coping with grief; whereas expression of grief is expected and considered normal in one culture, its suppression is advocated in another. In fact, scrutiny of cultural differences was a major reason for us to take a close look at accepted ways of coping in the West and to propose a model of

effective coping that is different from traditional perspectives formulated previously by bereavement researchers. In this second part of the paper this perspective will be briefly described, and its relevance to the study of grieving in different cultures indicated.

What processes have theoreticians and practitioners in the West assumed to be effective for coming to terms with loss? Underlying the most influential theories across the history of bereavement research has been the construct of 'grief work'^{4, 7, 13}. Grief work can be defined as the cognitive process of confronting the reality of a loss through death, of going over events that occurred before and at the time of death, and of focusing on memories and working toward detachment from the deceased²⁶.

According to Freud⁷, Lindemann¹³ and Bowlby⁴, grief work is essential in coming to terms with loss. Without it adjustment cannot take place, and it is therefore the focus for therapy. Furthering of grief work in the treatment of those suffering complicated reactions is indeed the basic underlying principle that many well-established intervention programs have in common^{27, 28, 29, 30}.

However, if one looks beyond Western culture, it becomes evident that other prescriptions exist which lead to good adjustment. To take just one example, it would hardly seem advisable to encourage grief work or to advocate a therapy programme based on the notion of 'flooding' (encouraging people to confront suppressed feelings by 'flooding' them with images related to those feelings) among the Balinese people described above.

The conclusion drawn from these considerations was that we must look at other dimensions of the process of coping with grief. Whereas the grief-work hypothesis concentrated on the necessity to confront grief, there is a need to look at processes of regulation and avoidance of grief.

A revised model for cross-cultural application

Not only can one expect very different patterns of adjustment to loss itself in different individuals and cultures, but the extent of changes in everyday life and its organisation, which is part of the bereavement experience that can cause much additional stress, can also be expected to vary greatly between individuals and cultural groups. In our view, these aspects need to be integrated into any analysis of the phenomena of coping with bereavement, and we have tried to do this in the model that will be described briefly next (for a more extensive account, see Stroebe and Schut³¹).

THE DUAL PROCESS MODEL OF COPING WITH LOSS (DPM)

1. Loss-orientation *versus* restoration-orientation

According to this perspective, bereaved persons have to cope with two different types of stressful aspects, which are described as 'loss-oriented' and 'restoration-oriented', but they will undertake these in varying proportions, according to individual and cultural variations.

Loss orientation can be defined as the dimension within which a bereaved person is concentrating on, dealing with, or processing some aspect of the loss experience itself. The grief work concept of traditional theories falls within this dimension, as does rumination and longing for the person who has died, reviving memories, or crying about the death of the loved person. There are clear cultural differences in the extent to which the loss experience is dwelt on: we need think no further than the Navajo Indians, where grieving was limited to a few days, in comparison with the Kota Indians, where it is still expressed at the annual 'dry funeral'.

By contrast, restoration-orientation signifies the necessity to focus too on other aspects that come about as a result of loss. When a loved one dies, not only do we grieve for him or her, we also have to adjust to other substantial changes that co-occur. In many bereavements these additional sources of stress add considerably to the burden of loss, and cause extreme additional anxiety and upset. In our culture these include doing many of the things that the deceased person had been responsible for, such as shopping or paying the taxes in spousal bereavement. It also involves the establishment of new roles and patterns of social interaction, now that one is alone as widower or widow. Likewise, the transition from 'parent' to 'parent of a deceased child'

brings with it not only the devastation over the loss itself, but additional upset through having to adapt to this status among other parents and their children (it is noteworthy that there is no single word in our society for this tragic change in identity).

Again, there are cultural differences in the degree of restoration that is appropriate or required. Development of a new identity was, for example, a very different concern for members of the Ubenia tribes of Africa, where the widowed were provided with new mates on the death of their husbands³², from the readjustment that would be needed in a society which had adopted the role model of a life-long widow, as in Victorian England. Here many widowed women followed the example of Queen Victoria, who lived as a widow, never remarried and dressed always in black for decades after the death of her spouse, Prince Albert.

2. Approach-avoidance

It seems true to say that some people, and some cultural groups, adopt a way of coping by confronting their experience, whereas others will rather tend to avoid memories, distract themselves, and keep busy with other things. Avoidance of loss can, but does not always, take the form of an approach towards restoration. It can also be a respite from coping at all, simply taking time off from dealing with any aspect of the experience.

A central construct in the model is that of oscillation. Grieving is a dynamic process, in which bereaved people move between the two orientations of coping. At times they will be confronted by their loss, at others they will avoid aspects of it. They do this for a number of different reasons, and cultural norms will be a powerful determinant of the amount of approach *versus* avoidance of loss and restoration orientation.

The appraisal process in coping

Central in determining the balance of loss-*versus* restoration-orientation in any particular culture will be the 'meaning-based processes'³³ that individuals in their society use to cope with bereavement. The Hopi of Arizona are afraid of death and the dead and so their 'sovereign desire is to dismiss the body and the event'¹⁶, whereas for the Japanese of Shinto or Buddhist religions the deceased become ancestors, which means that contact with the departed person may be maintained. As Yamamoto³⁴ described: 'The ancestor remains accessible, the mourner can talk to the ancestor, he can offer goodies such as food or even cigarettes, altogether the ancestor is revered, fed, watered, and remains with the bereaved'.

CONCLUSIONS

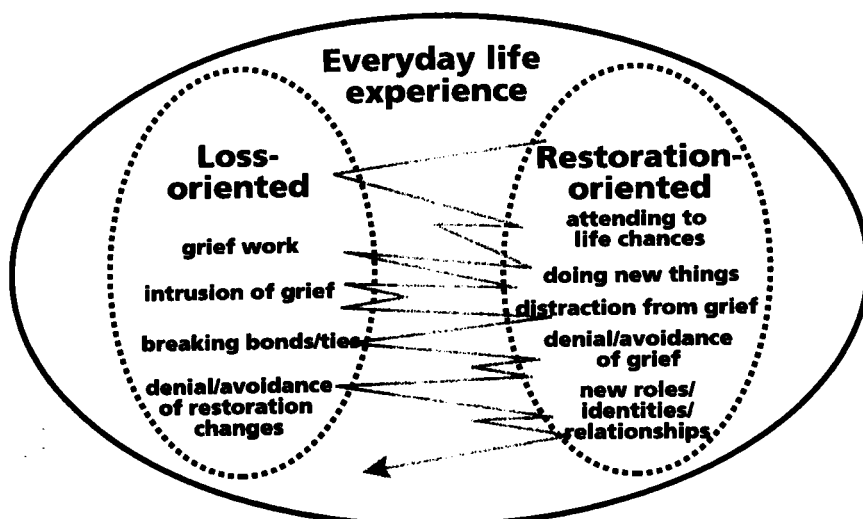
Despite the fact that reactions identifiable as 'grief' - as we know it - are recognisable in very diverse societies, manifestations of grief in different cultures have been shown to vary in major ways. The cultural nature of relationships, bonds and meaning influence patterns of response to loss. The expression, manifestations, duration of grieving and ways of coping with loss are shaped by cultural factors. Our general conclusion is that, while there is ample evidence of such cultural patterning, grief can be considered as essentially a universal human reaction to loss when a significant person dies. BC

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Returning to employment after bereavement



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The effect of bereavement on workplace performance has received little attention from academics, the caring professions, support agencies or employers. Employers, in particular, could be

expected to have a vested interest in appropriate support measures since the return of bereaved members of staff to full and effective working has to be of economic benefit to their organisation. This study examines the effectiveness of employees after the death of a close family member or friend and the support offered to them at work.

Two surveys were conducted in February 1996 as part of this research, one of Ministry of Defence (MOD) welfare officers and one of a sample of the author's clients. A significant response rate of 71% and 95% respectively was achieved. The clients were at various stages of bereavement, and some had originally approached the welfare service with a different presenting problem. The views of the individuals were examined, the support measures available were evaluated in detail, and work performance before and after bereavement was analysed.

Bereavement policies of the MOD and some other organisations were compared.

SURVEY OF OCCUPATIONAL WELFARE OFFICERS

The survey was of all 62 MOD welfare officers, taken from official listings during February 1996. The officers were responsible for 116,100 industrial and non-industrial staff out of a total Civil Service population of 516,900¹. Of the 44 officers who responded, 36% were male and 64% female.

The credibility of the survey was greatly enhanced by the wealth of experience of the respondents. Half of them (50%) indicated that they had been serving welfare officers for over six years. During 1995, the total number of death-in-service cases handled by respondents was 169 (the average per welfare officer was just under four). The

number of cases of a client seeking support following a family/close bereavement in 1995 was 197 (average per welfare officer, 4.47).

Training to administer bereavement counselling was recorded as adequate by 50% and good by 32%. The majority (57%) gave bereavement counselling a high priority in their everyday duties. Two-thirds (66%) considered that line managers had a fair understanding of the problems associated with bereavement and made sufficient allowances for a decline in performance of a member of staff so affected.

Comments from welfare officers

'In my experience this recovery (in the work sense) is linked to the effectiveness of the bereavement process. If grief is

EDITOR'S NOTE

Few papers on the topic of returning to work after bereavement have been submitted to *Bereavement Care* despite the importance of this topic. This paper illustrates the role of the welfare officer and suggests that there is a need for better training and research in this field.

While the adoption of a 'bereavement protocol' might strengthen the welfare officer's arm in ensuring that bereaved employees get the help that they need, it is hard to imagine a protocol which would be sufficiently flexible to meet the varied needs of all bereaved employees.

Nevertheless, the initiative is a welcome contribution towards this goal.