

Sixth international conference on grief and bereavement in contemporary society

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Colin Murray Parkes OBE MD FRCPsych

Consultant Psychiatrist

Patrick Shannon

Manager, Cruse N Ireland and Isle of Man

Sonja Edgeworth JP Cert Ed BEd

Manager, Cruse London and SE England



It is a matter of great regret that the run-up to this conference was marred with dissent. The organisers made little or no use of the International Advisory Committee who had helped to plan previous conferences and most of the key workers in the field stayed away. The conference was poorly attended.

Despite this inauspicious beginning some important and interesting papers were read and deserve review. Three main themes emerged:

- The increasing recognition that grief reflects attachments,
- The many ways in which, for good or ill, these attachments persist after bereavement (continuing bonds), and
- The part played by trauma in influencing grief and increasing the risk of violence and fear.

Each of these themes was considered from both the individual and the societal point of view.

ATTACHMENTS

Insecure attachments were shown to contribute to problems in bereavement in Ungar's study of 93 widows, Parkes' study of 181 adults who sought psychiatric help after a bereavement and Lehman's comparative study of 48 Israeli war orphans and 13 controls. Lehman further subdivided the insecurely attached subjects, by means of Main's Adult Attachment Interview, and found exceptionally high rates of 'dismissing' and 'unresolved' attachments in the war orphans.

Parkes, using his Retrospective Attachment Questionnaire, found a substantial proportion of childhood clinging or anxious/ambivalent attachments in bereaved psychiatric patients. These were associated with severe and persistent grief after bereavement in adult life. Respondents who saw their parents as intolerant of closeness grew up similarly avoidant and were found to have difficulty in expressing both affection and grief in adult life. Attachments in which violence and danger had led to much unhappiness in childhood (disorganised/disoriented attachments) were associated with depression and/or alcohol problems after bereavement in adult life.

CONTINUING BONDS

Several speakers focused on the continuing relationship with the lost person as an important determinant of bereavement outcome. Thus, Costello emphasised the value to 12 elderly widows and widowers of developing a 'dialogue with the dead' through recollections of the past, and Paul Rosenblatt (see pp35-38) emphasised the cultural normality of American parents using the present tense when speaking of their dead children.

The assertion that continuing attachments are likely to be helpful was questioned by Gal-Oz from California, who has developed a Continuing Attachment Scale from which sub-scales of 'past-focused' and 'present-focused attachment' have been derived. Following up 39 widows and widowers for five years after bereavement he found a significant correlation between present-focused attachments to the dead person and a high score on Beck's Depression Inventory. It is not possible to say whether the depression is caused by the persisting attachment or vice versa. Past-focused attachments were not correlated with either high or low levels of depression.

TRAUMA

Rubin, Malkinson & Witztum summarised their recent book *Traumatic and Nontraumatic Loss and Bereavement*¹. Although all major bereavements are traumatic some are more traumatic than others. These include sudden, unexpected deaths, deaths by human agency and deaths in horrific circumstances. Rubin divides the response to traumatic losses into two 'tracks' – 'separation' and 'stress/crisis'.

Merleverde, from Belgium, had studied 50 relatives of people who had died suddenly in a hospital emergency room. He found high levels of subsequent psychiatric morbidity. Measures of depression and traumatic grief (Prigerson) were both elevated and correlated with each other. This said, unlike post-traumatic stress disorder, Prigerson's traumatic grief syndrome is not limited to situations in which trauma has taken place. It is, rather, a type of attachment disorder having the essential feature of intense and

persistent pining for the lost person. It may well explain Gal-Oz's 'present-focused attachments'.

Mass trauma

Several papers dealt with genocide and other mass trauma. Chaitu had followed 20 families of the Nazi holocaust over three generations. He found a wide range of responses including those who attribute everything to the holocaust ('over-generalisers') and those who attribute nothing in their lives to it ('under-generalisers'). Some Jews had opposed the Lebanon war because they could not accept the identity of victimiser rather than victim. The theme of victimisation was also taken up by Dan Bar-On and Soshana Steinberg. The latter has been attempting to promote 'moments of dialogue' between Israeli Jewish and Arab students.

Those who attended the fifth international conference, in Washington DC, will recall the horrifying account of the trauma witnessed by children in Rwanda during the genocide. Gervais Haviyarimana reported similarly horrific statistics from Burundi where up to 250,000 deaths have resulted from tribal massacres. People in that country have not received the counselling which Gupta talked about at the last conference nor the help of support groups described at this conference by Staub and Pearlman. Laurie Pearlman employed the acronym RICH for the four requisites for inter-personal healing – Respect, Information, Connection and Hope.

There was only one presentation from a Palestinian perspective and no doubt the conference was the poorer for this. Shafia Masalha compared the grieving process of the Palestinian nation with the stages of grief experienced by individuals. The underlying assertion was that these stages characterise the Palestinian way of looking and feeling towards the conflict with the Israelis.

A particularly moving talk was given by Yitzhak Frankenthat, the father of a young Israeli soldier killed by Palestinians. Determined to make sense of his son's death, he channelled his grief into bringing together 117 bereaved families, Israeli and Palestinian, striving for a peaceful solution and a change of public opinion in Israel. It is a difficult process, reaching through and beyond grief to build bridges and create trust. Individuals may wish to achieve peace, but this does not mean that they can forgive one another or become friends. Sadly more recent blood-letting in this region emphasises the uphill struggle facing these families.

Anger

Anger is a recognised consequence of bereavement and other traumas which may perpetuate cycles of violence but may also be a source of reconciliation. Nancy Schepper-Hughes, having

completed her studies of the ways in which poor people in north-eastern Brazil cope with the high infant mortality (described in her important book, *Death without Weeping*²) has been interviewing key figures in the promotion of peace and reconciliation in South Africa. While previous ethnographic studies had led her to expect that the miseries of the apartheid era would have given rise to vengeance, blood feuds, counter-sorcery and witch hunts, the attempts to place 'collective grief' at the service of a new and 'beloved community' is receiving wide support. Reparation must be made to suit individual needs. One family, for example, felt the most important acknowledgement of their grief was to have new trees planted to replace those taken from their land by the military. Schepper-Hughes remains unconvinced of the extent to which forgiveness is possible.

THERAPY

Some innovative approaches were reported although none has received systematic evaluation.

Two papers described the use of **drama therapy** in bereavement. Thus, Bar-Yitzhak has been treating complicated grief following stillbirth by this means and Ora Efroni used it to help a group of Druze widows. Rachel Gutterman used film extracts ('**cinotherapy**') to facilitate insight by 'projective identification' in families of Israeli soldiers killed in military service.

Geron's follow-up study of 138 bereaved parents who received **group support** from the rehabilitation department of the Israeli Ministry of Health found that better-educated people received the most benefit. The 'facilitating style' of the group leader did not prove important, nor did the participant's mode of coping. Respondents valued the contact which they had with others in the same situation more than they did the expertise of the group leader or the instruction in coping skills which they received.

An interesting development was presented on the 'fringe' of the conference by Yehuda Israely who has developed software for providing

bereavement support over the internet. This application of modern technology offers a means of support, particularly useful for bereaved adolescent males.

The therapeutic value of **rituals** was asserted by several speakers but only Itzhak Dweck had attempted a systematic evaluation. She found that the traditional Jewish expressions of condolence often resulted in frustration rather than comfort. Only the sharing of sorrow was seen as helpful.

Perhaps the most memorable conference ritual was the foot-washing ceremony inflicted on one delegate, Edie Stark, as a celebration of her birthday, during the final event, a Roman banquet held in the Old City of Jerusalem. It was followed by a breathtaking demonstration of knife juggling during which you could have heard a finger drop!

References

1. Traumatic and Nontraumatic Loss and Bereavement. Malkinson R, Rubin SS, Witztum E (eds). Connecticut, USA: International Universities Press, 2000.
2. Schepper-Hughes N. *Death without Weeping*. Bognor Regis, W Sussex, UK: University of California Press, 1992.

REVIEWS

When birth and death collide

The death of a baby in pregnancy or soon after birth can be one of the most difficult losses for bereaved parents and families and for the professionals who care for them. In teaching aspects of bereavement to trainee nurses and midwives, it has been my experience that there is not a lot of good quality material available on these topics. However, this review of some currently available publications highlights a number of useful resources for both bereaved individuals and those working with them.

Several of the publications deal with the making of some sort of a record of a dead baby's brief existence. This is enormously important for the parents and others and can represent a vital element in the healing process. Every effort should be made to help parents and others to retain and treasure their short experience of their baby in a variety of ways.

MOTHERS BEREAVED BY STILLBIRTH, NEONATAL DEATH OR SUDDEN INFANT DEATH SYNDROME

Frances Boyle

Aldershot, Hampshire, UK: Ashgate, 1997. £33.50 hb

Frances Boyle, a social scientist and a bereaved mother, here presents the results of research carried out in Queensland, Australia, based on interviews with 194 women. This is an important book that should be used to inform and

influence good practice. It will appeal most to individuals experienced in handling research material although I would hope it would be more widely read, as anyone working with mothers in this situation would gain a great deal from it.

Two chapters are of particular value: one reviews research over the past 30 years; the other considers the mental health impact of perinatal or infant death. Evidence is produced to reinforce what is seen in practice, that the death of a baby can have a significant impact on a woman's mental health and, for some, that impact is enduring. Further sections provide data on the effects of the loss of a baby on other life domains, particularly the relationship of the bereaved parents, and there is some pertinent explanation of different patterns of adjustment. One of the strengths of this book lies in its combination of quantitative and qualitative research data, the short extracts from the interviews adding much to its interest and value.

PREGNANCY LOSS

Perspectives and issues in care

Christine Moulder

London, UK: MacMillan, 1998. £16.99 pb

Based on her original, though relatively small-scale research, Christine Moulder presents enlightening data relating to the experiences of bereaved mothers and their professionals. This is a valuable resource that could be used in training

to bring about a much-needed change in attitudes to pregnancy loss. It deserves the attention of all who are responsible for the care of bereaved mothers

Again, both qualitative and quantitative data are included to good effect, with direct quotations from some of the interviewees illuminating a variety of points. There is a welcome engagement with ethical, and other dilemmas faced by professionals and the sensitive, yet direct, presentation of these views is useful and refreshing. I was also reassured by the book's emphasis on the uniqueness of each loss experience, something that is vital to any understanding of bereavement and yet in practice forgotten only too often. The excellent bibliography and suggestions for further reading at the end of each chapter are especially useful.

PREGNANCY LOSS AND THE DEATH OF A BABY

A training pack for professionals

Nancy Kohner, All Leftwich

Cambridge, UK: National Extension College, 1994. £75.00

Produced in conjunction with SANDS (the Stillbirth and Neonatal Death Society), SATFA (Support Around Termination for Abnormality) and The Miscarriage Association, this pack, both in terms of content and presentation, must be one of the best of its kind. It is of the very high quality that we have come to expect from the