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# The Grief and Bereavement Center, São Paulo, Brazil



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**Innovators are often expected not only to launch new initiatives, but also to lead their field in terms of quality and keeping up to date. Brazil's first**

**bereavement centre is now in its fifth year at the Pontifical Catholic University of São Paulo and a tradition of excellence is indeed an essential part of its reputation.**

**O**ur Grief and Bereavement Center officially opened in January 1996 with a grant from the São Paulo state foundation for research support. This was sufficient to provide us with a PC, printer, TV, 2 VCRs, all the material to work with this equipment and, best of all, funds for research. Our structure was, and still is, based on three things: research, psychological intervention, and services to the community of which the most important is training.

Initially the grant supported three undergraduate and two postgraduate researchers. However, we were as yet unrecognised by the university and, during our first year, we had a number of indications that our new research centre was better known outside its walls than within. This seems to be a common reaction to the work of those who are trying to do something really innovative in a traditional setting. The implication was 'why do research on themes related to death, dying, grief and bereavement in a country which has a widespread image of having a happy and problem-free populace?' - ignoring of course the violence, poverty and other disagreeable matters

which it is more comfortable to keep far out of sight.

## PRESENT SITUATION

Time has gone by and a lot of work has been done. Now we have a bigger and noisier staff: a co-ordinator, six undergraduate and 16 postgraduate researchers, and 11 psychologists engaged in clinical training. We have introduced a new subject into the undergraduate psychology curriculum, 'Research in death and bereavement', and we also run two courses each semester for postgraduates. All three courses are elective and have more interested students wishing to enrol than there are vacancies. Our staff constantly appears in the media when the opinion of an expert on death in the community is necessary. A book is due to be published in May 2001, with articles written by the PhD candidates and the co-ordinator of the centre. Four conferences have so far been held in 1996, 1997, 1998 and October 2000.

## SERVICES TO THE COMMUNITY

In the beginning, the community (hospital staff, funeral directors and carers within families) did not know exactly what to

expect and, therefore, what to ask from us until two unfortunate accidents made us more visible. In June 1996, a strong gas explosion destroyed the whole of a restaurant and most of a shopping mall in an industrial town in Greater São Paulo killing 42 people and injuring about 300. It was the eve of Brazilian Valentine's day and the mall was crowded with young people buying presents for their partners. We offered to work with the grieving families and the injured, many of whom had lost limbs and bodily functions. Then, in November 1996, an air crash just 42 seconds after take off from São Paulo regional airport killed 99 people - passengers, staff, and people in houses hit by the aeroplane. We offered to work with this grieving community as well. Both accidents had had a big impact on the whole country as most people were related to someone involved, and so the media coverage was enormous.

Now our laboratory is the main point of reference in Brazil for those working with and researching matters relating to death, grief and bereavement. The laboratory co-ordinator, and sometimes other members of staff, are constantly being asked to lecture or to participate in scientific events. We are also invited to give interviews for TV, radio, newspapers and magazines, so that now it is becoming more normal for these matters to be discussed openly and for members of the public to understand the need for psychological support in some grieving situations.

Increasingly proper space is dedicated to discussions and presentations on themes related to grief and bereavement at scientific events in this country: to mention just two, the biannual conference on psycho-oncology and the annual conference on psychology and hospitals.

## INTERVENTION

Since 1996, 198 bereaved people have received psychotherapy treatment at the training centre of the university. In this group, the majority of the people were

bereaved as a result of violence, although in the general population of São Paulo this is only the second most common cause of death. Statistics gathered in June 2000 from 18 people who were receiving treatment showed that the age of those in psychotherapy at the centre ranged from four to 54 years old. Of these, four had lost a son, three a mother, three a brother or sister, two a father, two a husband and one a brother-in-law. The causes of death were murder (nine), car accidents (four) and heart attack (four).

Prospective clients are first seen at the psychology clinic of the university. After an assessment interview, those who would benefit from psychotherapy or family therapy are referred on to our services, offered at the same clinic. Those who can afford to do so pay for their treatment according to their means, but we have sufficient funding from the university to be able to offer treatment to all, and no one is excluded on religious grounds.

When we cannot accept people because of lack of available resources, rather than keeping them on a long waiting list, we refer them on to psychologists trained in our laboratory but now working in other places. We have an agreement that they will see the people we refer to them under the same conditions as in the university clinic, offering an equivalent service from a technical perspective, with the same level of funding. In this way, we maintain a widespread net of support in the community and keep our ex-members of staff in constant contact with the activities of our laboratory.

## RESEARCH

From the outset, the laboratory has based its activities on research, at various levels. A number of papers have been published or presented at scientific events. Of the completed research projects, those relating to bereavement by death are:

- Reasons for adoption after the death of a child
- Psychosomatic reactions to grief
- Anticipatory grief in a family when one of its members has cancer
- Epitaphs as words on stone: what do they mean for the bereaved family?
- Risk factors for complicated grief in a Brazilian population
- Untimely death as a risk factor for complicated grief
- Fantasies of a bereaved child.

During the next two coming years, we expect to complete a number of projects, including:

- Palliative care and anticipatory grief

Fantasies of children who have lost a parent

Widows and children of AIDS: what is left for us?

Widows in psychotherapy for grief.

As new Master and PhD students enrol

each year, we expect different themes to come up based on their interests. And so we are prompted to do new research and base our clinical work on the results obtained in this way: the wheel never stops turning. **BC**

## BEREAVEMENT IN LITERATURE

The work of grieving can lead to creativity and has given rise to many literary masterpieces, as well as lesser works, from which we have much to learn. The editors hope that this article will be the first of a series which we have called 'Bereavement in Literature'. You, are invited to make your own contributions about other books, poems or plays which have inspired you or made a significant contribution to your understanding of bereavement.

### A DEATH IN THE FAMILY

James Agee

First published in 1938. 1998 edition, New York: Vintage Press, 320pp, \$13.00 pb. ISBN 0375 70123 0



Agee was brought up in rural Tennessee and lost his father in 1915, when he was seven years of age. He wrote his semi-autobiographical novel, *A Death in the Family*, 23 years later and it remains a powerful evocation of the impact on a family of an unexpected and untimely death.

Like Shakespeare's tragedies, *A Death in the Family* can be interpreted in many ways. A historian would find a detailed and compelling account of family life in 1915, a sociologist would be fascinated by the powerful social factors which determine how each member of the family reacts to a death and a psychoanalyst would find copious evidence for the repression of unacceptable feelings of ambivalence in a family in which politeness and 'Christian' values dictate correct behaviour. (It is, perhaps, no coincidence that Freud's *Mourning and Melancholia* was published in 1917.)

Some of the most telling parts are those which remind us that the roots of grief are to be found in the primitive need to remain close to protective parents in childhood. This is brought home by juxtaposing the reactions of adults and children. In chapter seven the author describes the night terrors of young Rufus: 'And darkness,

smiling, leaned ever more intimately inward upon him, laid open the huge ragged mouth – Ahhhh... He cried out again, more fiercely, for his father.'

A similar fear of the abyss is later expressed by the boy's mother whose rigid control breaks down when, adjusting her veil and leaving her bedroom for her husband's funeral, she suddenly realises what has happened, '...and with such force, such monstrous piercing weight, in all her heart and soul and mind and body but above all in the womb, where it arrived and dwelt like a cold and prodigious spreading stone, that she groaned almost inaudibly, almost a mere silent breath, an Ohhhhh, and doubled deeply over, hands to her belly and her knee joints melted.'

A few pages later, separation fears are expressed by a child. So absorbed are the adults in their own affairs that little, Catherine, aged three and a half, cries out in great distress and '...her mother came towards her stooping with arms stretched out and Catherine ran to her as fast as she could run, and plunged her head into her, and cried as if she were made of tears; and it was only when her mother said, just as kindly, "Just look at your panties, why they're sopping wet", that she realised that indeed they were'.

However moving these individual reactions may be it is the interactions between the two families of the father and mother that make this book unique. I counted 27 family members who are mentioned by name, an impossible number for any novelist. But Agee marshals his forces with such precision that we are never lost. Rather we join with them in their search for meaning, their need for faith, their courage, their fear and their mutual involvement.

By presenting us with a story that is, in essence, true at both a cognitive and an emotional level, James Agee's master work transcends time and psychological theories. It will surely remain one of the great novels of the twentieth century. **BC**

Colin Murray Parkes

Consultant Psychiatrist