

BOOKS

**REPRESENTATIONS OF DEATH**

**A social psychological perspective**

Mary Bradbury

London, UK: Routledge, 1999, 197pp. £55.00 hb, £15.00 pb. ISBN 0 41515 023 1; 0 41515 022 1

This rich and readable book synthesises the medical and bureaucratic aspects of death, the disposition of the corpse and the interplay between rituals and symbolic representations, leaving the reader understanding why 'the British way of death cannot be explained away in terms of mindless tradition.' Mary Bradbury, a researcher currently training at the Institute of Psychoanalysis in London, penetrates the culture of death by combining in-depth interviews with visiting the worlds of the 'deathworkers' as participant observer.

Her thorough and well-written study critiques traditional models of grief while illuminating the perspectives of both grieving kin and those involved in the care of the dying and disposal of the dead. Undertaker, funeral director, embalmer, were familiar appellations for those who work in the 'death industry'; 'memorial counsellor' (salesperson of cemetery headstones and crematoria markers) is a new such professional for this reviewer.

Bradbury argues convincingly that many of the activities that appear to be rational, such as embalming, also have expressive roles. Making the deceased look better is more a function of beautifying the dead for viewers than of removing or reducing infection. Peter Rauter's 15 black-and-white photographs support her thesis, documenting current mortuary practices not only by reminding us of the expected but also by allowing us to be privy to traumatic acts the public never gets to view. His images include a funeral parlour interviewing room, storage facilities and portraits of hands taken in the embalming room, the removal of flowers from a horse-drawn hearse, and an 'operative' peering through a peephole

monitoring the computer-operated cremator.

Readers of *Bereavement Care* will be especially interested in the chapter on social representations of loss, and the author's wariness of the medicalisation of grief and its presentation as a disease from which one could 'recover'. Though psychiatric research would now concur – even proclaim – that grief is neither ailment nor unhealthy, just the suggestion that grief can turn into a life-threatening condition is a subtle delineation of it as disease. Bradbury reminds us that representations have power, even worse, tendencies of becoming reality. Her interviews with bereaved women brought out their needs for practical help – a bowl of soup, or assistance with the new role of budgeting and maintaining the cheque book, and the time and understanding for rebuilding a new self which includes space for the continuing relationship with the dead person.

Two pictorial resources are readily available companion pieces but, though amply illustrated and expansive in their examinations of burials across cultures, they are more narrowly focused. *Corpses, Coffins, and Crypts*<sup>1</sup> sets out to furnish a history of burial. *Beautiful Death*<sup>2</sup> is an artful tour of cemeteries, capturing in gorgeous detail and large colour photographs the affecting beauty of tombs, statuary and monuments in Europe, for example Père-Lachaise, the Jewish cemetery in Prague. **BC**

Sandra Bertman

Professor of Humanities in Medicine

1. Coleman P. New York: Henry Holt, 1997.
2. Robinson D, Koontz DR. London: Penguin Studio, 1996.

ABSTRACTS

**A proposed model of health professionals' grieving process**

Papadatou D. *Omega* 2000; **41**(1): 59-77

This valuable article is based on the author's extensive experience as a clinical psychologist in a large paediatric hospital in Athens, and on a study conducted in Greece and Hong Kong which explored how professionals working in oncology and intensive care units experience and cope with the death of children. The commitment they bring to their work often produces emotional exhaustion and post-traumatic stress. The author describes ways in which these professionals learned to cope with the sense of loss

which they felt as a result of experiencing the illness and death of a succession of patients.

She stresses the importance of being able to share grief with co-workers; of the necessity of combining a sense of involvement with professional detachment; and of the need for information, help with making meaning of death, and clinical, practical and emotional support. She concludes that this is an area of grieving which merits further research from various angles.

**Death, dying, and bereavement in relation to older individuals**

International Work Group on Death, Dying and Bereavement. *Illness, Crisis & Loss* 2000; **8**(4): 388-394

This short article focuses on issues of death, dying and bereavement in relation to older individuals, with the aim of promoting a more positive view of old age. After listing various inaccurate myths that exist regarding this age group, the article identifies, from a holistic point of view, a more balanced, non-discriminatory set of assumptions that should be at the root of practices relating to bereaved older people. The topics raised are discussed in a clear and objective way. It is proposed to follow this article with other studies in relation to older people: these should produce some interesting material.

**Grief adjustment as influenced by funeral participation and occurrence of adverse funeral events**

Gamino LA, Easterling LW, Stirman LS, Sewell KW. *Omega* 2000; **41**(2): 79-92

The authors of this article, who carried out a study of 74 bereaved people in relation to their experiences with funeral services for their loved ones, discuss how these services helped or failed to help the mourners. Their findings provide empirical support for the conventional wisdom that participation in funeral rituals helps the bereaved to adjust, both by facilitating social support and by connecting them with deeper levels of meaning through which to understand their loss.

However, adverse events connected with the burial service, which happened with surprising frequency, contributed

to a perception of the funeral rites as not comforting. These events are categorised and illustrated in order to guide grief therapists and funeral directors in helping mourners to be vigilant towards such adversities.

**Grief reactions to the death of a divorced spouse revisited**

Scott S. *Omega* 2000; **41**(3): 207-219

This research report shows grief following the death of a divorced spouse to be a common event which frequently is not understood, acknowledged, and/or accepted by society, family members, and friends. With a high divorce rate in many western countries and an increased expectation of life, there will be a growing number of people who may suffer such a grief experience. This article (which is based both on recent research and on a study carried out in 1984-5) focuses on the reasons why people often grieve for an ex-spouse, the unique factors which influence their response, and the importance of helping them to manage their grief. There is at present little research into the grief of these individuals, or into the reactions of any children of the marriage, and this creates an urgent need for further study which can be used to educate society concerning the necessity of helping survivors to cope with their loss.

**It makes a difference**

Silverman PR. *Illness, Crisis and Loss* 2001; **9**(1): 111-128

This issue of *Illness, Crisis & Loss* is devoted to women leaders in thanatology, and many of the articles are not concerned with bereavement. However, the author of this interesting and sympathetic article was responsible in 1965 for developing a programme called Widow-to-Widow, the *raison d'être* being that there is a special value in the help offered by one widowed person to another. The programme challenged the (then) generally accepted idea that bereavement can be neatly resolved within a specified period of time, and proposed instead that the concept of transition, focusing on accommodation rather than recovery, might reflect more accurately what these women experience. They cannot simply let go of the past, but must learn to define themselves differently in relation to others, and develop fresh skills that will enable them to develop coping strategies appropriate to their new position. **BC**

Sheila Hodges and John Bush

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