

1. Guilt and blame provide explanations and a valid order system in a seemingly chaotic and incomprehensible situation

If the underlying issue is finally to understand a situation which is beyond a person's understanding, then the appropriate therapeutic care must be one that helps to find explanations, provides all necessary information and untiringly discusses the how, the what and the wherefore.

2. Guilt in a situation of impotence where control has been lost can be a desperate attempt to foster feelings of personal power and the confidence to act

If the underlying need for the guilt is to restore a feeling of autonomy, dignity and capacity to act, therapeutic intervention should leave space for the client to take the lead, follow their own judgement and make creative contributions and choices, supported and encouraged by the therapist. Against such a background, it should be possible to initiate a process by which the client can learn to accept the fact that, ultimately, matters of life and death are beyond human control.

3. Guilt and blaming behaviour in those who suffer from loneliness after a death may serve as a binding factor establishing a continuing bond with the deceased.

If the underlying issue is to maintain closeness and emotional intensity, the adequate therapeutic intervention should indicate where other 'binding factors' can be sought and found, factors which work on a basis of respect, possibly love and thankfulness, and which can in time eclipse the hurtful and distressing aspects of a relationship often experienced in the course of an illness or dying process.

4. Guilt that arises from other issues

In this category other possible meanings of guilt in the process of grieving are summarised. As in the cases above, therapeutic interventions must be related to the underlying needs of the clients.

Blaming oneself and others may reflect an acquired life pattern that is re-activated by the current bereavement situation. Here, interventions should be of a long-term therapeutic nature and aim to understand and carefully modify

the life pattern of the client.

For some people, feelings of guilt or guilt as an explanation are easier to bear than other feelings or insights; guilt is used to suppress other emotions. Therapeutic interventions must aim to stabilise the current life situation of the bereaved in order to facilitate a more differentiated perception of emotions and facts.

Self-recrimination and blaming others may serve to make the bereaved appear to be a special person, one who receives attention and affection that would not otherwise be forthcoming. Interventions must aim to work out other strategies for gaining these benefits.

5. Guilty thoughts and feelings are indicators of a true breach of rules, of mistakes or of failures

If all the triggers for guilt in categories 1-4 have been dealt with, then it is time to consider whether there are some aspects of the client's self-recriminating or blaming behaviour that reflect a real breach of individual and social rules. Intervention can be based on an exploration of guilt-related facts, ie reality testing. The remaining recriminations should be capable of resolution by common normative adjustments: reconciliation and coming to terms with wrongdoings by oneself or others, including God, and forgiveness of everyone concerned.

A complex issue

Often we find that guilt in the bereavement process serves several of the functions outlined above. A mother blaming herself for the suicide of her drug-addicted son may first use guilt to form a continuing bond, and then try to get rid of her existential powerlessness by feeling guilty and blaming others (eg her husband or doctors). Once she has been helped to deal with these issues, has formed a healthy continuing bond and accepted her powerlessness over the life and death of her child, she may have to deal with 'facts', her own (possibly valid) judgement of what she could have done better in the upbringing of her son.

Guilt in the grieving process is a complex mixture of thoughts and emotions. Only an unreserved acceptance of the cognitive constructs and feelings of a bereaved person, whether

manifested as blaming or self-recriminating, can allow for a proper exploration of their origins and create the basis for decisions about the most helpful interventions. ●

References

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LETTER TO THE EDITOR

Dear Editor

For bereavement support to be gender, socially and culturally sensitive, and as fully inclusive as possible, I believe rigorous research-based contributions, such as that from Tirril Harris (*Bereavement Care* Summer 2006), are essential to inform service delivery. To act on the implications of such research, I also believe, requires service providers to reflect critically on the overt and subtle gender and culture bias inherent in the way services are offered.

Harris provides well-evidenced support for volunteer befriending as a basis for the secure, trusting and harmonised relationship which is 'a critical therapeutic ingredient in the context of bereavement support'. Her findings, and the implications she draws from them, are in line with a recent research study which suggests the theoretical basis for the use of befriending for bereavement support is 'that social support is known to "buffer" individuals against the negative health effects of stress events such as bereavement'.

Whilst Harris' findings constructively inform any debate about the future of bereavement support, I am concerned that they derive almost exclusively from studies involving women and female volunteers. My concern here is not whether the findings can be generalised and applied to bereavement support. It is with the potential for befriending to be perceived

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as a feminine, caring activity, which might discourage men from engaging in this valuable form of support, both as volunteers and as service users.

There is not space here to explore the age and gender profile of volunteer befriending in general, but my current scoping research on behalf of the Mentoring and Befriending Foundation is indicating a pattern of older (55+) and largely female (76%) volunteer befrienders supporting the socially isolated. It would be interesting to match this against the profile of bereavement supporters in general, where, despite some of our best efforts, the white widow image persists.

I want to encourage more research into the efficacy of befriending as a mode of bereavement support. I also want to encourage myself and others who provide psychosocial support in this way, to reflect critically on whether the 'how' of our offering support influences the 'who' is engaged in that support. I am suggesting asking such questions as:

- By valuing the social support basis of befriending for reducing isolation and building resilience, do I encourage a perception of befriending as a feminine caring activity?
- Does the experiential group nature of the volunteer trainings and ongoing support I offer discourage certain groupings from being involved?
- Does the skills set associated with forming effective relationships which I look to develop in volunteers have an inherent feminine bias?
- Is the befriending focus in relationship, rather than a solution focus, counter-cultural for certain groups?

The answers to these, and similar questions, are complex but will help to make the best possible match between the support needs of bereaved people and the mode by which that support is offered.

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RESEARCH AND EDUCATION

The Centre for Death and Society

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Glennys Howarth

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The Centre for Death and Society (CDAS), an interdisciplinary centre for research and teaching, was established at the University of Bath in September 2005. It acts as a catalyst and facilitator for research, education and training, policy development, media and community awareness, and is the UK's only institution dedicated to the social aspects of death, dying and bereavement.

The first programmes on 'Death and Society' were launched in October 2006. The MSc is a multi-disciplinary social science programme for professionals, pre-doctoral students and others interested in this rapidly growing field, while the certificate and diploma are two intermediate postgraduate programmes which can be taken in their own right. Plans for the future include a foundation degree for funeral directors and other honours programmes relevant to business and charities working in this sector.

Glennys Howarth, the Director of CDAS, has been researching and publishing in this field for almost 20 years. Tony Walter, Chair of Death Studies and Director of Studies for the Masters programme, previously set up a similar programme at Reading University and has wide-ranging interests, including afterlife beliefs, media coverage of death, the use of human remains in exhibitions and spiritual aspects of palliative care. Allan Kellehear has come from La Trobe University in Australia where he was Professor of Palliative Care and Director of the palliative care unit and set up health promotion reforms in this sector. All three have published and lectured extensively in their fields.

People working in this area can feel marginalised and isolated, and it is the centre's intention to bring together professionals, academics and practitioners from all over the world. In 2005 we ran the 7th International Conference on the Social Context of Death, Dying and Disposal (DDD7) where there were

presentations on everything from palliative care in hospices to burials in ancient Rome. A similarly diverse conference (DDD8) is planned for 2007.

CDAS will not only host activities in Bath, but will act as a communication gateway, facilitating research and networking with others, and connecting those who have previously found it hard to collaborate because of geographical or financial constraints. We currently have links with national and local hospices including St Christopher's in London and Dorothy House in Wiltshire, and we are developing a number of research opportunities with both. Discussions are ongoing with professionals in the hospice and bereavement sector to develop summer schools and short courses for people working in these areas.

In addition to our links with hospices, we also have established relationships with a number of local, national and international organisations and institutions. These include:

- International Work Group on Death, Dying and Bereavement
- Association for Death Education and Counseling (USA)
- National Association for Loss and Grief (Australia)
- Cruse Bereavement Care (UK)
- Bereavement Research Forum (UK)
- National Association of Funeral Directors (UK)

Some of these organisations will be liaising with us in providing in-service training for those working in professional services, and continuing education for community groups, promoting participation for all communities in their own end-of-life care, decision making, social preferences and service delivery needs. The centre will have a role in the wider community, with public lectures and symposia on subjects related to death, and an active media role. We also have an e-newsletter, to which anyone can subscribe, informing readers about relevant talks and events near them. ●

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