A culture of silent grief:
the transformation of bereavement care in 20th Century England

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Abstract: Why was Cruse Bereavement Care created in 1959? This article explores that and other questions in the broader context of the twentieth century history of bereavement in England. Ignorance and silence about death and loss were widespread in the fifty years after 1914: cultural norms were transformed by two world wars, the decline of religion, and demographic change. In the inter-war years responses to bereavement varied widely, according to class, gender, region and religion. The two world wars had a profound and cumulative impact on the prolonged process of change in the attitudes and behaviour relating to death and bereavement. The Second World War created a greater break with the past as a pervasive culture of avoidance, minimal ritual and suppressed grieving became entrenched in the English psyche. From the 1970s cultural change encouraged the revival of expressive grieving and the increasing popularity of bereavement counselling. Psychiatrist Colin Murray Parkes introduced the lay person to bereavement in his influential 1972 pioneering work. Increasing emphasis today is placed on diversity in grieving, reflecting our changing cultural boundaries.

Keywords: Bereavement, history, England, Cruse, rituals, emotions

In 1959 Margaret Torrie founded the Cruse Bereavement Care organisation for widows, after recognising their suffering while working for the Citizens Advice Bureau (BBC, 1960a). It is difficult today to appreciate how widespread and deep-rooted was the ignorance, silence and embarrassment about grief in the fifty years or so from 1918. It was almost impossible for the bereaved to appeal directly for help in a society where the majority preferred to ignore grief. Bereavement could be an isolating and frightening experience up to the 1960s, with society offering minimal emotional and social support, and little advice. Harold Orlans observed in 1957 that the growing literature of modern psychology had thus far conspicuously failed to deal with the fundamental human problems of death and grief. Even the churches and religious authors were not offering the leadership which might have been expected, until the publication of CS Lewis's book, *A Grief Observed*, in 1961 (Orlans, 1957; Lewis, 1961).

Cultural norms relating to death and bereavement have shifted dramatically in England over the past hundred years, shaped powerfully by the decline of religion, the two world wars, demographic change and the medical revolution. This article will explore these themes and draws on research for the author's recent book *Death in War and Peace. A history of loss and grief in England, 1914 – 1970* (Jalland, 2010). This book was informed by unpublished letters and diaries and other primary sources in English archives, which were vital sources in a field of historical study where so little has been published. I have documented a gradual change from a dominant Christian culture of open acceptance of death and loss in England in the 1850s to avoidance and reticence a century later.

Christianity still played a powerful part in the lives and deaths of many Victorians, offering families hope of immortality and a model of acceptance of death as the will of God. Christianity allowed individuals to express sorrow in overtly emotional terms, using the familiar language of the bible and popular hymns. Victorian women were traditionally more active than men in the care of the dying and in performing the important rituals which facilitated

the process of grieving. They also played a major role in offering practical support and helpful consolation to relatives and friends in bereavement, often reminiscing about lost loved ones for hours at a time (Jalland, 1996).

Expressions of grief varied according to class, as well as gender, region and religion. Julie-Marie Strange shows that the nineteenth century British working-class culture of grief was often expressed through symbolic rituals rather than more overt emotion and formal language. The working classes were all too familiar with death, but they tended to be resigned and pragmatic in managing their emotions, even on the deaths of babies and children. Grief might be silent and inarticulate but it was nonetheless genuine. Mothers would often conceal intense grief on the deaths of children, instead showing their affection and respect through their prolonged performance of complex last rites involving family and community. Care of the corpse in the home, viewing of the dead, dignified funerals and communal wakes were part of a vital working-class culture which survived in some communities into the 1940s (Strange, 2005).

The two world wars had an immense and cumulative impact on the transformation of responses to death and bereavement in the fifty years from 1914.

Whereas religious faith was a dominant force in the history of death and loss in England in the nineteenth century, after 1914 it became just one of several important variables, playing a more diffuse and less influential role. Instead, demographic change and the medical revolution were more fundamental in the twentieth century history of grief and bereavement. A striking new demographic pattern started about 1870 with a continuous decline in mortality from infectious diseases and increased life expectancy. The sulphonamide drugs and penicillin from 1935 onwards revolutionised modern medicine and vastly increased doctors' power to cure. The loss of a patient represented failure; death and bereavement became topics to be evaded. Moreover, death increasingly moved from family control at home to hospitals which were concerned with medical and technical efficiency to prolong life (Jalland, 2010 pps 5-7, 182-4, 197, 249-51).

The two world wars had an immense and cumulative impact on the transformation of responses to death and bereavement in the fifty years from 1914. The enormous number of dead soldiers and the nature of their deaths were horrific in World War 1, and communal grief overwhelming.

But there were powerful pressures for both soldiers and their families at home to remain stoical about their personal losses – to 'keep up appearances', the English 'stiff upper lip', to maintain morale. Indeed in letters home serving sons and husbands urged their families to be brave if they died, and to grieve for them in silence. The *Barnsley Chronicle* was confident in 1916 that the huge sacrifices at the Somme would be borne 'with Spartan courage' by the brave women of Barnsley. They must show 'the same fortitude under affliction' as their men at the front, in the national interest (Jalland 2010, Barnsley Chronicle 1916). David Cannadine has argued that interwar England was so obsessed by death in the face of widespread bereavement that conventional mourning rituals were unable to cope. Victorian death practices and rituals seemed both inadequate and inappropriate (Cannadine,1961 pp 187-242).

The interwar generation grew up in a bleak atmosphere of economic depression and mass mourning for the soldiers of the Great War, whose photographs on mantelpieces provided poignant reminders. The ex-servicemen themselves often tried to forget their horrific experiences in the trenches, as Tony Walter observes:

> This sets up a pattern in families in which stress, by women as well as by men, is coped with by not talking about it. Children in the inter-war period typically had parents who chose to remain silent about wartime experience and who bore the depression of the 1930s with great stoicism; their children were required to fight in the Second World War confirming the necessity for courageous silence (Walter, 1999, p40).

In the interwar years responses to death and bereavement varied widely, according to class, region and religion. In the North of England, the Midlands and the Celtic fringe there were powerful continuities with the working-class culture of death and loss before 1914. Older traditions were often surprisingly resilient in these areas, especially among the lower working classes, older people and women. Strong working-class resistance to the modern invention of cremation continued into the 1960s. The picture was complex and multilayered (Jalland, 2010, pp 83-4).

Outside the depressed mining areas ritualised grieving remained a vital aspect of Lancashire working-class life. Elizabeth Roberts' interviews with 160 older women in Preston, Barrow and Lancaster reveal that spiritual beliefs and folk religion were still influential, while families accepted the loss of babies and children stoically but sadly. The performance of long-established rituals was seen as vitally important in providing comfort. From 1800 to 1940 death, like birth, remained in the experienced care of female family members and neighbours. Continuity with the past was powerful. A respected neighbourhood layer-out washed the body, dressed it in a clean nightgown, and placed

pennies on the eyes, a loving procedure offering sympathy and respect. The body in the open coffin was kept at home in the front parlour, surrounded by flowers, with curtains drawn, as kin and neighbours paid their last respects (Roberts, 1984, 1989).

A 'good send-off' at a crowded, respectable funeral was considered vitally important in Lancashire. Funerals were acknowledged to serve the needs of the living, allowing them to confront the reality of the death and start the grieving process. The funeral tea with ham sandwiches was prepared for mourners after the funeral by the layer-out or neighbours. As Roberts notes, 'the funeral tea was a time for family solidarity with stories and reminiscences about the dead person'. The family then went into mourning for a considerable time, though the twelve months mourning which was usual before 1914 declined in the interwar years. The family wore black mourning clothes and severely reduced their social activity:

> People were given time to grieve, indeed they were expected to grieve. There appears to have been little expectation that they should smile brightly and pretend nothing happened. The dead were constantly remembered, they were talked about, their photographs were displayed and their graves visited.

Family members went to the cemetery most Sunday afternoons to tend the graves: 'And [the dead] went on living, so to speak, in conversation and memory for some considerable time' (Roberts, 1984, 1989).

The important roles of layer-out, family and community were gradually replaced by the formal professional care of doctors, nurses and funeral directors. With the introduction of the National Health Service in 1948, health care became more a matter for the hospital, and home nursing was supervised by the district nurse. From the 1940s death was increasingly taken over from the community of women by male professionals, notably funeral directors and doctors (Roberts, 1984, 1989; Adams, 1993). Although working-class attitudes to death changed very slowly over decades, many old customs were gradually abandoned or attenuated. But the rate of change varied greatly by region and class. A surprising number of rituals described by Roberts survived among the northern working classes into the 1960s, often in a reduced form.

The coalminers in the north of England and Wales experienced more deaths in peacetime than the rest of the working class, and responded in ways that were deeply rooted in the past. They faced appalling disasters frequently, losing about a thousand men annually in the five years up to 1931. Miners were often compared to soldiers in the trenches in the Great War, in which a quarter of miners enlisted. In the interwar mining catastrophes, as in the Great War, suppression of emotion was common and

necessary to help men survive the ordeal (Jalland, 2010 pp 84-6).

Strict cultural conventions governed the behaviour of the mining communities and the press in dealing with bereavement. The role models for the bereaved families were the miners and the soldiers of the Great War – an entirely masculine model. The long 'watch of agony' at the pithead was maintained by stoical families seeking to suppress their distress. Crowds of thousands would wait in silence for news, day and night. As bodies were recovered, the colliery yards were 'crowded with dry-eyed but woebegone women'. Even at the dreaded public ritual of identifying the bodies there were usually 'no emotional scenes' and widows maintained a 'dignified calm'. The newspapers respected the privacy of the bereaved to a degree inconceivable today (Jalland, 2010 pp 86-92).

The emotional needs of so many bereaved families were not recognised as they would be today. Support mechanisms such as bereavement counselling and mutual help groups were a phenomenon of the future. Family sorrow took place behind the drawn blinds and closed doors of little cottages: families dealt with their loss privately as best they could, with limited neighbourly support. We can only speculate on the effect of so many violent pit deaths on the consoling family rituals practised elsewhere in the north, such as the laying-out of the corpse and the wake held around it. The circumstances of pit deaths often made these social rituals impossible, especially as many victims' remains were buried in the pit. Widows were likely to be pauperised by the loss of breadwinners and bereaved families were often obliged by poverty to move away (Jalland, 2010 pp 86-92).

During the Second World War the defence forces again provided the stoical model for the country to follow, as they had in the earlier world war. As George MacDonald Fraser noted, after fighting in Burma, 'The celebrated stiff upper lip, the resolve to conceal emotion which is not only embarrassing and useless, but harmful, is just plain common sense' (Mac Donald Fraser 1993, pp 76-90). Civilians willingly followed the soldiers' example in response to Churchill's call for courage and stoicism during the German air blitz on British cities. The dark side of the blitz story was suppressed or sanitised to sustain morale in the interests of survival. The government encouraged civilians not to dwell on the fatalities and the intense distress of individual bereaved people in wartime. The *Manchester Guardian* in 1945 regretted the massive price paid for victory, in 'the suffering of those who bear these losses silently within their families'. Indeed, mass bereavement in one sense devalued the grief of individuals (*Manchester Guardian*, 1945; Jalland, 2010).

The Second World War marked a deeper break with the past than the Great War. The change in cultural norms affecting death and bereavement was more intense,

widespread, and long-lasting from the 1940s. Open and expressive sorrow was more strongly discouraged in favour of a pervasive model of suppressed, privatised grieving which became deeply entrenched in the nation's social psychology. The cultural prescription which privileged stoicism and silence in the face of loss had long affected upper-middle-class men, soldiers in wartime, the unskilled working classes, and the poor. But in the twenty years after 1945 it spread more broadly across much of the English community (Jalland, 2010).

The war made emotional restraint the customary code for all, regardless of gender, and thus affected women more deeply than men. The gender gap was reduced as women internalised their sorrow, and moved closer to a traditionally male pattern of grieving. Women understood during the war that it seemed self-indulgent 'to spread one's own sorrows' when thousands of others were suffering in silence. Many women had taken to heart the wartime prescriptions about the appropriate way to deal with grief: 'you must hide your feelings: you do your mourning quietly, alone. The same as you might do praying'. This shift in female patterns of grieving made a major contribution to the culture of silence about death and grief that was so pervasive after 1945 (Jalland, 2010).

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It is a particular challenge for a historian to explore the nature of a culture of grief characterised by silence, as in the two decades after 1945. Bereaved people lacked guidelines to help them understand and cope with their grief, except wartime conventions which dealt with public morale not personal sorrow. They faced their loss before psychiatrists had constructed theories of grief relating to the broader culture. There were no mutual support groups, bereavement counsellors or advice books. Bereaved people were advised to keep busy, and move on, even if their hearts were breaking. They must behave normally, pretend to be cheerful, but grieve privately in silence.

Widows received little attention or community support in the 1940s or 1950s. Many sought refuge from sorrow in apathy and avoidance, while the community looked away. One war widow spoke to sociologist Peter Marris on the 1960 BBC radio program, 'The World of the Widow'. She was deeply shocked by her widowhood at age 27: 'I felt completely at sea and it took me a long time to recover my feeling for life at all'; emotional problems crowded in on her. She had felt obliged 'to put on a good show' because

she had no choice and the community did not want to hear about her grief. She noted that most people had no idea what sort of effort it cost widows to 'appear normal on the surface' (BBC, 1960b).

Audrey Deacon was one of many war widows whose grief lasted for years because she tried to suppress it, and those around her colluded in the silence. When her husband, Terry Deacon, an army officer, was killed in 1943, she threw herself into frenetic war work in the Women's Royal Naval Service. As Audrey noted in her diary, the Normandy landings allowed her to block her grief through hard work and exhaustion. In September 1945, fifteen months after Terry's death, she noted, 'I'm not facing life', though 'I don't actively want to die now'. Audrey acknowledged that she had lived without purpose, 'in a blind unthinking state of numbness mentally'. Years later, in 1948, Audrey admitted that she had failed to 'assimilate the catastrophe' into her life, and give it some meaning, relapsing instead into a prolonged state of apathy. After several years of depression she at last recovered with the help of religious consolation and a successful career in social welfare (Deacon, 1940-45).

Audrey Deacon's story could be repeated many times among war widows who found refuge from sorrow in apathy and avoidance while the community looked away. Margaret Torrie, a Quaker and pacifist, became aware of the suffering of such widows during the 1950s in the course of her work at the Citizens Advice Bureau. Consequently, in 1959 she established the Cruse Bereavement Care organisation for widows, initially to provide practical services and meeting places, with associated doctors and social workers. The title Cruse stood for charity to a widow in the nineteenth century, and supposedly originated in a miraculous cruse of oil given to a widow by the prophet Elijah in thanks for sharing her last meal during a famine. Margaret Torrie was supported in this endeavour by her husband, Dr Alfred Torrie, a psychiatrist, whose own therapeutic work had made him aware of the need for social support. In 1960 the Torries were interviewed for the BBC *World of the Widow* programme, which explained the results of Peter Marris's research into the nature of grief. The Torries emphasised the little-known fact that the painful symptoms of grief were widely experienced and usually normal. They explained that the Cruse club was so urgently needed because so many widows felt completely isolated, as most people avoided the subjects of death and bereavement which were so little understood (BBC, 1960a).

Several widows who had joined Cruse were interviewed for Marris's BBC programme. One said she had come to Cruse a month after her husband died: 'It's done me wonders – I don't know what I would have done without it', since it allowed her to share similar troubles with other widows, who offered sympathy and advice. Another woman said Cruse had been a great comfort as she had

previously never known a bereaved person and had no idea what grief was like: 'friends sympathise but I feel they don't really understand'. It was a great consolation to have the companionship and sympathetic bond of Cruse: 'You just can't explain the feelings [of grief] to others who have not experienced it' (BBC, 1960a).

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Dr and Mrs Torrie were delighted with Cruse's early achievements in the first eighteen months, with numerous requests to extend the organisation and open up centres across England. They emphasised that it was vital to bring widows together for mutual help and support from other widows and caseworkers, who provided the springboard for return to their own community with a sense of renewal. However, the development of the Cruse organisation had to be professional and efficient: 'We want a serious counselling service', they insisted, and not 'a party of wailing women'. The Torries succeeded in gaining the confidence of the medical profession, statutory groups, and voluntary societies (BBC, 1960a).

Dr Colin Murray Parkes and Derek Nuttall each played a major role in Cruse's subsequent development and achievements. Dr Parkes succeeded Dr Torrie as chairman of Cruse's governing body, and Nuttall took over from Margaret Torrie as director of Cruse. Both men had earlier done pioneering work in developing bereavement counselling for families following the Aberfan disaster in 1966. Parkes also worked with Dame Cicely Saunders at St. Christopher's Hospice, and set up the first hospice-based bereavement service in England in 1969. But as Dr Parkes noted, Cruse 'provided the opportunity to develop a network of bereavement care across the whole of the United Kingdom', training 'members of the caring professions as well as volunteer counsellors in the skills of bereavement care' (Parkes, 1986 pp 17, 186-7).

There was considerable emphasis in the early years of Cruse on Christian consolation, combined with practical advice about coping with social and financial problems. Cruse ultimately achieved remarkable success, becoming Britain's leading bereavement agency, placing increasing focus on psychological and emotional counselling. Cruse published the *Cruse Chronicle* for bereaved people, and the journal *Bereavement Care* for all those with an interest

in bereavement. The service was extended to widowers in 1980 and to all people bereaved by death in 1987 (Richards, 2009). By the 1990s Cruse had become a largely secular organisation in which sympathetic understanding, psychological counselling and well-tested grief theories largely replaced religious faith (Parkes, 1986; Walter, 1999 pp 196-8).

As late as 1963 the social anthropologist Geoffrey Gorer was so concerned about the community's wish to avoid the subjects of death and bereavement that he undertook an extensive social investigation. This was published two years later as *Death, Grief and Mourning in Contemporary Britain*. Gorer was partly motivated to write his book by the harrowing experience of his brother's death from cancer in 1961, leaving a distressed young widow and two children. His widowed sister-in-law dealt with her bereavement by trying to behave as if nothing had happened, taking her children for a picnic instead of attending the cremation ceremony. She could not bear the prospect of losing emotional control and allowing others to observe her grief. There were no rituals and she was unable to mention her husband for months, even to her own children. Elizabeth believed her friends avoided her as if she was a leper. She was only socially acceptable if she pretended nothing had happened: 'She did not wear black clothes, nor ritualize her grief; she let herself be almost literally eaten up with grief, when she most needed help and comfort she was left alone'. Elizabeth eventually required longer-term psychiatric help to deal with unresolved grief (Gorer, 1965, pp 216-8).

Gorer argued in his book that societies without mourning rituals and rules of behaviour in bereavement were dysfunctional. He deplored the decline of mourning rituals in England after 1914, since they had once provided vital support for the bereaved: without them many widows, like Elizabeth, would hide their sorrow. Gorer found that rituals were preserved more tenaciously among the working classes, having been largely abandoned by the middle and upper classes since 1914, especially in the south-east of England. His results suggested that the vast majority of middle- and upper-class people in 1963 acted in public as if nothing had happened after a death. Giving way to grief was stigmatized as morbid and unhealthy (Gorer, 1965, pp 218-25).

Gorer concluded that many women, in particular, would deny their feelings to themselves, as well as in public, and fight against giving them expression. This could lead to prolonged or chronic grief, identified by psychiatrist Dr Colin Murray Parkes as intense and lasting many years. Parkes thought chronic grief had become a more common problem in the 1950s and 1960s among people who kept 'a stiff upper lip' in grief. It could involve years of continued pining for the lost loved one, severe distress and social isolation. Gorer believed widows from the comfortable

classes were particularly prone to suffer the despair of prolonged grief (Gorer, 1965; Parkes, 1986).

Most people in Gorer's study who hid their grief were women. As we have seen, cultural norms had altered since 1914 so that women felt they should grieve more like men. Gorer identified 15% of his eighty interviewees as 'in despair', palpable to him as interviewer in their long silences and toneless voices. Most said they would never recover from their grief. Many readers wrote to Gorer in the 1960s, endorsing his picture of widows in despair among the middle classes in the south of England. Gorer's contribution to the history of grief was substantial, but ironically his book was not widely read because of the very silences about which he protested (Gorer, 1965, pp 224-32).

Even Christianity and the churches offered little leadership for the bereaved until the publication of C S Lewis's book, *A Grief Observed*, in 1961. This was written after his wife Joy died, and later popularised by Richard Attenborough's film '*Shadowlands*'. The book offered an elegant and harrowing analysis of Lewis's own personal experience of bereavement. It became an instant best seller, telling readers what grief was actually like for Lewis and selling well ever since, helping many thousands. It demonstrated the complexities that profound religious faith could add to the grieving experience, and also suggested the longer term consolations of faith for believers. It almost certainly had more influence as a popular guide to grief in the 1960s and 1970s than the works of the early social science experts (Lewis, 1961; Jalland, 2010 pp 236-44).

Some sociologists have argued that the gradual secularisation of English society caused an inevitable decline in religion, but most historians have resisted this hypothesis. There is some justification for the argument that the churches allowed leadership relating to death and bereavement to shift to medicine and psychology. Still, the churches have survived in England since the 1970s and continue to offer some comfort to the bereaved, reinforced by new immigrants' ways of dealing with grief in a multicultural society. We also need to take into account the survival of folk religion in rural and more isolated areas, perpetuating a popular belief in a God and an ill-defined afterlife.

Most research on grief until the 1950s addressed psychiatric problems of abnormal responses to loss, such as pathological or prolonged grief. Freud's 1917 essay on 'Mourning and melancholia' had included only a few paragraphs on the 'normal emotion of grief' which derived from Freud's theories on psychoanalysis (Freud 1984, pp 251-67). However, these few paragraphs were the basis for the later influential concept of 'grief-work', with its prolonged struggle to reconcile contradictory impulses. The first British psychiatrist to introduce the lay person to grief was Dr Colin Murray Parkes in his classic 1972 book, *Bereavement: Studies of grief in adult life*. This offered a valuable analytical framework for the symptoms of grief, drawn from his own empirical research and clinical experience. Parkes's book was a unique and pioneering account in 1972 and subsequent editions have stood the test of time. He emphasised that the phases of grieving were not a neat progression of fixed stages, but varied significantly between individuals: 'grief is a painful process of change, by which someone gradually gives up one world and enters another' (Parkes, 1986).

A significant change since the 1970s has been the revival of expressive grieving, led principally by middle-class women. This is a striking reversal of the process over the previous fifty years, whereby women tended to follow men's more restrained pattern of grieving. This change in English cultural norms began in the 1960s, as one facet of a so-called 'counter-culture' or 'expressive revolution'. Significant changes in the cultural, intellectual, and social climate encouraged more liberal attitudes and greater freedom of emotional expression, the latter affecting women more than men. A shift in ideas, attitudes and modes of behaviour included a new receptiveness to more permissive ideas from the United States. Sociologist Bernice Martin argues that the process influenced broader cultural values, though middle-class women and the caring professions were most strongly affected (Jalland, 2010, pp 252-4; Martin, 1981).

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Expressive grieving became more common from the 1970s, encouraged by the expansion of the popular bereavement counselling movement. Cruse counsellors for widows focused on the individual, working through the phases of grief in one-to-one sessions or in groups. Many bereavement counsellors and their clients are women, and the care they offer focuses on the expression of feelings.

By contrast, mutual help groups such as Compassionate Friends for bereaved parents see themselves as communities in which common experiences of loss can best be shared with others suffering in the same way. The oral testimony of Val Hazel describes the support she found in a mutual help group after her 9-year-old son Jeff died from a rare brain tumour in 1976. After the funeral Val found that people outside the family tried to avoid her, because they didn't know what to say, and thought that she should grieve quietly at home. But Val needed to talk about Jeff and she found the ideal outlet for her feelings in sharing her sorrow with other bereaved parents she had met at St Bartholomew's Hospital. She was in touch with many such parents 'all in the same boat... And we just rang each

other and we were talking about the children endlessly. And it wasn't all doom and gloom'. This informal mutual help group was invaluable because other people who had suffered in the same way could sometimes help more than family or friends. Val tended to show a brave face to the outside world, not revealing her real feelings. Her husband John found bereavement particularly challenging because he internalised his emotions: 'he's a very quiet person anyway, who does hide feelings. And I think he found it extremely difficult, not being able to let go of his feelings'. John didn't join Val in talking to other parents at Barts Hospital, sharing the reluctance of many men to attend mutual help groups (British Library, 1991). This reflects many men's inclination to contain their feelings in bereavement and to focus more on solving practical problems.

Though many more people have expressed their sorrow openly in England since the 1970s, the influence and geographical spread of expressive grieving should not be overstated. Those affected are more likely to be educated middle-class people, particularly women, from the cities, large towns, and the south. White working-class families in the north, the Celtic fringe and rural areas are more likely to have retained vestiges of their traditional ways of mourning. We can be sure that diversity continues.

In the last twenty years a substantial theoretical literature on grief and bereavement has been published by social scientists. More emphasis has been placed on diversity in grieving and far less on prescriptive stages and time limits. In 1993 the psychologist Paul Rosenblatt observed that grief is shaped by its social context: 'cultures differ widely in defining death and in defining what is an appropriate expression of grief' (Rosenblatt, 1993). A number of experts over the last two decades have suggested that people may show their sorrow in a variety of ways, and that patterns of behaviour may change over time and across gender and different cultures. Margaret Stroebe and Henk Schut proposed that grief is not a simple universal process with a succession of fixed stages. Instead healthy oscillation is needed, between dwelling on the death, the grief, and the emotions on the one hand, and dealing with the practical consequences on the other. (Stroebe and Schut, 1999). Such theories are now passed on to bereaved people by helpful counsellors and practical advice manuals: fewer people today should suffer as Audrey Deacon and many others did in the 1940s and 1950s.

Gorer proposed in 1965 that new and inspiring secular mourning rituals were needed to help the bereaved (Gorer, 1965 pp 76-7, 110-16). He would no doubt have approved of the revival of expressive grieving from the late 1970s and the new enthusiasm for celebrating the life of the deceased at remembrance ceremonies. He might also have welcomed the green burial movement, though perhaps not the ubiquitous roadside memorials. Gorer's own failure to propose appropriate new rituals underscored the challenges

involved in a more secular and individualised society. Different views about socially acceptable behaviour for grieving reflect our changing cultural boundaries. The public expression of private grief and the nature of the most appropriate bereavement care remain contested, deeply influenced by our social and cultural history. ◼

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