Bereavement and Loss

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An Excerpt….

History and Current Approaches

The Old English term *reave* or *bereafian* has become our modern word ‘bereavement’. The archaic definition included ‘to be robbed’ or ‘deprived of something valuable’ (Chambers Dictionary, 1995). In contemporary society *bereavement* most commonly refers to the death of a significant person. Bereavement can be expressed in culturally various acts of *mourning*, for example; funeral ceremonies, or ritualised withdrawal from public activities. ‘Grieving’ refers to the psychological component of bereavement, the feelings evoked by a significant loss, especially the suffering entailed when a loved person dies.

Since Freud, grieving and mourning have been conceived as the processes whereby the bereaved person adjusts to the reality of their loss, enabling them to disengage from the deceased and reinvest in new relationships (see Klass et.al.,1996:3-16). John Bowlby’s attachment theory (1969-80) and Colin Murray Parkes’ psycho-social elaborations (1972) offer psychological models of bereavement, allowing predictions regarding the outcome of an individual’s bereavement process (Parkes,1993).

Bowlby believed that our emotional bonds ‘arise out of deep seated innate mechanisms which have evolved in order to ensure survival’ (Parkes,1993:246). Bowlby argued that infants of many species have physical features and behaviours which call forth care and protection from older group members. Infants also posses a
motivational “attachment system” ‘designed by natural selection to regulate and maintain proximity between infants and their caregivers’ (Fraley and Shaver, 1999:736). The theory implies a cause-effect relationship between early attachment patterns and later reactions to bereavement, arguing that ‘whether an individual exhibits a healthy or problematic pattern of grief following separation depends on the way his or her attachment system has become organised over the course of development’ (Fraley and Shaver, 1999:740). While accepting Bowlby’s theory, Parkes also emphasises the importance of the psycho-social transitions required after bereavement. These depend upon the role the deceased had in the life of the bereaved (see Parkes, 1993:241-7).

In addition to these theories, since the publication of Elisabeth Kubler-Ross’s seminal book *On Death And Dying* in 1969, stage models of grief and coming to terms with death have also predominated. Kubler-Ross suggests five distinct phases; denial and isolation, anger, bargaining, depression, and finally acceptance (Kubler-Ross, 1969). Any person who is bereaved, facing their own death, or dealing with loss, should move through these phases sequentially. Potentially a person could get ‘stuck’ at any stage, impeding their movement to the next stage and thus obstructing ‘resolution’ of their grieving process.

These various understandings of bereavement allow that each person will have an individualised response to their specific loss, but that the process of ‘resolving’ their bereavement is based upon a predictable template, observable by mental health professionals. Thus we have expectations and theoretical concepts of what is considered ‘normal’ regarding bereavement, giving rise to ‘risk factors’ that predict a
greater likelihood of ‘complicated bereavement’ and even diagnoses of ‘pathological, unresolved, grief’. An example of this practice is the tendency to pathologise as ‘denial’ or ‘separation anxiety’ reports by the bereaved that the deceased may be seen, heard, or conferred with, despite indications that these occurrences may in fact be comforting and reassuring for the bereaved.

The orthodox theories of Parkes (1972, 1983), Bowlby (1969-80), Worden (1991), and Kubler-Ross (1969), are being challenged and modified according to a more generally post-modern (and in some respects, existential) approach to understanding in the human sciences and in therapy. In this critique, modernist clinical assumptions regarding healthy outcomes are relativised as one possibility among many and not to be imposed universally upon the experience of bereaved people.

In their introductory chapter to *Continuing Bonds*, Silverman and Klass (1996:3-27) argue that the prevailing model of bereavement emphasises our separateness from each other, putting a positive value on autonomy and individuation while devaluing interdependence (ibid:14-5). Silverman and Klass do not see bereavement or grieving as ever fully resolved, culminating in ‘closure’ or ‘recovery’. They propose that ‘rather than emphasising letting go, the emphasis should be on negotiating and renegotiating the meaning of the loss over time. While the death is permanent and unchanging, the process is not’ (ibid:18-9). The work of grieving and mourning in this view is to maintain the presence of the deceased in the web of family and social relationships by establishing a continuing role for them within the lives of the bereaved. For example bereaved parents may indicate the deceased child’s on-going
presence in the family with statements such as, ‘We’ve got three children, one of whom has died’ (Walter, 1996:10).

Bowlby enthusiasts dispute that recent challenges, emphasising continuing bonds to the deceased rather than breaking bonds to develop new relationships, contradict attachment theory. As the controversy continues, it is at least apparent that Continuing Bonds challenges theories that had become sedimented as fact while reclaiming as possibilities reactions that were previously pathologised. An existential-phenomenological stance offers an opportunity to augment these views while offering a less directive approach to bereavement counselling.

**Proposals for an Existential Stance on Bereavement**

Bereavement epitomizes the powerful confrontation of two existential givens; death and relationship. How do we remain open to others, form bonds with them, seek their company, fall in love, knowing the day will come …? In the words of Eric Klinger,

> The essence of tragedy is that humans are the playthings of the gods: that people’s lives are vehicles for the expression of cosmic forces, that people’s fortunes must often submit to forces beyond their control. (Klinger, 1977:137).

The discussion will emphasise the following themes:

- an intersubjective and relational view of human existence as opposed to the individualism of other approaches
• questioning the ethological underpinning for bereavement theories
• the impact that the death of another can have on our awareness of personal mortality
• a note on bereavement counselling and working phenomenologically

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Returns on a life

While a hospital in-patient, Mrs. N learned that her husband had also fallen ill and been admitted to a different ward in the same hospital. Mrs. N was too ill to visit her husband and two days later he died – they had been married 49 years. A counsellor agreed to meet with Mrs. N and to sit with her while the rest of the family attended the funeral in a few days time.

Mrs. N quickly warmed to the idea of counselling and asked the counsellor to call her Antonia. She was a polite 72 year-old native Austrian who presented as quite self-conscious and reserved. She felt ashamed at not crying or acting upset at her husband’s death and explained this away as ‘shock’. She made it clear from the outset that she wanted to concentrate on what had been ‘good’ in her relationship with her husband, implying that some things had not been so good between them. Antonia and the counsellor agreed to meet weekly for what turned out to be the duration of her hospital stay, six months.

The story of Mrs. N’s life gradually unfolded over the ensuing weeks. She had grown up as an only child in a small town in Austria during the Nazi occupation. Her parents were cold and abusive towards her. She thought of herself as weak and easily
frightened, though she gradually questioned this as she recalled situations in which she acted with extreme courage. For example, Antonia described her efforts to feed a Jewish family in hiding near her childhood home. She would bring them bread when possible until she was exposed and spent a terrifying afternoon undergoing Gestapo interrogation. When the allies liberated her town she met a young British soldier who promptly asked her to marry him and she soon left for London against the advice of her parents and friends.

Early in the counselling, Mrs. N alluded to how her husband’s behaviour became violent when she arrived in London, but she maintained that he ‘was a good man, difficult, but good’. It emerged that he regularly attacked her and gave her black eyes and bruises. She felt too ashamed and too proud to admit her mistake and leave him. Antonia had never confessed these things to anyone else. Although her children were aware of the abuse, they never spoke of it, nor was Antonia allowed to talk to them about her past. Her children were left with only a cursory idea of who their mother was.

Although the original counselling issue was bereavement, the sessions quickly broadened out to include Mrs. N’s whole way of living as it was expressed in her past decisions, her relationship with her husband and children, her present relationship with the counsellor, and her hopes for the future. Telling her story for the first time to the counsellor allowed Antonia to feel a growing self-respect for her ability to stand up to tyrants. She had been suffering from terrifying night visions of her husband’s corpse standing in the doorway to her room, looking angry, but these gradually
receded as her image of herself as courageous and independent increased\textsuperscript{1}. As her self-respect grew, so did her ability to face the abusiveness of her husband. This finally triggered her bereavement, not for the loss of her husband, but a deep grief for the years he had taken from her.

Antonia also gradually started to share her life story with her children and grandchildren, although this was very difficult for all of them. Her children began to see her as resilient and even ‘heroic’ rather than as the frightened victim of their father. They stopped trying to control her future (as their father had) and listened to what she wanted for herself. Antonia dreamed about getting a flat of her own with flowers on the balcony, buying herself new dresses for the first time in years, and going to church again.

Antonia was enthusiastic about counselling and the opportunity to finally tell her story, and to begin to challenge her assumptions about life. It is interesting that once Antonia began to talk about her life with the counsellor, she was gradually able to share these details with her children. This seems to support the view that as an approximation of the social world, counselling can act as a “rehearsal” for re-negotiating significant relationships in that world in a more honest and satisfying way. Theories about the ‘bereavement process’ and ‘bereavement counselling’ seemed less useful than staying close to Antonia’s expressed needs.

Antonia would have rated high on specific ‘risk factors’ and could have been the object of a well-intentioned plan of bereavement counselling or other intervention.

\textsuperscript{1} These visions clearly were not symbols of a positive continuing bond, nor were they signs of pathology, but rather indications of Antonia’s self-construct at that time, and of her abusive marriage.
The agendas usually presumed in such approaches may have hindered the unfolding of an entirely unpredictable process, directed by the client herself. It seems that working phenomenologically, without imposing the counsellor’s preconceptions and in fact challenging the client’s own preconceptions about what she should feel, provided an opening for her to engage in a comprehensive review of her life and her general way of being-in-the-world. We should remember that not every reaction to bereavement is grief and not every bond is a loving one.

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Further Reading


Detachment: 735-59. In *Handbook of Attachment. Theory, Research, and Clinical Applications*. Jude Cassidy and Phillip R Shaver (Eds), New York: Guilford Press. This chapter provides a good overview of Bowlby’s theory as well as a response to current critiques of the theory.


**References:**


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